

1 STATE OF ILLINOIS
2 HEALTH FACILITIES AND SERVICES REVIEW BOARD
3 LONG-TERM CARE FACILITY ADVISORY SUBCOMMITTEE
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6 VIDEOCONFERENCE MEETING
7 Tuesday, November 15, 2016
8 10:00 A.M.
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James R. Thompson Center
100 W. Randolph Street, 9th Floor
Chicago, Illinois 60602
-and-
Bell Building
422 South Fifth Street, 3rd Floor
Springfield, Illinois 62671

- 1 A G E N D A
- 2 CALL TO ORDER
- 3 1. Roll Call
- 4 2. Approval of Agenda
- 5 3. Approval of Last Meeting Transcripts
- 6 4. Travel Time Study/Proposed Rule Changes
- 7 5. LTC Changes of Ownership
- 8 6. Newer LTC Models
- 9 7. January 2017 Report to HFSRB
- 10 8. Other Business
- 11 9. Next Meeting Date
- 12 10. Adjournment

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1 PRESENT IN CHICAGO:

2 Michael Waxman, Chair

William Casper

3 John Florina

Juan Morado

4 Jeannie Mitchell

5 PRESENT IN SPRINGFIELD:

6 Tim Phillippe

Charles Foley

7 Alan Gaffner

Suzanne Meeker

8 John Kniery

Courtney Avery

9 Nelson Agbodo

Jesse Nuss

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11 PRESENT BY PHONE:

12 George Roate

Paul Corpstein

13 Gerry Jenich

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19 Court Reporter:

Robin A. Enstrom, RPR, CSR

20 Illinois CSR #084-002046

21 Midwest Litigation Services

15 S. Old State Capitol Plaza

22 Springfield, Illinois 62701

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24

1 (On the record at 10:04 A.M.)

2

3 CHAIRMAN WAXMAN: All right. This is
4 Mike Waxman.

5 Can we call roll? We'll be kind and
6 start with the Springfield group.

7 MS. AVERY: Good morning. Courtney
8 Avery.

9 MR. FOLEY: Charles Foley

10 MR. AGBODO: Nelson Agbodo.

11 MR. NUSS: Jesse Nuss.

12 MR. GAFFNER: Alan Gaffner.

13 MR. PHILLIPPE: Tim Phillippe.

14 CHAIRMAN WAXMAN: Alan, you don't sound
15 well. Alan, you don't sound well.

16 MR. GAFFNER: It's about all I've got,
17 Mr. Chairman. Sorry.

18 CHAIRMAN WAXMAN: I was going to ask you
19 to do about a half-hour discussion.

20 MR. GAFFNER: For you, I will give it
21 everything I've got.

22 CHAIRMAN WAXMAN: Feel better, Alan.

23 MR. GAFFNER: Thank you, sir.

24 CHAIRMAN WAXMAN: Have we covered

1 everyone in Springfield?

2 MS. AVERY: No.

3 CHAIRMAN WAXMAN: No?

4 MR. AGBODO: On the phone.

5 MS. AVERY: Roll call.

6 COURT REPORTER: We have.

7 MR. PHILLIPPE: On the phone.

8 COURT REPORTER: We did.

9 CHAIRMAN WAXMAN: Okay.

10 MR. ROATE: On the telephone, George
11 Roate, IDPH.

12 MR. CORPSTEIN: On the phone, Paul
13 Corpstein, IDPH.

14 CHAIRMAN WAXMAN: Gerry, one more time.

15 MR. JENICH: On the phone, Gerry Jenich,
16 Health Care Council of Illinois.

17 CHAIRMAN WAXMAN: Thank you.

18 And then we'll do here.

19 MR. FLORINA: John Florina.

20 MR. CASPER: Bill Casper.

21 CHAIRMAN WAXMAN: Mike Waxman.

22 MR. MORADO: Juan Morado, general
23 counsel for the board.

24 MS. MITCHELL: Jeannie Mitchell,

1 assistant general counsel.

2 CHAIRMAN WAXMAN: Do we have a quorum?

3 MR. MORADO: We do. We have three here
4 in Springfield, three down there -- or I'm sorry.
5 Three here in Chicago, three in Springfield, and
6 Gerry on the phone as well as Paul. Well, Paul is
7 no longer --

8 CHAIRMAN WAXMAN: A voting member.

9 MR. MORADO: -- considered a voting
10 member; so I guess it's the seven.

11 CHAIRMAN WAXMAN: Okay. Courtney,
12 you've got a sheet going around the table first
13 thing for sign in?

14 MS. AVERY: No. I'll start one.

15 CHAIRMAN WAXMAN: Okay. I don't know
16 whose rules they are, but we have one here; so you
17 got to have one there. It's only fair.

18 MS. AVERY: That's because you have
19 Jeannie there.

20 MR. MORADO: But I'm the one who made
21 it.

22 CHAIRMAN WAXMAN: I need a motion --

23 MS. AVERY: She probably reminded him.

24 (Discussion off the record.)

1 CHAIRMAN WAXMAN: I need a motion to
2 approve the agenda, please.

3 MR. FOLEY: So moved.

4 MR. PHILLIPPE: Second.

5 CHAIRMAN WAXMAN: We have a motion.
6 Chuck, you made the motion?

7 MR. FOLEY: Yes.

8 CHAIRMAN WAXMAN: Okay. Second by Tim.

9 MR. PHILLIPPE: Tim Phillippe.

10 CHAIRMAN WAXMAN: All in favor.

11 ("Ayes" heard.)

12 CHAIRMAN WAXMAN: Any opposed?

13 (No response.)

14 CHAIRMAN WAXMAN: Motion carries.

15 I need a motion to approve last meeting
16 transcripts.

17 MS. AVERY: Motion, someone.

18 MR. PHILLIPPE: So moved. Tim.

19 CHAIRMAN WAXMAN: Tim moved.

20 Need a second.

21 MR. GAFFNER: Second.

22 CHAIRMAN WAXMAN: Bill, you want to
23 second?

24 MR. GAFFNER: Okay.

1 CHAIRMAN WAXMAN: Bill seconds.

2 MR. GAFFNER: Good.

3 CHAIRMAN WAXMAN: All in favor.

4 ("Ayes" heard.)

5 CHAIRMAN WAXMAN: Any opposed?

6 (No response.)

7 CHAIRMAN WAXMAN: Motion carries.

8 Minutes approved.

9 Okay. Who is doing Item 4?

10 MR. MORADO: So we're going to start off
11 with Jeannie. She's going to say a few words about
12 the study and how that relates to proposed rule
13 changes.

14 Then we're going to turn it over to the
15 authors themselves who we are graced with their
16 presence in Springfield, and if you don't have a
17 copy of the study in Chicago, there's a couple
18 extras over there. And I'm not in Springfield; so I
19 don't have them for you.

20 MR. NUSS: I have a stack right here.

21 MS. MITCHELL: Yes. I'll go ahead and
22 start.

23 We were faced with a problem. Currently
24 our rules require that applicants and the board use

1 MapQuest to determine time. So we look at time --
2 or travel time for certain things. It's usually a
3 30- to 45-minute travel time, depending on which
4 review criteria we're considering.

5 And so we utilized MapQuest before
6 because MapQuest used to use the posted speed limit
7 and a distance to calculate an average time. That's
8 not the case anymore. It acts more like Google Maps
9 now; so it uses live traffic time which leads to
10 inconsistent information. So if someone's, you
11 know, doing their -- doing their research and they
12 do it at 9:00 A.M., it's going to lead to a
13 different result as opposed to if they do it at 3:00
14 P.M.

15 So we were trying to figure out how to
16 solve this problem. In trying to figure out how to
17 solve this problem, we thought maybe it would be
18 easier just to transition and do distance, move away
19 from time altogether and just transition distance
20 because distance is fixed.

21 So in doing that, we also wanted to
22 review what time that corresponds with. Certain
23 criteria utilize 45 minutes, like I said -- for
24 instance, service accessibility criteria -- but

1 others utilize 30 minutes. So we wanted to -- and
2 it's an adjusted time based on whether you're in
3 Chicago, metro area, or rural areas.

4 So we wanted to do something that was
5 more updated because 45 minutes is -- in the Chicago
6 area, even if you adjust it, it covers a wide area,
7 and so we don't think that's necessarily current
8 anymore.

9 So we had Nelson and Jesse do a study
10 for us, and they came up with a proposal of times,
11 and I think they based it on 30 minutes adjusted for
12 the distance, and they'll review that for you.

13 But also -- so that's one change --
14 moving to distance and then reducing that to 30
15 minutes all around adjusted.

16 And then also we're looking at changing
17 the way counties are classified. So currently we
18 have three classifications. So Chicago is one
19 classification all by itself, and then we have metro
20 regions and counties, and then there's another which
21 just basically covers the rural counties. So we're
22 considering revising that by adding based on
23 population density.

24 So instead of Chicago being by itself --

1 and Jesse will talk about -- Jesse and Nelson will
2 talk about this too. If you look at the report, the
3 last page of their report, there's a map. So
4 instead of Chicago by itself, you'll see in the red
5 it will include all of Cook, DuPage, Will, and Kane.
6 And then the metro regions will include everything
7 in the blue, and there we're adding -- I believe
8 there we're adding two or three counties, and then
9 everything in white will be other or, you know, the
10 rural areas. So that's -- that's another change we
11 are proposing.

12 And I will leave it to Jesse and Nelson
13 to explain how they reached their results.

14 MR. MORADO: I was going to say, before
15 we go to Jesse and Nelson, can you -- you explained
16 very well getting how -- what we did here, but can
17 you say what the effect of this would be, the
18 problem that kind of led to us even needing to look
19 at that.

20 MS. MITCHELL: I did.

21 MR. MORADO: Oh. Well, I just want to
22 reiterate that this was a response to some of the
23 issues that we had been hearing from different
24 applicants, and so I know --

1 (Interruption and discussion
2 off the record.)

3 MR. MORADO: So I guess what I just
4 wanted to point out was we had been seeing
5 applications come before the board. This issue of
6 time has been going around -- has been around for a
7 while, and so I wanted to reiterate that in response
8 to that we took a hard look at it and had
9 commissioned this study, and I'll turn it over to
10 Jesse and Nelson now to --

11 CHAIRMAN WAXMAN: Before you do that,
12 whoever joined in Springfield, please identify
13 yourself.

14 MS. MEEKER: Oh, sorry. This is Suzanne
15 Meeker. I got a little lost today. Sorry.

16 CHAIRMAN WAXMAN: Good thing you weren't
17 looking for this building.

18 MS. MEEKER: I'm much better in Chicago
19 than Springfield; so I don't know.

20 CHAIRMAN WAXMAN: Thank you very much.
21 Okay. Jesse, if you want to start or
22 whoever's starting, go ahead.

23 MR. AGBODO: All right. Thank you.
24 Yes, Jesse will present the study

1 results and recommendations, but I would like to
2 make quick comments on the study design so you guys
3 can understand the validity of this study we have
4 done.

5 Our sample was on streets, right, and we
6 selected only 12 streets out of thousand of streets
7 that we -- that exist in Illinois, and the list is
8 on page 16. So why -- that's a small sample. It's
9 just that, you know, we was asked to -- we were
10 asked to provide a quick view or a quick number on
11 this issue, but we also realize that we collect --
12 as we collected more than 1,500 data points and we
13 did some statistical testing, we haven't seen any
14 major change if we add more points. When I say
15 "major change," it's change to the estimates.

16 So the estimate is the average distance
17 for the three category of areas that Jeannie talk
18 about. So we believe, you know, there's no need to
19 increase the sample size to a number that might, you
20 know, take more time to -- might take more time for
21 us to finish this study. So it was a quick study;
22 but, you know, we had a lot of data points to be
23 able to draw a conclusion. But, you know, those are
24 some of the limitation for this study.

1 And the other limitation is that we
2 didn't cover all the seven days in a week. I think
3 we did Monday through Thursday. We didn't collect
4 any point from Friday, Saturday, and Sunday. But,
5 like I said, we did some statistical testing, and we
6 did not see any different between days as well.

7 So the data that was collected every 15
8 minutes throughout days. So, actually, we collected
9 data from 6:30 to 7:00 P.M. and every 15 minutes.

10 So keep those in mind; and, like I said,
11 they are limitation to this study, and ask that
12 Jesse will be presenting the results. You can maybe
13 have questions related to the limitation, and I'll
14 be glad to help answer those questions. Jesse,
15 thank you.

16 And, by the way, Jesse is our new
17 intern. He's in a MPH program at UIS, University of
18 Illinois Springfield. So Jesse, go ahead. Thank
19 you.

20 MR. NUSS: Okay. Thank you.

21 I will sort of start with a little
22 intro. The way the rule is currently written is --
23 involves a flat 45-minute travel time with an
24 adjustment factor, and the adjustment factor is 1.25

1 for the city of Chicago, which would bring the
2 45-minute travel time down to about a 36-minute
3 travel time. And based on the minutes-per-mile
4 estimate of travel time that we found in the study,
5 that would come out to about -- about 12 miles, and
6 that's an average. So anything less than that would
7 be a general decrease but also would be a more
8 significant decrease if -- for people that happen to
9 make their maps at any other time than the peak
10 of peak congestion in traffic.

11 So the multiplier for the metro areas --
12 that was Chicago, metro, Sangamon, Champaign,
13 Winnebago, and Peoria -- was 1.15. Came out to
14 about 39 minutes and about 20.3 miles. And then it
15 was around 30 for everyone else. 30 miles, that is,
16 and a 45-minute travel time.

17 The study that we did, we were looking
18 to update the travel rule and look into using a
19 distance measure instead of the travel times. We
20 came up with a -- with both just in case, and
21 that's -- you'll see that in the report -- that we
22 have updated multipliers as well as the updated
23 recommendation for the rule.

24 And so the minutes-per-mile estimate I

1 was talking about -- that's on page 11 of the
2 report, and you'll see that the Chicago -- Chicago
3 is the highest by almost double from everywhere
4 else. And in that you'll also see that -- or in
5 Figure 1 that's on page 8, you'll see the -- the
6 Chicago is the blue dots in the scatter plot, and so
7 the variation of travel time in Chicago is a lot
8 bigger.

9 So one of the main things in lowering an
10 average distance measurement from what we were doing
11 is that it's going to -- it's going to impact the
12 average, but the people on the outliers and the very
13 congested parts of Chicago are going to be affected
14 even more in terms of having a lower distance for
15 the rule.

16 The results are on Table 5 on page 12,
17 and that includes a couple different options. We
18 ended up recommending the 30-minute travel time
19 option as an across-the-board decrease in travel
20 distance for rulemaking, and that comes out to --
21 for a new rule, it would come out to -- this is
22 1100.510 part -- Section (d). Part 1 is the
23 Chicago, and that would be a 10-mile travel
24 distance, down an average of 2 miles. The metro

1 would be 16, down about 4, and the other -- the
2 rural areas would be about 20 miles, and that would
3 be down about 9.5, 9.6 miles.

4 The last part that Jeannie touched on
5 was updating the definitions of the categories which
6 for -- I used -- I looked at population density a
7 lot for this because -- this is a map on page 23,
8 the last page. Especially as the projections that
9 have already been done for this board show,
10 especially Will and Kane counties are growing even
11 as Cook county experiences a lag or decrease in
12 population growth. And so the -- they experience
13 a lot of congestion. We experienced that at the
14 last board meeting too even further outside of
15 Chicago. They get a lot of the same congestion. So
16 we wanted to expand that to include Cook, DuPage,
17 Will, and Kane in Part 1 of the rule.

18 Part 2 -- we put a cutoff at the
19 population density of Champaign which added -- the
20 main ones that we noticed were lacking from the
21 previous rule were Madison and St. Clair county
22 which have a lot of traffic congestion. So we
23 wanted to add especially those, and that ended up
24 including Tazewell and Rock Island in the addition.

