



MIDWEST
LITIGATION
SERVICES

COURT REPORTING
& VIDEO



RECEIVED

FEB 23 2011

HEALTH FACILITIES &
SERVICES REVIEW BOARD

**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**LONG-TERM CARE ADVISORY SUBCOMMITTEE
MEETING**

FEBRUARY 18, 2011

ORIGINAL

NATIONWIDE SCHEDULING

OFFICES: MISSOURI Springfield Jefferson City Kansas City Columbia Rolla Cape Girardeau ■ KANSAS Overland Park ■ ILLINOIS Springfield

HEADQUARTERS: 711 NORTH ELEVENTH STREET, ST. LOUIS, MISSOURI 63101

800.280.3376

www.midwestlitigation.com

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217-782-3516

LONG-TERM CARE ADVISORY SUBCOMMITTEE
MEETING

The meeting of the State of Illinois Health Facilities and Services Review Board, Long-Term Care Advisory Subcommittee was held on February 18, 2011, beginning at the hour of 10:00 a.m., at the Wingate by Wyndham, 101 McDonald Drive, Joliet, Illinois.

Reported by:

Karen K. Keim
CRR, RPR, CSR-IL, CRR-MO
Midwest Litigation Services
401 N. Michigan Avenue
Chicago, IL 60611

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

AGENDA

CALL TO ORDER

1. Roll Call
2. Approval of Agenda
3. Approval of January 24, 2011 Minutes
4. Overview of the Meeting -- Chairman Waxman
5. Discussion of Rulemaking Timeframes -- HFSRB Staff
6. Discussion of Draft Rules -- All
7. Discussion of Telecommuting -- Chairman Waxman
8. Unfinished Business
9. Next Meeting
10. Adjournment

1 PRESENT:

- 2 Michael Waxman - Chairman
- 3 Jonathan Lavin (via telephone)
- 4 Laurinda Dodgen (via telephone)
- 5 David Vinkler (via telephone)
- 6 Carolyn Handler (via telephone)
- 7 Greg Will (for Dave Lowitzki)
- 8 Michael Bibo
- 9 Phyllis Mitzen
- 10 Michael Scavotto
- 11 Timothy Phillippe
- 12 Nanya Johnson
- 13 Judy Amiano

14
15 ALSO PRESENT:

- 16 Frank Urso - HFSRB Legal Counsel
- 17 Courtney Avery - HFSRB Administrator
- 18 Michael Constantino - HFSRB Staff
- 19 Bill Dart - HFSRB Staff (via telephone)
- 20 Claire Berman - HFSRB Staff (via telephone)
- 21 Bonnie Hills - HFSRB Staff
- 22 Charles Foley
- 23 Terry Sullivan
- 24 Jason Speaks

1 START TIME: 10:35 A.M.

2

3 CHAIRMAN WAXMAN: I think we will go ahead now
4 and call this meeting to order. Do we have a motion to
5 approve the agenda?

6 MR. BIBO: So move.

7 CHAIRMAN WAXMAN: I need a second.

8 MR. SCAVOTTO: Second.

9 CHAIRMAN WAXMAN: We have a second. All in
10 favor?

11 ("Ayes" heard)

12 CHAIRMAN WAXMAN: Any opposed?

13 (Pause)

14 CHAIRMAN WAXMAN: Approval of agenda carries.
15 I need approval of January 24th minutes, need
16 a motion.

17 MR. PHILLIPPE: So move.

18 CHAIRMAN WAXMAN: Need a second.

19 MR. SCAVOTTO: Second.

20 CHAIRMAN WAXMAN: All in favor?

21 ("Ayes" heard)

22 CHAIRMAN WAXMAN: Any opposed?

23 (Pause)

24 CHAIRMAN WAXMAN: Okay. First of all, let me

1 thank all of you for coming either by car, horse, and
2 telephone. We appreciate that very much. We are sitting
3 at a minimum of ten, so those of you on the phone, please
4 don't go away. We apologize for the last meeting being
5 canceled, but weather was just too bizarre. The safety, I
6 think, had to override the issue.

7 I'd like to once again thank Staff for
8 everything they've done in terms of preparing for this
9 meeting and getting documents out, getting people here.
10 So, again, thank you to all of the Staff for another job
11 and other jobs well done.

12 The other piece I know is Terry is sitting in
13 for Eli pick today, but, obviously, isn't voting but will
14 talk for Terry (sic). But Eli has sent some thoughts into
15 an e-mail that is on your table.

16 MS. AMIANO: Do you have additional copies of
17 that?

18 MR. CONSTANTINO: Yes. How many do you need?

19 MS. AMIANO: I just need one.

20 (Pause)

21 CHAIRMAN WAXMAN: Okay. The purpose of
22 today's meeting is to try to get some agreement, or
23 hopefully get to agreement, as to certain changes we want
24 to make to the Rules and Regs and pass them on to Claire

1 for beginning the process of writing. Once again, I'd like
2 to remind the group that this committee does not have a
3 term ending, that what we don't get done today we can
4 continue working on tomorrow, and tomorrow can be three
5 years from now or four years from now. I have not read
6 anything that says there's an ending to this. It also --
7 what I read says that we have to make sure that we are
8 up-to-date in making the Rules follow the industry
9 practices, which means that that gives us time to be here
10 for a while.

11 Frank, agreed?

12 MR. URSO: Yes.

13 CHAIRMAN WAXMAN: Okay. So, therefore, let's
14 not panic a great deal -- panic a little -- that we get
15 some work done today and get it moving forward.

16 So to that end, Staff, I think, wants to talk
17 about time frames and rule-making time frames.

18 And, Mike, are you doing this or Frank or is
19 Courtney doing this?

20 MS. AVERY: Team.

21 CHAIRMAN WAXMAN: The team is doing this, so
22 I give the floor to the team.

23 MR. CONSTANTINO: Well --

24 MS. BERMAN: This is Claire Berman, and I

1 prepared a short document, outlining the rules development
2 process. Hopefully everyone can hear me. And I don't know
3 if this was distributed to the subcommittee members, but
4 I'm happy to review it over the phone, if that's all right.

5 CHAIRMAN WAXMAN: It certainly is all right,
6 but I don't think we have copies of it, do we?

7 MR. CONSTANTINO: Yes. If this (indicating)
8 is what Claire is talking about, you should have all
9 received this in the packet.

10 MR. SULLIVAN: It was sent with the February
11 4th agenda.

12 MR. CONSTANTINO: Right. It's Summary of
13 Substantive Changes, is what it's titled.

14 CHAIRMAN WAXMAN: Claire, is this what you're
15 talking about?

16 MS. BERMAN: No. This is entitled Certificate
17 of Need Rules Development Process.

18 MS. AVERY: No, Claire, you just did that for
19 Frank and I.

20 MS. BERMAN: I didn't know if it was
21 distributed for everyone after that. If you'd like, I can
22 run through it.

23 MS. AVERY: Okay.

24 MS. BERMAN: This is essentially -- JCAR --

1 the starting point would be for the long-term care
2 committee to have open meetings to discuss the statutory
3 requirements that --

4 MR. URSO: Claire, hang on just a minute.
5 Hang on just a minute. Let's find out who else joined, and
6 you'll need to start from the beginning, because the Court
7 Reporter did not get the beginning of your dialogue there.

8 Who just joined the call?

9 MR. VINKLER: This is Dave Vinkler, filling in
10 for Laurinda.

11 MS. DODGEN: I'm still on, too. Dave is going
12 to be on as well. I can be on until about one, but Dave is
13 on as well.

14 CHAIRMAN WAXMAN: In order to maintain a
15 quorum, unless somebody else joins, the voting member needs
16 to be here or to be on the phone.

17 MS. DODGEN: Okay. I can stay on.

18 CHAIRMAN WAXMAN: Okay. Claire, please start
19 again.

20 MS. BERMAN: All right. I'm just going to
21 briefly run through the Rules development process that we
22 will be using. The starting point is for the Long-Term
23 Care Subcommittee to conduct open meetings to discuss
24 statutory requirements, new ideas, and new long-term care

1 developments, and we've already done some of that.

2 The second part is to draft rule making. That
3 consolidates whatever the Subcommittee reaches a consensus
4 on.

5 The third step would be the Subcommittee
6 review of the draft, and then it would be revised, if
7 necessary, and then it would go back to the Subcommittee
8 for approval. So that's, I believe, where we are right
9 now. You have the first draft.

10 The fourth point would be for the Board to
11 review your recommendation. It would then be revised, if
12 necessary, and submitted back to the Board for their
13 approval. Then the Joint Committee Administrative Rules,
14 or JCAR, forms have to be prepared and sent to the
15 Secretary of State for publication in the Illinois
16 Register. The first notice begins when the draft rules are
17 published for the first time in the Illinois Register. The
18 45-day public comment period commences with the publication
19 of the rule making in the Illinois Register. Notice of the
20 public hearing is posted in the Illinois Register as part
21 of this first publication of the proposed rules, and that
22 would include the public hearing as well as written comment
23 that anyone can submit within that time period.

24 The public hearing would be conducted, and I

1 believe it will probably be held in Joliet. Then the
2 second notice period begins, and this is where we submit
3 the public comment that we've received to the Subcommittee
4 for review and comment. Then a response to each comment
5 would be prepared by Staff, including comments from the
6 public hearing as well as the written comments that we've
7 received. The written response to JCAR questions is part
8 of this, because they usually have a long laundry list of
9 questions, and so that's something else that we deal with.
10 And then when we prepare the second notice JCAR forms, we
11 include any changes JCAR indicates as being necessary and
12 the Board's approved revisions.

13 Then it goes to the Board, Health Facilities
14 and Services Review Board for review and approval or
15 revision, and then finally it is submitted to JCAR. Okay.
16 Those don't get published in the Illinois Register, but
17 it's submitted straight to JCAR for their consideration.

18 Then the JCAR meeting is set. It's usually
19 the second Tuesday of every Monday, and, if needed, we
20 would again revise the draft rule, if necessary, if
21 something comes up at the JCAR meeting, and then it will be
22 resubmitted to them for their approval.

23 Just as a good thing to think about is so far
24 we've never had a problem once it goes to the JCAR meeting.

1 MS. AVERY: Not to cover over what Claire
2 said, but we will try to put some dates to it to send to
3 the Committee so the Committee will know where we are each
4 step after today.

5 CHAIRMAN WAXMAN: Mike, anything you need
6 to --

7 MR. CONSTANTINO: I have no comments on what
8 Claire spoke of.

9 CHAIRMAN WAXMAN: Do you want to talk about
10 the Executive Summary then?

11 MR. CONSTANTINO: I wanted to start on this
12 draft document that we sent to everyone.

13 CHAIRMAN WAXMAN: Fine.

14 MR. CONSTANTINO: It's labeled "Draft".

15 CHAIRMAN WAXMAN: Any questions before we do
16 that, before we let Mike do this.

17 MR. URSO: Did everyone on the phone hear
18 that?

19 MR. LAVIN: It's not easy to hear.

20 MR. CONSTANTINO: What we will be discussing
21 is the draft document. It's labeled "Draft".

22 MR. SULLIVAN: 69 pages.

23 MR. CONSTANTINO: It's a working draft dated
24 January 21st, 2011.

1 CHAIRMAN WAXMAN: Everyone on the phone have
2 that document?

3 (Positive responses heard)

4 CHAIRMAN WAXMAN: Mike, thank you. Continue.

5 MR. CONSTANTINO: It's our practice at the
6 State agency to go through every section to review this
7 draft. Is everyone comfortable with doing that?

8 CHAIRMAN WAXMAN: Yes. I don't know about
9 everyone, but I certainly am, and I think we all need to be
10 at the same place at the same time. Okay. So it makes
11 sense to me.

12 MR. CONSTANTINO: Okay. Let's start with
13 Section 110, Statutory Authority.

14 MR. LAVIN: Can I ask about, Mr. Chairman, if
15 somebody can just explain -- I've reviewed the materials
16 but if somebody can just explain what they've addressed in
17 these rules so we have some general idea of the scope and
18 the reason why some things were included or not.

19 CHAIRMAN WAXMAN: I believe that's the
20 purpose of Mike's presentation or Mike's discussion of
21 walking us through this draft, is to cover exactly what you
22 just asked.

23 MR. LAVIN: Okay. So he's just going to
24 explain what he did, so that sounds fine. Thank you.

1 MS. HANDLER: Could we ask Mike to talk closer
2 to the phone?

3 CHAIRMAN WAXMAN: We're moving Mike to the
4 phone, so bear with us a minute.

5 (Pause)

6 MR. CONSTANTINO: Okay. We're on Section 110.
7 Everybody with us?

8 (Positive responses heard)

9 MR. CONSTANTINO: I'll ask you, do you have
10 any questions regarding this section? It's the Statutory
11 Authority. It is what is in the statute.

12 (Pause)

13 MR. CONSTANTINO: Okay. I hear no questions.
14 I'll move on to 120. Again, I ask you, are there any
15 questions regarding the Introduction?

16 (Pause)

17 MR. BIBO: Mike -- this is Mike Bibo -- I have
18 a question only to the extent that we talked about
19 specialized long-term care. I note that in the proposal
20 that the three associations submitted, especially as to
21 long-term care for ICF/DD, skilled pediatrics, was removed
22 from their recommendation of the Health Planning Board and
23 just leave it with DHS, and the thinking behind that was
24 since the DHS program that this doesn't oversee is so much

1 larger than the ICF/DD, skilled pediatric program that the
2 Board does oversee, that it was just easier to put from a
3 bed-need standpoint into DHS's hands. It also goes in the
4 line with the fact that the Health and Services Planning
5 Board won't even approve a Certificate of Need for an
6 ICF/DD or skilled pediatric without DHS approving or
7 submitting an approval. So, the recommendation from the
8 three associations was to remove it and just leave it in
9 DHS's hands.

10 You, in Section 1125.120, referenced
11 specialized long-term care that, later on, when we get back
12 to 220, you have a whole section of specialized long-term
13 care. I just want to make a comment that what was the
14 thinking of the Planning Board's on this?

15 MR. CONSTANTINO: For establishment, ICF/DD is
16 still part of our Act, and that's why it's being included
17 here.

18 MR. BIBO: But it could be part of your Act
19 and still reference giving it to someone else to do.

20 MR. CONSTANTINO: Well, I don't have that
21 authority, and that's up to the General Assembly, as far as
22 I know.

23 MS. AVERY: It is.

24 MR. BIBO: Okay.

1 MR. CONSTANTINO: That's why it's been
2 included with these Rules.

3 MR. BIBO: Just was asking. Thank you.

4 MR. CONSTANTINO: Any other comments?

5 (Pause)

6 MR. CONSTANTINO: Okay. Section 130.

7 MR. SULLIVAN: Since we are talking about the
8 purpose of 1125 -- and this does have the statutory
9 language about the purpose of the Planning Act -- I would
10 certainly love to see the section of the new Act that it
11 says "the purposes of the long-term care rules and
12 regulations".

13 MR. URSO: You mean the statutory language?
14 Section 15 of the --

15 MR. SULLIVAN: Right, referencing long-term
16 care. That is the relevant language.

17 MR. URSO: Yeah.

18 MS. MITZEN: Did we discuss this before?
19 When you say "long-term care", are we saying nursing home?

20 MR. SULLIVAN: Nursing home in this case,
21 according to the Planning Act.

22 MS. MITZEN: Okay. And that's defined?

23 MR. CONSTANTINO: Skilled care is all we have
24 jurisdiction -- skilled and intermediate care. I'm sorry.

1 MS. MITZEN: Okay.

2 CHAIRMAN WAXMAN: Is everyone clear as to
3 what Terry is asking to happen?

4 MR. SCAVOTTO: No.

5 CHAIRMAN WAXMAN: Terry, would you do it
6 again?

7 MR. SULLIVAN: Sure. There is a section in
8 the new Planning Act that calls for the creation of this
9 subcommittee and what it's supposed to be doing, which is
10 develop and recommend to the Board a separate set of rules
11 and guidelines for long-term care that recognizes that
12 nursing homes are a different business line and service
13 model from the other regulated facilities, and then there's
14 other things that we'll be doing and reviewing and
15 commenting on, criteria, standards, procedures, et cetera.
16 But it's a statutory authority for this committee and this
17 section, and it's right from the law. There's nothing
18 unusual about that.

19 CHAIRMAN WAXMAN: And you're pulling that
20 from this document (indicating)?

21 MR. SULLIVAN: I'm pulling it from the Act.

22 MR. URSO: And we talked about this in the
23 orientation phase in our first meeting, when we talked
24 about the statutory authority for this particular

1 subcommittee, and we talked exactly what Terry is saying.
2 In fact, we had a sheet that spelled out what the
3 requirements were for this committee and it's charge, so to
4 speak.

5 MR. SCAVOTTO: Well, should your suggestion be
6 in 120 or in 110?

7 MR. BIBO: Probably 110.

8 MR. SULLIVAN: I will defer to Frank.

9 MR. URSO: We'll take a look and we'll decide
10 which is the best section, but I -- we understand what
11 you're saying, and I think it's a very legitimate request.

12 CHAIRMAN WAXMAN: Frank, do we have to vote
13 on that kind of suggestion, or is it just something -- does
14 it need this committee's approval to ask you to do that, or
15 can you just do it on comment?

16 MR. URSO: If you want it to be a decision of
17 the entire committee, then you should do it by motion and
18 you should all take a vote on it.

19 CHAIRMAN WAXMAN: And your recommendation is?

20 MR. URSO: To do that.

21 CHAIRMAN WAXMAN: I need a --

22 MR. BIBO: So moved.

23 CHAIRMAN WAXMAN: Need a second.

24 MR. PHILLIPPE: Second.

1 CHAIRMAN WAXMAN: Voice vote okay?

2 MR. URSO: Yes.

3 CHAIRMAN WAXMAN: All in favor.

4 ("Ayes" heard)

5 CHAIRMAN WAXMAN: Any opposed?

6 (Pause)

7 CHAIRMAN WAXMAN: Motion carries.

8 Anyone on the phone have a problem with what
9 just transpired?

10 MR. LAVIN: I can't follow this. I don't
11 understand what you're trying to accomplish and why an
12 explanation is "do you have any comments" on a section,
13 rather than saying what you're proposing and why and how
14 come this would be important in terms of fixing whatever
15 problems there might be. So, I'd like to leave the call,
16 if that would be okay with everybody.

17 MR. CONSTANTINO: Mr. Lavin, we need you to
18 make a quorum.

19 MR. LAVIN: Well, I'm sorry, but I just can't
20 address -- I cannot deal with something that has no logic,
21 to begin with. I've reviewed the materials, and I think I
22 need somebody to explain why they're put together the way
23 they were, what's being addressed and what's not being
24 addressed, and what we are trying to do with them, and

1 right now I just don't get it. I get a summary that's a
2 bunch of sections. You go to the section. There's no real
3 clarity of why things are being suggested or changed.
4 There's no explanation of why things are included and why
5 things are not, and it just doesn't -- I'm not -- this is
6 not what I do for a living, is read these rules.

7 MR. CONSTANTINO: Mr. Lavin, this is the
8 format any rules that go to JCAR have to be in.

9 MR. LAVIN: I'm fine with you folks -- it's
10 your job to get rules to JCAR. It's our job to see if we
11 can assist you in terms of conceptually addressing the
12 issues in terms of planning the long-term care facilities
13 in Illinois.

14 MR. CONSTANTINO: Yes.

15 MR. LAVIN: And I give you my blessing to go
16 ahead and file your rules, and then we can go ahead and ask
17 at a public hearing why did you put these rules together
18 the way you did or what you're trying to accomplish.