1 And then Part 3 continues to include
2 every other county, a lesser population density than
3 Champaign.

4 That is all I have, if anybody has any
5 questions.

6 MS. MITCHELL: If I may, before we open
7 up for questions, this -- I want to -- I don't want
8 to understate what we're doing here. What we're
9 doing here is a significant change, but I do want
10 you to know that this is not just going to apply to
11 long-term care applications. This is going to apply
12 to all CON applications across the board.

13 So I'm going to review, again, what
14 those changes are briefly, and then we can discuss
15 it a little bit more further.

16 So we are basing -- so right now we look
17 at 45-minute drive time and 30-minute drive time.
18 We're going to change that. There's no longer going
19 to be a 45-minute drive time consideration.
20 Everything's going to be based on a 30-minute drive
21 time. So that's one change.

22 And the second change -- instead of
23 doing drive times, we're shifting to distance. So
24 it will be distance based on that 30 minutes. And

1 what that corresponds to is about 10 miles for
2 Chicago, about 15 miles for metro regions, and about
3 20 miles for all other regions. So that's what
4 we're going to be looking at for the review
5 criteria.

6 And the last change is basically those
7 definitions or classifications. So Chicago will not
8 be isolated by itself in looking at the 10-mile
9 radius. It will include all of Cook and a few of
10 those surrounding counties. And, then, again, those
11 15 miles will include those areas in blue, and those
12 20 miles will include all the areas in white.

13 So those are all the changes, and we'll
14 probably have -- you have a sample rule change here
15 before you. This is by no means a final product.
16 We'll probably have final rules in the early part of
17 next year; but, again, this is something we're going
18 to do across the board.

19 CHAIRMAN WAXMAN: So, Jeannie, does the
20 Motherboard know we're doing this?

21 MS. MITCHELL: We're going to discuss it
22 in January.

23 CHAIRMAN WAXMAN: So is it, then -- are
24 we obligated to make a recommendation to the

1 Motherboard to accept this, or are we approving it
2 and the Motherboard does what they want to do? How
3 are we relating to this on this issue?

4 MR. MORADO: I think we brought it to
5 your attention because this -- as I mentioned
6 before, we were hearing a lot from applicants that
7 this was an issue. A lot of those applicants were
8 long-term care applicants, and so we thought it was
9 prudent to bring it to the whole committee, let
10 everybody hear how we're trying to address the
11 issue. The Motherboard themselves kind of charged
12 that with taking a look at this because there were
13 applicants who were coming to the table during the
14 presentations and saying, "I know that we're not
15 meeting this criteria, but this is how we can
16 explain it," and so instead of putting folks in that
17 position every single time, we wanted to make the
18 rules better.

19 CHAIRMAN WAXMAN: Okay.
20 Chuck.

21 MR. FOLEY: Are we still locked into the
22 30-minute drive time because of the court ruling
23 down south?

24 MS. MITCHELL: We're not basing it on

1 the court ruling. We just believe that 30 minutes
2 was appropriate.

3 MR. FOLEY: And the rationale for the
4 30 -- and your rationale for the 30 minutes versus,
5 say, 15 minutes, whatever?

6 MS. MITCHELL: Well, I think -- if we're
7 looking at utilization of other area provides, I
8 mean, people drive more than 15 minutes to receive
9 care. We believe the 30 minutes is a good -- is a
10 good number. It's a good -- 45 minutes, we felt,
11 was a little too high in some instances, but we felt
12 that 30 minutes was appropriate --

13 MR. FOLEY: Yeah, I'm tickled to
14 death --

15 MS. MITCHELL: -- based on -- based --

16 MR. FOLEY: Go ahead. I'm sorry,
17 Jeannie.

18 MS. MITCHELL: Sorry. Just based on how
19 far people are willing to travel to get care.

20 MR. FOLEY: I'm tickled to death that we
21 took out the 45 minutes because, when you get up in
22 the Chicago area, obviously, it just made our work
23 that much more difficult having to look at, you
24 know, a hundred different types of facilities.

1 But I guess I'm still questioning even
2 the rationale for 30 minutes, thinking even that
3 still might be a little bit too long. Even within a
4 lot of areas, that could constitute a lot of
5 facilities. I don't think people really travel 30
6 minutes -- and now we're talking about nursing home.
7 I don't know about other categories of service.
8 We're talking about nursing homes. I don't think
9 people travel 30 minutes except maybe in the rural
10 areas for nursing care.

11 MS. MITCHELL: And, again, the 30
12 minutes is adjusted; so -- based on area. So
13 whereas the 30 minutes might only get you -- might
14 encompass a larger area before, it's a smaller area
15 now because they did this time study and realized --

16 MR. FOLEY: I saw that.

17 MS. MITCHELL: -- okay, for about -- for
18 every mile -- in Chicago, you're traveling about
19 three minutes to get to that mile. So it does cover
20 less area than it did before.

21 And, again, you know, this is based on
22 data. That's why -- we never want to just pick
23 numbers out -- you know, out of a hat. So that's
24 why Jesse and Nelson conducted a study -- to see

1 what those corresponding numbers are.

2 MR. FOLEY: Well, they definitely did an
3 excellent job in doing this. I really applaud both
4 of them for this. I'm really impressed with it.

5 So I guess all we can do is just work
6 with it over the next couple years and just see how
7 it pans out, and if we make some minor changes later
8 on, I guess we can.

9 MS. MITCHELL: Right. There's always
10 that option.

11 MR. FOLEY: Right.

12 CHAIRMAN WAXMAN: John.

13 MR. FLORINA: Just to, I guess, be
14 somewhat parochial here with this, can you walk us
15 through how you do the calculation where these
16 changes are involved. We're talking about normal
17 travel time determinations?

18 MS. MITCHELL: Right.

19 MR. FLORINA: However, when we talk
20 about the one, two, and three points -- this is on
21 the handout that we have here -- it's -- you're
22 talking about time calculated by MapQuest multiplied
23 by an adjustment factor that's based on a location,
24 and when we talk about the three different

1 categories of metro area and so forth, we're talking
2 about the distance shall be 10 miles or a factor
3 of .5. We talked about time. Now we're talking
4 about distance. But I'm trying to figure out the
5 conversion to get from one to the other, and what
6 does the .5 factor? .5 of what?

7 MR. NUSS: I can get into that if you'd
8 like me to.

9 MS. MITCHELL: Yes, please.

10 MR. NUSS: The minutes-per-mile
11 estimate that we came up with -- we came up with a
12 formula to change it. It's basically just because
13 the measurements were made in terms of time per
14 distance.

15 MR. AGBODO: -- MapQuest.

16 MR. NUSS: Yeah, from the MapQuest.

17 Applying the formula on page 10 is how we were able
18 to transform the data into a distance measurement.

19 What we did was we took it -- since it
20 was 10 miles, we divided it by 10, and then we would
21 multiply it by the number of minutes that we were
22 using to get a distance per the new travel time
23 measurement.

24 And the way we did that in the rule was

1 we -- we had the 30-minute estimate. The adjustment
2 factor was applied to the 45 minutes in the original
3 rule, and then in this one, we went with the flat 30
4 minutes; so the adjustment factor was used in
5 creating the -- let me see if I can find it. The
6 adjustment factor was used in creating the data
7 points for the whole thing. So we -- we used that
8 to create -- to transform the data, and then we used
9 the average. So the adjustment factor is bound into
10 the confidence interval that we made in the very end
11 with the 30-minute travel times.

12 CHAIRMAN WAXMAN: John, is that helping?

13 MR. FLORINA: No. I'm going back -- the
14 fact is we're talking about Section 1100.150 [sic]
15 is the current rule; correct? When we get to the
16 section dealing with this, Subsection 9(d) dealing
17 with normal travel time determinations, I'm a little
18 lost in the narrative to be able to follow what you
19 just explained. Somewhere you're referring to
20 minutes per mile. In the narrative it doesn't
21 indicate that. You're referring to another table
22 somewhere else in the study.

23 I'm just trying to make it simple
24 enough -- and maybe I'm not catching on, but just

1 trying to make it simple enough, when somebody views
2 this, whether it's for long-term care or for
3 hospitals, you know what you're talking about. Does
4 anybody else have the same concern, or am I the only
5 one not catching on here?

6 MS. MITCHELL: If -- I don't know if --
7 I may not get it either. So let me see if I can
8 help out.

9 So they did a study where they picked --
10 they picked points. They picked four different
11 areas and looked at, from point A to point B, how
12 long did it take it get there. So let's say it's a
13 hundred data points or a hundred input information.

14 Then they took an average of that, and
15 that average helped them determine mile per minute.

16 And so they took that, and then said,
17 "Okay. We're looking at 30 minutes," and said,
18 "Okay. So 3.08 for Chicago." 3.08 miles per minute
19 is about 9.74 miles.

20 MR. FLORINA: I'm getting the gist of
21 how it's done.

22 MS. MITCHELL: Okay.

23 MR. FLORINA: What I'm doing is I'm
24 reading the rule, and I'm not being able to follow

1 that in the way that the narrative reads. That's
2 what I'm saying.

3 MS. MITCHELL: You mean the draft rule
4 that you have?

5 MR. FLORINA: Yeah, this here.

6 MS. MITCHELL: Yeah. It's not -- it
7 really was just so you could see what it would look
8 like -- just -- just so you can see what it would
9 look like, what the difference would be. This is no
10 way -- in no way, shape, or form the final form, but
11 I -- what questions do you have? Because it
12 wouldn't -- the rule wouldn't explain the process.
13 It would just explain the result. Is that --

14 MR. FLORINA: Well, in my mind it's
15 clear here that you're doing a conversion from time
16 to distance.

17 MS. MITCHELL: And is it the numbers
18 that aren't corresponding?

19 MR. FLORINA: Well, no. Distance shall
20 be 10 miles or a factor of .5. .5 of what?

21 MS. MITCHELL: Okay. Well, we could --
22 that may have been a typo. We can take that out.

23 MR. FLORINA: Next one says factor of
24 .78.

1 MS. MITCHELL: Oh, .5. I think -- okay.
2 Those numbers were reversed. That's my mistake.
3 Those numbers are reversed because, when I was doing
4 it, I said, "Well, we're not multiplying. We're" --
5 I think we're dividing is what I did there. So
6 instead of multiplying, I did division, but we
7 can --

8 MR. FLORINA: Well, I'm not getting into
9 the gist of why you should go to 30 minutes or 45 --

10 COURT REPORTER: I'm sorry. Mr.
11 Florina, I'm having trouble hearing you.

12 MR. FLORINA: Can you hear me now? I'll
13 just talk louder.

14 COURT REPORTER: Yeah, that's better.
15 Thank you.

16 MR. FLORINA: I'm not even questioning
17 the purpose of changing to 30 minutes versus 45
18 other than the fact you've got a MapQuest change
19 that you need to address to make this workable.

20 I'm just questioning the way that it's
21 written in the narrative. Do we understand what
22 we're trying to accomplish? Because the information
23 doesn't seem to be consistent between time and
24 distance.

1 MS. MITCHELL: Right. This was done in
2 the reverse. So I think if the -- if -- let's say
3 this is multiplication in the report. This is using
4 division in this rule. It will be consistent; so --

5 MR. FLORINA: So some cases refer to
6 minutes per mile?

7 MS. MITCHELL: Right. Well, no. It
8 won't -- it will just be distance. We're converting
9 completely to distance.

10 MR. FLORINA: Okay.

11 MS. MITCHELL: But for our purposes, for
12 purposes of our conversation, so we can know -- so
13 we can have a foundation, we're letting you know
14 that that distance is based on a 30-minute drive
15 time because that's what we use currently, but we're
16 going to be converting completely to distance, but
17 it will be based on 30 minutes.

18 MR. CASPER: Distance based on a
19 formula for drive time for that area --

20 MS. MITCHELL: Right.

21 MR. CASPER: -- correct? Bill Casper.

22 MS. MITCHELL: Right.

23 MR. FLORINA: Okay. So I'll assume that
24 the narrative will be more expli --

1 MS. MITCHELL: It will. It will. It
2 will.

3 MR. FLORINA: -- clear, but we can talk
4 about the appropriateness of 30 versus 45 or
5 whatever other 15 minutes -- whatever period of time
6 that you want to, but I'm just concerned that the
7 narrative is clear.

8 MS. MITCHELL: It will be. It certainly
9 will be.

10 MR. CASPER: I have a couple of
11 comments. One is does the -- does the rule and
12 regulation take into effect just as the crow flies
13 distance, or is it actual distance to reach a
14 location by car? For example, there's a river
15 between you and where you're going, and you got to
16 go seven miles south to get to the bridge to cross
17 the river.

18 MS. MITCHELL: It's just based on dis --
19 it will be based on distance, yeah.

20 MR. CASPER: I guess if the -- my only
21 comment here would be is, if the rule is being
22 adjusted, maybe there ought to be a more
23 comprehensive look of travel time to get to a
24 certain -- to get to the place as opposed to the

1 distance of the place because it can, I mean -- and,
2 again, you get into construction and all of those
3 kinds of things, but geographical barriers and
4 existing roadways would seem to make it -- you
5 might, you know, two -- two -- two buildings on
6 opposite sides of a river might be 300 yards apart,
7 but they might be 45 minutes drive time.

8 MR. FLORINA: If I can offer -- try to
9 clarify what my understanding is. You're still
10 starting from MapQuest. MapQuest is determining
11 what the drive time is based on what it takes to get
12 to a location, not the distance. So now we're
13 converting MapQuest's distance -- a time to the
14 distance.

15 MR. AGBODO: Yes.

16 MR. CASPER: Oh, MapQuest's distance.

17 MR. FLORINA: So it should take into
18 account that you have to drive to Missouri to get
19 back to Illinois to go to the hospital.

20 MR. NUSS: Correct.

21 MR. ABGODO: That's right. That's
22 right.

23 MR. CASPER: So it is a MapQuest
24 distance --

1 MR. AGBODO: Right.

2 MR. NUSS: Yes.

3 MR. CASPER: -- not just a linear
4 distance. Okay.

5 MR. AGBODO: That's right.

6 MR. CASPER: Then I guess the other
7 question I would have -- because if, you know, your
8 scatter -- your scatter gram -- graph, I think, is
9 impressive, but I think, again, looking at the
10 title, you're looking at hospital locations, and
11 somebody receiving episodic care in a hospital is a
12 very different circumstance than somebody traveling
13 to visit a relative in a long-term care facility day
14 after day, month after month, hopefully year after
15 year.

16 And so, again, I just offer up the
17 suggestion that this might be an opportunity to look
18 at some different criteria for different services --

19 MS. MEEKER: I'm curious --

20 MR. CASPER: -- rather than one size
21 fits all.

22 MS. MEEKER: Oh, sorry. I didn't mean
23 to interrupt.

24 I'm curious why for Chicago you didn't

1 use public transportation times because a lot of
2 people use public transportation and don't drive.

3 MR. AGBODO: Well, we collected the data
4 from MapQuest. So the way MapQuest estimate the
5 travel time -- I believe it's based on the traffic
6 issues, you know, how the traffic look like at the
7 different point in time in the day. So if public
8 transportation is on -- in the streets and also
9 personal driving of somebody driving own car, then
10 the same traffic, I believe, will get the same time
11 to get to that point.

12 I know, you know, public transport has
13 some -- many stops in the road. But the MapQuest
14 did not differentiate, you know, in what -- what's
15 the mean of getting from point A to B, and that's a
16 good point, but I don't know how we can --

17 MS. MEEKER: Because, like, Google
18 has -- like, you know, Google will have, like, the
19 public transportation estimated times or, like, the
20 driving time.

21 MR. AGBODO: Okay.

22 MS. MEEKER: I was just curious.

23 MR. AGBODO: Yeah. Right.

24 MR. NUSS: Another thing was, in terms

1 of, like -- like, metro railing, stuff, like --
2 stuff that might go around traffic, something that
3 might be quicker --

4 MS. MEEKER: Right. Like, the L.

5 MR. NUSS: -- one of the main things we
6 didn't want to do is underestimate the time that it
7 would take to travel because it -- while it is
8 possible that somebody could be using that and going
9 around the travel [sic], we wanted to give the
10 benefit of the doubt. It's kind of a worst-case
11 scenario looking at it, but we didn't want to -- if
12 people were going to be going around traffic, we
13 didn't want to lower the estimate and end up raising
14 the distance circle around health facilities to
15 reflect that.

16 MS. MEEKER: Because I feel like, if you
17 were using, like, bus data, it would be a lot slower
18 than if you were to use, like, the L data. You
19 know, like, the L in Chicago would be faster than --

20 MR. NUSS: Right.

21 MS. MEEKER: Just curious.

22 MR. FOLEY: That was a very good
23 question.

24 MR. AGBODO: Yes.

1 MR. NUSS: Thank you.

2 MR. FOLEY: Let the record show that Mr.
3 John Kniery is now with us.

4 Everybody say hello to John from Chicago
5 there.

6 MS. MITCHELL: Hello, John.

7 MR. KNIERY: Hi, everybody.

8 CHAIRMAN WAXMAN: You're late.

9 MR. KNIERY: Yes, sir.

10 CHAIRMAN WAXMAN: DO we have anybody on
11 the phone who wanted to chime in on this subject?

12 (No response.)

13 MR. GAFFNER: I had a question.

14 CHAIRMAN WAXMAN: Alan.

15 MR. GAFFNER: And I'll do the best I can
16 to project. I apologize again.

17 For Jeannie and Juan, when the rule
18 change is ultimately implemented and accepted, do
19 you believe that there then will be more or less
20 rigidity to how that rule impacts applications, or
21 will it simply be an important revision and cleanup
22 of the difference between the two standards that
23 were used?

24 MS. MITCHELL: I think there will be

1 less rigidity. I think it is an important cleanup.
2 I think, you know, we all can agree is, if you're in
3 the Chicago area, sometimes if you're looking at a
4 45-minute drive time, it's not really realistic.
5 People don't necessarily drive that far for
6 services.

7 So it is an important cleanup, but I do
8 think it will be less rigidity because, for
9 instance, the service accessibility criteria.
10 You'll have -- you'll be compared to fewer competing
11 health care facilities as far as for utilization
12 purposes, for instance. So that's where -- one
13 example where I think there will be less rigidity.

14 MR. GAFFNER: And that was one of the
15 issues that was on my mind, Jeannie, but I ask it in
16 the sense of the important role that staff have
17 in -- in -- and appropriately -- influencing the
18 planning board of what your intent was in that
19 regard.

20 And I would close by saying I agree with
21 Bill. I think he's really on to something there as
22 it relates to the difference between acute care and
23 long-term care. However, I don't have a better way
24 to wrap my arms around it today, but I'm glad that

1 he offered that so that we can get it into the
2 record. Thank you.

3 CHAIRMAN WAXMAN: Any other comments or
4 questions?

5 (No response.)

6 CHAIRMAN WAXMAN: Any last comments from
7 staff?

8 MR. MORADO: I guess in terms of the
9 rulemaking process, for those who aren't as familiar
10 with it, Jeannie was saying these are going to be
11 ready towards the beginning of next year. We'll
12 file the rules with the -- with JCAR, at which point
13 they'll be filed for what's called first notice, and
14 any entity can send in comments related to those
15 rules during first notice.

16 The board is then given an opportunity
17 to respond to those comments -- those public
18 comments. We can make changes in response to those
19 comments, and then we file for what's called second
20 notice.

21 Second notice then begins another round
22 of commenting for the public, and at that point the
23 changes that we're able to make are much more
24 limited and have to be made directly as a result of

1 a comment given to us.

2 So at that -- after that, then they're
3 put up for a vote for JCAR to pass, and then they
4 become law shortly thereafter.

5 But in terms of timing of the process,
6 although they'll be ready to be filed at the
7 beginning of next year, we're probably talking about
8 summer.

9 MS. MITCHELL: To be filed?

10 MR. MORADO: No. To be --

11 MS. MITCHELL: Or to be -- to be
12 adopted?

13 MR. MORADO: To be adopted.

14 MS. MITCHELL: I predict it will take a
15 little longer than that. They probably won't be
16 filed for first notice -- we have the board meeting
17 January 24th. So they won't be filed prior to that
18 date. So we're looking at February, maybe, to be
19 filed, and then each -- each step takes at least 45
20 days. So I'd say fall, maybe. So about a year.
21 Maybe a little less but --

22 CHAIRMAN WAXMAN: All right. Any other
23 comments or questions?

24 MR. CASPER: This is Bill Casper.

1 One question is does the board need to
2 vote to send it to JCAR, or is it something that's a
3 staff activity to --

4 MS. MITCHELL: What we do --

5 MR. CASPER: How will that process work?

6 MS. MITCHELL: Before we introduce
7 rules, we take it to the board. We give them a
8 copy. We offer any opportunity for a discussion or
9 questions, and then they approve for us to file it
10 with JCAR.

11 CHAIRMAN WAXMAN: On behalf of the
12 subcommittee, I certainly want to thank all who
13 worked on this report, starting with the people in
14 Chicago and including the people in Springfield. It
15 entailed an enormous amount of work and effort and
16 math well beyond my grade school education. So,
17 again, thank you all and greatly appreciate your
18 efforts.

19 MR. NUSS: Thank you.

20 MR. AGBODO: Thank you.

21 MR. MORADO: Really, Jesse and Nelson.
22 Thank you, guys.

23 MS. MITCHELL: Thank you very much.

24 It required some 6:30 mornings so

1 that's -- they had to change their schedule and --

2 CHAIRMAN WAXMAN: Okay. Moving on to
3 agenda Item 5, if you may, which is long-term care
4 changes of ownership.

5 MR. MORADO: Right. So the next two
6 items, 5 and 6, are really just kind of open
7 discussion topics. We have been working on, in this
8 subcommittee, the same kind of issue more or less
9 for quite a while, and I thought that it might be
10 time, with the suggestion of some of the members,
11 that we mix it up a bit and maybe start to look at
12 some other issues that are facing long-term care.

13 And so No. 5 specifically is this issue
14 of change of ownership, and as many folks probably
15 know, the board does not have jurisdiction over
16 changes of ownership of nursing home facilities.
17 That was a result, as I understand it, of a lobbying
18 effort from different industry folks well over 10,
19 maybe 15 years ago now.

20 And the reason it's on the agenda today
21 is there's a thought: What if we, the Board, seek
22 legislation to bring those changes of ownership back
23 under the board's jurisdiction?

24 And so while I can understand that

1 initially there might be some resistance to that
2 just naturally, my thought is that we have two
3 different processes, as you may well know. We have
4 the certificate of need process which involves the
5 board taking a vote, and that vote can go either up
6 or down; but what likely we would see, if we brought
7 this back under our jurisdiction, is this come under
8 the certificate of exemption process which has
9 undergone a big change in the last two years.

10 And so now changes of ownership come
11 under the certificate of exemption process, and as
12 long as all of the required information is submitted
13 to the board, the board is under a statutory
14 obligation to approve that project. So there
15 wouldn't be an instance where two entities are
16 coming together, and the board would be able to shut
17 that down because they would be hopefully turning in
18 everything they needed to, and then the board would
19 be under an obligation to approve that project and
20 let it go forward.

21 But, again, I just generally wanted to
22 put it out there and get -- get a discussion going,
23 maybe see what people think about the board
24 attempting to get jurisdiction over these changes of

1 ownership again.

2 CHAIRMAN WAXMAN: Chuck.

3 MR. FOLEY: I agree with this --

4 CHAIRMAN WAXMAN: Mr. Foley.

5 MR. FOLEY: Yes. I agree with this
6 wholeheartedly, but I think, Juan, as you pointed
7 out, there will, in fact, be a lot of opposition to
8 this. And I think what we need to come to a
9 consensus is, first of all, does everybody in this
10 subcommittee agree with this, that we use the change
11 of ownership even under an exemption process, and
12 what are the reasons for it? Why do you want to do
13 this? I think we need to create some ammunition to
14 present to the legislature to present to the
15 different associations as to why we want to put this
16 under a COE, certificate of exemption, process as we
17 had once before.

18 And I would like to caution everybody in
19 that making sure that, if we do, in fact, go this
20 route, that we put in place some kind of assurance
21 that we don't have a repeat of what we had years
22 before where the executive secretary at that point
23 in time had basically prohibited the change of
24 ownerships of moving forward, resulting in a lot of

1 facilities waiting over a year of getting a change
2 of ownership or a change of exemption approved,
3 which was obviously very, very costly.

4 So we need to put in place some -- you
5 know, some guidelines here to prevent that from
6 happening.

7 John, do you have any comments on that?

8 MR. KNIERY: My only -- this is John
9 Kniery.

10 My only comment is that, with the new
11 changes in the exemption process, that's taken care
12 of because the board is under obligation, if
13 everything is submitted, to then approve the pro --
14 approve it.

15 As a planner, what we run into -- and
16 the reason why we would support this particular
17 issue is that there is -- there's a huge lack of
18 data not being available, and we can't follow from A
19 to B to C, and so in planning, that really makes
20 things difficult and challenging. If it's a
21 straightforward process, if it's a streamlined
22 process, you know, I -- I myself and I think
23 Charles -- I think we think this is a great idea.

24 CHAIRMAN WAXMAN: Tim, as an owner,

1 would you be opposed?

2 MR. PHILLIPPE: I don't really
3 understand the purpose if it's just gathering
4 information. I probably -- like Charles said,
5 because I had this happen once where we were just
6 converting our buildings to a different structure --
7 ownership structure so we could refinance them with
8 HUD, and it actually caused a lot of trouble because
9 I had to wait a long time, and I couldn't get on the
10 agenda for the board because it's busy. So that's
11 my biggest concern.

12 I think gathering the info -- I don't
13 know why anybody would care if we're gathering the
14 information just to know it, a process so that
15 somebody -- it has to do with waiting in line for
16 approval, and it seemed like to me back then -- I
17 guess it's the same today. It seems like it's a
18 pretty -- they automatically approve it,
19 straightforward kind of thing, and there's no issue
20 with it typically, but it was just a long delay and
21 so -- but that has to do with -- maybe that's all
22 changed now.

23 MR. MORADO: This is Juan Morado.

24 Just to touch on something you

1 mentioned, Tim. It has changed, and so part of the
2 board's ability now is the chair herself currently
3 can approve an exemption without it having to go to
4 the full board for approval and so -- and then
5 there's a -- there's a time of -- I think it's 45
6 days, Jeannie? From the time it's filed?

7 MS. MITCHELL: For certain -- for
8 certain change of ownerships, it's 45 days. For
9 others, it's 60 days.

10 MR. MORADO: Right. So no more year
11 waits.

12 MR. PHILLIPPE: Yeah. So that makes
13 sense. I mean, that seems logical.

14 CHAIRMAN WAXMAN: Chuck.

15 MR. FOLEY: And I would like to see if
16 there's anything that we could do to work in
17 cooperation with licensure. That, if we're going to
18 go through this exemption process, to work with them
19 to try and determine what problems that they have
20 right now with their current process with the change
21 of ownership. If there's something that we could do
22 with this process, if it is implemented, that would
23 help them out. I think we need to work very closely
24 with licensure on this in order to expedite this.

1 And if it is this fast, what are we
2 going to look at? I mean, I'd like to see us
3 even -- like John said, it is the purpose of
4 collecting a lot of data that we don't have access
5 to from licensure, hence is why we would like it
6 here, but I'd like to see if there's some way we
7 could even expedite it even to a 30-day process, if
8 that's possible.

9 MR. CORPSTEIN: This is Paul in
10 licensure.

11 What data is it that you guys are
12 referring to that I don't collect and don't divulge?
13 Let's hear it.

14 MS. MITCHELL: We -- we do get --
15 just -- just to stick up for Paul and IDPH for a
16 little bit, we do get a report periodically of
17 change of ownerships that have happened.

18 What's supposed to happen, honestly, is
19 the long-term care community is supposed to notify
20 us of a change of ownership. We're not get really
21 getting those. But they do notify IDPH, and then --
22 so further down the line we do get notified, but
23 it's not immediate, and I would leave it to Mike,
24 George, and Nelson as far as what we do with that

1 information once we get it. I mean, I think, you
2 know -- and also, when they submit their
3 questionnaires, of course, if new facility or new
4 name, that's on there too, but I know there's a
5 lag -- several-month lag with that information.

6 MR. CORPSTEIN: I'm sorry. They receive
7 the information almost the day I change ownership.
8 I don't know what lag you're referring to.

9 MS. MITCHELL: I'm talking about the
10 questionnaires.

11 MR. CORPSTEIN: Oh.

12 MS. MITCHELL: So let's say for 2015
13 questionnaire. We don't get that information, let's
14 say, till April, June, or -- I don't know what
15 months they go out but --

16 MR. AGBODO: In February.

17 MS. MITCHELL: -- that's what I'm
18 referring to.

19 MR. CORPSTEIN: That doesn't have
20 anything to do with licensure.

21 MS. MITCHELL: Right.

22 CHAIRMAN WAXMAN: John, you had --

23 MR. KNIERY: I would have two comments,
24 if I may.

1 The first is that, although for general
2 long-term care -- they are exempt from reporting
3 change of ownerships -- there's not a level playing
4 field because you have the county homes, the
5 veterans facilities, and the hospitals who still
6 have to go through the change of ownership that are
7 not exempt from the process. So you have -- you
8 have some general long-term care facilities that are
9 exempt and some that are not. I think this is one
10 way to kind of level the playing field for
11 everybody.

12 And my second comment would be, you
13 know, along the lines of Charles'. There is a
14 reporting requirement to IDPH, to licensure. Is
15 there a way that we're not filing duplicate
16 information that we can -- you know, it can be
17 submitted to both entities, or if one entity gets
18 it, it immediately goes into the queue of the other.
19 Is there a way they can work together? I don't want
20 to duplicate anything.

21 But, Paul, there is -- there is a
22 difference between owner and operator entities, and
23 those are not being relayed through the process as
24 they used to be.

1 MR. CORPSTEIN: I'm sorry. You broke
2 up. What information is not being relayed to who?

3 MR. KNIERY: There is limited access to
4 the difference between the owner and operator of
5 facilities. There is -- there's owners -- there's
6 ownership on the operating side, and there's
7 ownership on the building side, the property side.
8 Long-term care is more unique in that respect than
9 hospitals, surgery centers, ESRDs.

10 And we have ran into problems in being
11 able to obtain that information where, when the
12 process was under an exemption, when the exemption
13 worked right, it was readily collected and
14 obtainable. There seemed to be more -- I'm not
15 saying it's not clear now or not -- there's -- but
16 there's -- there was less ambiguity then than there
17 is now.

18 MR. CORPSTEIN: All right. You're
19 losing me totally. When I make a change of
20 ownership, all that information is displayed on the
21 website almost the next day. So that includes
22 individual ownership, if there's any available, and
23 the entity that we licensed. So what delay are you
24 talking about, or what's not being shown?

1 MR. FOLEY: Paul, I think what you're
2 confusing is that, if you look at your data that you
3 do put on the website, there's a difference between
4 the ownership of the operation side versus the
5 ownership of the building and the site, the landlord
6 side of it. A lot of times --

7 MR. CORPSTEIN: Okay. The building and
8 the site is not displayed online because -- you
9 know, but anybody can get that information easily.
10 That's what you guys are -- that's why you're going
11 to go through the board -- so that the building
12 ownership is displayed?