19 MR. SULLIVAN: John, this is Terry Sullivan.
20 I think, first of all, that Mike and Frank did an excellent
21 job in pulling together the concepts that were discussed
22 over the past few meetings, as well as combining the
23 association proposal with the existing rules. What we're
24 going through right now, the starting point, the basis, was

1 existing rules as they apply to long-term care facilities,
2 and it's in the format that we dealt with for the past
3 thirty years, with some modifications and specificity to
4 long-term care and including some of the concepts that
5 we've discussed. There are some of the concepts that
6 weren't discussed, although I'm very comfortable with the
7 format that as we go through things that are not included,
8 will be brought up, just as we just did now and just as
9 Mike Bibo talked about the DD facilities. I don't know if
10 there's a better way of bringing all our discussions
11 together than to go through this section by section.

12 MR. LAVIN: Well, I'll stay on the phone for a
13 bit. I mean -- I didn't even hear what we just did in
14 terms of fixing that section and why it was fixed and why
15 it was presented originally. But that's fine. I'll stay
16 on for a bit so you have your quorum.

17 MR. SULLIVAN: And these initial sections are
18 fairly standard and boring. I promise it will get more
19 interesting.

20 MS. MITZEN: I guess I would just like to
21 underscore what John is saying. I'm new to this process.
22 This is not where I come from, but I was asked to serve on
23 this committee, as was John and several others of us. But
24 we come from the background -- our background is long-term

1 care reform in Illinois. This is a piece of that effort,
2 and the question is how does this relate to what we see as
3 the overall goal in this particular section of the work
4 that needs to be done? So, I guess -- I mean, I would --
5 I'm hoping that it will become clearer, but I agree with
6 John, I think we need to have a rationale for why this is
7 here, and the rationale, I think, has to fit with the
8 overall goal of reforming and rebalancing, which is the
9 background that we come from.

10 MR. URSO: Let me say something. What we've
11 tried to present all along with the meetings is what the
12 current law is, what the associations' proposal was all
13 about, and now we come to this meeting. Okay. We tried to
14 give you what the current rules and laws are, and we're
15 trying to give you the only proposal that, thankfully,
16 somebody has submitted. And so what we've tried to do
17 today is go along with that progression, and what we have
18 is what the current rules and the Act are and what they
19 require, as well as what the only proposal we ever
20 received -- what they are looking at, and we tried to
21 combine it. Okay? And we tried to bring it together, and
22 that's the document that Mike is talking about here. What
23 Staff has tried to do on behalf of this committee has tried
24 to take a look at the statutory requirements, take a look

1 at the Code sections that currently deal with long-term
2 care, and take a look at the only proposal we've received
3 and try to come up with a document that encompasses all of
4 that, that fits together based upon the requirements in the
5 Act. That's -- the Act becomes our foundation. Okay? We
6 can't deter from the statute. And so what we've tried to
7 do is come up with that document that encompasses all of
8 that and, of course, this is just a draft. It's a proposal
9 whereby we need everybody on this committee to have a voice
10 in, to say, "That seems to work" or "That doesn't seem to
11 work" and we put all of that together in perhaps the next
12 proposal. What we've tried to do is combine everything
13 that's required into this 69 -- I think it's a 69-page
14 document, and we're trying to present that to you as we go
15 along, and there's going to be sections in there that come
16 from the associations' proposal, there's going to be
17 sections in there that are required from the Act, and
18 you're also going to see things that are not from the
19 associations' proposal that Staff felt didn't fit because
20 we didn't have authority to do that or for whatever reason.
21 And we hope as we go along piece by piece, we're going to
22 have probably some really elaborate discussions on certain
23 parts of this, and so that's what we're trying to present
24 today.

1 Does that make sense?

2 MR. SULLIVAN: Absolutely, and I think you're
3 also listening to the discussions of the past three
4 meetings where we did brainstorming conceptually of what
5 does the vision look like and how it fits in with
6 rebalancing, and the association proposal was very clear
7 that we don't believe that there should be any more
8 cookie-cutter, ordinary nursing homes. It has to fit in
9 with good public policy concepts, and as we go through
10 this, I personally think there's nothing like having
11 regulations right in front of us for people to begin to
12 say, "Is this the direction we want to head conceptually?"
13 And I think most of the concepts have been put on the table
14 and, yes, there are some things left out that, I assure
15 you, as we go through it, I'll speak up.

16 CHAIRMAN WAXMAN: I was going to say, the
17 most difficult part for me, not having done -- not having
18 dealt with legal issues and statutory issues before, is to
19 remember that whatever we do and whatever we try to do has
20 to fit with the guidelines of the statutory regulations
21 that supercede everything else, and I think what -- the
22 process we're trying to go through, I think, is excellent,
23 because it continues to point out where the statutory
24 requirements override the thoughts and the processes that

1 we are looking at and to make sure that we are always in
2 compliance statutory-wise with the changes that we are
3 proposing, and I think this is a excellent process to get
4 there.

5 Phyllis, does that help you?

6 MS. MITZEN: It does. I guess as I was
7 listening to you, Frank, I think we are -- I mean, for
8 those of you who have been doing this for thirty years,
9 okay. I'm new to this, as several others of us are, and
10 we've been -- we are familiar with rules and statutes from
11 another perspective. So, it's not as if we're new to this
12 kind of process, but these concepts and how this impacts on
13 the overall issue is what we're struggling with, and I'm on
14 a learning curve.

15 MR. URSO: The only other thing I wanted to
16 mention is we also incorporated all of your small group
17 discussions and your prioritizations. We also took a look
18 at that coming to this draft, too. So, we tried to fit
19 everything in, be cognizant of everything that this
20 committee has been doing all along, to come up with
21 something that we have on the table that you can dissect
22 and editorialize and deal with and comment on.

23 MS. MITZEN: Okay.

24 MS. AMIANO: Just a question for

1 clarification. The italicized in here, you have red
2 italicized and black text italicized. What is the
3 difference, because you have some significant words --

4 MR. URSO: Maybe Claire can --

5 MR. CONSTANTINO: Did you hear that question,
6 Claire.

7 MS. BERMAN: No.

8 MR. CONSTANTINO: What is the significance of
9 the black italics and the red italics?

10 MS. BERMAN: The red italics are changes in
11 the Act, the definitions from the Act, and it's new
12 language that wasn't there before. So that's red and it's
13 underlined, identifying that language as being new. The
14 black is what has always been in place for that particular
15 definition.

16 MR. SULLIVAN: Italicized language is
17 directly, word for word, from the law.

18 MR. URSO: It should be.

19 MS. BERMAN: Right. Those are definitions
20 that are from the law.

21 MR. SULLIVAN: And underlined wording is new
22 wording that we're adding to the regulations, and if it's
23 not underlined, it just means that this is existing
24 regulation; correct, Claire?

1 MS. BERMAN: Yes.

2 MR. URSO: Judy, does that help you?

3 MS. AMIANO: Um-hum.

4 MR. VINKLER: If I may make a suggestion --
5 this is Dave Vinkler -- as we go through the sections, it
6 may help some folks that have not been engaged to not just
7 introduce a section as "any questions". A brief summary to
8 give that section some context would be helpful, and I
9 appreciate the fact that, you know, this is the normal
10 process and that the long-term care industry submitted some
11 draft rules already, but my understanding is some of those
12 draft rules were -- predate calling together this group and
13 bringing an advocate. So, the advocates that have been
14 brought in clearly didn't have a draft because we didn't
15 work on that before coming in. So, to give us some context
16 for the sections that we're going through, I think it's
17 worthwhile to give that -- the time that it takes, to put
18 these in context, allow for some commentary from both
19 sides, not just kind of rushing through it, "what are the
20 questions", and moving forward, because it's going to be
21 difficult for us to give our assent if -- I think folks are
22 feeling rushed through this process.

23 MR. CONSTANTINO: Will do. Can we move to
24 Section 140, the definitions, page 5?

1 MR. SULLIVAN: I'll go with page 5. The
2 definition that we have with "Adverse Action", Senate Bill
3 326, passed last summer, requires the Planning Board to put
4 in new rules with regarding adverse action, including the
5 new double-A violation and not having a repeat double-A
6 violation in two years, whatever. At some point this
7 committee is going to have to do that. I would suggest
8 that we add in the new definition, which I think is the
9 bulk of what Senate Bill 326 wanted the Planning Board to
10 do. But I throw the new definition of "adverse action" in.

11 MR. BIBO: Yet if this Act is going to apply
12 to ICF/DD's and skilled pediatrics, which are licensed not
13 under the Nursing Home Care Act, which Senate Bill 326
14 applied to, we're going to have to wait to determine what
15 comes out of any legislation for -- that's under current
16 negotiations with the MR/DD, skilled pediatrics stuff under
17 the MR/DD Community Care Act. So, if you put the nursing
18 home stuff for 326 in here, it's going to have to be
19 limited to the scope of -- we're going to have to identify
20 it's for nursing homes and those programs.

21 CHAIRMAN WAXMAN: Terry, you suggested that,
22 so do you want to hold off until the negotiations, or do
23 you want to suggest it gets put?

24 MR. SULLIVAN: You can hold off. I'll defer

1 to Frank, once again. At what point does the law expect
2 you to put in new stuff? But there will -- and we may have
3 to wait until the end of the session to see, in fact --

4 MR. URSO: -- if things will change.

5 MR. SULLIVAN: -- if things will change.

6 MR. URSO: Why don't we hold off then.

7 CHAIRMAN WAXMAN: So, we'll put that issue in
8 the parking lot, wherever that might be.

9 MR. CONSTANTINO: For everyone on the phone,
10 we're asking you to review the definitions to see if you're
11 comfortable with the language proposed. We're still on the
12 first page, page 5.

13 CHAIRMAN WAXMAN: And before you move, I
14 think this issue that Terry and Mike have just raised is a
15 good point to realize that we don't have to solve
16 everything today, that issues that we have addressed and
17 raised can be solved six months from now or a year from
18 now. So, this one we can come back to, because our
19 committee will be here for a while. So, remember that
20 everything is not a today issue.

21 Mike, please?

22 MR. CONSTANTINO: Okay. Anyone else have any
23 questions regarding any of the definitions on page 5? Any
24 problems with anything?

1 (Pause)

2 MR. CONSTANTINO: Page 6.

3 MR. SCAVOTTO: I have a question, and I guess
4 it goes to you, Terry, from the association. What does
5 this mean? Why is it there, capital expenditure?

6 MR. SULLIVAN: Capital expenditure?

7 MR. SCAVOTTO: Yes, "unless otherwise
8 interdependent". What's happened?

9 MR. SULLIVAN: My understanding of capital
10 expenditure is there's basically two approaches before the
11 Planning Board, one of which is if you're having more beds
12 or going to be adding a new facility. Beds is one
13 criteria. But then also if you have a hundred beds, the
14 Act says if you're going to be spending more than six and a
15 half million dollars, even if you're not adding beds, the
16 Planning Board needs to take a look at that, and that's the
17 current standard for long-term care, is that any existing
18 facility spending more than six and a half million dollars,
19 without adding beds, just modernization, upgrade, new roof,
20 new parking lot, spa, whatever, you have to come before the
21 Planning Board to explain your modernization. So --

22 MR. SCAVOTTO: But that's --

23 MR. SULLIVAN: -- that's the capital
24 expenditure.

1 MR. SCAVOTTO: Yes, but I'm trying to figure
2 out what that means.

3 MR. CONSTANTINO: That language is new
4 language from the statute. That's directly from the
5 statute. It essentially is directed at hospitals and
6 hospital projects.

7 MR. SCAVOTTO: All right. So, first of all,
8 Terry, my apologies, because I missed the legend, and I
9 thought this was added by the association.

10 MR. URSO: No, that's statutory language.

11 MR. SULLIVAN: But I will also throw out for
12 Section 1125, whether, if it applies only to hospitals,
13 it's really needed here.

14 MR. CONSTANTINO: Our intent was to keep the
15 definition for capital expenditure consistent with the
16 statute. That was the intent here.

17 MS. AMIANO: But it doesn't make sense.

18 MR. SULLIVAN: And that is at the heart of a
19 lot of what the association proposed, is that for thirty
20 years and through several different, previous regimes, it's
21 sort of like so much of the discussion was on
22 hospital-based stuff, and then it was like, "Well, we'll
23 have it apply to everybody for consistency, sake" and we
24 kept saying, "Wait a minute. This is unnecessary

1 documentation, unnecessary review criteria, it doesn't have
2 anything to do with long-term care". And it was like,
3 "Well, don't worry about it, da, da, da, da, da." We had
4 thirty years of "don't worry about it" and we're against
5 creeping hospitalization of long-term care, and so if it
6 doesn't apply to long-term care -- and I realize that
7 Section 1100 will have a longer definition of capital
8 expenditure, but I don't think Section 1125 should have
9 references to hospital regulations. And that's going to be
10 a repeating theme.

11 CHAIRMAN WAXMAN: I thought that somewhere it
12 reads that the purpose is to recognize that long-term care
13 is not the same as a hospital. So, if that's the overall
14 intent, then I think Terry has a valid point.

15 MR. URSO: Let me say something about this.
16 What we're talking about is the interdependency language in
17 this definition, and I think Mike's response -- I agree
18 with it, Mike Constantino's response. Normally, normally
19 this is a hospital-related issue, interdependency, but we
20 can't say sitting here right now that it may come into play
21 in a long-term care facility or not. We just don't know.
22 So, I think to just say -- because I'm not going to get
23 into the Legislative intent of this, because I don't know
24 what the Legislature had in mind. All Mike is saying, from

1 his historical standpoint it seems like it's more
2 applicable to hospitals. But I can't say, and I don't
3 think anybody in this room could say, "Well, it will never
4 happen in a long term care" -- we just don't know.

5 MR. PHILLIPPE: So, can you explain to me,
6 practically speaking, not the legalese, what this means and
7 how it applies to long-term care?

8 MR. CONSTANTINO: Okay. Did somebody join the
9 conference.

10 MR. DART: Yes. Bill dart.

11 MR. PHILLIPPE: Could you explain that to me
12 practically, how that would come up in long-term care?

13 MR. CONSTANTINO: To be truthful, I've never
14 seen it come up with long-term care. It's always been
15 applicable to hospital projects. When a hospital project
16 would modernize a certain department and it would be
17 interdependent on another department modernization, that's
18 where that would come up, and that's where, to avoid the
19 threshold, they would try to avoid the interdependent
20 issues.

21 MR. URSO: So, it's breaking a number of
22 projects into smaller projects to avoid -- like in this
23 case, the 6.5 or in a hospital case, whatever that
24 threshold is. And so what the Board was looking at and the

1 Legislature was looking at, if one project is -- several
2 projects can be looked at as one capital expenditure and
3 they're, therefore, interdependent on each other, then
4 therefore you need to come before the CON Board. It was
5 the way certain projects were broken down so you can avoid
6 the Board. Let's say X Y Z Healthcare Facility comes in
7 and they want to do three different modernization projects.
8 They say, "We don't have to come before the Board because
9 that's on a one million project, that's a five million
10 project, that's a three million project," and what the
11 Board is saying, if they're interdependent on each other --
12 and that's what this is trying to define -- then all of
13 these projects should be combined.

14 MR. PHILLIPPE: And for us it's always been
15 defined as "interdependent", is that the idea? Because I
16 could do the same thing. I could say I'm building a new
17 rehab gym --

18 MR. CONSTANTINO: Because the threshold is so
19 small with long-term care, we never see a modernization
20 project for long-term care. It's never approaching six and
21 a half million dollars.

22 MR. SULLIVAN: Right, much less three of them.

23 MR. PHILLIPPE: Because you do them a bit at a
24 time.

1 MR. CONSTANTINO: Right. So we never see an
2 interdependent project for long-term care.

3 MR. SCAVOTTO: The reason I asked the question
4 is because I just didn't get what was going on here. So I.

5 MR. URSO: Do you get it now?

6 MR. SCAVOTTO: Yeah, but I've got plenty of
7 experience on this on the acute care side. For the life of
8 me, on the long-term care side, the only scenario I see
9 playing out is if you're doing a CCRC, and not all of the
10 CCRC would be subject to CON.

11 MR. CONSTANTINO: Only the nursing care
12 portion is.

13 CHAIRMAN WAXMAN: Chuck?

14 MR. FOLEY: I was just going to say, this
15 would apply -- obviously could apply also to a CCRC
16 project, because you're not only building a nursing unit,
17 but you're also going to be building an assisted living or
18 maybe support living, independent living, under one
19 financing mechanism, you know, so under long-term care it
20 could, in fact, apply here.

21 MR. CONSTANTINO: That's no longer the case,
22 because it no longer applies to a single-debt instrument.
23 So that's no longer the case for a CCRC facility. The only
24 thing we're reviewing is the nursing care portion only, not

1 the other assisted living, independent living, none of
2 that. So we're looking at anything over six and a half
3 million dollars that established a nursing care facility,
4 is how we look at it, for a CCRC facility. We no longer
5 charge a fee for any portion related to that CCR, assisted
6 living or independent living. We only charge the fee based
7 upon the nursing care portion.

8 MR. SCAVOTTO: So as a practical matter, this
9 may be a distinction without a difference, but it does --
10 but I do believe that long-term care is a different thing
11 from acute care.

12 MR. CONSTANTINO: We're not saying that.

13 MR. SCAVOTTO: I know you're not.

14 MR. CONSTANTINO: This is the language in the
15 statute, and we hate to deviate from the statute because
16 that governs everything we do.

17 MR. SCAVOTTO: This is our only chance to beat
18 up on you.

19 (Laughter)

20 MR. SULLIVAN: Mike, there is an awful lot in
21 the statute that's not in these rules.

22 MR. CONSTANTINO: Right, and it wasn't my
23 suggestion -- I would rather see all of our definitions in
24 one set, so I don't have to come back and forth between a

1 different set of definitions. To be truthful, this wasn't
2 my idea to put these definitions in here.

3 MR. URSO: Maybe that's something this
4 committee needs to talk about.

5 MS. AVERY: Exactly.

6 MR. URSO: Should we keep all of the
7 definitions, and we can footnote if they're applicable to
8 whatever healthcare facility in a whole separate document.
9 That's what we tried to do when we did the revisions with
10 1130.

11 MR. SULLIVAN: And that goes back to a
12 long-standing, continuing problem of definitions that
13 change with hospitals, and somebody said, "Oh, but this
14 applies to long-term care also." So, I'm sorry, Mike, I
15 don't want to create more work for you, but I would like a
16 set of definitions that apply to long-term care facilities
17 that are separate from the definitions that apply to
18 hospitals.

19 CHAIRMAN WAXMAN: Well, if there's agreement
20 that the overriding concept is that hospitals and nursing
21 homes are different, then that makes sense.

22 MR. URSO: We agree.

23 MR. CONSTANTINO: We don't have a problem with
24 that. It's just that we have trouble differentiating from

1 what's in the statute, when it's defined in the statute,
2 because that governs everything we do and that takes
3 precedence over the Rules. So, if we put a definition for
4 capital expenditure in this section or in a separate
5 section for long-term care, we need that to agree to the
6 statute.

7 MR. SULLIVAN: But not everything in the
8 statute has to be in the Regulations. We do it all the
9 time.

10 (Laughter)

11 MR. URSO: It would have to be a consensus of
12 this committee to say that, you know, "In this particular
13 case, we don't think this is applicable in this
14 environment, so it should be excluded." You know, that's
15 maybe what the motion should be, basically, and so it would
16 be your recommendation to the full Board that this
17 definition be modified.

18 MR. CONSTANTINO: Well, the problem with that
19 is we're going to get kick-back from the hospitals, saying,
20 "Well, this -- why aren't you using this definition here,
21 unless you're treating this as how it's applied here and
22 not to us over here."

23 MR. URSO: And you could be right.

24 MR. CONSTANTINO: That's why the idea of a

1 single definition --

2 MR. URSO: So it's consistent throughout all
3 of the Board's rules.

4 MR. CONSTANTINO: Right. We have jurisdiction
5 over hospitals and long-term care, a certain portion of
6 long-term care.

7 MR. URSO: So, if what this committee wants to
8 say is keep it in there but put in parenthesis "for
9 hospitals only" -- I mean, I don't know. That could be
10 another way to look at it.

11 CHAIRMAN WAXMAN: I like that concept a lot.
12 Terry?

13 MR. URSO: That's another option.

14 MR. SCAVOTTO: We're looking at something that
15 says "long-term care", right?

16 MR. SULLIVAN: Right, 1125.

17 MR. SCAVOTTO: There's another that says
18 "hospitals", right?

19 MR. BIBO: I make a motion to have it removed.
20 I think that's exactly the point. This group is to talk
21 about long-term care, and to pull that in from hospitals --
22 I understand the desire to keep definitions the same, but
23 just not applicable, and Terry is actually right, too often
24 something happens to hospitals and we get drug into it. So

1 I'd like to make a motion that it be removed.

2 MR. SULLIVAN: And I'm sorry. I have filed so
3 many comments over the past ten years to put in parenthesis
4 on new Board rules, to say "as it applies to hospitals, da,
5 da, da", and generally those comments were not accepted.

6 MS. AVERY: Is it possible to put something in
7 there that states that long-term care facilities as defined
8 in the Act are exempt.

9 MR. CONSTANTINO: The statute doesn't say
10 that, though.

11 MS. AVERY: Yeah, I know.

12 MR. CONSTANTINO: We can't differentiate from
13 the statute.

14 CHAIRMAN WAXMAN: Chuck?

15 MR. FOLEY: I've got to agree with Mike. As
16 he indicated, this really has never applied to long-term
17 care, and I was just here thinking as to how it could
18 affect -- apply to long-term care, and I think there's
19 other issues, as Terry brought out that, you know, some of
20 these rules do apply to just hospitals and not long-term
21 care and, therefore, we should, you know, separately note
22 that. But I think in this particular case with this
23 definition, I don't see how it really, in fact, could --
24 I'm not saying that it couldn't entirely, but it's never

1 happened in the past, as Mike indicated, and I don't think
2 it's a big deal right now. Again, as Mr. Waxman pointed
3 out, this is not the only meeting. If we see in the future
4 it has to come out, we could take it out in the future or
5 make changes, but I think there's other areas that we need
6 to discuss so we can move on, because there's other areas
7 that we can, in fact, use Terry's recommendation to make it
8 just for long-term care only.

9 CHAIRMAN WAXMAN: Mike, you put a motion out
10 there, so you need to decide whether you want to leave your
11 motion.

12 MR. BIBO: I still want my motion out there.
13 I might not get a second, but I want it out there.

14 CHAIRMAN WAXMAN: Is anyone willing to second
15 it?

16 MR. SCAVOTTO: Yeah, I'll second it.

17 CHAIRMAN WAXMAN: We have a motion and a
18 second.

19 MS. AMIANO: Could you clarify the motion.

20 MR. BIBO: To remove the highlighted language
21 that's in red, having to do with interdependent submitted
22 projects, from the definitions, as we apply it to long-term
23 care.

24 MS. AVERY: Should we read that section

1 verbatim? I think you should put it in verbatim.

2 MR. BIBO: I'm sorry. You're right. To
3 remove the language under "Capital Expenditure" of
4 1125.140, Capital Expenditure, the language in the middle
5 of the paragraph that says "Unless otherwise independent or
6 submitted as one project by the applicant, components of
7 construction or modification undertaken by means of a
8 single construction contract or financed through the
9 issuance of a single debt instrument shall not be grouped
10 together as one project." Remove that language.

11 CHAIRMAN WAXMAN: Mike, are you willing to
12 second that as it's been --

13 MR. SCAVOTTO: Yeah.

14 CHAIRMAN WAXMAN: Okay. All in favor of that
15 motion?

16 ("Ayes" heard)

17 CHAIRMAN WAXMAN: Any opposed?

18 (Pause)

19 MR. CONSTANTINO: Anyone opposed on the phone,
20 on the conference?

21 (Pause)

22 MS. MITZEN: I'm going to abstain.

23 MS. AVERY: We need a roll call.

24 CHAIRMAN WAXMAN: Okay. Who is in charge of

1 the roll calling process?

2 MS. AMIANO: Are we still in the clarification
3 process?

4 CHAIRMAN WAXMAN: Yes.

5 MS. AMIANO: The removal of that sentence does
6 what, Frank?

7 MR. URSO: What --

8 MS. AMIANO: Because no normal person can
9 understand that sentence.

10 MR. URSO: I was just going to the statute. I
11 believe where the statute defines "capital expenditure" --
12 and, Mike, isn't that correct, that that interdependency
13 language is part of the capital expenditure language.

14 Yes, it is. I'm looking at it right now.

15 MS. HILLS: So you can't remove it.

16 MS. AVERY: We can make a recommendation to
17 remove it, from the Subcommittee to take to the Board.

18 CHAIRMAN WAXMAN: I'm guessing -- and I
19 certainly don't want to put words in anybody's mouth, but
20 I'm guessing what you're trying to do is hold to the letter
21 that says hospitals and nursing homes are different
22 animals.

23 MR. BIBO: Yes.

24 CHAIRMAN WAXMAN: And to that end, therefore,

1 they're trying to remove any language that makes the
2 nursing homes subject to hospital rules, right?

3 MR. BIBO: Correct.

4 CHAIRMAN WAXMAN: Okay. So that's the premise
5 that they're working this one and probably a few more
6 coming down the road, I'm guessing, looking at their
7 smiling faces. So, the question now becomes, you know, if
8 that's the overriding issue, that hospitals and nursing
9 homes are bred of two different -- are really created
10 differently or should be treated differently with different
11 sets of rules, then what happens when we're stuck up
12 against the statutory process that says, "It's in the
13 statute"? So, legally what can we do and what are our
14 choices and can we remove it if it's in the statute?

15 MR. URSO: Well, I think that can be a
16 recommendation. You cannot then say that this entire
17 definition is statutory language, because you're missing a
18 part. I guess my question is how does it hurt to keep it
19 in there, I guess is my question.

20 MS. AMIANO: Back to my question, which you
21 all passed over twice now. What does it mean to take that
22 sentence out? The sentence is very difficult to read, so
23 what implication does removal of that sentence have?

24 MR. URSO: Then you don't have the entirety of

1 the statutory definition of "capital expenditure". You
2 just don't have the entire definition there. You've
3 excluded a part of the definition.

4 MS. AMIANO: Okay. But advise me on what that
5 means. If we strike this one sentence, as a Committee
6 member what does it mean?

7 MR. CONSTANTINO: From a practical sense,
8 Judy, is that what you're talking about?

9 MS. AMIANO: Yeah. You're asking me to vote
10 on something I don't even understand what it means in the
11 context of this because it's difficult to read.

12 MR. CONSTANTINO: When we receive a long-term
13 care project for an establishment -- and that's all we're
14 ever seeing now. We see one financing mechanism, and it's
15 now usually from HUD, what we see. This language or this
16 definition would have no effect if we remove that
17 highlighted area in this definition. It has really no
18 practical effect on any projects that are appearing before
19 us today, that we're seeing today.

20 MS. AMIANO: So it has no impact whether it
21 stays or goes?

22 MR. CONSTANTINO: The distinction is it
23 doesn't agree to the statute, and whether -- can we get by
24 JCAR without it --

1 MR. URSO: That's another issue.

2 MS. AVERY: Probably not.

3 MR. URSO: This Committee is making a
4 determination that that particular language is applicable
5 to some other facility other than long-term care. I don't
6 know if that's true. Okay? Now, Mike has the benefit of
7 the practical history of this, but nowhere in this
8 definition has the Legislature said to us that this
9 definition is good and it applies to all healthcare
10 facilities. They don't say that. Okay? They applied it,
11 because this applies to all healthcare facilities. But
12 they're not saying this particular sentence which we're
13 debating right now applies only to hospitals. They haven't
14 said that.

15 CHAIRMAN WAXMAN: So, should the motion really
16 be that we recommend that this sentence be referred back
17 for decision as to whether it applies to long-term care?
18 Rather than a motion to take it out, should it be that the
19 recommendation of the Committee is we want them to review
20 to see whether it really belongs?

21 MR. SULLIVAN: I'll push it back a step
22 further. If, in fact, the Board has not seen a capital
23 expenditure application in decades because nobody has a
24 non-bed expansion beyond 6.5 million, do we need a

1 definition of a capital expenditure at all in these rules?

2 MR. CONSTANTINO: And that's what we're
3 supposed to be looking at.

4 MR. FOLEY: You never know what it's going to
5 be like tomorrow.

6 MR. SULLIVAN: Over 6.5 million.

7 MR. CONSTANTINO: Personally, I'd like to see
8 the language removed. It would make it a lot easier on the
9 Staff when we're trying to fight with the hospitals whether
10 these projects are interdependent or not.

11 CHAIRMAN WAXMAN: Phyllis?

12 MS. MITZEN: That's a new wrinkle, at least
13 to me. So, from the perspective even of hospitals, you
14 don't like this?

15 MR. SCAVOTTO: You're saying you would like to
16 see this red language removed?

17 MR. CONSTANTINO: Yes, from the statute.
18 That's my personal opinion, because we get in constant
19 battles with the hospitals because they're saying those
20 projects are not interdependent, and it's so difficult to
21 make that determination from the information they provide
22 us.

23 CHAIRMAN WAXMAN: So then our motion
24 really --

1 MS. MITZEN: Can I finish with what I was
2 wanting to say?

3 CHAIRMAN WAXMAN: I'm so sorry.

4 MS. MITZEN: Then your problem with it has
5 more to do with hospitals? This doesn't come up -- this
6 rarely, if ever, applies to nursing home requests? Am I
7 correct in that?

8 MR. CONSTANTINO: That's very correct.

9 MS. MITZEN: My issue now is we've spent
10 about 25 minutes on this issue and it's something that
11 doesn't -- that has more implications beyond the purview of
12 this group. It doesn't have any implications on -- at
13 least right now on requests that nursing homes would be
14 making, and my understanding is -- we've got how many more
15 pages? I'm just concerned that -- if we want to make a
16 point, then maybe we need to send this to the larger
17 committee to have a further -- a more robust discussion
18 about the implications of this.

19 CHAIRMAN WAXMAN: But I think we're dealing
20 with a bigger issue than that. The issue is does this
21 Committee have the authority to take out language that came
22 through statutory?

23 MS. MITZEN: We only recommend, right?

24 CHAIRMAN WAXMAN: So, therefore, your motion

1 needs to be changed, that we recommend that this language
2 be removed; correct, Mike?

3 MR. BIBO: Correct.

4 CHAIRMAN WAXMAN: Mike, are you willing to
5 second that motion?

6 MR. SCAVOTTO: Sure, I'll second anything
7 today.

8 (Laughter)

9 CHAIRMAN WAXMAN: So, can we go back and vote
10 that the motion is, we recommend that the language read
11 verbatim be removed from this set of rules? Terry, is that
12 okay.

13 MR. SULLIVAN: Um-hum.

14 CHAIRMAN WAXMAN: Mike?

15 MR. BIBO: Yes.

16 CHAIRMAN WAXMAN: All in favor?

17 ("Ayes" heard)

18 CHAIRMAN WAXMAN: Any opposed?

19 MS. MITZEN: I abstain.

20 MR. CONSTANTINO: Anyone on the conference
21 oppose?

22 (Pause)

23 CHAIRMAN WAXMAN: So, Phyllis, I agree with
24 you, a lot of time has been spent discussing it, but it's

1 really the issue that's going to come up over and over
2 again, as to how are we going to deal with things that are
3 in here, because the statutory -- because they need to be
4 here for statutory and whether or not we agree that they be
5 long here. So, I think we've now set a precedent as to how
6 we deal with it, which is a recommendation that this group
7 feels should be referred somewhere.

8 MS. MITZEN: It's been helpful. Okay. Thank
9 you.

10 CHAIRMAN WAXMAN: And I agree with you, time
11 is moving. Where's lunch?

12 (Laughter)

13 MS. HILLS: We've got 25 more minutes.

14 CHAIRMAN WAXMAN: Mike, go ahead. Thank you
15 very much.

16 MR. PHILLIPPE: Could I just make a comment,
17 because there's lots of red here in the definitions. We've
18 got pages more of definitions, and so what I'm assuming
19 from this is we set a precedent now that if we don't agree
20 with the definitions --

21 CHAIRMAN WAXMAN: As a group.

22 MR. PHILLIPPE: -- we say that and we can make
23 recommendations back, because some of those definitions tie
24 right back to law, primarily, and so we set a precedent and

1 we may spend time doing that, and then make a
2 recommendation back to have the law changed or the statute
3 changed as it applies to long-term care. Is that right?

4 CHAIRMAN WAXMAN: Right. That is what I was
5 trying to say, is that although it was a very long
6 discussion, we have now established how this Committee can
7 deal with the red part of the document. Thank you, Tim.
8 Because I think these two guys --

9 MR. PHILLIPPE: They've got a list, I think.

10 CHAIRMAN WAXMAN: We probably should separate
11 them.

12 MR. URSO: Claire, too.

13 (Laughter)

14 CHAIRMAN WAXMAN: Mike?

15 MS. BERMAN: Could you please repeat that?

16 MR. CONSTANTINO: Claire, we'll get you the
17 transcript, I think is the best way to handle that.

18 MS. AVERY: We'll highlight it in the
19 transcript.

20 MR. SULLIVAN: It's not going to be tedious.
21 There's not a lot of other stuff in here.

22 CHAIRMAN WAXMAN: That's you, but what about
23 him? I'm teasing.

24 MR. SULLIVAN: It is making the point that we

1 don't really want hospital stuff in here.

2 CHAIRMAN WAXMAN: And I think we all agree.
3 I think the basics of the rule says that. So I'm --
4 hopefully I'm not disagreeing with you. I want to find a
5 process to make it happen much quicker next time it comes
6 up.

7 MR. CONSTANTINO: Any other comments on page
8 6?

9 (Pause)

10 MR. CONSTANTINO: Page 7?

11 (Pause)

12 MR. CONSTANTINO: Page 8?

13 CHAIRMAN WAXMAN: Back up. When it's in red
14 and lines through it, that means what? Red means it's
15 statutory language, but what does the line through it mean?

16 MR. BIBO: No. Italicized means it's
17 statutory language. Red just means this is a change and
18 they're striking it. It means it's a current regulation
19 but they're suggesting -- they're highlighting this --
20 being instruct out.

21 CHAIRMAN WAXMAN: Thank you.

22 MR. BIBO: Is that correct, Michael?

23 MR. CONSTANTINO: (nods)

24 Page eight?

1 MS. AMIANO: I had a question on changing the
2 bed count. It's got a dot-dot-dot. The sentence -- I'm
3 trying to understand that.

4 CHAIRMAN WAXMAN: Judy, where are you?

5 MS. AMIANO: Change in bed count, top of page
6 8.

7 MR. CONSTANTINO: This is statutory language
8 again. Frank, do you have the complete statutory quote for
9 this?

10 MS. AMIANO: And I'm not sure in that sentence
11 "or by distributing beds amongst various categories of
12 service," I'm not sure that's applicable.

13 MR. URSO: The language that this comes from
14 in the statute states, "a permit or exemption shall be
15 obtained prior to the acquisition of major medical
16 equipment or to the construction or modification of a
17 healthcare facility which".

18 MS. AMIANO: So is your dot-dot-dot indicating
19 you want to include that language or it's expressly
20 excluded?

21 MR. URSO: What has been excluded between the
22 "the" and "construction" and the dot area, it appears to be
23 "acquisition of major medical equipment or to the". It
24 looks like those words were eliminated.

1 MR. SULLIVAN: Because it doesn't apply to
2 changes in bed count.

3 MR. URSO: Correct.

4 MR. SULLIVAN: So, back on our previous
5 discussion, can we have a dot-dot-dot in the definition of
6 "capital expenditure"?

7 MR. URSO: And take out the interdependency
8 language? That's the way you would probably do it.

9 MR. SULLIVAN: Okay.

10 MR. LAVIN: Could I ask is the twenty beds or
11 ten percent of the total capacity legislated?

12 MR. CONSTANTINO: Yes.

13 MR. URSO: That's in the statute?

14 MR. CONSTANTINO: Yes.

15 MR. LAVIN: What does that mean?

16 MR. CONSTANTINO: A facility can add ten
17 percent of their total bed complement that we have
18 jurisdiction over -- the lesser of ten percent or twenty
19 beds every two years. When I say "jurisdiction over", I'm
20 only including skilled care, nursing -- intermediate care
21 and ICF/DD. We do not have jurisdiction over shelter care,
22 assisted living, supportive living.

23 MR. LAVIN: Terry, could you explain to me
24 where do those beds go? How does this actually get

1 applied?

2 MR. SULLIVAN: Mike, how often does this come
3 up? Now and then.

4 MR. CONSTANTINO: We get requests to add beds
5 all the time, and it's just done with a letter to us, we
6 approve it, send it to Licensing, and then we wait until
7 Licensing approves it, and then once that is done, the
8 facility needs to contact us and tell us that it's
9 operational, those beds are operational.

10 MR. SULLIVAN: It's basically -- if I have a
11 150-bed facility, I can expand by fifteen beds every two
12 years. Where it comes up is, obviously, a facility is well
13 filled and they're getting requests, they can expand.
14 Always the drag on that is whether constructing fifteen
15 beds is economically feasible and makes sense. So, it's a
16 provision that allows for expansion but it's not major
17 expansion, and that is like it flies under the official
18 permit review requirements.

19 MS. AMIANO: In the fourth line of this, where
20 it's talking about by increasing the total number of beds
21 or by distributing them among various categories of
22 service, you've already mentioned you only have regulatory
23 oversight over skilled. So what does this mean in this
24 sentence?

1 MR. URSO: Skilled and intermediate.

2 MR. WAXMAN: Skilled and intermediate is all
3 we have jurisdiction over.

4 MR. SULLIVAN: But that's not a category of
5 service.

6 MR. CONSTANTINO: We just have one category --
7 nursing.

8 MS. AMIANO: So I'm trying to understand what
9 that means in the context of that sentence.

10 MR. CONSTANTINO: Various categories of
11 service, as it's written here, is applicable to hospitals,
12 again. So it's med/surg, ICU, pediatrics, the whole gamut.

13 MR. PHILLIPPE: I have a question. Maybe it's
14 the same kind of answer, because I was curious about
15 distributing beds between facilities, and I was curious if
16 that means your adjacent buildings at a hospital or if you
17 actually have multiple locations in a city, you can just
18 distribute beds between the facilities.

19 MR. CONSTANTINO: No. The way we interpret
20 that to mean is you would have to discontinue beds at one
21 facility and add them at another facility.

22 MR. PHILLIPPE: Right. You could, though.

23 MR. CONSTANTINO: Right. But you have to
24 notify us that you're discontinuing those beds and adding

1 beds at another facility, and you have to -- at the
2 facility you're adding beds to, you would have to be within
3 that ten percent or twenty beds.

4 MS. AVERY: It's under one license, right?

5 MR. CONSTANTINO: No.

6 MS. AMIANO: License or address of facility.

7 MR. SULLIVAN: License applies just to the
8 physical address.

9 MR. PHILLIPPE: There's no geographic
10 limitation there?

11 MR. CONSTANTINO: No. You discontinue beds at
12 one facility in southern Illinois, and if you own another
13 facility in Chicago, you'd have to notify us that you want
14 to add beds up there.