13 MR. KNIERY: That and coupled with --
14 This is John Kniery.

15 That and coupled with the level playing
16 field for all the other -- for the other long-term
17 care facilities and, you know, the county homes. I
18 mean, there's not a lot of them, but they are out
19 there.

20 MR. PHILLIPPE: What does that mean --
21 level playing -- like, what's --

22 This is Tim Phillippe.

23 So what's the difference? What's the
24 practical impact?

1 MR. KNIERY: Those people have to go
2 through an exemption or permit process for change of
3 ownership where you do not, and there is -- there's
4 no difference. I mean, they're providing the same
5 services as you are.

6 MR. PHILLIPPE: Somebody might argue
7 that, being a government entity, it should have a
8 little bit more of a process.

9 MR. FOLEY: I think we're saying that
10 everybody should be on the same playing field,
11 though.

12 MR. PHILLIPPE: Why?

13 MR. FOLEY: Make it all the same.

14 MR. PHILLIPPE: I mean, the question is
15 why? What's the point? If the information is out
16 there already and the reason we want to do this is
17 to get the information out but it's there already,
18 then all we're doing to make it level is just to say
19 make it longer. You're adding a little bit more
20 time. Isn't that the difference?

21 MR. FOLEY: I think what we're saying is
22 that maybe, maybe, just maybe not all that
23 information is readily available and accessible to
24 everybody and --

1 MR. CORPSTEIN: Disagree.

2 MR. FOLEY: I'm sorry.

3 UNIDENTIFIED: He disagrees.

4 MS. MITCHELL: He said he disagreeS.

5 MR. FOLEY: That's fine. That's fine.

6 And, Paul, I'll be more than glad to sit down and
7 talk to you without taking time here because we've
8 always loved and enjoyed working with you in the
9 past and be more than glad to come in and sit down
10 and just share our thoughts with you. That is
11 not -- that is not a problem.

12 MR. CORPSTEIN: I just -- I'm just still
13 missing the point. I'm just not understanding where
14 we're not sharing the information regarding
15 ownership. Maybe this is something wrapped up, like
16 you said, like, nursing homes get special treatment
17 and all the other facilities have to go through the
18 board, and now we're upset that the nursing homes
19 have this exemption? So we want them put back under
20 the board so it will slow down changes of ownership?
21 Is that where we're going?

22 MR. FOLEY: No. I don't think that's --

23 MR. CORPSTEIN: We want them to slow
24 down?

1 MR. KNIERY: And I --

2 This is John Kniery again.

3 I don't see that this process -- that
4 the CON process has been slowing anything down. The
5 current administration of the board has really done
6 a wonderful job in speeding up the process. I would
7 say that -- I don't know how long it takes you to go
8 through your process, but they're not far behind.
9 There is a lag because if you do have to have a
10 board meeting, but with the chair able to sign off
11 on a lot of things, it can be done within a week or
12 so.

13 MR. PHILLIPPE: This is Tim.

14 The only thing I would suggest is, when
15 you're making rules, the rules are for the future
16 also, not just the present, and so even though the
17 board is operating very efficiently today, who knows
18 what will happen in five years or eight years down
19 the road. I assume it will be a different group.

20 So I'm always concerned about things
21 that slow things down or if it's extra work that
22 doesn't need to be done, if it's just adding work to
23 everybody that you don't need. I can be sens -- I
24 can understand if there's not -- the information's

1 not available, but it sounds like the information is
2 available. There's a debate about how to get it.

3 MR. FOLEY: That's why I said we just
4 need to work with licensure, with their application.
5 Maybe a lot of the information that they have could
6 be part of the exemption process so nothing has to
7 be duplicated, and it will, in fact, be expedited.

8 MR. CASPER: This is Bill Casper

9 I guess I -- I kind of think -- trying
10 to think about this conceptually as to what purpose
11 there really is for the Health Facilities Review
12 Board to be -- other than maybe in a perfunctory
13 way -- involved in any change of ownership issues
14 because the purpose of the board is to determine the
15 need for the service.

16 Once the service is there, I would agree
17 with Paul. It's a licensure issue. There's --
18 there's -- you know, there's checks and balances in
19 the licensure -- the change of ownership and the
20 licensure arena that might lead to blocking a change
21 in ownership for whatever reason or approving a
22 change of ownership for whatever reason.

23 Once the service is there, what's the --
24 what's the purview of the Health Facilities Review

1 Board in the matter other than -- and if we all can
2 agree with Paul that the information that the
3 planners think is currently not readily avail -- if
4 it's just a question of one piece of information
5 that's already collected that isn't transparent
6 enough, I don't understand what the need for a new
7 regulatory process is.

8 CHAIRMAN WAXMAN: If I may, I think
9 what -- what the planners or Chuck and John are
10 making a distinction is the ownership of brick and
11 mortar versus the ownership, if it's different, of
12 the operating side, and I think what they're saying
13 is that not always are both sets of information
14 available at the same time. Is that correct, or am
15 I wrong?

16 MR. CORPSTEIN: Yes. On our website, it
17 does not display the ownership for the bricks and
18 mortar. Our website is notoriously bad. It's
19 undergoing changes, and that's something that can be
20 easily added to displaying in the same manner that
21 we display the other ownership. Frankly, it's just
22 no one's interested. I mean, I guess now there are
23 people, but in ten years --

24 MR. CASPER: He's had a lot

1 conversations on this --

2 MR. CORPSTEIN: -- no body has asked me
3 about the brick and mortar and the ownership there
4 because that's not who they bring suit against.

5 CHAIRMAN WAXMAN: And I'm wondering if a
6 process was developed where we as members of the
7 subcommittee on a monthly or a quarterly basis
8 simply received an email from either the people in
9 here or from Paul's group of changes in ownership,
10 just an acknowledgment, and maybe that's all we need
11 as the subcommittee.

12 John, did I see your hands or Chuck's
13 hands? It went so fast. I wasn't sure.

14 Chuck.

15 MR. FOLEY: Let me go back and ask
16 staff, if I may, because I know we've had this
17 question many times in the past, and it was my
18 understanding at least that, on the staff side of
19 it, that it would be helpful for them if they had
20 this information a lot sooner; is that correct,
21 Juan?

22 MR. MORADO: I will actually defer to
23 George. George, if you want to speak to that issue
24 because --

1 (No response.)

2 MR. AGBODO: George?

3 (No response.)

4 MS. MITCHELL: George, are you here?

5 MR. MORADO: He may have stepped away
6 for a second.

7 I mean, yes, it's -- I guess our
8 perspective is a little -- it's a little different
9 than industry. I mean, the more information that we
10 get, we feel, for some reason, more comfortable with
11 that; and, you know, I think having -- adding this
12 back into the process, on its face, is something
13 that we would be supportive of but, because this
14 entity exists, we wanted to come to you to get your
15 thoughts on it before even moving forward with
16 something like this.

17 MR. FOLEY: You know, a change of own --
18 This is Charles Foley.

19 A change of ownership application could
20 also provide information as to the -- the cost of
21 the acquisition in and of itself, and it would be
22 nice for -- to know, you know, what somebody paid
23 for a nursing home, you know, per bed. We get calls
24 a lot of times from lending institutions asking us

1 for updates on, you know, the cost per bed. And,
2 unfortunately, we don't have that information
3 because it's not readily available and accessible.

4 So I think what we're asking for is not
5 really that much. I think just a few things. I
6 think the planning board has to play a role also in
7 making sure -- at least to look at the new owner to
8 make sure that they fit our criteria under
9 background of applicant. I think that's a very
10 important role that the planning board should -- not
11 that it would ever, you know, happen, but it has in
12 the past. I remember years back where a change of
13 ownership application -- a couple of them were at
14 least denied because of the background of -- I'm
15 sorry -- because of the background of applicant. So
16 I don't think we're asking for much.

17 I think -- I thought this was going to
18 help out hopefully the planning board staff, to give
19 them just a little bit more information a lot
20 faster.

21 MR. KNIERY: If I may, John Kniery.

22 CHAIRMAN WAXMAN: Gerry, are you still
23 on the phone?

24 MR. JENICH: I am.

1 CHAIRMAN WAXMAN: Your thoughts on the
2 concept? on the idea?

3 MR. JENICH: I was trying to avoid that.
4 Thank you, Michael.

5 CHAIRMAN WAXMAN: As someone who I
6 acknowledge as a major owner in the Chicago market,
7 I thought you might have some thoughts. I don't
8 mean to put you on the spot. If you don't want to
9 respond, please don't

10 MR. JENICH: No, no. I think -- I don't
11 think there's a whole lot more that I can add to
12 comments that Tim and Bill have made. I mean, they
13 raise concerns that are definitely going to come
14 forward from owners and operators, right, if it's --
15 they're going to want to understand the purpose of
16 it. They're going to want to understand and have
17 reassurances that, if it does come into play, that
18 it's not going to slow down any approvals or
19 processes. That's always a concern when they're
20 going through those types of transactions.

21 I can see both sides of the argument,
22 and I can support both sides of the argument. Now I
23 sound like a politician.

24 CHAIRMAN WAXMAN: Too late. The

1 election is over.

2 MR. JENICH: Yeah. But, you know, I
3 can understand the need from the state's standpoint,
4 and I think there is a basis for the argument that,
5 if you look at new applicants, you're vetting those
6 new applicants pretty well. The process allows you
7 to -- you know, to vet the applicant and make sure
8 that the applicant is qualified to come in on any
9 type of new project, and I think that's working
10 right now for the board and for the process.

11 On change of ownership, it does present
12 a risk that somebody who's not been vetted through
13 that same process could come in and suddenly be an
14 owner of a long-term care facility, and I don't
15 think even the current change in ownership process
16 does that. It's really just more of a regulatory
17 process where applications are filled out; and, you
18 know, you may end up with somebody who is not
19 creditworthy or doesn't have the financial means to
20 be able to support the project on an ongoing basis.
21 So there's arguments to both sides.

22 I think knowing -- you know, knowing
23 owners' perspectives on this, they would probably
24 put up some resistance to adding more regulations on

1 top of what's already there, if that helps.

2 CHAIRMAN WAXMAN: It does. We
3 appreciate your perspective. Thanks, Gerry.

4 MR. JENICH: Yep.

5 MR. MORADO: Paul, do you -- does DPH do
6 a character and fitness when they're going through
7 the licensure changes for a change of ownership?

8 MR. CORPSTEIN: Yes and no.

9 No, I don't. The applicants aren't
10 screened unless there is -- we've had in the past
11 where people were, you know, banned from Medicare
12 and Medicaid applications or whatever for a period
13 of five years. We had another owner that owned a --
14 that owed a lot of money to the department. So he
15 was banned from owning other nursing homes or trying
16 to change ownership until that was cleared up.

17 The only vetting that is done is
18 financial. There's a budget and financial statement
19 which is a part of every change of ownership or new
20 facility application that basically they are, you
21 know, signing off or showing that they have the
22 financial wherewithal to operate the facility, and
23 if they're projecting red in the future, that they
24 have some sort of financial backing and they show us

1 that they have some sort of financial backing to
2 cover any losses that they're projecting, that's
3 about it.

4 I currently have nobody on the list that
5 is banned from owning nursing homes in the state of
6 Illinois.

7 There's also, I might add, the
8 governor's initiative about reducing the
9 applications for small business and streamlining the
10 process, et cetera. I imagine this would fall under
11 it. I think his criteria is 4 million and less or
12 25 employees or less or something like that to help
13 streamline the process, which I -- I don't know how
14 else to streamline it, but you guys are actually
15 adding on to that.

16 Also, something you need to consider is,
17 especially in these financial uncertain times, I do
18 a heck of a lot of change of ownerships in a hurry
19 because the facility's in receivership or worse.
20 So if you want to have an emergency change of
21 ownership and sell and get it done in ten days or
22 two weeks or four days, like we just did, and then
23 you submit that all to me because the operator's
24 about to collapse, you have a buyer coming in to

1 come rescue, but now we need to wait what? 30 or 60
2 days for the board to authorize? You know, they
3 sign -- there are mandatory -- they have to sign
4 off, yes, but then we're going to wait 30 or 60 days
5 for what reason? I don't know. For them to
6 actually sign off on it?

7 So you're actually going to put owners
8 in a bind for that, and maybe that facility will not
9 change ownership. Maybe that facility will just
10 flat out close, and residents will be dispersed, you
11 know, at great consternation to the residents and
12 the guardians.

13 I mean, if that's something you want to
14 do, then fine, but I would say that, if owners that
15 are actively participating, you know, and helping
16 out -- like, I'm sure they're going to be resistant
17 to, you know, an extra 30- or 60-day delay that's
18 going to be a yes anyway. I don't understand. Like
19 I said, I'm still lost on the point of all of this.

20 MR. MORADO: Hopefully, you can get
21 found soon.

22 CHAIRMAN WAXMAN: Do you think that at
23 this point it would be helpful if a few people met
24 with Paul privately or as a subcommittee or

1 workgroup and bring back --

2 MR. CORPSTEIN: I'm just a -- I'm a
3 nonvoting anything. I'm just here to --

4 CHAIRMAN WAXMAN: Yeah, but you got the
5 information, Paul.

6 MS. MITCHELL: You've got the goods.

7 MR. CORPSTEIN: You'll meet with me
8 privately. You'll meet with my, you know, upper
9 management, and then I will be in the room.

10 CHAIRMAN WAXMAN: I'm just looking for,
11 you know, direction to go with the subject is what
12 I'm -- I guess I'm trying to do.

13 MR. MORADO: I'll share part of the
14 governor's new initiative is to make sure that the
15 administration is also helpful to people in the
16 industry and to meet with them. So Paul and his
17 supervisor, I'm sure, would be happy to meet with
18 anybody who has additional questions on the subject.

19 CHAIRMAN WAXMAN: Where do you want us
20 to go with this?

21 MR. MORADO: I didn't want to go
22 anywhere but bring it up and --

23 CHAIRMAN WAXMAN: I don't mean that
24 sarcastical.

1 MS. MITCHELL: No. It was brought to
2 us; so we're bringing it --

3 MR. MORADO: It was brought to us; so I
4 wanted to make sure that we talked about it.

5 And, again, this is the -- this and the
6 next one are just -- are items that are new for this
7 board to talk about because we've been talking about
8 buy/sell for --

9 CHAIRMAN WAXMAN: Right. Oh, no
10 question about that.

11 MR. MORADO: -- five years and --

12 CHAIRMAN WAXMAN: No question about
13 that.

14 Alan.

15 MR. GAFFNER: Thank you, Mr. Chairman.

16 Juan, could you and Jeannie indicate --
17 we've heard from these two other perspectives.
18 Could you indicate why staff would be supporting
19 bringing it back under the planning board and how
20 that could be helpful from your perspective.

21 MR. FOLEY: Good, Alan.

22 MR. MORADO: I think Gerry Jenich
23 probably made the best argument for us. But, you
24 know, hearing Paul and the financial information, I

1 think that certainly would be a big part of our
2 argument. Knowing that and hearing that they do
3 that is great. Knowing that they're not as
4 concerned with the character and fitness part, other
5 than looking at folks who are banned from Medicare,
6 I think, provides some heartburn. But, you know,
7 again, I -- I'm not the reviewer. So I just try to
8 make sure that, when folks are heading in the wrong
9 direction, that they turn around and don't go down
10 that path and don't get the board members in
11 trouble.

12 I don't know if George -- I think he's
13 back on with us now. You want to speak to it a
14 little bit more?

15 MR. ROATE: I am.

16 I just -- in this environment where
17 we're being business friendly, we're simply
18 enforcing the law that's been pressed upon us, and
19 apparently it's just a notification issue; correct?
20 Of changing ownership?