15 MR. PHILLIPPE: That's the first time I've
16 ever heard that.

17 MR. CONSTANTINO: We don't interpret it as a
18 relocation. We interpret it to mean discontinuation and
19 addition.

20 MR. SULLIVAN: It's two different things.

21 MR. URSO: It's two transactions.

22 MR. SULLIVAN: Because no matter how much you
23 discontinue in southern Illinois, you're not going to be
24 able to add more than twenty beds or.

1 MR. PHILLIPPE: Right, but the idea is that if
2 you're under that limit of ten percent, twenty beds, you
3 can transfer beds from one building to anywhere in the
4 state without going through the process. I never heard
5 that before.

6 MR. CONSTANTINO: No. It's a discontinuation
7 and an addition, is the way that works.

8 MR. SCAVOTTO: Sure sounds like a relocation
9 to me.

10 MR. PHILLIPPE: It's not relocation; however,
11 does that work with a letter or is that a full application
12 to the Board? Because the way I'm reading it, as long as
13 somebody is at ten percent or twenty beds, it can be done
14 with a letter.

15 MR. BIBO: But you don't have to discontinue
16 the beds anywhere else in the state. If you have a hundred
17 bed facility in Lincoln, you can just add.

18 MR. PHILLIPPE: I understand. So it doesn't
19 make a difference one way or the other, practically
20 speaking, to us.

21 MR. BIBO: Right.

22 MR. FOLEY: I think the question is going from
23 one physical facility to another, is what Tim was referring
24 to, I think.

1 MR. SCAVOTTO: That's the way I heard it.

2 MR. PHILLIPPE: You can do it, but practically
3 speaking, there's no reason to do it, because we can do it
4 without doing it that way. So why is it in there? I'm
5 lost somehow. Why is it in there? That was my original
6 question.

7 MR. SULLIVAN: Or by relocation -- why is it
8 in there?

9 MR. CONSTANTINO: I can give you the same
10 answer.

11 MR. SULLIVAN: Oh, no, that you have to go for
12 a permit if you're relocating beds from one location to
13 another that's more than twenty or ten percent. If you're
14 closing down your facility in southern Illinois and
15 relocating those beds up here, you need to go for a permit.
16 It's not an exemption.

17 MR. FOLEY: But if you're within, you don't
18 need a permit, obviously.

19 MR. SULLIVAN: Right. If you're under twenty
20 beds or ten percent you don't need a permit.

21 MR. PHILLIPPE: As a practical issue, you can
22 go to ten percent anyway. There's no need to move from one
23 location to another.

24 MR. SULLIVAN: But it says "by more".

1 MR. CONSTANTINO: The "lesser of".

2 MR. PHILLIPPE: Okay. It doesn't matter, I
3 guess. I just didn't understand why --

4 MS. JOHNSON: Can I ask a question from a lay
5 perspective, and I know I'm outnumbered here. So if a
6 facility is a poor performing facility or has a lot of
7 deficiencies, it doesn't matter, they can still increase
8 their bed count? Or is anyone looking at that from a
9 Health Facility Board perspective, whether or not they can
10 increase their bed count?

11 MR. CONSTANTINO: We'd be happy to put that
12 comment in our Rules, but we don't have the statutory
13 jurisdiction for that right now.

14 MS. JOHNSON: Okay.

15 MR. SULLIVAN: It does become a matter of the
16 Illinois Department of Public Health working with that
17 facility to make sure it's not poor performing.

18 MR. PHILLIPPE: It has happened.

19 MS. JOHNSON: Okay.

20 MR. URSO: But that's a good question. If I
21 could just comment, there is a section in the Act -- I
22 believe it's in Section 6 -- that talks about "upon receipt
23 of an application for permit, the State Board shall approve
24 and authorize the issuance of a permit, if it finds" -- and

1 it talks about the applicant being "fit, willing, and able
2 to provide the standard of healthcare service for the
3 community, with particular regard to the qualification,
4 background, and character of the applicant."

5 MR. CONSTANTINO: I think Nanya was talking
6 about a bed change, Frank. Instead of an application, I
7 think Nanya was talking about the bed changes we approve on
8 a regular basis.

9 MR. URSO: But she started out by saying about
10 a poor performing --

11 MR. CONSTANTINO: Right. We get a bed change
12 request, we don't review it for their performance.

13 MS. AVERY: We're aware of it, but we don't
14 have the authority to say no based on the background of the
15 applicant and the poor performance.

16 MS. MITZEN: So the question is should we,
17 and is this within the purview of this group, to suggest
18 that?

19 MR. CONSTANTINO: Yes, be happy to put that in
20 this proposal. That's a good suggestion.

21 MS. MITZEN: Very good suggestion.

22 CHAIRMAN WAXMAN: We need a motion, and then
23 we'll break for lunch.

24 MR. LAVIN: Could you repeat it?

1 CHAIRMAN WAXMAN: The discussion is whether
2 or not we should install some language that says addition
3 of beds should be limited in a facility that is poor
4 performing or has several health issues or tags
5 outstanding. So we're kind of -- we're putting a condition
6 to whether or not additional beds can be added to a
7 facility if a facility is a non -- is recognized as being
8 not a good facility because of health issues, nursing
9 issues, clinical issues.

10 MR. URSO: Adverse performance.

11 CHAIRMAN WAXMAN: Adverse performance.

12 MR. PHILLIPPE: Adverse, there is a
13 definition, right?

14 MR. SULLIVAN: Yeah, there is a definition of
15 "adverse," and it applies to any new facility, the
16 background of applicant becomes a major factor, or
17 relocation or anything more than twenty beds or ten
18 percent. All of that applies. The question is the
19 statutory -- I mean, it's in the statute right now that
20 there is -- an existing facility can expand by ten percent
21 and doesn't need to submit a permit. I don't -- I mean, we
22 can make a lot of motions here, but I don't know how you
23 undo the statute.

24 MS. AMIANO: Is the recommendation that they

1 not be allowed to do the ten beds or the ten percent if
2 they're in violation?

3 MS. MITZEN: Yes.

4 CHAIRMAN WAXMAN: Yes.

5 MS. AMIANO: I'll agree. It has to be at the
6 adverse, because that's a high level.

7 CHAIRMAN WAXMAN: That's the motion -- that's
8 a motion that we recommend, that they not be allowed to
9 increase their beds if they're in adverse action.

10 MR. SCAVOTTO: So that sets the bar pretty
11 high, because anybody can get into difficulty with IDPH.

12 MR. BIBO: Tim, I disagree. I don't think the
13 adverse level is a high level in light of 96 -- Public Act
14 96-1372, the language that went in effect last year for
15 nursing homes.

16 MR. PHILLIPPE: Define it for me practically.
17 Go ahead. What do you mean, so I understand what's
18 different?

19 MR. BIBO: I think they changed -- they
20 included far more things that was going to be considered
21 adverse that would affect the Planning Board determination
22 than what we've been used to over the past fifteen years.

23 MR. PHILLIPPE: Well, I'm okay, personally,
24 with it being a little tougher than it has been, because I

1 would think if you have had multiple A-level tags, State
2 level, I think a lot of people in the field would say we
3 probably should fix their problem before they expand.

4 MR. BIBO: But you're dealing with
5 organizations that may have more than one facility, and one
6 facility may have a problem but five may not.

7 MR. PHILLIPPE: I assume this applies to just
8 one.

9 CHAIRMAN WAXMAN: We're talking about the
10 facility that wants to expand.

11 MR. PHILLIPPE: Because if you have fifty
12 facilities -- some have forty, fifty, that's different.

13 CHAIRMAN WAXMAN: I believe we're only
14 talking about -- I believe the conversation is about a
15 particular facility wanting to expand when it's not
16 performing at -- when it's --

17 MR. URSO: -- not providing quality care.

18 CHAIRMAN WAXMAN: Yeah.

19 MR. BIBO: For what period of time?

20 CHAIRMAN WAXMAN: There's a good question.

21 MR. PHILLIPPE: Isn't there a definition of
22 "adverse" already in here?

23 MR. CONSTANTINO: Yes.

24 MR. PHILLIPPE: Two years?

1 MS. AVERY: So, Mr. Chairman, for point of
2 clarification, what the Subcommittee would like for us to
3 do is work in some type of language that deals with the
4 quality of care for performance in relation to being able
5 to take advantage of the ten percent or twenty bed
6 relocation?

7 CHAIRMAN WAXMAN: That's being discussed. I
8 don't think we've reached a motion yet.

9 MS. AVERY: But we don't have the -- what --
10 I'm trying to think ahead is how we can construct this
11 language to mean what the Committee is concerned about?

12 MR. LAVIN: There's a definition of "permit"
13 in the definitions, right? Does this describe more the
14 permit, or does it describe a change? Because what this
15 says is that a change in bed count means change in the
16 healthcare facility's upgrade bed capacity, and then it
17 says you need a permit or exemption prior to the
18 construction, modernization -- I mean, it says to me that
19 you can't just do this, that it has to be done with a
20 permit or exemption.

21 MR. CONSTANTINO: No, if you want to add beds,
22 less than twenty beds or ten percent of your total capacity
23 that we have jurisdiction over, you can do that without a
24 permit or exemption. You have a hundred bed or a two

1 hundred bed facility --

2 MS. MITZEN: So what happens? They send you
3 a letter saying they're going to do that?

4 MR. LAVIN: So, possibly our definition could
5 just really be a change in bed count of a healthcare
6 facility and just state that a change in a healthcare
7 facility's bed capacity, including reductions or increases,
8 with or without permits, are allowable. I mean, somehow it
9 seems like we're getting into the rules of how this is
10 governed rather than defining what bed change and bed count
11 is.

12 MR. CONSTANTINO: The language "bed change" is
13 in the statute, I believe.

14 MR. LAVIN: So, the piece in red is statutory
15 language, defining what a change in bed count or healthcare
16 facility --

17 MR. CONSTANTINO: Yeah, as it applies to the
18 twenty beds or ten percent.

19 MR. URSO: If it's italicized.

20 MR. LAVIN: And if we put in a provision that
21 somebody has to be in good standing to do this, is that
22 supported by the legislation?

23 MR. CONSTANTINO: I think that's been the
24 discussion here. That's a discussion we're having now, of

1 how to take Nanya's suggestion and put it into this
2 definition.

3 MR. LAVIN: Okay.

4 CHAIRMAN WAXMAN: Mike, are you opposed to
5 making sure that someone who is increasing their beds be
6 qualified in the quality of care they're providing?

7 MR. SULLIVAN: No.

8 (Laughter)

9 MR. SULLIVAN; Except the exemption is
10 statutory.

11 MR. BIBO: Right.

12 MR. SULLIVAN: You're going to get a lawsuit
13 if you say, "I want to extend by ten beds and I had a
14 double A violation" and the Board says, "No, you can't."
15 The law says I can.

16 MR. URSO: You've got to be above that
17 threshold for the condition to be implemented.

18 MR. SULLIVAN: Right. If I wanted thirty
19 beds, then I have to come before the Board --

20 MR. URSO: And then they can look at the
21 background, character and fitness.

22 CHAIRMAN WAXMAN: So you're saying we can't
23 implement language that says, "I have a hundred beds and I
24 want to increase by nine. Oh, by the way, I killed three

1 people. Can I still get my nine beds?"

2 MR. SULLIVAN: You can still get your nine
3 beds.

4 CHAIRMAN WAXMAN: And we can't stop that?

5 MR. BIBO: That's a licensure issue.

6 MR. PHILLIPPE: We are recommending changes
7 already before this. I would think this would be another
8 change. I mean, it's coming more from -- not necessarily
9 from the industry or the people who are providers but from
10 others, seeing that that's recommendations they're thinking
11 we should consider. Is that what we're saying? Is that
12 possible?

13 MR. URSO: That's fine, but I think what Mike
14 is trying to explain and what we're trying to explain is
15 that the Board is not even aware of bed changes that fall
16 below that ten bed, twenty percent, and I think what we're
17 trying to say is once you hit the ten bed, twenty percent
18 threshold, then the Board gets involved, and once the Board
19 is involved, then we can implement what I tried to say in
20 Section 6 here, which talks about they can look at the
21 background and the character and the capabilities of that
22 individual. Correct?

23 MR. BIBO: Right.

24 MR. CONSTANTINO: That's all correct, yes.

1 MR. URSO: We could do that, because the Board
2 then has the statutory authority to somehow respond to that
3 request. But there are going to be things that people will
4 not request because it's not necessary for them to do so,
5 and that's when you get below the ten beds and below the
6 twenty percent.

7 MR. PHILLIPPE: I see.

8 MR. URSO: That could be happening all day,
9 every day. The Board doesn't know about it, unless the
10 people are kind enough to notify us, and then we'll know
11 about it.

12 MR. CONSTANTINO: We get bed requests every
13 day for someone to increase their beds at a nursing home,
14 and we just process them, and if they haven't had a change
15 in two years, we approve it.

16 MR. URSO: And that's more for inventory
17 control so we can make sure we've got accurate inventory
18 numbers.

19 MS. MITZEN: It doesn't come here, it doesn't
20 come to the Board?

21 MR. URSO: It doesn't come to the
22 consideration of the full Board.

23 MR. CONSTANTINO: The Mother Board.

24 CHAIRMAN WAXMAN: So, we need to move on.

1 Unfortunately, it's a very, very valid point. We just
2 can't --

3 MR. SULLIVAN: It is a good point.

4 CHAIRMAN WAXMAN: We somehow just can't get
5 to it right now.

6 MR. URSO: You can get to it if you want to
7 say once you meet that threshold, we want the Board to take
8 a special look at the character, background and fitness
9 that the Board already has the authority to do.

10 MS. MITZEN: But this is under the threshold
11 that we're concerned about, that under the threshold, there
12 is no mechanism either through the Board or through public
13 health.

14 MR. SCAVOTTO: No, no, no, don't go there
15 because IDPH -- the Licensing Act can be all over them.

16 MS. MITZEN: Okay. So there is a check?

17 MR. SCAVOTTO: Their life can be really
18 miserable.

19 MR. URSO: Let me say this: This Board can
20 make a recommendation -- this Committee can make a
21 recommendation that maybe that threshold is too high and,
22 therefore, then you get to somebody who wants to change
23 beds that are at five beds and ten percent rather than ten
24 beds and twenty percent. I mean, suppose that this

1 Committee could make that recommendation, but that would
2 have to be a statutory recommendation.

3 MS. MITZEN: How often does this happen?

4 MR. SCAVOTTO: IDPH getting all over them?

5 (Laughter)

6 MS. MITZEN: No, the requests for the twenty
7 percent or --

8 MR. CONSTANTINO: Almost every day.

9 MS. MITZEN: You get requests for --

10 MR. PHILLIPPE: For less than the ten percent?

11 MR. CONSTANTINO: Yes.

12 MR. PHILLIPPE: People keep it under the
13 threshold because it's expensive over the threshold.
14 That's the practical issue.

15 MS. MITZEN: So, would there be a reason for
16 us to then lower that threshold, a rationale?

17 CHAIRMAN WAXMAN: Michael?

18 MR. CONSTANTINO: It used to be ten, ten beds
19 or ten percent, and the Hospital Association wanted twenty
20 beds. Nursing care went along with that, even though it
21 was a hospital recommendation. So, they took advantage of
22 the hospital recommendation.

23 MR. SULLIVAN: Because it applied to the
24 long-term care.

1 (Laughter)

2 CHAIRMAN WAXMAN: I think at this point,
3 because time -- I think we should come back to this issue
4 later on and address it again.

5 MS. MITZEN: I would like to see this on a
6 parking lot for us to have a longer conversation about it.

7 CHAIRMAN WAXMAN: Absolutely, and it will be
8 in the transcript, but I think it's a point well taken. We
9 just have to figure out how to address it.

10 Mike, you're ready for a new section?

11 MR. CONSTANTINO: I'm on the next page, and
12 the Court Reporter needs a break.

13 CHAIRMAN WAXMAN: I was going to say, can we
14 take a ten-minute break and get lunches passed out and
15 start again? It's a working lunch, in case we forgot to
16 tell you.

17 (Recess)

18 CHAIRMAN WAXMAN: Can we verify that we still
19 have a quorum?

20 MR. CONSTANTINO: Can those on the conference
21 call tell us their name, please?

22 MS. HANDLER: Carolyn.

23 MR. CONSTANTINO: Okay. Anyone else there?

24 MS. BERMAN: Claire.

1 MR. CONSTANTINO: Okay.

2 MR. DART: Bill Dart.

3 MR. CONSTANTINO: Okay.

4 MR. LAVIN: John Lavin still here.

5 MR. CONSTANTINO: Anybody else?

6 MR. VINKLER: David Vinkler. Did you get
7 that?

8 MR. CONSTANTINO: Yeah, we got that. Thanks,
9 David.

10 MR. WAXMAN: At this point, I'd like to do two
11 things -- I'd like to do three things probably. I think
12 this is probably one of our most productive meetings. I
13 think it's gone very well. Thank you, Staff, for
14 participating. I think we're making progress.

15 Two, I think for sake of giving people some
16 ability to plan and travel on a Friday afternoon, I think
17 I'd like to say that we end about no later than three
18 o'clock, if that's, again, permissible and agreeable with
19 everybody and --

20 MR. URSO: No.

21 MS. AMIANO: The meeting was only planned
22 until two, so I have other obligations.

23 CHAIRMAN WAXMAN: Okay. We'll end as close to
24 two o'clock as possible. And do we have a next date?

1 MS. AVERY: Yes, March 4th.

2 CHAIRMAN WAXMAN: Which is not that far away.

3 (Discussion held off the record.)

4 CHAIRMAN WAXMAN: Mike, continue on.

5 Does anyone want to say anything? You don't
6 have to believe what I said. You're certainly welcome to
7 disagree or make comments or do whatever you like.

8 MR. SULLIVAN: I've said it to both Frank and
9 Mike, but I am very impressed with the careful study they
10 gave to the existing Rules and to the association proposal
11 and how detailed they went after it and pulled it together.
12 I am very impressed with the work that Mike and Frank and
13 Claire have done in pulling together both the opinions of
14 the Subcommittee and the Rules, the existing Rules, and the
15 association proposal and tried to strike the best balance
16 that they could within the confines of the statute and the
17 Regulations and all of our opinions. Not an easy task.

18 CHAIRMAN WAXMAN: I totally agree with you.
19 I would also like to thank the Court Reporter for putting
20 up with some trying conditions.

21 Mike, please, I think we're on page 47 or
22 something.

23 (Laughter)

24 MR. CONSTANTINO: Claire, I want to take a

1 minute. Do you have any comments to make?

2 MS. BERMAN: No. I'm just going to listen and
3 see what the Subcommittee wishes to do with the draft, and
4 then I can make any revisions that they feel are necessary.
5 I wish I could hear a little bit better, because then I
6 could start on it sooner than when I get the transcript,
7 but, you know, we'll work with whatever comes up. And
8 thanks for making the presentation, Mike.

9 MR. CONSTANTINO: Okay.

10 CHAIRMAN WAXMAN: I believe we're on page 9.

11 MR. FOLEY: Page 8, aren't we still, because I
12 have questions on page 8.

13 MR. CONSTANTINO: Okay. We had left off with
14 change in bed count. Any other questions on page 8?

15 MR. FOLEY: On page 8, "Charity Care" as it
16 relates to nursing home, which I still don't believe that
17 it does. I think this should be one of those instances
18 where it should be labeled for hospitals, surgery centers,
19 whatever you want to do with it, but I don't think it's
20 related to nursing homes in any way, shape or form.