21 MR. MORADO: Right, and -- yeah.

22 MR. ROATE: So, I mean, I -- I'm not
23 sure if it would be something that we -- I agree
24 that there should be some -- some type of

1 notification process. However, I thought that that
2 ship had already sailed in terms of having an
3 exemption or having a CON for a change of ownership
4 for long-term care facilities, and I thought the
5 long-term care industry was happy with that.

6 MR. MORADO: Okay.

7 MR. GAFFNER: Juan, is it more of a
8 character and fitness review that staff
9 appropriately are expressing concern?

10 MR. MORADO: I would say that, if forced
11 to take a position, that, yes, that would be
12 something we would certainly have concern over.

13 At the same time, I would like to make
14 clear that the board isn't proposing or has no
15 language drafted to put this back under our
16 jurisdiction, nor have we sought out sponsors for
17 such a bill. I just thought it might bring some
18 lively conversation, which it has.

19 CHAIRMAN WAXMAN: Yeah.

20 MR. MORADO: Which is good.

21 CHAIRMAN WAXMAN: I'm wondering if --
22 for our next meeting, if staff would like to put
23 together a white paper, for lack of a better term,
24 of -- you know, actually delineate your thoughts on

1 the process.

2 MS. MITCHELL: I don't know that we
3 have --

4 CHAIRMAN WAXMAN: Or do you want to go
5 that far?

6 MS. MITCHELL: I don't know that we want
7 to go that far because I don't think we have a
8 position on it.

9 CHAIRMAN WAXMAN: Okay.

10 MS. MITCHELL: And this is really
11 something -- the only -- the only reason we're
12 discussing this today is because it was brought to
13 board staff, and so we wanted to bring it to the
14 subcommittee. The board has not -- nor staff has
15 had a discussion as to whether we want this to move
16 forward or if this is something we want to go
17 behind. It's --

18 CHAIRMAN WAXMAN: I think -- I agree
19 with Juan. I think the discussion is valuable.
20 Going back to Gerry's comment, you can argue both
21 points. You can take both sides. And I don't --
22 and I guess -- I think the subject is valuable, and
23 I guess I'm looking for some suggestions on what to
24 do with it. Do we revisit it at our next meeting?

1 Let's contemplate the issues, or let it ride for a
2 little while longer? I'm looking to staff or
3 members for some suggestions.

4 Alan.

5 MR. GAFFNER: Mr. Chairman --

6 CHAIRMAN WAXMAN: I saw your hand.

7 MR. GAFFNER: -- could we have staff and
8 Paul provide, oh, a 12- or 24-month look at
9 ownership changes? And I would find it helpful from
10 Paul's perspective to know how many he is seeing in
11 what I call this emergency status where the facility
12 could be displacing residents within a matter of a
13 week if they close. I would find that helpful.

14 MS. MITCHELL: Paul.

15 CHAIRMAN WAXMAN: Paul.

16 MR. CORPSTEIN: We're operating off of
17 my memory, and that's a bad thing.

18 I have no way of identifying which
19 facilities were, like, a super quick, let's get it
20 done other than recent memory type of thing. So I
21 wouldn't -- I would be able definitely to provide
22 you how many changes of ownership and all that kind
23 of stuff over -- well, as long as I've been here.
24 So four or five years' worth of data at least of how

1 many changes of ownership and which facility and
2 stuff like that.

3 But which one of those was a distress
4 type of situation, I wouldn't be able to tell.
5 There's many shades of gray there. I would say that
6 a good portion of changes of ownership have some
7 distress involved in them. Otherwise, they
8 generally wouldn't be changing ownership.

9 CHAIRMAN WAXMAN: Paul, are you seeing
10 increased activity?

11 MR. CORPSTEIN: I do probably a hundred
12 a year at least --

13 CHAIRMAN WAXMAN: Wow.

14 MR. CORPSTEIN: -- for all different
15 reasons. But I would say that most changes of
16 ownership are financial in nature, and there is a
17 lot of facilities that are -- that are in
18 receivership right now, those kinds of things.

19 So we did one in -- probably in the last
20 two months or whatever. We got it done in, like,
21 four or five days.

22 CHAIRMAN WAXMAN: I think that's --
23 that's -- your quantity and the rationale for
24 reasons is surprising to me, and I think I would

1 like to see that in a report format even more so now
2 that you've identified those many buildings in
3 distress.

4 I mean, what I -- you know, living in
5 the Chicago area primarily -- living in the
6 long-term care environment in the Chicago area, it
7 just seems like there's more activity taking place
8 of change of ownership. And I have a sense that
9 that's -- scary to me -- not-for-profits selling to
10 for-profits for a variety of reasons, and if that's
11 true, I would -- you know, as part of this
12 committee, I think that's information we should have
13 or should be aware of.

14 MR. GAFFNER: I think --

15 CHAIRMAN WAXMAN: Mr. Foley.

16 MR. CORPSTEIN: I would say in general
17 there's not really that many non-for-profits going
18 to profit. There was one in the last six months or
19 a year, I believe. Mostly non-for-profits don't
20 really change ownership all that much. If they do,
21 it's some sort of merger of corporations and this
22 kind of thing, not necessarily selling out to a
23 for-profit.

24 I don't know how you classify counties;

1 but, you know, there's been -- over the years,
2 counties have kind of been getting out of the
3 business.

4 CHAIRMAN WAXMAN: Yeah, exactly.

5 MR. CORPSTEIN: I don't know if you
6 consider those for-profit or not or what have you.

7 CHAIRMAN WAXMAN: They've always been in
8 a world of their own.

9 MR. CORPSTEIN: Right.

10 CHAIRMAN WAXMAN: And I agree with you.
11 A lot of counties have gotten out of it.

12 Mr. Foley.

13 MR. FOLEY: Yeah. I think our goal and
14 objective here is to -- as I said, to work with
15 licensure. We do not want to extend or delay any
16 transaction by any means. So if there's a way that
17 we can even look at the licensure change-of-
18 ownership application and see how that could be
19 consolidated with an exemption application so that
20 the information is collected once and once only, and
21 it could be sent to both parties or to the planning
22 board first and then to licensure, whatever, but I
23 don't want to see somebody duplicate a lot of effort
24 by submitting the same information a couple times.

1 I think there's a way we could work with this
2 together with licensure, if at all possible.

3 MR. CORPSTEIN: I get that, but right
4 now the department, at the governor's direction, is
5 under all -- all state agencies that issue licenses,
6 there is an RFP out there for a monolithic software
7 piece that will cover all agencies that issue
8 licenses. All offices, including me.

9 So my application for change of
10 ownership may be handed to me at the outcome of
11 this, you know, contract; so -- and I don't know.
12 I'm only passingly involved with it or whatever,
13 but if they make a decision and write a check for
14 some -- you know, some sort of software to upgrade
15 us out of the '80s, which will be great, I don't
16 know how, like you're saying, one application for
17 the board/for me type of thing will work because I
18 don't really know what's coming down the pike yet.
19 I understand the need for it or, you know, the
20 reason why you would want that, but it's uncertain
21 where this is going.

22 CHAIRMAN WAXMAN: Chuck.

23 MR. FOLEY: Is it possible that we could
24 just get a copy of the change-of-ownership

1 application itself and just look at it and see what
2 kind of data is there and then see how that
3 information could help the planning board even in
4 your review process of other applications?

5 You know, I don't know. I mean, I think
6 it's something that we need to look at. I think
7 there's a lot of information out there, as I said
8 before, such as the acquisition cost. I think the
9 planning board would like to know what nursing homes
10 are being sold for in terms of the cost per bed, and
11 I'm sure there's other information that they would
12 like to see, and I think we just need to work with
13 licensure and with the planning board staff to see
14 what information can be shared back and forth.

15 MS. AVERY: Okay.

16 MR. FOLEY: Come on. Help me out.

17 MS. AVERY: I just walked in.

18 Which application are you referring to?

19 The new one?

20 MR. FOLEY: No, we're --

21 MS. AVERY: We're working on the new one
22 now.

23 MR. FOLEY: We're talking about the
24 change-of-ownership application from licensure.

1 MS. AVERY: Oh, IDPH.

2 MR. FOLEY: IDPH. Yes, ma'am.

3 MS. AVERY: Okay.

4 CHAIRMAN WAXMAN: I guess we've talked
5 about this a while. I guess I'm looking for now a
6 direction or closure or next step in the process. I
7 mean, I think it's very valuable. I clearly hear
8 several points of view that all are logical and make
9 sense to me. I guess for Juan and Jeannie, what is
10 it we want to do?

11 MR. MORADO: I think that, from what I'm
12 hearing, if we're able to get a report from Paul
13 laying out two years of data just on changes of
14 ownership generally, that sounds like something the
15 board members would like to see.

16 CHAIRMAN WAXMAN: Agreed.

17 MR. MORADO: In terms of whether or not
18 we seek to, you know, draft any language, I think
19 there's a hold on that.

20 CHAIRMAN WAXMAN: Agreed.

21 MR. MORADO: And I -- you know, once we
22 get that report, if additional questions come out of
23 it, we can put it back on the agenda for further
24 discussion.

1 CHAIRMAN WAXMAN: We have a plan.

2 Anyone have any problems with our plan?

3 MR. GAFFNER: I think that makes sense,
4 and as Paul has any ability to look back in whatever
5 he deems recent to identify those that were very,
6 very urgent ownership changes to preserve continuity
7 of care. I'm concerned with the trend, as has been
8 mentioned, in these financial -- financially
9 challenging times. If there are more sales that are
10 occurring as a fire-sale situation, could that then
11 lend itself to acquisition by some of those, Juan,
12 as you point out, that maybe don't meet a character
13 and fitness test? I'm not saying it's happening;
14 but, obviously, we know the trend financially and
15 what's happening with Medicaid in this state. So I
16 think we need to be concerned about who is acquiring
17 facilities.

18 As failures occur, it reflects on all of
19 us across the long-term care spectrum.

20 CHAIRMAN WAXMAN: All right. I will
21 leave it up to staff to coordinate with Paul to get
22 the report to us for our next meeting or an email
23 whenever it can happen, and then we'll relook at it
24 at a future date.

1 That being said, Juan, the next item is
2 newer LTC models.

3 MR. MORADO: Yes, newer long-term care
4 models. So what -- currently, the board, as you
5 folks know, have jurisdiction over MCs that are
6 licensed under the Nursing Home Care Act and because
7 of the way that our rules are set up, we look at
8 more traditional models.

9 We've been hearing a lot of applicants
10 come before the board recently and telling us that
11 they are not following the traditional mold. They
12 are new, and they have a new concept. And, you
13 know, some of our members on the Motherboard have
14 had a little bit of an issue distinguishing between
15 new and old.

16 And so I thought it might be worthy to
17 have a conversation about what is new, what should
18 the board be considering, and maybe we can get some
19 more insight from the members on what it is that
20 we're not -- that we're not doing quite the best way
21 right now.

22 CHAIRMAN WAXMAN: Mr. Foley.

23 MR. FOLEY: We are hearing rumbles out
24 there that the federal government possibly, possibly

1 is looking at that in the future all long-term care
2 facilities be private rooms along with private baths
3 in each room versus even two beds. Obviously,
4 three-bed and four-bed wards are out now in the
5 current standards, but I don't know if that's true
6 or not. I'm just wondering if anybody on this
7 subcommittee is hearing any different.

8 MR. PHILLIPPE: I haven't; so I don't
9 know.

10 MR. FOLEY: I mean, we're trying to
11 advise clients. We're trying to advise clients on
12 their plans; and, obviously, we are looking at
13 hopefully providing more private rooms than double
14 rooms, and that's -- that's very important. That
15 adds to the cost to the project when you have more
16 private rooms.

17 I think this is the way the board is
18 looking at also -- is more private rooms. Is the
19 board looking at anything else in terms of
20 additional certain amenities? You know, we don't
21 know.

22 We are looking at the other concept
23 coming down from the feds that they're not going to
24 be supporting institutional any longer. It's all,

1 you know, home health care. Do you want to get out
2 of the institution environment altogether? We're
3 hearing that CCRCs, for instance, are even
4 considered institutional and not home like, you
5 know.

6 MR. PHILLIPPE: That's true.

7 MR. FOLEY: And so what does this all
8 mean? I have absolutely no clue, but I think this
9 is something that we need to look into and look at
10 tomorrow to see what we can, in fact, advise future
11 applicants of what their application should and
12 should not look like.

13 MR. PHILLIPPE: Mike.

14 CHAIRMAN WAXMAN: Yes, Tim.

15 MR. PHILLIPPE: This is Tim.

16 It depends on the purpose of the board
17 and the goals of the board for the future because
18 clearly we all know that we have in some ways a
19 50-year-old model.

20 MR. FOLEY: That's correct.

21 MR. PHILLIPPE: And you have -- you
22 know, even -- even two per semi private rooms where
23 two rooms share a bath, I see a lot, and there's
24 even more people per room. Okay. So that's a

1 long-term model that's gradually changing. It's
2 true. I don't think they're actually new models of
3 care when I hear about most the things. I don't
4 consider private room a new model of care. It's an
5 amenity. It's a customer choice issue. People like
6 it, but it's not a new program. It's just a -- when
7 we can go from private rooms to unit based; so a
8 little less institutional feel where a skilled
9 nursing building looks more like assisted living
10 with a smaller dining room, say, on each wing so
11 you're splitting up -- you're taking away a lot of
12 the -- the large, kind of institutional feel of the
13 building.

14 If -- however, in the state of Illinois,
15 I would like to find somebody who can prove to me
16 that somebody's building those rooms for Medicaid
17 population.

18 So, really, what I've seen happening
19 around my markets and what I've done is you're
20 building those kind of wings or buildings for
21 short-stay rehab.

22 MS. AVERY: This is Courtney.

23 And the one example, I think, may be
24 transitional care and their model. Would you

1 consider that to be some kind of new standard of
2 care and model for the industry?

3 MR. PHILLIPPE: That's a good question.
4 What I -- I've talked to other people about this.
5 Okay. Some of us would just think that's putting a
6 new name on an old idea because the idea of
7 transitional care units or buildings has been out
8 there for a long time. What it really means is --
9 the way I define what they're talking about is
10 they're creating a nicer-looking building to take
11 short-stay rehab people on Medicare.

12 MR. FOLEY: Medicare. No Medicaid.

13 MR. PHILLIPPE: It's just Medicare. And
14 some of them are even shorter than the full length
15 of Medicare. They only want to keep them until
16 there's a copay, and then they want to transfer
17 them.

18 Now -- and I actually have a building of
19 units like this also. I don't think it's a new
20 model. It's an amenity that's nicer for people.
21 Now, it could be -- it could be a new model if
22 you're competing with buildings that don't even
23 barely have a rehab gym because usually what it
24 involves is also a bigger rehab space, and that will

1 serve the Medicare resident well.

2 What it will do is take money out of the
3 rest of the system, and in Illinois, most people
4 fund a higher quality of care for the Medicaid
5 person by the revenue from Medicare. And so what's
6 happening, if people build units -- buildings that
7 are only for Medicare, then that means there's less
8 funding for the rest of the residents in the state.

9 So it's really -- I mean, it's a -- it's
10 sort of a policy issue. I don't think it's a new
11 model of care because really what the transitional
12 care building is doing is what other people have
13 been doing for 20 years when they build a wing for
14 transitional care. So rather than have a whole
15 building, you have wings for it.

16 CHAIRMAN WAXMAN: I have to agree with
17 Tim. I mean, you know, when I started in this
18 industry, we simply called it subacute care. It's
19 the same model. They just changed the color and put
20 flags on it. It's the same model. It's dedicating
21 time, staff, resources to the rehab side and however
22 you define rehab side, but it's not a new model.

23 Chuck.

24 MR. FOLEY: I think when we're talking

1 about new models, we're also looking at -- at least
2 we are getting calls on the concept of the
3 greenhouse concept where we've had clients come to
4 us where they want to build a 12-, 15-bed skilled
5 facility freestanding. How that is financially
6 viability, I don't know; but apparently it is, in
7 fact, being done in other states. Why is it not
8 being done in Illinois?

9 So I think this is something -- I mean,
10 they're -- whatever that number is -- 15, 20, 25
11 beds -- we've always been under the impression that
12 anything less than 60 beds, freestanding facility,
13 is not financially viable. But we are seeing these
14 campuses with -- with these smaller models with 15-,
15 20-, 30-bed, you know, buildings. That is something
16 that our regulations currently does not allow.

17 MR. PHILLIPPE: Right. I think there's
18 one building now in Champaign that's gotten approval
19 for it.

20 MR. FOLEY: Is that right?

21 MR. PHILLIPPE: Yeah. They're
22 non-for-profit. Clark Lindsey maybe is the name.
23 I've forgotten the name, but anyway -- because we've
24 been working with them because we have been trying

1 to look to see what the regulatory impact because we
2 would like to put one.

3 In terms of practical, typically the
4 greenhouses are 10 beds, though sometimes they could
5 be a little bigger.

6 MR. FOLEY: Yeah.

7 MR. PHILLIPPE: But there's two ways you
8 can do it. One way is actually by having several of
9 those houses in one location. So you have one
10 director of nursing, one administrator for all these
11 buildings together like a little neighborhood.

12 MS. AVERY: Is that, like, set up on the
13 style of Misericordia for people with disabilities
14 where they --

15 MR. FOLEY: Yes. Like the 16-bed
16 facilities.

17 MR. PHILLIPPE: Oh, yeah, that would be
18 like I've seen before. That's right. I've seen
19 that too. Yeah, the residential care for children
20 and for developmentally disabled.

21 Or some people are trying to now in
22 Illinois at least -- because there were a few of us
23 talking about it -- is to go where you already have
24 a building, and we put a green -- a small house next

1 to that building, and then we get the efficiencies
2 from that building -- same director of nursing, same
3 administrator. But it's being done in places --

4 MR. FOLEY: Freestanding, Tim, or is
5 that connected with a corridor?

6 MR. PHILLIPPE: Well, it doesn't have to
7 be connected. My understanding of the code is, as
8 long as it's the same address, legal address, it
9 does not need to be connected by a corridor.

10 But there's a variety of issues that are
11 beyond my knowledge that you have to negotiate
12 because some of the regulations are written for
13 large buildings, and so it makes it very expensive
14 if you try to do the same thing in a small building,
15 and so -- but I know there's been discussions about
16 it and -- of how to do it.

17 It is a new model of care, though.
18 That's the difference in sub -- that's different
19 than subacute or transitional care.

20 MS. AVERY: And, Tim, the other -- what
21 you describe with the smaller dining rooms and
22 smaller rooms, does that translate into more or less
23 square footage? And is that what you're saying is
24 outdated as far as the board is concerned? Because

1 I'm thinking that, if a facility wanted to build
2 something of that nature, I don't see how it does
3 not fit with the board. Is the square footage
4 outdated? What's outdated?

5 MR. PHILLIPPE: No. What I mean is in
6 terms of customer service. Let's look at it from a
7 customer perspective, not cost. From the customer
8 perspective, they would prefer to have private room,
9 private bath, and if they're going to a dining room,
10 they do not want to be in a big dining room for the
11 whole building because you have people that need
12 assisted dining, and you have rehab people that are
13 going straight home, and they're more independent.
14 So people would prefer that.

15 Now, it's really more of a cost issue of
16 how efficient you can build it. The part I was
17 trying to get to is that's not a new model. People
18 have been building that, you know, for 10, 15 years
19 now or more. It's not a new model of care. It's a
20 customer issue in terms of what they would prefer
21 because it looks nicer. It suits the customer.

22 So it's more of a public policy issue:
23 Do we want to encourage those kind of buildings?
24 Because when you build that now, they're not

1 building for Medicaid. I don't care what anybody
2 tells you. They are building mostly for Medicare
3 and maybe private pay.

4 MS. AVERY: Okay.

5 MR. KNIERY: If I may, one thing I've
6 seen that CMMS is putting out as proposed regs is
7 they're eliminating -- and what I don't know is I
8 don't know if they're going to make mandatory
9 everyone -- everything private rooms, but they are
10 mandatory -- making mandatory every room has its own
11 bathroom. No more shared baths. And they are doing
12 things along those lines in a paper that came out by
13 American Health Care.

14 MR. PHILLIPPE: If that is required in
15 the state of Illinois, okay, people will not have
16 access to care anymore because I don't -- it was
17 hard enough to put in the sprinkler systems for some
18 companies. These ones you're talking about --
19 the kind of buildings that end up in receivership,
20 rural -- certain settings where the revenue's
21 lower -- I don't know how they could cope with the
22 cost.

23 But there are new mod -- so I think we
24 have to differentiate models of care. Do we mean

1 amenities? You know, the nicer look, the style of
2 the treatment. Or are we talking about new models
3 that truly change care somehow? Just doing it in a
4 totally different way clinically.

5 MS. AVERY: Okay.

6 CHAIRMAN WAXMAN: I think Tim's question
7 is the appropriate question, and I don't think there
8 are any new models of delivering care. I think what
9 we're -- I think what's happening is we're simply
10 dressing up and reinventing things that have already
11 been done in the past and getting new names and
12 new -- you know, a hundred years ago, when I took my
13 first marketing class, the instructor said, "If I
14 can convince you that by eating Wheaties you can
15 play basketball like Michael Jordan, I can charge a
16 lot more money for that box of Wheaties." I think
17 that's what some of these buildings are doing by
18 putting in a new fancy term for something that's
19 been in the marketplace for a long time. Tim, what
20 do you think?

21 MR. PHILLIPPE: No. No. That's true.
22 I mean, it's nothing new. It's just a subacute
23 unit. It's a subacute unit with better lipstick
24 because it also -- it also includes the amenities

1 that people want -- private rooms, bigger -- you
2 know, different dining, a different look and feel of
3 the building so it feels less institutional which is
4 a good thing for customers.

5 MR. FOLEY: But sometimes, Tim, are we
6 not kind of -- have our hands tied behind our back
7 because of licensure regulations, as you said
8 earlier, for instance. I've always said also that
9 the future of long-term care would be like an
10 assisted living being licensed for skilled. It
11 can't be because an assist -- a typical assisted
12 living facility has not only a bedroom but also a
13 living room, and that bedroom would be off of a
14 living room; so therefore that bedroom is not --

15 MR. KNIERY: Line of sight or visible.

16 MR. FOLEY: Yeah. Yeah. From the
17 nurse's station.

18 MR. PHILLIPPE: I toured a building that
19 I looked at in Ohio that -- this is different state,
20 and they had a wing of that complex where the
21 apartments were too small, kind of weren't as
22 attractive anymore. So they converted that to
23 actually skilled nursing. It's actually
24 intermediate care nursing. It's not skilled, but

1 it's actually under the nursing code in the state of
2 Ohio, and it's a wing of one bedroom apartments.

3 MR. FOLEY: Awesome.

4 MR. PHILLIPPE: Intermediate care. Now,
5 they're not -- little less care.

6 MR. FOLEY: But here in Illinois we look
7 at that as being nursing care which is both skilled
8 and ICF both. But, you know, I think that's very
9 important; and, again, I don't think that our
10 regulations will allow that here in Illinois, our
11 current standards, because that bedroom would not be
12 accessible --

13 MR. PHILLIPPE: I assume that's true.

14 MR. FOLEY: Yeah. Our bedrooms would
15 not be accessible --

16 MR. KNIERY: That's an IDPH issue
17 more --

18 COURT REPORTER: I'm sorry. Mr. Kniery,
19 I didn't hear you.

20 MR. FOLEY: And that's what I'm saying:
21 We are looking about the future of long-term care.
22 We're looking about the future of long-term care.
23 We need to start looking close -- working closely
24 with licensure to look at these issues and see if

1 there's some changes that we can make even in the
2 licensure regulations.

3 MR. PHILLIPPE: But there's a difference
4 between probably the rule -- what the board's trying
5 to do and their purpose versus IDPH. That's what
6 you said.

7 For example, you know, in Indiana, I
8 have buildings. They don't have nurse's stations.
9 They don't have any nurse's station. Well, I don't
10 think I can do that in Illinois.

11 MR. FOLEY: That's right. That's
12 exactly correct.

13 MR. PHILLIPPE: We just got rid of them,
14 and we created a kiosk, which means there's no place
15 for nurses to gather and put their stuff down. No
16 offense to any nurses that happen to be on the phone
17 here. But -- but that's not an issue for the board.
18 It's more of a philosophy for IDPH, isn't it?

19 MR. FOLEY: Well, it is, and it isn't.
20 I mean, we're looking at the future of long-term
21 care in Illinois. The planning board are the first
22 people in line, you know, to look at a concept, to
23 look at a model, and if it's something that's --
24 that could be looked at in terms of our regulations

1 of having an apartment style, for instance, I think
2 it does become a planning board issue.

3 MS. AVERY: I'm not so sure it's a
4 planning board issue, but I agree with Tim and John.
5 You have to kind of see where they're going with the
6 regulations because their regulations trickle down
7 from the federal government.

8 MR. FOLEY: But other states are doing
9 it, though, is what I'm saying.

10 MS. AVERY: Right. But I don't think
11 that we, meaning the planning board, would have the
12 authority to make those changes without IDPH being
13 the first in line to do so.

14 MR. FOLEY: And I guess that's why I'm
15 saying that we need to work with IDPH.

16 MS. AVERY: And we do.

17 MR. FOLEY: We need to work with IDPH
18 and look at this concept. Is it possible? Can it
19 be feasible?

20 MS. AVERY: We do, and we also get the
21 direction from them from the federal government.

22 MR. FOLEY: Okay.

23 MS. AVERY: You know, I'm in constant
24 contact with Deborah.

1 MR. FOLEY: All right.

2 MR. PHILLIPPE: One thing I just
3 mentioned, Mr. Chairman, in terms of the board, it's
4 more -- it's a policy for the state and a policy for
5 the board.

6 You know, like, we're talking about kind
7 of more modern buildings; right? Well, if I have a
8 market and somebody comes in and builds a modern
9 building next to my old building, you know, that
10 hurts me, and I don't like it. Okay. Right?
11 That's probably true for the whole industry.

12 However, what also happens is it makes
13 everybody else nearby step up their game because, if
14 the people down the road have private rooms and
15 private baths, it forces me -- most providers who
16 want to compete for customers -- we also have to
17 invest money to fix up our product. And there's
18 some ways where as a provider I may not like it, but
19 as a citizen it may be good for the state.

20 MS. AVERY: And I agree.

21 MR. FOLEY: I agree wholeheartedly, Tim.

22 MR. MORADO: Tim, one of the questions I
23 have --

24 This is Juan Morado.

1 -- is I think you're right that it may
2 force some individuals to maybe step up their game,
3 but are they stepping up their game in an effort to
4 get back those Medicare patients which are now
5 fleeing to these newer, transitional-type
6 facilities?

7 And I guess to take it back to --
8 another step back, the bigger issue for the board
9 would be access to care and the quality of that
10 care. And so if we're now seeing the Medicare end,
11 the dollars, going to, you know, a couple
12 facilities, maybe those other folks -- what's going
13 to happen to the Medicaid folks? Where are they
14 going to be able to -- are there going to be a whole
15 bunch of open beds, but now those businesses won't
16 be sustainable anymore? I mean, I would love to
17 hear from a business perspective how we handle that,
18 how we work on that, and making sure that the
19 citizens of Illinois aren't getting shortchanged
20 because, you know, we want to have private bathrooms
21 for folks who have means and folks who don't kind of
22 get left out.

23 CHAIRMAN WAXMAN: Tim, my perspective
24 is, you know, if, in fact, the state of Illinois

1 Medicaid reimburses about 78 percent of costs -- is
2 a number I think I've heard -- then as an operator,
3 the only places I can make up the missing 22 percent
4 is from my Medicare revenue and my private pay
5 revenue. Otherwise, I'm operating at a deficit, and
6 I can't afford to operate at a deficit; hence the
7 home is a nonviable business. Either my financial
8 lender will put a stop to it, or I'll run out of
9 whatever savings I have will put a stop to it.

10 So, you know, I think the crux of the
11 problem is not a planning issue. The crux of the
12 problem is the state of Illinois' Medicaid
13 reimbursement system.

14 MR. KNIERY: Right. That's right.

15 MR. PHILLIPPE: I mean, the way the
16 question was phrased, I also agree with because I
17 have the same concern that the nice -- a few nice
18 buildings get the revenue -- a hundred percent
19 revenue or more than a hundred, maybe, for
20 Medicare -- and then the -- nobody's compensating
21 then for the Medicaid revenue being under cost, and
22 so we keep those buildings -- it's very difficult,
23 probably, to manage one of those buildings well. I
24 guess they meet the license standards and survive

1 surveys, but sometimes the people who live there
2 don't feel like they're as nice as they should be.

3 So it's a dilemma, and I don't have an
4 answer for it because you're absolutely right, and
5 it's more extreme in Illinois than it is other
6 states because of the difference between the
7 Medicaid rate and Medicare is so high. It's worse
8 here, and that's what makes it harder.

9 CHAIRMAN WAXMAN: I mean, I think, if
10 you look at the trends of major groups who have
11 multiple ownerships, what they've done to try and
12 get a handle on costs is they've created their own
13 therapy companies. They've created their own DME
14 companies. They've created their own pharmacies,
15 you know. I mean, they're trying to consolidate
16 expenses or control expenses by owning all the
17 ancillary services. I think that's part of why
18 we're seeing that happening.

19 MR. GAFFNER: That's --

20 MR. CORPSTEIN: This is Paul in
21 licensing. I've got a couple things to say about
22 this.

23 The department is currently reviewing
24 what's called the green homes. It's a -- it's

1 coming out of California. It's already Medicare
2 certified. These are the 12-bed buildings that are
3 not connected to the facility. We're currently
4 reviewing one that's on the campus or on the edge of
5 campus of Champaign, UIS -- or U of I.

6 So this is a 12-bed, open plan,
7 no-nurse-station type of building -- single
8 occupancy, skilled -- to try to have a more
9 home-like environment. Of course, it doesn't meet
10 with our physical plant codes as well as some
11 administrative codes involving health. Like I said,
12 all the administrative codes are under review. The
13 department is reviewing the plans from -- I think
14 it's Clark Lindsey. No. I can't remember the name
15 of the facility, but it's on the edge of the
16 University of Illinois campus.

17 They're proposing to build two 12-bed
18 individual buildings that are skilled that will be
19 serviced -- like somebody was saying, the economy of
20 scale -- (phone drop) one administrator, one DON
21 even though the buildings are not attached. We are
22 having some address problems, and we're having some
23 physical plant problems, but that's been under
24 review by the department for some months now. Way

1 above my head.

2 So there are attempts to move in a more
3 modern way. I think we expect industry to innovate
4 and not the state. So it's up to industry to
5 innovate and then bring us things that we don't
6 understand, and then try to adjust the rules to make
7 it work. So that is currently ongoing right now.

8 MR. FOLEY: Thank you, Paul, for that
9 update.

10 MR. CASPER: So, Paul, are those --
11 This is Bill Casper.

12 Paul, are those being done as
13 replacement beds?

14 MR. CORPSTEIN: I think not replace -- I
15 think they're going to take some of their -- I don't
16 think they're adding to the licensure. So I think
17 they're going to take existing beds and move them
18 into these new-model buildings. Like I said, it's
19 called, like, green homes or something to that
20 effect. It's a licensed -- to use that name, you
21 know, it's, like -- it's, like, copyrighted or what
22 have you. Coming out -- I believe it's out of
23 California.