21 Terry?

22 MR. SULLIVAN: I would say that the sense of
23 the Legislative Task Force was that the concept of charity
24 care remain applying to both hospitals and long-term care.

1 It's never been defined. "Not being paid by a third-party
2 payer" could very well mean Medicaid, as far as we're
3 concerned.

4 (Laughter)

5 MR. FOLEY: But they don't use that as part of
6 "charity care" in their definition.

7 MR. SULLIVAN: Except it's never been clearly
8 defined. But I don't think we can just throw it out
9 without irritating some of the key people who are involved
10 in the process in the Legislature. It would go against
11 what -- the issue was brought up, discussed, the Task Force
12 definitely wanted to continue the concept.

13 MR. FOLEY: This is definitely one of those
14 things that we should asterisk for future discussion then.

15 MR. SULLIVAN: I would agree.

16 CHAIRMAN WAXMAN: Any other questions on page
17 8 for Mike?

18 MR. FOLEY: I have another one, if I may.
19 "Clinical Service Area", Terry, refer to you and Judy. I
20 know at one point in time there was a lot of discussions on
21 there as to the applicability for long-term care. Right
22 now we have to separate out the square footage and what
23 have you, dollar figures and what have you, for clinical
24 services versus non-clinical services, and, again, I think

1 this is one of the areas where it's just -- really and
2 truly was originally intended for hospitals. I'm still
3 trying to play in my mind how does that really work for
4 long-term care, because we really don't have, quote,
5 clinical areas.

6 MR. SULLIVAN: We have a lot of clinical
7 areas, but it doesn't get separated out in the application.

8 MR. FOLEY: Well, we do separate it out in the
9 application.

10 MR. SULLIVAN: But it's not evaluated
11 separately.

12 MR. FOLEY: Yes, and I guess my question here
13 to anybody would be, basically, we separate it out; what do
14 we do with it?

15 MR. SULLIVAN: Doesn't mean a thing.

16 MR. SCAVOTTO: So you separate it out. What
17 do you know now that you didn't know then?

18 MR. FOLEY: Then why do we do it at all,
19 because it is a pain to do, and I think that was our
20 concern with the association, was it not?

21 MR. SULLIVAN: Oh, yeah. The whole square
22 footage thing and breaking down by department areas and
23 service areas is irrelevant to --

24 MR. FOLEY: It's relevant -- you've got to

1 appreciate the State, where they're coming from, and that
2 obviously today they don't have the staff or the time, but
3 the original intent and purpose was to give a breakdown in
4 square footage by department area so we could keep a list
5 of all of this for future reviews. But that is not being
6 done today, or is it, Michael?

7 MR. CONSTANTINO: The purpose -- our
8 jurisdiction is only related to clinical --

9 MR. FOLEY: That is correct.

10 MR. CONSTANTINO: -- by statute, and since
11 your long-term care is part of our jurisdiction, that's why
12 we do it in the application. That's the only reason.

13 MR. SULLIVAN: Clinical service area is
14 defined in the statute, although, again, it doesn't apply
15 to long-term care. I hear Chuck saying this is another
16 thing that probably doesn't need to be in our -- in the
17 1125 section at all, the whole definition.

18 MR. SCAVOTTO: Is there a metric that applies
19 for your review, Mike, like gross square feet per bed?

20 MR. CONSTANTINO: Yes.

21 MR. SCAVOTTO: If that's the metric that
22 they're using, why don't you focus on it?

23 MR. SULLIVAN: Yeah, but when we get to square
24 footage that's going to come up, how relevant that is.

1 MR. FOLEY: Well, the cost per square foot
2 obviously is relevant.

3 MR. SULLIVAN: The cost of the project is.

4 MR. SCAVOTTO: Let's stick to the issue.

5 MR. FOLEY: We'll stick to this one issue and
6 we'll come to this one later.

7 MR. PHILLIPPE: So, to summarize what you're
8 saying is, it's not really relevant in long-term care, and
9 if it doesn't have any reason -- if we're trying to be
10 consistent with our long, first discussion, we could
11 recommend that this be taken out, because --

12 MR. FOLEY: Or just used for hospitals only.

13 MR. PHILLIPPE: Is that what you're saying?

14 CHAIRMAN WAXMAN: Mike your opinion on
15 whether it can be taken out?

16 MR. CONSTANTINO: The reason it's in here is
17 because we only have jurisdiction over clinical, and that's
18 by statute. So, again, we rely upon the statute to direct
19 us. That's how this -- that's why this was put here,
20 because we only have that jurisdiction.

21 CHAIRMAN WAXMAN: So we can't take it out.

22 MR. PHILLIPPE: The total long-term care
23 project is clinical, so that's how you define it?

24 MR. CONSTANTINO: Yes.

1 MR. FOLEY: Well, there's a question to that.
2 Go ahead, Terry.

3 MR. SULLIVAN: But, you have jurisdiction over
4 the projects, over the application. Having a sub-category
5 of "clinical", again, I don't think is relevant to -- from
6 the statute, the market and business of long-term care. I
7 don't think we need this definition at all, and I don't
8 think it undermines or takes away any of the authority of
9 the Planning Board.

10 CHAIRMAN WAXMAN: If someone wants to make a
11 motion that we recommend that this definition be removed --

12 MS. AMIANO: Then you would also have to
13 remove the next definition.

14 CHAIRMAN WAXMAN: "Combined Service Area
15 Project"?

16 MS. AMIANO: And then you would have to change
17 the application, because in the application you're
18 delineating out space by clinical versus non clinical,
19 you've got cost per square foot and clinical versus
20 non-clinical.

21 MR. SULLIVAN: That's exactly the point.

22 MS. AMIANO: I'm just saying there's a domino
23 effect here.

24 MR. CONSTANTINO: And the reason that's being

1 done is because of the statute -- we've deviating from the
2 statute.

3 CHAIRMAN WAXMAN: It sounds like in order to
4 keep him in compliance with the statute, we need to leave
5 these definitions alone.

6 MR. URSO: Could I just ask a question? Does
7 it hurt that it's in there? What's the impact of keeping
8 these definitions in there? It's the law. Okay? It's
9 consistent with other definitions throughout the Board's
10 Rules. What's the down side of leaving it in there,
11 especially since it's part of the statute?

12 MR. SCAVOTTO: From a practical standpoint, I
13 would say that you're right. It's one of those things that
14 is not going to make a whole lot of difference. From the
15 standpoint of filling out your application, you ought to
16 tell us. Long-term care just fill out clinical. If you
17 look at your application, the implication is you've got to
18 split clinical and non-clinical, and that's a rule that you
19 can do on your own. That's the procedure you can do to
20 make life easier.

21 MR. FOLEY: In the application form.

22 MR. URSO: And I think the Committee can get
23 to that. I think they can get to the application, because
24 that's sort of the review process, so to speak. If the

1 Committee wants to make recommendations on the application,
2 that's legitimate territory to make recommendations about.

3 MR. CONSTANTINO: The reason we ask for the
4 clinical and non-clinical on the application is because we
5 look at anything over six and a half million dollars. So,
6 if we get a project to establish a nursing care home that
7 is over six and a half million dollars and we can only
8 review the clinical portion of that, we have to have that
9 separated out. I can only review the clinical portion.
10 You put an item on, a non-clinical portion, I don't look at
11 it. That's how that statute reads or how we're reading.
12 You are required to come before us if you have six and a
13 half million dollars and you're establishing a facility.
14 So, you have to come before us, so I need you to break out
15 the clinical portion.

16 MR. SCAVOTTO: I think that's exactly what I'm
17 saying. You need the clinical portion, here it is, but
18 why --

19 MR. CONSTANTINO: But I've got to make an
20 argument to the Board that you're over that threshold,
21 that's why you're in here to see us. Even though you're
22 establishing the service, I need the total project cost.
23 Do you see what I'm saying?

24 MR. SCAVOTTO: No. Why can't you have the

1 total project cost? You can.

2 MR. CONSTANTINO: Okay. I've got to make that
3 number agree -- I can't just have a clinical portion at
4 four million and the total project cost at six and a half
5 million. I've got to have something there.

6 MR. SCAVOTTO: What if -- what I heard the
7 conversation was that all of this stuff is --

8 CHAIRMAN WAXMAN: Mike, can you make sure
9 everybody is there because we're hearing --

10 MR. CONSTANTINO: Everyone still there?

11 (Discussion held off the record.)

12 CHAIRMAN WAXMAN: Okay. Go ahead, Mike. We
13 just needed to clarify that we have a quorum.

14 MR. SULLIVAN: So, would this definition apply
15 to a CCRC, the skilled nursing part is the clinical area
16 and the retirement center part is the.

17 MR. CONSTANTINO: We no longer look at any of
18 the independent living.

19 MR. SULLIVAN: That's not even part of the
20 project? Okay.

21 MR. PHILLIPPE: This matters a lot to you.

22 MR. CONSTANTINO: From our perspective, yes.

23 MR. PHILLIPPE: Does it matter to us?

24 MS. AMIANO: Zero.

1 CHAIRMAN WAXMAN: Can we move on?

2 MS. AMIANO: I think part of the point is
3 trying to create something new instead of constantly trying
4 to take the hospital and whittle it down. So we're having
5 difficulty doing that, frankly.

6 CHAIRMAN WAXMAN: So can we move on?

7 MS. AVERY: So, point of clarification. We're
8 no longer removing those two definitions?

9 CHAIRMAN WAXMAN: We are not. I think
10 there's some issues that we dealt with and more that are
11 coming that clearly we need to make the recommendation that
12 they don't impact us because they're hospital-related, but
13 I think we don't want to get into the nitty-gritty of
14 trying to make that distinction everywhere, all the time,
15 which I think is what Judy kind of just said.

16 MR. URSO: And more importantly, I think the
17 Legislature didn't say this only applies to a hospital. We
18 are -- this committee is thinking that this sentence or
19 these phrases or that clause isn't applicable here. Now,
20 maybe it is or maybe it isn't, but the Legislature didn't
21 make that distinction and the CON -- the Act was created
22 for healthcare facilities, and they define healthcare
23 facilities, and long-term care is one of those healthcare
24 facilities, and that's the only point I want to make, is

1 that I think we've got to be careful that we don't try to
2 step in the shoes of the Legislature and try to interpret
3 things that maybe we're not qualified to do. That's my
4 only point.

5 MR. CONSTANTINO: One thing, Mike. It's our
6 intent -- I assume it's our intent after these rules are
7 developed to develop an application specifically for
8 long-term care, which you all will be able to sign off on
9 and have input in it, similar to what we've done here.

10 CHAIRMAN WAXMAN: Perfect.

11 MS. MITZEN: I was just going to say that.

12 MR. SULLIVAN: And just a slight modification.
13 I think the Legislature and the Task Force in particular in
14 changing the Act did have the intent to say that there
15 would be a separate set of long-term care rules that
16 reflect that we are different from hospitals. I don't
17 think the Legislature gave deep thought into the rest of
18 the Act, of saying, "Well, that's a good point, this should
19 apply only." They didn't do that kind of review, but I
20 think their overall intent was to say, "Make sure the
21 models are separate."

22 MR. URSO: There is no doubt there is very
23 clear intent. There is very clear language. It's not even
24 intent anymore. There's very strong language that there

1 has to be long-term care rules.

2 MR. BIBO: Therefore, making recommendations
3 about some of the things that maybe they didn't pay
4 attention to is our role.

5 CHAIRMAN WAXMAN: Absolutely.

6 Mike, please, feel free to move on.

7 MR. CONSTANTINO: Okay. Any other questions
8 on page 8?

9 (Pause)

10 MR. CONSTANTINO: I would like to go back to
11 page 6 for a minute.

12 CHAIRMAN WAXMAN: Are you sure?

13 (Laughter)

14 MR. CONSTANTINO: This is a quick note.
15 Change of ownership, we no longer have jurisdiction over it
16 for long-term care facilities. It would be my
17 recommendation that we take that out, plus page 7. And I
18 discussed this with Frank.

19 I assumed you were in agreement with me?

20 MR. URSO: They still have to notify us.

21 MR. CONSTANTINO: Yes, just a notification
22 requirement, yes.

23 MR. URSO: So, if you've got a new long-term
24 care player in the state and they had a change of ownership

1 that wasn't conversed about in all its history, they still
2 have to provide notification.

3 MR. LAVIN: From where would the change of
4 ownership come?

5 MR. CONSTANTINO: Mr. Lavin, you would have to
6 notify us of a change of ownership.

7 MR. LAVIN: If it's not in your jurisdiction,
8 who has jurisdiction?

9 MR. CONSTANTINO: Licensure.

10 MR. LAVIN: Professional Regulations?

11 MR. CONSTANTINO: No, no, IDPH Licensure,
12 Illinois Department of Public Health Licensure.

13 MR. URSO: So my thinking is -- and it's up to
14 this committee, but my thinking is you might want to keep
15 that term in there, because it still has some applicability
16 in terms of notification.

17 CHAIRMAN WAXMAN: So we're not changing that.
18 Moving on. Page 9.

19 MR. LAVIN: Would that have any bearing on the
20 transfer of beds and things like that?

21 MR. CONSTANTINO: No.

22 Page 9.

23 MS. AMIANO: I have at the bottom of page 9 --
24 and this is under "Construction or Modification". It

1 actually flows over to 10, so sorry if I'm skipping
2 forward. Where it's talking about "on behalf of a
3 healthcare facility for the construction or modification of
4 a facility licensed under the Assisted Living or Shared
5 Housing Act". Because these documents are really only
6 about skilled nursing, since we did a dot-dot-dot before
7 and we excluded certain language, my recommendation would
8 be to exclude "assisted living" on this as well.

9 MR. SULLIVAN: It says assisted living should
10 be excluded. It's clarifying, in case anybody wants to
11 say, "What about assisted living?" The Act is saying
12 assisted living is out, shall be excluded from any
13 obligations under the Act. I think you might want it in.

14 MS. AMIANO: I didn't read far enough. Okay.
15 Thank you. Sorry.

16 CHAIRMAN WAXMAN: Anything else on page 9,
17 heading into 10?

18 (Pause)

19 MR. CONSTANTINO: Any questions on page 10?

20 (Pause)

21 CHAIRMAN WAXMAN: I think we just set a time
22 record for a page.

23 MR. CONSTANTINO: Page 11?

24 (Pause)

1 MR. CONSTANTINO: Page 12?

2 (Pause).

3 MS. AMIANO: We're talking on page 12 in red
4 about "the initiation of a category of service as defined
5 by the Board", and "category of service" is not currently
6 defined in the definitions, so I'm just asking for a
7 clarification on what that means.

8 MR. CONSTANTINO: For long-term care it means
9 establishment of skilled care, and that includes
10 intermediate care and ICF/DD. We can include a category --
11 the definition of "a category of service".

12 MR. URSO: Would that be -- would you like to
13 make that recommendation, that we should have that
14 definition?

15 MS. AMIANO: I'm just asking for personal
16 edification.

17 MR. FOLEY: The way the category of service
18 phrase is called under general long-term care, that's the
19 category of service under general long-term care.
20 Obviously we have nursing care, which Mike says includes
21 both skilled and intermediate care. But general long-term
22 care is a category of service, and that's still in the
23 Rules.

24 MR. CONSTANTINO: And there's specialized

1 long-term care.

2 MR. FOLEY: And specialized. Thank you,
3 Michael, you're right.

4 MR. CONSTANTINO: That's including ICF/DD.

5 MS. AMIANO: General long-term care is not
6 defined in these definitions.

7 CHAIRMAN WAXMAN: Judy, do you wish to make a
8 motion that that definition is to be included?

9 MS. AMIANO: I make a motion that "category of
10 service" needs to be defined.

11 CHAIRMAN WAXMAN: Need a second.

12 MR. SCAVOTTO: Second.

13 CHAIRMAN WAXMAN: All in favor?

14 (Ayes heard)

15 CHAIRMAN WAXMAN: Any opposed?

16 (Pause)

17 CHAIRMAN WAXMAN: Motion carries. Definition
18 of -- whatever it was -- "category of service" be included
19 in the document.

20 MR. LAVIN: I'm wondering is there a
21 definition of category of care? Let me put it this way:
22 Should we have a definition of category of care?

23 MR. CONSTANTINO: Yeah, Judy make a
24 recommendation that we include that, so we're going to

1 previous a definition for your review.

2 MR. LAVIN: Okay. It's real hard to hear who
3 is talking there and you probably have similar problems.
4 I'm sorry.

5 MR. CONSTANTINO: No, that's our fault, John.
6 We should have done a better job.

7 MR. PHILLIPPE: I've been on the end of phone
8 calls before, and I would hate to have us get down the road
9 and people say, "Well, I was on the call and I never heard
10 this motion. Should we be more clear that people are
11 voting?"

12 MR. URSO: Should we clarify that now?

13 MR. CONSTANTINO: A motion was put forward by
14 Judy, recommending that we define "category of service".
15 All there on the conference call, are you in favor of that?

16 MR. LAVIN: Yeah.

17 MR. CONSTANTINO: Anyone else there?

18 (Pause)

19 MR. URSO: Let's take attendance of who is on
20 the phone.

21 MR. CONSTANTINO: Could we have -- those on
22 the conference call, could we have -- could you please call
23 in and tell us who is there?

24 Mr. Lavin, are you there?

1 MR. LAVIN: I'm here.

2 MR. CONSTANTINO: Carolyn, are you there?

3 (Pause)

4 MS. BERMAN: Claire.

5 MS. DODGEN: Laurinda.

6 MR. CONSTANTINO: All right.

7 MR. DART: Bill is still here.

8 MR. VINKLER: Dave is still here.

9 MR. CONSTANTINO: Carolyn, are you there?

10 (Pause)

11 CHAIRMAN WAXMAN: We just lost a quorum.

12 MS. AVERY: Frank, let me ask this. I

13 mentioned to the Chairman, in some boards that I sit on,
14 once you start with a quorum, you have a quorum throughout
15 that meeting, whether people are still there or not. The
16 point is to start with a quorum. Is it specified here?

17 MR. URSO: You need to maintain your quorum.

18 MS. AVERY: Maybe we can find out where
19 Carolyn is.

20 MR. URSO: Can we make a phone call to her.
21 Maybe she got disconnected.

22 CHAIRMAN WAXMAN: Or maybe she's talking and
23 we can't hear her.

24 (Discussion held off the record.)

1 MS. HANDLER: I'm back on.

2 CHAIRMAN WAXMAN: Would someone like to make
3 a motion that someone who is sitting in has quorum rights
4 but not voting rights?

5 MR. PHILLIPPE: So move.

6 MS. AVERY: Let me ask for clarification on
7 process. If we make the recommendation now, Frank, it does
8 not have to go to the Board to approve the change in this?

9 MR. URSO: A change in the bylaws?

10 MS. AVERY: Yes. So we can make that
11 recommendation now, but doesn't it have to go to the
12 Planning Board.

13 CHAIRMAN WAXMAN: To the Mother Board?

14 MR. URSO: I don't think the bylaws -- these
15 are bylaws just that govern the procedures and operations
16 of this Subcommittee, and the original bylaws, I do not
17 believe -- unless we share them with the Board, I don't
18 believe they need action from the Board, and I don't know
19 why they would.

20 MR. SCAVOTTO: Can we amend them?

21 MR. URSO: Oh, yes.

22 MS. AVERY: Is this on page 7, "Any member of
23 the subcommittee may designate a voting substitute for no
24 more than two meetings in a calendar year by notifying the

1 Subcommittee chair person in writing"?

2 CHAIRMAN WAXMAN: Said "voting"?

3 MR. URSO: What are you reading from?

4 MS. AVERY: From the Rules, 1125 Long-Term
5 Care Facility Planning Rules. Where did I get these rules
6 from?

7 MR. URSO: We don't have any 1125 Rules
8 promulgated.

9 MR. CONSTANTINO: That's the associations' --

10 MR. SULLIVAN: I think she's referencing a
11 very credible source.

12 (Laughter)

13 MR. URSO: Unfortunately, that is not law.

14 MS. AVERY: How about we table it and Frank
15 and I do some research on it and Mike.

16 CHAIRMAN WAXMAN: That's fine.

17 MS. AVERY: We'll research it and get it done.
18 So let's get this part done now.

19 CHAIRMAN WAXMAN: I think what we're hearing
20 is that the desire is that substitutes or fill-in's or
21 appointees can be the quorum but not voting rights.

22 MR. URSO: That's what I'm hearing.

23 CHAIRMAN WAXMAN: Research it for us, bring
24 it back, but I think that's what this group is saying, that

1 we would like the people representing members to be part of
2 the quorum but not voting rights.

3 MR. SULLIVAN: And how about the follow-up
4 question? Is it only the Sub-committee's bylaws that say a
5 substitute can't vote, or is there something in law or
6 Regulation that says -- I'm on the Public Health Advisory
7 meeting, and the substitute is allowed to vote.

8 MR. URSO: That was the by-law that was placed
9 before this Committee and they approved it.

10 CHAIRMAN WAXMAN: But voting isn't that
11 important because -- I mean, everyone's vote is important.
12 However, if we got the quorum, then majority of that is
13 going to pass. So, we just need to make sure we have the
14 quorum; otherwise we do not work.

15 MR. SCAVOTTO: How about the broader question,
16 though? Once you have a quorum, Frank, you're saying you
17 can lose the quorum?

18 MR. URSO: You can lose the quorum.

19 MR. SCAVOTTO: Do we have any flexibility
20 about that?

21 MR. URSO: I don't think so. We can check on
22 it.

23 MR. SCAVOTTO: Okay.

24 MR. SULLIVAN: Legislature does it all the

1 time. They all show up for committee and then disappear.

2 CHAIRMAN WAXMAN: How about Wisconsin? They
3 just got on a bus and drove away.

4 (Laughter)

5 CHAIRMAN WAXMAN: Thank you, everyone on the
6 phone, for bearing with us while we did some housekeeping.

7 Mike, would you like to continue?

8 MR. CONSTANTINO: Any other questions on page
9 12?

10 (Pause)

11 MR. CONSTANTINO: Page 13?

12 (Pause)

13 MR. SULLIVAN: I'm sorry. Back to 12,
14 "Estimated Project Cost" or "Project Costs", all of this
15 is -- none of this is statutory. All of this is
16 regulatory. A lot of the shopping list here applies to the
17 hospital construction. I know in the definition that we
18 gave we put a period after "necessary to complete the
19 project" without getting into the details and, again, this
20 is an awful lot -- this is quite the shopping list. I
21 would suggest that it's not necessary for a long-term care
22 project. I like simplicity.

23 MR. CONSTANTINO: My concern is that I would
24 hate to get an application with different types of

1 itemization and it's not in a regular format for all
2 applicants, and it would make it very difficult for the
3 Board, the Mother Board, to do an adequate review, in my
4 opinion, and that's why we inserted this -- these line
5 items here, so we would have similar items for the Board to
6 review for all projects.

7 MR. SCAVOTTO: Why wouldn't these line items
8 apply to the long-term care project?

9 MS. AMIANO: Well, particularly your capital
10 equipment included in construction, your capital equipment
11 not in construction, those based on capital needs that
12 would meet any kind of threshold of importance as it
13 relates to the total cost of the project.

14 MR. CONSTANTINO: You don't capitalize beds
15 when you do construction project, as part of the
16 construction project?

17 CHAIRMAN WAXMAN: Can this issue be addressed
18 when we have the review of the application?

19 MR. FOLEY: Plus, there are standards also in
20 terms of costs per square foot under the financials where
21 you need a construction cost, plus a contingency -- what
22 else is there, Mike -- standards for cite survey and soil
23 investigation, there is a standard for that, architect fees
24 there's a standard for that.

1 MR. CONSTANTINO: Site prep, pre-planning.

2 MR. SULLIVAN: Okay. We withdraw -- I
3 withdraw.

4 CHAIRMAN WAXMAN: Okay. I was going to say
5 what's this we bit?

6 (Laughter)

7 CHAIRMAN WAXMAN: Mike, please continue.

8 MR. CONSTANTINO: Page 13?

9 (Pause)

10 MR. CONSTANTINO: Page 14?

11 (Pause)

12 MR. CONSTANTINO: Page 15?

13 (Pause)

14 MR. CONSTANTINO: Page 16?

15 (Pause)

16 MR. CONSTANTINO: Page 17?

17 MS. AMIANO: If we could go back to 15 again,
18 the "Major Medical Equipment", it doesn't harm anything,
19 but it's not really applicable, because we're talking about
20 clinical laboratories.

21 MR. FOLEY: She's right.

22 MR. CONSTANTINO: What's happened with that
23 again in regards to the statute, the new statute defines
24 major medical equipment per -- as an applicant issue. So

1 we have a major medical equipment cost number for you at
2 six and a half million dollars. We just had the discussion
3 this week again about how that is being defined, and that
4 is why this language is in here, Judy, because the new
5 statute, the new changes to the statute defined it by
6 applicant.

7 MS. AMIANO: And for "skilled", it would be --
8 what was that number again?

9 MR. CONSTANTINO: Just a fraction over six and
10 a half million dollars, even though you never hit that, I
11 know.

12 MS. AMIANO: It just seems we sure make things
13 harder than they need to be, as a practical matter.

14 MR. URSO: I think he's trying to be
15 consistent.

16 CHAIRMAN WAXMAN: Welcome to Illinois.

17 MS. AMIANO: We appreciate you setting the
18 threshold high.

19 MR. CONSTANTINO: I had nothing to do with it.

20 MS. AMIANO: Take the credit and run.

21 MR. URSO: Should we lower it?

22 MS. AMIANO: No.

23 MR. PHILLIPPE: I think it's good the way it
24 is. We can move on.

1 MR. SCAVOTTO: They don't have major medical
2 equipment in long-term care.

3 MR. CONSTANTINO: Page 18?

4 (Pause)

5 MR. CONSTANTINO: Page 19?

6 (Pause)

7 MS. AMIANO: Could I ask back on 17? You're
8 defining "out-of-state facility", and this is with respect
9 to hospitals and am surg centers. Is this something that
10 is somehow frankly linked to something else? I mean, we've
11 got "or the Nursing Home Care Act" in there, but --

12 MR. LAVIN: I'm sorry. Are you on page 18?

13 MR. CONSTANTINO: We're on page 17,
14 "Out-of-state Facility". Judy has asked the question why
15 this needs to be in here.

16 MS. MITZEN: It doesn't seem to apply.

17 MR. PHILLIPPE: It says "a hospital or surgery
18 center".

19 MS. AMIANO: It says "not licensed under", so
20 therefore it doesn't apply.

21 MR. SCAVOTTO: How is it possible for any
22 consideration of those facilities to come under the Nursing
23 Home Care Act? It doesn't make sense.

24 MR. CONSTANTINO: I would agree. Probably

1 should not be here. Frank, what's your opinion?

2 MR. URSO: Doesn't look like it applies.

3 MS. AMIANO: I'd like to make a motion that we
4 strike "out-of-state facility" definition.

5 MR. BIBO: Second.

6 MR. CONSTANTINO: Judy has made a proposal to
7 strike "out-of-state facility" from the definition. All in
8 favor?

9 ("Ayes" heard)

10 CHAIRMAN WAXMAN: Any opposed?

11 (Pause)

12 CHAIRMAN WAXMAN: Motion carries. Thank you,
13 Judy.

14 MR. LAVIN: So what does that mean, what we
15 just did? We're not going to worry about a facility being
16 owned by somebody outside of Illinois?

17 MR. CONSTANTINO: As it's defined here, John,
18 we don't think it applies. It's how it's defined right
19 here, we don't think it's applicable.

20 MR. LAVIN: Okay.

21 MR. CONSTANTINO: Page 18.

22 MR. LAVIN: I had a question about "Related
23 Person".

24 MR. CONSTANTINO: Okay.

1 MR. LAVIN: My question is what does this
2 mean? How does a related person impact -- what does it
3 mean? How does it affect the way you do your job?

4 MR. SULLIVAN: Doesn't the application require
5 that the owner or the manager or the operator and related
6 persons be identified and they become part of the
7 background of the applicant? So "related person" is
8 defined here, so if I am part of a national chain and I own
9 two shares of a stock, they don't have to report me as a
10 related party. A related party is a significant
11 operational impact.

12 MS. MITZEN: It reads in a funny way. "Any
13 person that is at least 50 percent owned, directly or
14 indirectly" -- it's rather confusing.

15 MR. SULLIVAN: Mike didn't write it. It's
16 italicized.

17 MS. MITZEN: I think maybe that's rather
18 strange phrasing.

19 CHAIRMAN WAXMAN: It's old English.

20 MR. SULLIVAN: My wife owns more than fifty
21 percent of me.

22 (Laughter)

23 MR. SULLIVAN: And she's a related person.

24 MR. LAVIN: And this is by law that we deal

1 with related people?

2 MR. CONSTANTINO: Yeah, John, this is in our
3 statute.

4 MR. LAVIN: Okay.

5 CHAIRMAN WAXMAN: I agree, it is worded a
6 little weird, but I think the intent is pretty clear and
7 the need for it is pretty clear.

8 MR. SULLIVAN: And it applies to long-term
9 care.

10 CHAIRMAN WAXMAN: And it applies to long-term
11 care.

12 MS. AVERY: You mean, the term "related",
13 because when you think of related, you mean blood,
14 marriage. Or just the interest in the facility for
15 "related"?

16 MR. SULLIVAN: John, I think it may have
17 something to do with -- we can say "related parties", but a
18 corporation is a person under the law also, so that may
19 have something to do with the way it was written.

20 MR. CONSTANTINO: Is everyone still on the
21 conference call?

22 (Pause)

23 MR. CONSTANTINO: Page 20.

24 MS. AMIANO: I have a question. This goes

1 back to starting at 19, because this is under the
2 definition of "Substantially Changes the Scope or Changes
3 the Functional Operation of the Facility". So, moving over
4 to page 20 then, because this originally was talking about
5 adding or discontinuing, and then it seems to migrate over
6 into language about withdrawal or non-participation in
7 Medicare or Medicaid, charge information. I'm just not
8 certain about this. Is this from the time of the public
9 venue to the time of the application, or what is this,
10 Michael?

11 MR. CONSTANTINO: Okay.

12 MS. MITZEN: Judy, where are you?

13 MS. AMIANO: I'm on 19 and 20, under the
14 definition of "Substantially Changes the Scope or the
15 Functional Operation of the Facility".

16 MS. MITZEN: Okay.

17 MS. AMIANO: And I'm not sure how "scope or
18 functional operation" impacts us.

19 MR. CONSTANTINO: This language is directly in
20 the statute.

21 MS. AMIANO: Well, it's not italicized.

22 MR. CONSTANTINO: It should have been. It's
23 directly from the statute, "Substantially Changes Scope or
24 Changes the Functional Operation of a Facility, the

1 addition of a category of service as defined".

2 MS. AVERY: All of this should have been
3 italicized?

4 MR. CONSTANTINO: Yes, this is part of the
5 Statute. The addition of a category of service as defined
6 by the Board requires a permit. A discontinuation used to,
7 for a long-term category of service; it no longer does. A
8 change of a material representation made by an applicant in
9 an application for permit or exemption subsequent to
10 receipt of a permit that is relied upon by the Board in
11 making its decision would require another application for
12 permit. That's what we consider to be a substantial change
13 in scope or functional operation.

14 Then we go on to say material representations
15 are those that provide a factual basis for the issuance of
16 the permit, such as withdrawal from Medicare, Medicaid, or
17 charge information, requirements of variances, which is
18 very apropos for your group, what you've been proposing,
19 and we have had a number of nursing care facilities come
20 back to us and want to remove their -- the variances for
21 the CCRC variance, because there's a calculated need in the
22 area now, and that required a permit to do that. So that's
23 how we assume to be a substantial change that requires a
24 permit or exemption.

1 MR. BIBO: Mike, how -- I'm so curious.
2 Withdrawal of non-participation in Medicare and Medicaid
3 programs, if you're in the permit stage, you can't file for
4 Medicaid or Medicare at that stage, at that point.

5 MR. CONSTANTINO: Yes.

6 MR. BIBO: You can't file until after your
7 building is -- well, shortly before your building is ever
8 licensed. Your physical intermediary won't take any
9 applications at that point.

10 MR. CONSTANTINO: Once again, I think this
11 part would be more applicable to a hospital.

12 MS. AVERY: Is it not an existing facility, a
13 functional operation?

14 MR. CONSTANTINO: See what happens, it gets
15 confusing, because a hospital is a facility that is
16 operating, coming before us for another permit. They make
17 a representation to the Board that they're
18 Medicare/Medicaid certified, and during that process, until
19 the project is complete, they lose that certification. So,
20 that requires them to resubmit another permit to do what
21 they want to do.

22 MS. AVERY: Okay.

23 MR. SCAVOTTO: And that can happen in
24 long-term too.

1 MR. SULLIVAN: A number of facilities that may
2 have been serving Medicaid decide to stop serving Medicaid;
3 there is no cost factor, no beds, no modernization.
4 According to this, they would have to come before the
5 Planning Board to get permission to withdraw from Medicaid?

6 MR. CONSTANTINO: No. Once a CON is
7 completed, that's it. You don't have an outstanding
8 permit.

9 MS. AMIANO: So this applies only in the
10 permit phase?

11 MR. CONSTANTINO: Right, if you have an
12 outstanding permit, you lose Medicare or Medicaid
13 certification. That generally applies to a hospital,
14 because your threshold is so large we never see a
15 modernization project from long-term care anymore.

16 MR. PHILLIPPE: Just to understand the
17 process, question. I've attended Board meetings about
18 applications, and sometimes there was discussion about the
19 number of Medicaid beds because the intention to certify
20 Medicaid beds played a role in it being approved, it looked
21 like.

22 MR. CONSTANTINO: For long-term care?

23 MR. PHILLIPPE: For long term care, because
24 people might argue there's enough beds in the community but

1 not enough Medicaid beds. I've heard people making
2 comments like that in meetings like they were supporting
3 it, it sounded like, because there was a bed need for
4 Medicaid. But, really, you can actually get the CON and
5 when you're done, you can decertify Medicaid.

6 MS. AMIANO: Well, you never have the
7 certification if you're building --

8 MR. PHILLIPPE: Because you never had it ahead
9 of time, but if there was an intention, that was mentioned,
10 that was a part of the approval process. Right.

11 MR. CONSTANTINO: If that permit is closed
12 out, we have no more jurisdiction.

13 MR. PHILLIPPE: Interesting.

14 MR. FOLEY: Assurances.

15 MR. CONSTANTINO: We require assurances, but
16 our current process, we do not look at need for Medicaid.
17 We look at need for licensed beds only.

18 MR. PHILLIPPE: But at the discussion at the
19 board level, they seem to talk about that.

20 MR. CONSTANTINO: I agree fully.

21 MR. PHILLIPPE: It's a major issue, as I can
22 see.

23 MR. SCAVOTTO: One of the purposes in the law,
24 I would think.

1 MR. CONSTANTINO: We only do a need
2 calculation based upon licensed beds, not Medicaid beds.

3 MR. FOLEY: But later on in here, we talk
4 about the variances. I think the issue does, in fact, come
5 up, because if somebody is going to try to -- wants to
6 build a new facility because there's a lack of Medicaid
7 beds, he's making that claim, that's going to be part of
8 the new Rules here so I'm assuming that would hold true,
9 wouldn't it, Mike?

10 MR. CONSTANTINO: We have applicants who make
11 that claim in their application, that there's a need for
12 Medicaid beds. However, we review it based upon the
13 licensed number of beds they're asking for, not just on
14 Medicaid beds.

15 MR. PHILLIPPE: So there's a difference
16 between the real process and the board discussion.

17 MR. CONSTANTINO: The Board can ask anything
18 they want.

19 MR. URSO: There's a strong emphasis on safety
20 net services and those kinds of issues. So -- they look at
21 charity care. So, I mean there's intermingling of terms
22 and concepts. I think that's why you hear some of these
23 discussions.

24 CHAIRMAN WAXMAN: Mike?

1 MR. SCAVOTTO: Would you explain what you mean
2 by "charge information"? It seems to me that that is
3 sufficiently vague to mean anything.

4 MR. CONSTANTINO: We take it to mean, as it's
5 applied to an ambulatory surgical treatment center, their
6 surgery charges, and that is the only place we ask for that
7 information in the application. We do not ask it for
8 hospitals, we do not ask it for long-term care. So it's
9 really ASTC's only.

10 MR. FOLEY: So the application form later on
11 will correct that?

12 MR. BIBO: Just as a point, though, and sort
13 of underlining much of the discussion here about how this
14 isn't a hospital, the fact that it's in the statute or in
15 these Rules makes it that you could -- I mean, you may not
16 be asking currently on your application, but you could go
17 back and next week revise your application and put it in
18 because you have it in here.

19 MR. CONSTANTINO: Well, it's my opinion, and
20 I've never --

21 MR. BIBO: Not that you're going to, Mike.

22 MR. CONSTANTINO: No, no, no. I think now,
23 since this Committee has been established, that anything to
24 do with long-term care, we would have to bring it to this

1 Committee. Now, that's my personal opinion. Maybe I'm way
2 off base, but something like an application for long-term
3 care -- I don't know. I haven't talked to Courtney or
4 Frank about this. Maybe I should have. That if we wanted
5 to change the application, we would now have to bring it
6 back to your Committee first and then get approval from the
7 Mother Board, and for all applications we get approval from
8 the Mother Board to go forward with it.

9 CHAIRMAN WAXMAN: We are going to review the
10 application process.

11 MR. BIBO: Okay. As long as we have that
12 understanding.

13 MR. CONSTANTINO: Do you feel that way, Frank?
14 Maybe you want time to research that. I shouldn't be
15 throwing that at you, but --

16 MR. URSO: No, I believe that the application
17 process is part of the review process and part of this
18 whole concept that I think this Committee should be looking
19 at when you take a look at the authority for this
20 Subcommittee under Section 15 of the Act.

21 MS. AVERY: And if something here will trigger
22 a change there, it only seems logical to do it to make it
23 consistent.

24 MR. CONSTANTINO: Okay. Page 20?

1 (Pause)

2 MR. CONSTANTINO: Page 21?

3 MR. SULLIVAN: Question for Frank.

4 "Substantive Projects", C, a substantive project is a
5 project proposed -- this is from the statute, from the new
6 statute, "a change in the bed capacity of a healthcare
7 facility by an increase in the total number of beds or by a
8 redistribution of beds among various categories of service,
9 or by relocation of beds from one facility to another by
10 more than twenty beds or ten percent of the total
11 capacity." "Relocation" doesn't appear to have any
12 definition. It has to be a total facility. So, I could
13 relocate fifty beds from this location over to Tim's
14 location, it appears, by this definition. So, the
15 recycling program does have statutory back-up, if we
16 wanted -- if this Committee wanted to do that.