24 And so this is, like, the first step in

1 that way. We have to adjust our rules to make sure
2 it works. We have to, you know, assure the safety
3 of the residents, those kinds of things. There's a
4 lot of physical plant issues. Like I said, they
5 were talking about the nurse station earlier, but
6 they don't -- these buildings don't have nurse's
7 stations. They won't have their own individual
8 administrator or DON or -- you know, there will be
9 CNAs assigned to the building, but staff -- you
10 know, main staff will operate in the main building
11 and will be operating. Food will be -- some of it
12 will be cooked on site. A lot of it will be cooked
13 in the original facility and then transported across
14 to it. There's no connecting tunnels or no
15 connecting archways or walkways or anything like
16 that. Like I said, it doesn't fit in our physical
17 plant requirements right now, and that's something
18 the department is reviewing and trying to adjust so
19 that these can work because they do work in other
20 states, and they are Medicare certified.

21 CHAIRMAN WAXMAN: Any other thoughts or
22 comments?

23 (No response.)

24 CHAIRMAN WAXMAN: Well, then, again, I

1 guess go back to --

2 MR. MORADO: Yeah, to close this one out
3 and how we move forward.

4 CHAIRMAN WAXMAN: Yes.

5 MR. MORADO: I guess what I -- what it
6 sounds like is there are no new models, but there is
7 new marketing which seems to be the case with
8 everything in the world.

9 CHAIRMAN WAXMAN: I agree. I think
10 that's true.

11 MR. MORADO: And, you know, I think one
12 of the issues we really hit on was this issue of --
13 and it's a struggle. It really is. The issue of
14 these new transitional-type facilities that are
15 allegedly, you know, taking the cream of Medicare
16 and the dollars with them and what that means for
17 other types of facilities.

18 CHAIRMAN WAXMAN: I think, you know,
19 maybe what I'm hearing or thinking is that the
20 Motherboard may need an education -- education may
21 be the wrong word, but not to get suckered into
22 hearing that a transitional care building is a new
23 model when all it is is sub -- to use Tim's phrase,
24 subacute with lipstick or new lipstick. Is that the

1 way you phrased it, Tim?

2 MR. PHILLIPPE: I guess so.

3 CHAIRMAN WAXMAN: You know, so the --

4 MR. MORADO: I'm going to quote you on
5 that in the report.

6 CHAIRMAN WAXMAN: So that the -- you
7 know, so that the board -- the CON board is not
8 making a decision that they are, in fact, endorsing
9 a new model when it really may not be, and I
10 don't --

11 MR. MORADO: I think that's -- I think
12 that's something that should maybe come from
13 somebody on this board. I think it would be
14 helpful.

15 You know, the next bullet point is going
16 to be about a report that we're going to make to the
17 board, and it's for a very specific reason -- that
18 report. But, you know, where you, Mr. Chairman, are
19 charged with going before the board -- and you're
20 more than welcome to pick one of your compadres here
21 to come with you and maybe give the board an
22 education on that.

23 CHAIRMAN WAXMAN: Be happy to.

24 MR. MORADO: We had tried -- we tried to

1 do the same thing with end-stage renal disease
2 facilities because it was just something that the
3 board was having a hard time getting around -- the
4 issue of charity because everyone's qualifying --

5 MS. AVERY: Juan, before you move on to
6 7 -- are we moving on to 7? Are you transitioning
7 to Item 7?

8 MR. MORADO: No. I'm just talking out
9 loud right now. We're not there quite yet.

10 MS. AVERY: Okay. Because I want to go
11 back to 6.

12 MR. MORADO: Yeah. We're still on 6.
13 We're still on 6.

14 MS. AVERY: Okay. Great. Thank you.

15 MR. MORADO: Yep.

16 We want to give them an education on it
17 because the fact is that they're not subject matter
18 experts in each of these particular categories of
19 service. You folks are. That's why this
20 subcommittee exists, and I think that would be
21 helpful.

22 CHAIRMAN WAXMAN: Courtney, what do
23 you -- you want to go back to -- you want to
24 continue with 6?

1 MS. AVERY: Not so much to 6 but to
2 comment on your comment about the board and the new
3 models of care.

4 I think there are some that really do
5 realize and know this is not a new model of care.
6 It's tapping into the population, which Tim
7 described, that is set up for a certain population
8 of people who are insured. So I think that they
9 really get that.

10 There are some board members that like
11 the idea of, if I have a knee replacement, a hip
12 replacement, or whatever, and I need short-term
13 rehab, this is an ideal setting versus the
14 traditional institutional setting that we've been
15 seeing in the state.

16 MR. FOLEY: Thank you, Courtney. That's
17 correct.

18 MS. AVERY: So but still welcome --
19 still welcome the opportunity for you guys to come
20 and talk to them about it.

21 MR. PHILLIPPE: Could I mention just one
22 last thing on this? Because now you mention it.

23 I remember Claire when she was here. I
24 had conversations with her a couple times about

1 stays in a short-stay unit in a nursing facility,
2 and what she would say is, "They don't know how to
3 take care of me there. They think I'm a long-term
4 care person. I'm not a long term."

5 And there is an element -- now, you can
6 build a model and try to make as much money as
7 possible out of a rehab unit or building,
8 transitional care, where you're not staffing it any
9 better than long-term care building, but if you
10 truly spent the money on the quality of care, it
11 would be a different kind of model. I just don't
12 see that happening out there.

13 MR. FOLEY: Well, the different kind of
14 a model, though, is what you said earlier, though,
15 with this transitional care, for instance, are real
16 talks about the magic word "innovation," if you
17 recall that word in our rule. And where we are --
18 and what we are doing here, I think, is that, as you
19 said, Tim, previously, is that larger PT department
20 for rehab purposes where they got, you know,
21 everything in there in order to rehab a person to
22 get in and out quickly.

23 I don't want to -- you know, we need to
24 maintain this environment for transitional care

1 because we don't have anything else presently. So I
2 don't want this board to think that's not -- that,
3 you know, that's old and we need -- we need
4 something new and different because that's all we
5 have right now for the time being.

6 MS. AVERY: Okay.

7 MR. GAFFNER: It probably has some to do
8 with semantics as well in that, when you boil it all
9 down, it's very much the subacute or the traditional
10 rehab care, but it's made to look much differently
11 because of the customer service amenities.

12 And there are some modifications to what
13 has occurred in therapy, for instance, because some
14 of the truly standalone rehab facilities only such
15 as the one here in Springfield -- it's going to have
16 a different long term -- excuse me -- a different
17 rehabilitation focus for its physical therapy than
18 what a facility that was doing some of the Medicare
19 rehab perhaps and also providing a significant level
20 of long-term care.

21 So you're right, Juan and Mr. Chairman,
22 it's a difficult subject, and one that I believe
23 it's important for the board to understand.

24 My fear, although this -- this

1 transitional care or subacute care is so important
2 to the financial model, as Tim describes, I believe,
3 unless this state begins to aggressively revise its
4 Medicaid payment structure, we're going to see more
5 and more and more of those that will then impact the
6 ability of the provider network to care for the
7 Medicaid population at a level that should basically
8 be required. And I think we're going to see that
9 what's a bit of a current turn into more of a
10 tsunami out of a pure financial need.

11 CHAIRMAN WAXMAN: Courtney, is there
12 anything else you wanted to add?

13 MS. AVERY: No. Thank you.

14 CHAIRMAN WAXMAN: Item 7.

15 MR. MORADO: Item No. 7. If you'll
16 indulge me for a moment, I'm going to read some law
17 to you.

18 MS. MITCHELL: He's going to be a lawyer
19 for a moment.

20 CHAIRMAN WAXMAN: Do you want to stand
21 up while you --

22 MR. MORADO: No. Maybe I'll just sit up
23 straight.

24 MR. FOLEY: Can we all leave now?

1 MR. MORADO: "In consultation with other
2 experts from the health field of long-term care" --
3 that's you guys -- "the board and the subcommittee
4 shall study new approaches to the current bed need
5 formula and health service area boundaries to
6 encourage flexibility and innovation in design
7 models reflective of the changing long-term care
8 marketplace and consumer preferences and submit its
9 recommendation to the chairman of the board no later
10 than January 1, 2017."

11 And so that is the January 2017 report
12 that is due to the board. And so my thought is
13 this: To give a quick back ground, that language
14 was inserted into our statute as a result of a
15 compromise with one of the long-term care
16 associations who wanted to see something come out of
17 the many meetings that the long-term care
18 subcommittee was having on this issue.

19 We all know where we're at with that
20 issue, and after many years of discussions, we don't
21 have a final recommendation for the board. What we
22 have is sort of a standstill because we have three
23 different associations -- major associations in
24 long-term care in the state who aren't necessarily

1 on the same page, and they don't necessarily have to
2 be, but because this is such a huge initiative, the
3 board and staff felt that that would -- that's the
4 kind of thing we would want to see before we move
5 forward with such a radical change in the industry.
6 But they're not on the same page, and that is what
7 it is. And, you know, we continue to have
8 conversations related to the buy/sell program.

9 So what I propose is a summary to the
10 board of our activities on the issue over the past
11 years -- the different experts we've had come in to
12 speak on various issues, the various issues that
13 remain -- to make sure that we meet our statutory
14 obligation of providing them with a report, and
15 maybe at this time the recommendation is that we
16 continue to study it.

17 I didn't want to take up this meeting
18 because it's been such a long time since we've
19 gotten together to talk solely about buy/sell
20 because, as you know, that could take up an entire
21 afternoon or more. It could take up quite a bit of
22 time. So I didn't want to do that today; but,
23 again, I wanted to make sure that we are meeting our
24 obligation as written into law to provide them with

1 a report, and my recommendation for a recommendation
2 to the board is that we at this time continue to
3 study the model, and I wanted to open that up and
4 see how folks feel about that.

5 So what are people's thoughts on it? I
6 mean, we're not in a position to go to the board and
7 say, "Yes, move forward," and I don't believe we're
8 in a position to say, "No, don't move forward,"
9 because we have folks on both sides. The only --

10 MS. AVERY: Can I interrupt one quick
11 second? It's 12:05. I know you're on a meter.
12 Court reporter's on a meter. Tim. So I'm going to
13 go and plug the meter. Do you know how much more
14 time we'll need?

15 CHAIRMAN WAXMAN: I would have thought
16 that we can wind this up by 12:30.

17 MS. AVERY: Okay.

18 MR. MORADO: Yes, I would agree.

19 (Discussion off the record.)

20 CHAIRMAN WAXMAN: Oh, that meter. I
21 couldn't figure out what meter she was talking
22 about.

23 MS. AVERY: Oh, parking meter. Sorry.

24 CHAIRMAN WAXMAN: We're in Chicago.

1 There aren't parking meters. It's all garages.

2 MR. MORADO: Feeding the meters falls
3 under duties as assigned.

4 CHAIRMAN WAXMAN: I guess so. I'm sorry
5 to interrupt you.

6 MR. MORADO: No. That's okay.

7 So that's my recommendation to this
8 subcommittee. Mr. Chairman, I will --

9 CHAIRMAN WAXMAN: I think -- I think
10 you're absolutely correct. I think we've had some
11 really incredible discussions on the whole concept
12 of buy/sell and bed formula. I think they're tied
13 together.

14 Just to go back to your point that there
15 are three organizations represented at the table,
16 and I think their points of view are the points of
17 view of their memberships, and their memberships are
18 very different, and therefore they have different
19 points of view, and they all need to be respected.

20 I think that we certainly want to be in
21 agreement with what we're legally obligated to do,
22 and as chair, I certainly would be more than happy
23 to step before the board and tell them what I think
24 and give them a report of where we are.

1 MR. MORADO: Right.

2 CHAIRMAN WAXMAN: But I think the
3 subject should not be stopped. I think we need to
4 continue to look at it. I think the financial --
5 the financial impact in the Medicaid system is going
6 to make this issue even more important as time goes
7 on, especially as we see the shift of more people
8 fighting for Medicare dollars which would then
9 impact what's available for the people who have
10 Medicaid eligibility defined as a home, and I think
11 that -- I mean, I would like to see Paul's report to
12 see how many beds have been sold or how many beds
13 have been lost in this process of buying and selling
14 homes in the last three, four years. You know, my
15 gut says that there's a lot happening.

16 I, like Mr. Foley, kind of grew up
17 believing that you can't be financial viable unless
18 you have 75 or 80 or 100 beds in a building with a
19 fairly strong Medicare population. So knowing that
20 there are a lot of homes out there with 50, 60 beds,
21 I think the impact is going to be continuing on
22 those kind of homes. The pressure -- the financial
23 pressure on those homes are going to be continuing
24 to put them in financial straits unless Medicaid

1 comes up with some more dollars. I mean, I truly
2 believe that. I may be wrong, but that's kind of
3 what I think is happening.

4 John, you've been rather quiet.

5 MR. FLORINA: I'm being educated. Thank
6 you all.

7 MR. FOLEY: Mr. Chairman.

8 CHAIRMAN WAXMAN: Mr. Foley.

9 MR. FOLEY: I'm going to have to leave;
10 so I'd like to leave with just a couple comments.

11 Regarding the buy/sell, I would strongly
12 suggest that we do, in fact, move forward on that
13 concept but obviously slowly because I think there's
14 still a lot more work that needs to be done on that,
15 but we do need to move forward, obviously.

16 And keep in mind that we were talking
17 earlier about the change of ownership. If we had
18 information relating to acquisition of facilities,
19 it might help us with the buy/sell in terms of the
20 cost per bed issue in terms of a buy/sell if we had
21 this acquisition data readily available to us.

22 The bed-need concept itself -- I would
23 say also to leave it as it is; but, again, I think
24 we need to make the inventory updated more

1 frequently, if all possible.

2 Those are my comments, and with that, I
3 apologize, but I do have to leave.

4 CHAIRMAN WAXMAN: We appreciate your
5 comments as always.

6 MR. FOLEY: Thank you.

7 CHAIRMAN WAXMAN: Anybody else have any
8 feelings about our obligation? I picked on John;
9 so --

10 MR. FLORINA: I believe the marching
11 orders weren't just to come up with new concepts of
12 care or long-term care services, but I thought it
13 also dealt with the process of evaluating the
14 bed-need calculation, the process to determine what
15 is a better way of determining how many beds are
16 needed, and also the distribution of beds throughout
17 the state because we've spent a lot of time not just
18 through buy and sell but also on what's the true
19 need and where the bed's needed because of an
20 apparent maldistribution.

21 And the heart of all this gets back to
22 the funding, the cost of providing services. So I
23 just wouldn't limit it to concepts and innovation in
24 long-term care because we're saying we can't find

1 anything that doesn't have a cost associated with it
2 which doesn't take resources from one provider to
3 transfer them to someone else. So I would not leave
4 that part out of the equation because that's a big
5 part of what we're tasked to do.

6 MR. MORADO: I certainly don't plan on
7 writing a treatise on the issue, but I fully intend
8 to say that we -- that there's issues -- ancillary
9 issues like maldistribution, like the fact that the
10 state is grossly overbedded that have led us to look
11 at buy/sell as a solution to that.

12 So there is a problem which we've
13 identified, and I think -- the way I've seen it over
14 the years is buy/sell is one of the ways in which
15 some folks think we can solve that problem without
16 having to give up the beds that -- kind of like the
17 hospitals did a few years ago when they -- when
18 there was an overbedding issue; so they just
19 voluntarily gave up beds.

20 It's a little bit different for
21 long-term care, as we've learned over the years,
22 because of the association of value tied to those
23 beds and people's hesitation to give them up because
24 of said value. So maybe we need to do buy/sell so

1 that there can be some value received as a result of
2 giving up those beds. That's where I think our
3 progression has been.

4 So I certainly think -- I certainly know
5 that I'm going to be including that in any report
6 that I draft, but yeah.

7 CHAIRMAN WAXMAN: The only thing I have
8 to caution is that, as we listened to today's
9 discussion, which has been really good, on new
10 models or redressing old models and calling them
11 something different, one of the things that they all
12 talked about and we talked about is people taking
13 two and three bedrooms and making them into one
14 bedroom.