17 MR. URSO: Your point is well taken. I mean,
18 that's something we probably have to discuss and take a
19 look at.

20 CHAIRMAN WAXMAN: For clarification to all of
21 the members, do you want to define "recycling"?

22 MR. SULLIVAN: Recycling would be -- right now
23 the operating definition is that if you want to relocate,
24 you have to relocate an entire facility. This would

1 provide the opportunity to move thirty beds from one
2 facility to another facility without increasing any beds.
3 It would require a review and why it's being done and
4 background of applicant and the whole thing, but it does
5 allow the concept of a partial relocation, so that if I had
6 two hundred beds, I could go down to a hundred seventy, Tim
7 could go from a hundred twenty to a hundred fifty. It
8 would have to be reviewed, but it doesn't mean I would have
9 to shut down my facility.

10 CHAIRMAN WAXMAN: But he can't exceed twenty
11 percent. So he could go from one thirty to -- you can go
12 up by twenty-six beds.

13 MR. SULLIVAN: He would have to have it
14 reviewed. It would come before the Board. It's above ten
15 percent.

16 MR. PHILLIPPE: My understanding is that's not
17 been a past tradition.

18 MR. SULLIVAN: That's correct.

19 MR. PHILLIPPE: But if I have -- or even my
20 own facilities, so that I can say, "Well, I'll come to the
21 Board and make application. I want to move forty beds from
22 here to here." So it seems to be allowing for that
23 process. Does that -- that's what you're saying?

24 MR. URSO: That's what it seems. Mike or

1 Claire, I would like either of you folks to chime in.

2 MR. CONSTANTINO: No, I agree.

3 MR. URSO: Claire, do you have anything to say
4 in that regard?

5 MR. CONSTANTINO: Claire, do you have anything
6 to say?

7 MS. BERMAN: No. It seems to be moving along.
8 It may touch on the relocation, but it doesn't address the
9 sale of beds. There's no mention of an exchange of monies.

10 MR. URSO: I would suggest that you might want
11 to take a look at the finding of what "relocation" means in
12 this context. So --

13 MR. SULLIVAN: I'd be glad to submit a
14 definition of "relocation".

15 (Laughter)

16 CHAIRMAN WAXMAN: Are you saying that it
17 could imply that Home A could sell to Home B?

18 MR. SULLIVAN: Um-hum.

19 MR. BIBO: It's not restricted by this.
20 Relocation doesn't restrict the sale. It doesn't speak to
21 the sale issue, but it doesn't restrict from the sale of
22 Terry sells five beds to me.

23 CHAIRMAN WAXMAN: Is that talked about
24 anywhere else?

1 MR. SULLIVAN: Not in current rules.

2 CHAIRMAN WAXMAN: Okay. Mike -- Phyllis, did
3 you have your hand up?

4 MS. MITZEN: I'm not sure. Chuck raised a
5 question.

6 CHAIRMAN WAXMAN: Is Chuck making you talk
7 for him?

8 MS. MITZEN: Yes. Can you see? He's going
9 back to page 8 where, again, we're talking about the bed
10 count issue, the ten percent.

11 MR. FOLEY: I'm just trying to clear my mind
12 of what I'm missing.

13 MS. MITZEN: And how these two to relate to
14 one another.

15 MR. FOLEY: One says two-year period, one says
16 three-year period. What am I missing?

17 MR. CONSTANTINO: One says "more than" and the
18 other says "less than".

19 MR. SCAVOTTO: Whichever is less over a
20 three-year period, whichever is less over a two-year
21 period.

22 MR. SULLIVAN: I think it must be a typo.

23 MR. CONSTANTINO: By more than twenty beds or
24 more than ten percent, whichever is less, over a three-year

1 period would be classified as a substantive project and
2 would require a permit.

3 MR. URSO: According to the Act, that's a
4 mistake in C.

5 CHAIRMAN WAXMAN: So it should be two-year.

6 MR. URSO: According to Section 12 in the Act,
7 that should be over a two-year period.

8 Claire, do you see that? Can you verify what
9 I just said?

10 MS. BERMAN: I see that.

11 MR. CONSTANTINO: Is that two years or three?

12 MS. BERMAN: Should be two years.

13 MR. SULLIVAN: Yeah, it's a typo.

14 MR. PHILLIPPE: Could I ask a clarifying
15 question, because I was the one that asked about this
16 before. It's curious to me. Say I have a three hundred
17 bed building or two hundred beds. So I can move twenty
18 beds. Okay. And I'm moving them to a thirty-bed building
19 in a CCRC. So, I can move twenty beds from here -- it
20 seems to imply that the percentage is based on the
21 original -- to a building that only has thirty right now
22 and still be -- or nineteen, whatever, and still be under
23 the official bed count. Is that what it seems to be
24 saying?

1 MR. SULLIVAN: You can -- on the building that
2 you were going to move beds to, you can increase --

3 MR. PHILLIPPE: It doesn't say that. It looks
4 like the definition is focused on the original.

5 MR. SCAVOTTO: The originating facility.

6 MR. PHILLIPPE: Right, that's what it looks
7 like to me.

8 MR. SCAVOTTO: So what are you saying, Tim,
9 move twenty beds to a CCRC, a different license category?

10 MR. PHILLIPPE: It's not a big deal to
11 everybody, but there are places that are small that want to
12 grow.

13 CHAIRMAN WAXMAN: So is it ten percent of the
14 receiving facility or the sending facility? That's the
15 question, right?

16 MR. URSO: Well, you have two transactions
17 there. You'd have a discontinuation of beds at Nursing
18 Home A.

19 CHAIRMAN WAXMAN: Okay. He can easily give up
20 his thirty beds.

21 MR. URSO: And the establishment of beds at
22 another facility, if that's what you're talking about.

23 MR. PHILLIPPE: So you're saying they're
24 defined separately? So, it might be twenty beds at the big

1 facility transferring it, but it May only -- the statute
2 will only cover ten beds where it's going.

3 MR. URSO: The Board would have to analyze the
4 discontinuation as one transaction, so to speak, and then
5 the additional beds for the establishment. Okay? So
6 that's the way they would view it.

7 MR. PHILLIPPE: Okay. Even in the letter,
8 when I just send the letter in, because it's under those
9 criteria?

10 MR. CONSTANTINO: Even just a letter. Ten
11 percent or twenty beds, whichever is less of your total bed
12 capacity.

13 MR. PHILLIPPE: It would apply to the building
14 it started with and the building it's going to.

15 MR. CONSTANTINO: Um-hum. You would tell us
16 you want to discontinue beds at one facility and add beds
17 to another facility.

18 MR. URSO: The Board doesn't say we've got a
19 pot of three hundred beds here and they want to discontinue
20 a hundred but then they want to all of a sudden establish
21 another facility. I mean, it's kind of like there's two
22 separate transactions.

23 MR. PHILLIPPE: I understand, but I think what
24 we're hoping -- or at least some of us are hoping -- is

1 that through some of this, we could move away from bed
2 need, like some states have done, and move more towards
3 moving beds around as an idea. People may not like that
4 idea, but it serves a need in some ways in terms of not
5 continuing to grow the bed capacity in the state in a part
6 of long-term care that doesn't seem to be needing to grow
7 long-term.

8 CHAIRMAN WAXMAN: So if you eliminate ten
9 beds, does that automatically change your licensed beds?

10 MR. CONSTANTINO: Yes. You can't operate a
11 bed in this state without it being licensed, so you would
12 have to discontinue those beds, and we have to approve it,
13 and then it goes to Long-term Care and Licensure for their
14 approval.

15 CHAIRMAN WAXMAN: So then the number of
16 licensed beds you have decreases?

17 MR. CONSTANTINO: Right, they would be
18 decreased also, yes.

19 CHAIRMAN WAXMAN: Okay. Tim, are you okay
20 or --

21 MR. PHILLIPPE: I understand that. I mean,
22 we're going to bring the topic up later, I think. That's
23 the reason it seemed to fit here when they talk about
24 transfer, but I think it's okay right now.

1 CHAIRMAN WAXMAN: We did clarify that the
2 three years is a typo and should be two.

3 MR. PHILLIPPE: I'm good.

4 CHAIRMAN WAXMAN: Excellent.

5 MR. FOLEY: Thank you.

6 CHAIRMAN WAXMAN: Okay. Did we answer
7 everybody's questions so we can move on?

8 MR. CONSTANTINO: 22?

9 MR. SULLIVAN: Well, I think it's important to
10 remark that we got through Subpart A, which is an
11 accomplishment, and I think that's important, because
12 that's important not only technical but overall issues.

13 Subpart B, pages 22, 23, 24, 25, 26, 27, I
14 will follow up from what Tim was saying, and the important
15 conceptual issue is whether we need to bother with both
16 Planning Areas and bed-need calculations, given the current
17 marketplace. The Planning Area is very static, and at this
18 point, the Board already recognizes the thirty-minute drive
19 time as a good definition of market area, and when a
20 particular Planning Area has a bed need, somebody will come
21 in and say, "This is within my Planning Area", but if the
22 Planning Area doesn't have a bed need, they will point out
23 that our market area of thirty-minute drive time crosses
24 over HSA's whatever. I will raise the question in this day

1 and age and I will say HSA's had value when we first
2 started out, to make sure there was a good distribution of
3 beds, but I don't think it's relevant to the Planning Board
4 deliberations, the static boundaries of you can build it on
5 this block but you can't build it two blocks over. I mean,
6 the reality is it's a market area.

7 So, Mike here would like to recommend that
8 this Board -- this Subcommittee recommend getting rid of
9 the concept of static HSA boundaries for a determination.

10 CHAIRMAN WAXMAN: Would you clarify which
11 Mike that is, please?

12 MR. SULLIVAN: Mike Bibo.

13 (Laughter)

14 MR. SULLIVAN: We discussed it before. I
15 don't know if there wants to be further discussion on it.

16 MR. SCAVOTTO: I'd appreciate some, because I
17 wasn't a part of this association work, but I read that
18 work product, and I was struck by the lack of the bed-need
19 formula or the planning, and then when I read this document
20 today, I said, "Oh, wait a second now. We've got a
21 bed-need formula here". So we've got some tension here
22 somewhere. Someone wants a bed need.

23 MR. SULLIVAN: Mike and I aren't tense, but
24 it's a significant change, conceptual change from previous

1 practice.

2 MR. SCAVOTTO: Okay. So from your
3 perspective, why do you not want the bed-need formula? And
4 then, Mike, I am going to ask you why you want it.

5 MR. SULLIVAN: I'm not sure he wants it. Why
6 not the bed-need formula? First of all, the current
7 formula is -- does not significantly recognize everything
8 that has gone on in the past thirty years in the senior
9 care marketplace with the expansion of home and
10 community-based services, with home health and everything
11 that goes on, assisted living, supportive living. It has
12 radically changed that concept of bed need, which is
13 basically based on nursing home occupancy and the aged
14 population. If those are the only two criteria, that's
15 really not an adequate assessment. So, you could go in the
16 opposite direction and say the bed-need formula needs to
17 include the ever-changing concept of senior services and
18 assisted living and supportive living and home health and
19 what they do and how much impact. New York has tried it.
20 A few states tried to start including that stuff. The
21 formulas got way included, and most of those states, when
22 you talk to the Planning Board people, say it's a shot but
23 it's -- it really -- we still can't tell the impact --
24 can't statistically tell --

1 MR. SCAVOTTO: You're saying the bed-need
2 formula just doesn't work?

3 MR. SULLIVAN: It doesn't work and I don't
4 think it's needed. The concept that we're going towards
5 that Tim brought up is that, first of all, moratorium, no
6 new nursing home beds at all unless they meet certain
7 criteria that serves public policy purposes.

8 MR. PHILLIPPE: By the way, it would be like
9 the CCRC variance, allow for innovation, those kinds of
10 things, but otherwise, from a public policy perspective, I
11 do not think the problem in this state or any state is a
12 lack of nursing home licensed beds. And the field is
13 changing. It would be wise to be able to be more
14 efficient, efficient with costs, but also allow for
15 innovation and change to meet new needs in the future, and
16 I think other states have tried this and think this might
17 be workable. It also, by the way, brings money into the
18 field to help renovate some buildings, because if I have a
19 250-bed building and I don't need 250 beds but I surely
20 would like to have money to renovate and somebody across
21 the county or in adjacent county would like to -- there is
22 a need there, it's a growing community, and they would like
23 to buy 40, 50 beds as part of that process, that gives me
24 money also to put back in my building. So, it allows more

1 flexibility, too, because it moves more toward a market
2 forces of what people are looking for.

3 MR. SULLIVAN: And doesn't increase the number
4 of beds in the system.

5 MR. PHILLIPPE: And doesn't increase, and I
6 think some of you would probably say we don't need to
7 increase the number of beds, right?

8 MS. AMIANO: I think what we need is a
9 different product because the consumer doesn't want the
10 product. That's the issue. The issue isn't number of
11 licensed beds, frankly. The issue is we've got these
12 double-loaded corridors that were built and modeled after
13 hospital environments, and a consumer of today simply
14 doesn't want it, and there are other options.

15 I personally am not in agreement with the
16 moratorium. I think anytime you do that, you're
17 restricting free market, frankly, and free market is what
18 ultimately at the end of the day is what is responsive to
19 consumer needs. So, I don't necessarily agree with all of
20 the components of what you're saying. But the issue really
21 is that people don't want what we have to offer right now,
22 or lots of folks in the industry have to offer, and this
23 notion of moratorium is this sense of I'm going to protect
24 my turf because this is all I've got, so I'm going to

1 protect it. And I don't necessarily agree with that.

2 MR. PHILLIPPE: Some places actually -- the
3 swapping and selling of beds actually allows for more
4 innovation than it does here, because it actually becomes
5 more predictable. It could be more market driven. It
6 depends how far you restrict the bed mode, and just not
7 inside county but adjacent counties or even state-wide.
8 And so what happens is -- at least in the experience I've
9 had, limited -- is it puts a price on it, it makes it
10 predictable and it allows for innovation.

11 CHAIRMAN WAXMAN: Chuck.

12 MR. FOLEY: I was just going to make a few
13 comments, if I can. First of all, Planning Area to me is
14 nothing but -- if anything, it is a planning tool. It does
15 enable planners to look at a specific geographic area and
16 hopefully to identify specific healthcare needs, whatever
17 it may be. Part of this legislation is supposed to
18 include -- which we don't have yet, is a comprehensive
19 health planning agency and, obviously, it's not just --
20 this agency is not supposed to be just about nursing homes;
21 it's supposed be about everything. So, Planning Areas were
22 originally put in place under 93-641 specifically to
23 identify healthcare needs in particular areas. Easier to
24 do that than just drawing a hypothetical, thirty-minute

1 circle. The bed-need methodology itself? No, it does, in
2 fact, have a lot of problems. I'll be the first one to
3 agree with that. But it is also a tool. But the question
4 is, is it a tool that can be fixed? Can it be tweaked to
5 identify what the market demands today; i.e., we are
6 looking at, as Terry said, home health services, we are
7 looking at supportive living, we are talking about the same
8 people, the same bodies, as part of that Planning Area
9 tool. So, can we tweak our inventory that would include to
10 look at assisted living, supportive living, even though
11 it's not part of the Act. I understand we cannot look at
12 it and review it separately, but the numbers in the
13 inventory seems like could be tweaked so that we don't have
14 a large bed-need, as we find today in a lot of areas, but
15 also it does enable us to identify areas where maybe there
16 is, in fact, or could, in fact, be a need for additional
17 beds.

18 CHAIRMAN WAXMAN: Mike? I saw your hand.

19 MR. SCAVOTTO: Oh, yeah. I was going to ask
20 Mike Constantino what he loves so much about the bed-need
21 calculations.

22 MR. CONSTANTINO: Well, the bed-need goes back
23 a number of years, and a lot of the nursing homes were
24 grandfathered in to this program, and then the bed-need was

1 developed. So, we had probably an excess of beds to begin
2 with. The usage -- we do use a usage rate which reflects
3 only the nursing care portion only. There's nothing in
4 there -- when that use rate drops, that tells us there's
5 something going on in that marketplace, in that Planning
6 Area, which could be home healthcare, which could be
7 supported living, which could be assisted living.

8 Now, I would agree there is no need for
9 additional beds in the state. I would agree with that.
10 There are pockets where we have calculated bed need. We've
11 also used a high target occupancy to protect the existing
12 providers. If we lower their target occupancy to eighty
13 percent, it would increase the number of beds that are
14 needed. In my mind, that bed-need formula is a good
15 formula and it sets a benchmark. It tells the Board
16 members, "this is what we believe to be an excess of beds
17 in this Planning Area and that Planning Area encompasses
18 this area" or it tells the Board, "This is a bed need", and
19 then we go on further to document a market area under a
20 maldistribution or unnecessary duplication of service and
21 define that as thirty minutes, and, invariably, there are
22 not every facility in that thirty-minute area operating at
23 our targeted area of ninety percent. Every application we
24 do, that is the case.

1 MS. AMIANO: I have two comments. One is
2 that -- and I agree with you in terms of it sets a
3 benchmark. The challenge is that the external environment
4 has changed. So, particularly now with healthcare reform,
5 hospitals are looking at -- and ACO's are demanding to have
6 skilled providers in there and the ability to reduce length
7 of stay on the hospital side and tapping in to that
8 post-acute continuum in a way that has never happened
9 before. And so that's driving numbers, and it's not this
10 static, nursing home of the 1960's that we look at today in
11 terms of who is the population we're serving and what's
12 going on. So, either the formulas need to be updated or
13 something has got to give, because it's not the same as it
14 was five years ago or ten years ago or fifteen years ago.

15 MR. CONSTANTINO: What our use rate tells us,
16 Judy, is who is using the nursing care homes now -- or in
17 2005. That's the usage rates we're using right now.

18 MS. AMIANO: But what, every six seconds
19 someone is turning the age of sixty-five? So as we're
20 planning, how are we going to utilize that population
21 that's coming down the pike if we don't allow for that
22 today? How do we plan for what's going to happen in the
23 next few years?

24 MR. CONSTANTINO: That usage rate does take

1 that into consideration, because all we're looking at is
2 nursing home. If that usage rate drops, that's telling us
3 that they're going somewhere else for that type of care or
4 different type of care, either home health or supportive
5 living or assisted living.

6 MS. AMIANO: If you looked at the use rates
7 from twenty years ago and looked at the payer mix and what
8 did Medicare make up as a percentage of the bed days or
9 revenues, it would be significantly different than it is
10 today.

11 MR. CONSTANTINO: Right. It dropped.

12 MS. MITZEN: And five years ago.

13 MS. AMIANO: Three years ago and with the new
14 bed tax, you're going to see that change even more.

15 MR. CONSTANTINO: Our use rate is dropping.
16 We know that.

17 MS. AMIANO: But what I'm saying is those beds
18 are being utilized in a different way.

19 MR. CONSTANTINO: The nursing care beds are
20 being utilized --

21 MS. AMIANO: There still is and will always be
22 a need for -- forgive me for lack of word here --
23 institutional-based care at some level, not that it has to
24 be institutional in its field, but you understand what I'm

1 saying, but then how the entire healthcare continuum is
2 using licensed beds in terms of transitional care. So much
3 of the care that people provide today is transitional in
4 nature.

5 MR. CONSTANTINO: Yes.

6 MR. PHILLIPPE: It's not really long-term
7 care.

8 MS. AMIANO: No. Transitional care.

9 MR. PHILLIPPE: We do a small amount of real
10 long-term care.

11 MS. MITZEN: And it goes into what I have
12 been talking about in terms of what is long-term care?
13 This is a piece of long-term care. I guess what's rolling
14 around in my mind is we're basing this on what people were
15 doing, how people were using facilities five years ago. Do
16 we ever do anything with modeling? It seems to me like we
17 need to be looking at not what people were doing five years
18 ago but what are people doing now and what do we anticipate
19 they will be doing five years from now, and we can make
20 some fairly sophisticated guesses based on the Affordable
21 Care Act, based on the lawsuits we have going on in the
22 state, which are putting additional pressure and more
23 emphasis on home and community services, and it seems to
24 me that we need to have the ability to do some modeling and

1 thinking in that way, not based on the past but what we
2 anticipate.