15 The problem with that -- I mean, from a
16 marketing point of view and survival and enticing
17 Medicare clients, the problem with that, though, it
18 puts more beds into that gray area of where we're
19 counting licensed beds that don't exist. So are we
20 still really way overbedded because now the
21 marketplace is saying get rid of beds but still pay
22 bed tax on them. So we're counting them, but
23 they're not available.

24 Alan, I saw you agree with me.

1 MR. GAFFNER: And that's certainly an
2 issue that has been at the center of this to enable
3 planning board staff and Nelson and his team to have
4 the kind of information that can lead to long-term
5 planning.

6 I just wanted to endorse what you and
7 Juan are suggesting be done for the planning board.
8 I believe it's important for them to understand the
9 magnitude of these issues as it relates to the
10 provider community which has resulted in this
11 lengthy process that Tim and Charles have been
12 involved in before I had the pleasure of joining
13 this group. And I believe some interrelationship
14 between the bed-need formula and ultimately what
15 happens to a bed buy/sell -- or we added a third
16 word, "transfer" -- program if it would become
17 reality.

18 And I'd like to take this moment to
19 publicly thank again Courtney and staff for their
20 patience and understanding and cooperation.
21 Speaking from the Health Care Council of Illinois
22 perspective, both Gerry Jenich and I are part of an
23 internal workgroup that has been pulled together to
24 provide feedback on both the bed-need formula as

1 well as the buy/sell/transfer proposal. We have
2 been very much immersed, not only as the association
3 but providers, on the lack of a state budget and
4 have seemingly -- and Courtney's be so gracious, as
5 I've tried to stay in touch with her, to understand
6 that our efforts of trying to keep the lights on,
7 literally, has pushed these two important topics to
8 a second row.

9 And so I know HCCI is committed to
10 ultimately completing that homework assignment for
11 Courtney and her staff, but I just wanted to share
12 publicly what I have to Courtney -- that we
13 appreciate you allowing us to take some extended
14 time.

15 I know Jerry and I have been very much
16 involved and others in trying to deal with this
17 situation and, frankly, try to put up a firewall and
18 avoid Medicaid cuts. It would be great to have a
19 Medicaid increase, but just trying to avoid Medicaid
20 cuts. Thank you.

21 CHAIRMAN WAXMAN: Thank you, Alan.
22 Tim.

23 MR. PHILLIPPE: I think people made good
24 points. It's the same ones we've been making for

1 six years -- some of it. I think you guys
2 understand the issue well. It makes sense -- I
3 endorse the idea of writing your report as you
4 explained, I mean, because you've been in the
5 discussions. You know that the same -- some of the
6 same things we talked about here and then some more
7 have been discussed, and it sounds -- I agree that
8 that's where we are, and we don't need to kind of
9 reargue it now and get it started.

10 I've been doing this discussion for
11 eight years now; so I guess I'm becoming like that
12 old senior professor that's been around so long that
13 students don't want to come to his class anymore
14 because he's already heard it all many times. Maybe
15 that would be you, Mr. Waxman, somebody said.

16 So but I -- I appreciate the way you
17 phrased it. I think that's exactly where we are,
18 and that's the kind of report I think we could make.

19 MR. MORADO: Great.

20 If I can propose a motion, and maybe
21 somebody would move to make that motion.

22 CHAIRMAN WAXMAN: Sure.

23 MR. MORADO: I would propose that we
24 have staff draft a recommendation to the Motherboard

1 as required by the statute with the recommendation
2 that we continue to study the idea of a
3 buy/sell/transfer program.

4 CHAIRMAN WAXMAN: Someone like that make
5 that motion?

6 MR. CASPER: I'll move that.

7 CHAIRMAN WAXMAN: Need a second.

8 MR. PHILLIPPE: Second.

9 UNIDENTIFIED: I'll second.

10 MR. PHILLIPE: Yeah. Whoever.

11 CHAIRMAN WAXMAN: We got two seconds.
12 We're good.

13 All in favor.

14 ("Ayes" heard.)

15 CHAIRMAN WAXMAN: Any opposed?

16 (No response.)

17 CHAIRMAN WAXMAN: Motion carries.

18 Thank you, Juan. Thank you all.

19 MR. MORADO: Thank you.

20 CHAIRMAN WAXMAN: But your report's
21 going to encompass some of the other stuff too;
22 right?

23 MR. MORADO: All the other stuff that I
24 mentioned. Absolutely.

1 CHAIRMAN WAXMAN: Okay.

2 Moving on to other business, anyone have
3 any other business?

4 Courtney.

5 MS. AVERY: Juan, I forgot to discuss
6 this with you. I think you recall we had a request
7 for an appointment to the subcommittee with the one
8 vacancy. So do you want to talk about that?

9 MR. MORADO: Sure. Yes.

10 MS. AVERY: We left the vacancy for the
11 academic person, and we never were able to achieve
12 that.

13 MR. MORADO: Right. Right. That was --
14 there was a -- a couple iterations of this board
15 ago -- or a few members ago, there was this idea
16 that we -- we have an open seat on the board.
17 Perhaps we need an academic perspective. That might
18 be helpful to us in, you know, just thinking about
19 things a little bit differently than just purely
20 business or purely from a care perspective.

21 And so we had intended on holding that
22 position until we can identify someone from the
23 academic world to take that seat, and that's what
24 Courtney is referring to when she says we've been

1 unsuccessful in finding said person so far.

2 But we do have a recommendation, and
3 it's a young lady. And I apologize, Courtney. I
4 forget her name. Is this the recommendation from
5 Cloch?

6 MS. AVERY: Yeah, from Brian Cloch.
7 Sorry.

8 MR. MORADO: Brian Cloch.

9 CHAIRMAN WAXMAN: Denise Norman?

10 MR. MORADO: Yeah. Denise Norman, I
11 think, is --

12 MS. AVERY: Yes. Thank you, Mr. Waxman.

13 CHAIRMAN WAXMAN: Well, we need to make
14 sure that everybody knows that Denise Norman runs
15 Transitional Care.

16 MR. MORADO: Yes.

17 MS. AVERY: Yes.

18 CHAIRMAN WAXMAN: That that's her
19 company.

20 MS. MITCHELL: I would just -- my
21 question is what is the makeup of the three
22 associations on the board -- on the subcommittee
23 currently? Do we have equal representation from
24 every group? Because if not, that's --

1 MR. AVERY: Tim's the wild card.

2 MR. MORADO: So we have Bill Bell from
3 IHCA, and then we have Alan and Gerry who are from
4 HCCI.

5 CHAIRMAN WAXMAN: Tim represents Leading
6 Age.

7 MS. MITCHELL: Is that true, Tim?

8 MR. PHILLIPPE: Yes, that is true. It's
9 a fact we -- Bill and I met with the board about
10 this a few months ago, and they endorsed our
11 positions.

12 UNIDENTIFIED: Did anyone replace Cece?

13 CHAIRMAN WAXMAN: Cece is gone.

14 MS. MITCHELL: Cece's gone. So we have
15 one, two, one?

16 MR. GAFFNER: We have Suzie representing
17 IHCA.

18 MS. MEEKER: Yes.

19 MS. MITCHELL: Okay. Do we have another
20 representation from Leading Age? Do we have two
21 from Leading Age?

22 MR. MORADO: Yes.

23 MS. MITCHELL: Oh, okay. All right.
24 We're all set.

1 MR. PHILLIPPE: Judy Amiano also.

2 MS. AVERY: And Judy Amiano.

3 CHAIRMAN WAXMAN: Is from Leading Age?

4 MR. PHILLIPPE: Yes.

5 CHAIRMAN WAXMAN: I thought the original
6 plan was three from each.

7 MS. MITCHELL: It was equal. We -- that
8 was the orig -- that's what they sought, but then we
9 negotiated to equal.

10 MR. WAXMAN: I'm not sure where -- if
11 Denise belongs to any of the organizations. Does
12 anyone know?

13 MS. AVERY: I don't think they do.
14 Brian Cloch --

15 CHAIRMAN WAXMAN: It's just a weird
16 circumstance. I am having breakfast with Denise
17 tomorrow. Would you like me to find out?

18 MS. AVERY: No. I think you guys just
19 need to figure out if you want to hold that open,
20 and then her request or recommendation will go to
21 the board chair, and the chair would appoint her. I
22 don't think it's a matter of if they're represented
23 anywhere. It's a matter of if the chair thinks that
24 she's a good fit for the subcommittee.

1 CHAIRMAN WAXMAN: She's been around a
2 long, long time. I think -- you know, my first
3 encounter with Denise when she was -- when she and
4 Brian Cloch and others had a company called Quality
5 Management, owned buildings in Chicago. I mean, she
6 certainly is very knowledgeable. She's a very nice
7 person.

8 I guess my only hesitancy -- and I
9 don't -- I hate this being on public record -- is
10 the fact that we spent so much time talking about
11 her model and the concept of what they're doing as
12 to whether or not at this point we want to put her
13 on the board. And if everyone else is okay with it,
14 I'm fine with her, because I think she is qualified.

15 MS. AVERY: And that's what --

16 MS. MITCHELL: If I could --

17 MS. AVERY: That's what it will be based
18 on. The chair will receive of all her information
19 that she submitted -- her resume, her reasoning,
20 what she can bring to the subcommittee -- and make
21 that decision in consultation with you. You know,
22 she does advise you of it.

23 MR. MORADO: The question before us is
24 do we want to continue to hold it for an academic.

1 MS. MITCHELL: Right.

2 MR. MORADO: It's really not about
3 Denise Norman.

4 MS. MITCHELL: Right.

5 CHAIRMAN WAXMAN: I think we've tried
6 that long enough. I think --

7 MS. AVERY: I think so also. We need
8 to fill --

9 CHAIRMAN WAXMAN: I think we need to
10 keep the committee -- yeah. I think the committee
11 needs to be at its whole. The question is is she
12 the one that we want to --

13 MS. MITCHELL: I would hate for us to --
14 I mean, I think -- I think a subcommittee or any
15 committee or board benefits from differing
16 viewpoints. So I would hate to -- our discussion to
17 focus on her viewpoint different than everybody
18 else; but, you know, if she does come on board, I
19 still want everybody to speak freely knowing that,
20 you know, she represents whatever she represents.

21 MS. AVERY: And what I will do --

22 CHAIRMAN WAXMAN: Which is my fear.

23 MS. AVERY: What we will do, since we've
24 removed that criteria for that particular seat for

1 the subcommittee, we can post it online to say that
2 it's open again, and if anyone else wants to submit
3 anything, we'll have a deadline on that. I would
4 say January 31st to submit any additional
5 candidates, and we will go from there.

6 CHAIRMAN WAXMAN: I think that's --

7 MS. AVERY: So I would ask that hers be
8 resubmitted, and if anyone else on the subcommittee
9 wants to submit another name, we'll go with that.
10 Is that fair?

11 CHAIRMAN WAXMAN: I think that's a good
12 idea.

13 MS. AVERY: Okay.

14 CHAIRMAN WAXMAN: John.

15 MR. FLORINA: For clarification, the
16 criteria as far as having somebody from academia was
17 an internal decision; right?

18 MS. AVERY: Yes.

19 MR. FLORINA: It's not part of our
20 bylaws.

21 MR. MORADO: It's not part of statute or
22 bylaws.

23 MR. FLORINA: So we don't have an issue
24 with a conflict --

1 MS. AVERY: No.

2 CHAIRMAN WAXMAN: Just looking for a
3 different perspective.

4 MR. FLORINA: I think the different
5 perspective would be healthy for the discussion as
6 long as it's not at the expense of any one of the
7 organizations that are supposed to have a certain
8 number of representatives lose a spot because of
9 that.

10 CHAIRMAN WAXMAN: Totally agree.

11 MR. MORADO: All right. That's it
12 for -- well, that's other business, I guess, we're
13 talking about.

14 Courtney.

15 MS. AVERY: You need meeting dates.
16 Possible meeting dates when you guys want to meet
17 again.

18 MR. MORADO: Right. I just wanted to
19 make sure we had -- there was nothing else. Yeah.

20 Okay. We're looking at meeting dates
21 then.

22 MS. MITCHELL: I recommend maybe after
23 the next board meeting. Is that too far for -- the
24 next board meeting is January 24th.

1 CHAIRMAN WAXMAN: No. I was going to
2 look in February.

3 What day is today? Tuesday. Have we
4 been meeting on Tuesdays? Has that been our day?

5 MS. MITCHELL: Yes.

6 CHAIRMAN WAXMAN: So we don't want to
7 do -- I assume we don't want to do Valentine's Day.
8 I'm not sure why but -- so it gives us the 7th and
9 the 21st.

10 MR. MORADO: 21st.

11 CHAIRMAN WAXMAN: 21st okay?

12 MS. AVERY: I know we have --
13 President's Day as the 20th; so yes.

14 MS. MITCHELL: Right. So that if
15 that's -- so yes, you said?

16 MS. AVERY: 21st can work.

17 MR. MORADO: How about 28th? I just am
18 trying -- I'm thinking in terms of meeting prep,
19 Courtney, so that we have the Monday to make sure we
20 got everything -- all our ducks in a row.

21 CHAIRMAN WAXMAN: You want to do the
22 28th?

23 MR. MORADO: 28th, if that's okay with
24 everyone.

1 CHAIRMAN WAXMAN: Everyone okay with the
2 28th?

3 MS. MEEKER: That's fine with me.

4 MR. PHILLIPPE: Okay.

5 MS. AVERY: Okay. We'll check on
6 meeting space and also check with the co-chair which
7 I think is far enough out.

8 MS. MEEKER: So are we going to have all
9 our meetings at this location?

10 MS. AVERY: No. Sorry.

11 MS. MEEKER: Okay. No. That's why I
12 was confused today. I got a little lost. Sorry.

13 MR. PHILLIPPE: I was too.

14 CHAIRMAN WAXMAN: Okay. I need a motion
15 to adjourn.

16 MR. PHILLIPPE: Move.

17 MS. MITCHELL: Not all at once.

18 CHAIRMAN WAXMAN: Huh?

19 MS. MITCHELL: Said not all at once.

20 CHAIRMAN WAXMAN: Did I get a motion?

21 MS. MITCHELL: Tim did.

22 MR. GAFFNER: So moved.

23 MR. PHILLIPPE: So moved. Second.

24 CHAIRMAN WAXMAN: A second? Okay.

1 All in favor.

2 ("Ayes" heard.)

3 CHAIRMAN WAXMAN: Any opposed?

4 (No response.)

5 CHAIRMAN WAXMAN: Before everybody runs
6 out, again, let me thank staff for all the work
7 they've done and the specific --

8 (Applause.)

9 CHAIRMAN WAXMAN: -- and everything else
10 they've done.

11 Wish everybody a Happy Thanksgiving and
12 a Happy New Year because we won't see each other
13 until then, and we'll --

14 MS. MITCHELL: Let's not forget
15 Valentine's Day.

16 CHAIRMAN WAXMAN: And Valentine's day.
17 And will the report that we're going to
18 present get to the committee before?

19 MR. MORADO: Absolutely.

20 CHAIRMAN WAXMAN: So all of you will
21 receive a copy of the report. I guess I will be
22 asked to deliver as chair?

23 MR. MORADO: You got to go to
24 everybody's house.

1 CHAIRMAN WAXMAN: So I am happy to do
2 that. Hopefully it will be in Bolingbrook and not
3 downtown but anyway --

4 MS. MITCHELL: It is in Bolingbrook.

5 CHAIRMAN WAXMAN: All right. Again,
6 everybody drive safely. Thank you for coming.
7 Appreciate all your input; and, again, thanks to
8 staff.

9 (Meeting adjourned at 12:26 P.M.)

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