3 MR. SCAVOTTO: I think Phyllis has a good
4 point here, and if I look at this from a public policy
5 standpoint rather than franchise protection from people
6 that are existing providers, I ask myself the question, is
7 the facility needed? That's what we have a Certificate of
8 Need for. Anyway, do we really need the facility, and I
9 look at this bed-need calculation -- and I tested it a
10 couple times. You've got a corridor that is sixty percent
11 below the actual utilization on the one side and a hundred
12 sixty percent on the other side. You can be off by a
13 factor of a hundred percent. And when you read Eli's
14 letter, that's how it happens in Arlington Heights. We're
15 coming off that hundred sixty percent of the utilization.
16 You can drive a truck through that formula. So, if I were
17 the Planning Board and I was planning for the needs of the
18 state, I'd be interested in some sort of bed-need formula
19 that made sense five, ten years out, and you have to be
20 doing scenarios -- hang on, Charles. You'd have to be
21 doing some sort of scenarios, like how is SLF going to play
22 out? What are we going to do with assisted living.

23 I think what Mike points out is right. You're
24 going to see utilization rates per thousand continue to go

1 down. I'd be really hard-pressed to make a case for the
2 bed-need formula now, because I don't think it's workable.
3 When is the last time -- I know what happens, but when is
4 the last time any of you providers concentrated on
5 admissions in the age bracket that's under 75? It happens,
6 but most of your admissions are going to be 75 and older
7 and --

8 MR. SULLIVAN: No. You have the rehab
9 population.

10 MR. SCAVOTTO: Some rehab.

11 MR. SULLIVAN: Most rehab.

12 CHAIRMAN WAXMAN: Given the fact that it's
13 almost two o'clock, I'm wondering if we could start our
14 next meeting with this question. However, I'm wondering if
15 there are some things we could ask Staff to do in
16 preparation for that meeting, to help us deal with --
17 because clearly this is a very, very critical issue to
18 everybody. I'm wondering if there are some things that we
19 can ask Staff to research and bring back to us on the March
20 4th meeting.

21 MS. AMIANO: I think it would be really
22 helpful to hear, Michael, what works, what doesn't, from
23 the Staff perspective, because you guys see this every day,
24 so you have a sense of "we really think these attributes

1 work and we think these don't", because that would give us
2 some framework, I think.

3 CHAIRMAN WAXMAN: Judy, thank you. What
4 else?

5 MS. MITZEN: I know that Terry has mentioned
6 a couple of times and others have, too, what other states
7 are doing, and is there any research? Has AARP or anybody
8 else done any studies of these that we might be able to --
9 where we might be able to see where there might be bed need
10 or some methodology of looking at this issue?

11 MR. PHILLIPPE: I know that LarsonAllen
12 Accounting from this area did demand studies in two states,
13 at least, so far, Minnesota and Florida where they looked
14 at the next ten years and the demand for long-term care
15 beds.

16 MS. AVERY: Can you forward the source to it?

17 MR. PHILLIPPE: I'll try to get it to you.

18 CHAIRMAN WAXMAN: And, Claire, I thought you
19 had done some other state studies, too, haven't you?

20 MS. BERMAN: Yes, I have.

21 MR. SULLIVAN: And, obviously, the three
22 associations looked at a number of states, Missouri and
23 Ohio particularly, for the model that we're talking about
24 and had extensive discussions with both the Planning Board

1 people and the associations and how it's working.

2 MS. AVERY: Can you send us a synopsis of
3 those discussions?

4 MR. SULLIVAN: Sure. That was part of my
5 presentation.

6 MS. MITZEN: Has there been any independent
7 studies of those, anything?

8 MR. SULLIVAN: I don't think there's been
9 studies. What you get is, I mean, Planning Board opinion.

10 MR. SCAVOTTO: In what sense?

11 MS. MITZEN: I guess I was looking for
12 articles, you know --

13 MR. PHILLIPPE: Real research, published.

14 MR. URSO: I just wanted to say that.

15 MS. JOHNSON: I was going to suggest that you
16 go to the pioneernetwork.net. They have a lot of models,
17 the Green House model and other best practices for resident
18 directed care, their push with CMS to move to new
19 facilities being only private bedrooms and facilities. So
20 there's a lot on this, their website on new models and
21 where new facilities are going.

22 MR. SULLIVAN: Which we would like to see as
23 part of this concept, too, this innovation concept. But I
24 like to think that we are all in agreement, we just don't

1 want to see any of those big, old institutional
2 multi-bedroom models anymore. So, let's have some -- let's
3 put a moratorium on that, and then let's open it up to the
4 innovation that Pioneer Practices are talking about.

5 CHAIRMAN WAXMAN: Frank, you wanted to say
6 something?

7 MR. URSO: The only thing I wanted to say is I
8 wanted the Committee to be cognizant of the fact that you
9 broke down in those small groups and put all these
10 priorities together, and there was a lot of discussion
11 about the bed-need formula and a lot of discussion about
12 what can we legitimately deal with now in the short-term.
13 So, this is a very complex issue. I think that was said
14 previously, and so I just want the Subcommittee to be
15 cognizant of the time frame we're talking about now, and
16 not that this is going to be forgotten, but is this the
17 topic that you want to spend, you know, a lot of time on as
18 we sit here, today because we're trying to move things
19 forward. I'm only saying that because that's what we
20 talked about previously. So, I just want Committee members
21 to just be cognizant of that. Not to diminish the
22 importance of this topic, but to be cognizant of the fact
23 that we want it to move forward and maybe we don't want to
24 shortchange this topic by moving quickly through it and

1 making some changes, but maybe this would be one of the
2 topics -- and I'm not saying it is, but it might be one of
3 the topics that we might need to spend more dedicated time
4 to do some research, make some study on, and doing some
5 presentations, and maybe we don't have the luxury of doing
6 that right now but we can. That's all I wanted to put out
7 there.

8 MR. PHILLIPPE: Are we still on that
9 end-of-March date? The last time I attended that was the
10 goal I heard.

11 MR. URSO: I think we've been talking about
12 trying to get a set of Rules, proposed Rules to the Board
13 at its March 22nd meeting so that we could have adequate
14 time -- as Claire went through that whole process in the
15 beginning, that we can have adequate time to hit that
16 benchmark in September. That doesn't mean we've got to
17 solve everything, and I think we talked about that, but we
18 need to solve some things and keep some things on the back
19 burner so we can put some dedicated time to those.

20 CHAIRMAN WAXMAN: So we have gone through
21 Part A, and we do have a consensus on what Part A looks
22 like, Part A of this document. So I think that was very
23 credible work today. And then we have next March 4th
24 meeting to look at, and I think everybody has such great

1 interest in the bed-count concept or the bed-count issue
2 that maybe we can't do it all on March 4th and we move the
3 document on and then come back to it as our first project
4 after we've complied with the March 22nd deadline. We
5 don't want to let it go, and we all have different concepts
6 of how to do this. I mean, things that keep running
7 through my mind are average occupancy is 78, using 90
8 percent, and how are we going to count beds when we don't
9 know what's going on in assisted living beds and SLF beds,
10 because it's not under our jurisdiction? So, I mean,
11 there's just a lot of issues that really impact all of
12 this.

13 MR. BIBO: The majority of what we're talking
14 about is.

15 MR. LAVIN: I am looking at the HSA areas in
16 the Rules, and I just looked at the census reports that
17 came out this week, and it seems like this has -- you know,
18 it seems like the growth of the population and
19 concentrations are so radically different than when this
20 came up. Do we have to use this, or is one idea to just
21 take this out and allow for some planning principles that
22 would justify somebody building a facility based on the
23 numbers of people in the region, the number of the other
24 facility use? The 45 minutes and the current HSA areas

1 just seem to be really, really obsolete, in my mind.

2 MR. CONSTANTINO: I think that's going to be a
3 discussion for the next meeting.

4 MR. LAVIN: Okay. Is that in law, all of
5 the -- on page 24, 22 and 24?

6 MR. CONSTANTINO: No, they're in our Rules
7 only.

8 MR. LAVIN: So they can be changed?

9 MR. CONSTANTINO: They can be changed.
10 They're not in statute. Statute requires us to have a
11 planning process.

12 MR. LAVIN: All right. That sounds great.
13 Thank you.

14 MR. BIBO: Just as a point -- and I know we're
15 short on seconds here, but right after we get done with the
16 long-term discussion, there needs to be a discussion about
17 the DD, and I'm the only individual that speaks towards the
18 DD issue on this Committee and -- because it's totally -- I
19 mean, it's an even more exacerbating problem. We only have
20 6,800 people that are potentially served -- current beds in
21 the system that are under this Act, and over 14,000 people
22 being served by a program that we don't control.

23 CHAIRMAN WAXMAN: So next week we're going to
24 try to move on. I'm sorry. March 4th. We'll come back

1 and look at the issue just as a brief discussion, but try
2 to get through the rest of this document so that we can
3 hand off something on March 22nd, and then after we have
4 accomplished that goal, we'll come back and spend as much
5 time as we need to on the bed-count issue and come up with
6 a recommendation over many minutes of discussion, and then
7 we'll come back and pick up DD issues, and I'm sure you
8 have more in your back pocket you want to look at.

9 Motion for meeting to adjourn?

10 MS. AMIANO: So moved.

11 CHAIRMAN WAXMAN: Need a second.

12 MR. SCAVOTTO: Second.

13 CHAIRMAN WAXMAN: All in favor?

14 ("Ayes" heard)

15 CHAIRMAN WAXMAN: Meeting adjourned.

16

17 END TIME: 2:06 P.M.

18

19

20

21

22

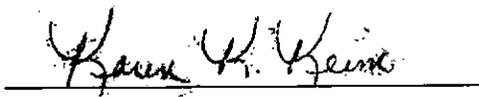
23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter in the State of Illinois and State of Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



KAREN K. KEIM
CRR, RPR, CSR-IL, CCR-MO

A				
AARP 133:7	Act 15:16,18 16:9	advise 45:4	allowable 66:8	anybody 33:3 63:11
ability 73:16 128:6	16:10,21 17:8,21	Advisory 1:9,12	allowed 63:1,8 95:7	73:5 77:13 88:10
130:24 140:6	22:18 23:5,5,17	95:6	allowing 113:22	133:7
able 57:24 61:1	26:11,11 28:11,13	advocate 27:13	allows 55:16 123:24	anybody's 43:19
65:4 85:8 123:13	28:17 30:14 40:8	advocates 27:13	125:3,10	anymore 85:24
133:8,9	60:21 63:13 70:15	affect 40:18 63:21	almost 71:8 132:13	107:15 135:2
about 6:17 7:8,15	84:21 85:14,18	102:3	alone 81:5	anyone 9:23 19:8
8:12 10:23 11:13	88:5,11,13 100:11	Affordable 130:20	along 22:11,17	29:22 41:14 42:19
12:9 13:8,14	100:23 111:20	after 7:21 12:4	23:15,21 25:20	49:20 60:8 72:23
14:18 16:7,9	116:3,6 126:11	74:11 85:6 96:18	71:20 114:7	74:5 91:17
17:18,22,24 21:9	130:21 138:21	106:6 124:12	already 9:1 27:11	anything 6:6 12:5
22:13,22 32:3,4	action 28:2,4,10	137:4 138:15	55:22 64:22 68:7	29:24 32:2 36:2
32:15,16 37:4	63:9 93:18 140:9	139:3	70:9 120:18	49:6 62:17 74:5
39:21 45:8 48:10	140:12	afternoon 73:16	although 21:6 51:5	82:5 88:16 98:18
48:18 51:22 55:20	activities 11:12	again 5:7,10 6:1	78:14	109:17 110:3,23
56:14 60:22 61:1	actual 131:11	8:19 10:20 11:7	always 25:1 26:14	114:3,5 125:14
61:6,7,9 64:9,14	actually 39:23	14:14 17:6 29:1	33:14 34:14 55:14	130:16 134:7
64:14 65:11 68:20	54:24 56:17 88:1	41:2 50:2 53:8	129:21	anytime 124:16
69:9,11 70:11	108:4 125:2,3,4	56:12 72:4,15	ambulatory 110:5	anyway 59:22 131:8
72:6 73:17 82:2	acute 35:7 36:11	73:18 76:24 78:14	amend 93:20	anywhere 58:3,16
86:3 87:1 88:2,6	add 28:8 54:16 55:4	79:18 80:5 96:19	Amiano 3:13 5:16	114:24
88:11 89:4 94:14	56:21 57:14,24	98:17,23 99:3,8	5:19 25:24 27:3	apologies 31:8
95:3,15,20 96:2	58:17 65:21	106:10 115:9	31:17 41:19 43:2	apologize 5:4
98:19 99:3 101:15	118:16	against 32:4 44:12	43:5,8 44:20 45:4	appear 112:11
101:22 104:4,6,8	added 31:9 62:6	76:10	45:9,20 53:1,5,10	appearing 45:18
107:17,18 108:19	adding 26:22 30:12	age 121:1 128:19	53:18 55:19 56:8	appears 11:16
109:4 110:13	30:15,19 56:24	132:5	57:6 62:24 63:5	53:22 112:14
111:4 114:23	57:2 104:5	aged 122:13	73:21 80:12,16,22	applicability 76:21
115:9 116:15	addition 57:19 58:7	agency 13:6 125:19	83:24 84:2 87:23	87:15
117:22 119:23	62:2 105:1,5	125:20	88:14 89:3,15	applicable 33:2,15
125:20,21 126:7	additional 5:16	agenda 2:1,4 4:5,14	90:5,9 97:9 98:17	37:7 38:13 39:23
126:20 130:12	62:6 118:5 126:16	7:11	99:7,12,17,20,22	46:4 53:12 56:11
133:23 135:4,11	127:9 130:22	ago 128:14,14,14	100:7,19 101:3	84:19 98:19
135:11,15,20	address 19:20 57:6	129:7,12,13	103:24 104:13,17	101:19 106:11
136:11,17 137:14	57:8 72:4,9 114:8	130:15,18	104:21 107:9	applicant 42:6 61:1
138:16	addressed 13:16	agree 22:5 32:17	108:6 124:8 128:1	61:4,15 62:16
above 67:16 113:14	19:23,24 29:16	37:22 38:5 40:15	128:18 129:6,13	98:24 99:6 102:7
above-entitled	97:17	45:23 49:23 50:4	129:17,21 130:8	105:8 113:4
140:5	addressing 20:11	50:10,19 52:2	132:21 139:10	applicants 97:2
Absolutely 24:2	adequate 97:3	63:5 74:18 76:15	among 55:21 112:8	109:10
72:7 86:5	122:15 136:13,15	83:3 100:24 103:5	amongst 53:11	application 46:23
abstain 42:22 49:19	adjacent 56:16	108:20 114:2	amount 130:9	58:11 60:23 61:6
accepted 40:5	123:21 125:7	124:19 125:1	analyze 118:3	77:7,9 78:12 80:4
accomplish 19:11	adjourn 139:9	126:3 127:8,9	animals 43:22	80:17,17 81:15,17
20:18	adjourned 139:15	128:2	another 5:10 25:11	81:21,23 82:1,4
accomplished 139:4	Adjournment 2:12	agreeable 73:18	33:17 39:10,13,17	85:7 96:24 97:18
accomplishment	Administrative	agreed 6:11	46:1 56:21 57:1	102:4 104:9 105:9
120:11	9:13	agreement 5:22,23	57:12 58:23 59:13	105:11 109:11
according 16:21	Administrator 3:17	37:19 86:19	59:23 68:7 76:18	110:7,10,16,17
107:4 116:3,6	admissions 132:5,6	124:15 134:24	78:15 105:11	111:2,5,10,16
Accounting 133:12	adoption 11:3,5	ahead 4:3 11:2	106:16,20 112:9	113:21 127:23
accurate 69:17	advantage 65:5	20:16,16 50:14	113:2 115:14	applications 106:9
ACO's 128:5	71:21	63:17 65:10 80:2	117:22 118:17,21	107:18 111:7
acquisition 53:15	adverse 28:2,4,10	83:12 108:8	answer 11:21 56:14	applied 28:14 38:21
53:23	62:10,11,12,15	allow 27:18 113:5	59:10 120:6	40:16 46:10 55:1
across 123:20	63:6,9,13,21	123:9,14 128:21	anticipate 130:18	71:23 110:5
	64:22	137:21	131:2	applies 31:12 33:7

35:22 37:14 40:4 46:9,11,13,17 48:6 51:3 57:7 62:15,18 64:7 66:17 78:18 84:17 96:16 101:2,18 103:8,10 107:9,13 apply 21:1 28:11 31:23 32:6 35:15 35:15,20 37:16,17 40:18,20 41:22 54:1 78:14 83:14 85:19 97:8 100:16 100:20 118:13 applying 75:24 appointees 94:21 appreciate 5:2 27:9 78:1 99:17 121:16 approaches 30:10 approaching 34:20 approval 2:4,5 4:14 4:15 9:8,13 10:14 10:22 15:7 18:14 108:10 111:6,7 119:14 approve 4:5 15:5 55:6 60:23 61:7 69:15 93:8 119:12 approved 10:12 95:9 107:20 approves 55:7 approving 15:6 apropos 105:18 architect 97:23 area 45:17 53:22 76:19 78:4,13 80:14 83:15 105:22 120:17,19 120:20,21,22,23 121:6 125:13,15 126:8 127:6,17,17 127:18,19,22,23 133:12 areas 41:5,6 77:1,5 77:7,22,23 120:16 125:21,23 126:14 126:15 137:15,24 argue 107:24 argument 82:20 Arlington 131:14 around 119:3 130:14 articles 134:12 asked 13:22 21:22 35:3 100:14 116:15 asking 16:3 17:3	29:10 45:9 89:6 89:15 109:13 110:16 Assembly 15:21 assent 27:21 assessment 122:15 assist 20:11 assisted 35:17 36:1 36:5 54:22 88:4,8 88:9,11,12 122:11 122:18 126:10 127:7 129:5 131:22 137:9 association 20:23 24:6 30:4 31:9,19 71:19 74:10,15 77:20 121:17 associations 14:20 15:8 22:12 23:16 23:19 94:9 133:22 134:1 assume 64:7 85:6 105:23 assumed 86:19 assuming 50:18 109:8 assurances 108:14 108:15 assure 24:14 ASTC's 110:9 asterisk 76:14 attendance 91:19 attended 107:17 136:9 attention 86:4 attorney 140:10 attributes 132:24 authority 13:13 14:11 15:21 17:16 17:24 23:20 48:21 61:14 69:2 70:9 80:8 111:19 authorize 60:24 automatically 119:9 Avenue 1:22 average 137:7 Avery 3:17 6:20 7:18,23 12:1 15:23 37:5 40:6 40:11 41:24 42:23 43:16 46:2 51:18 57:4 61:13 65:1,9 74:1 84:7 92:12 92:18 93:6,10,22 94:4,14,17 103:12 105:2 106:12,22 111:21 133:16	134:2 avoid 33:18,19,22 34:5 aware 61:13 68:15 away 5:4 74:2 80:8 96:3 119:1 awful 36:20 96:20 Ayes 4:11,21 19:4 42:16 49:17 90:14 101:9 139:14 A-level 64:1 a.m 1:14 4:1 <hr/> B B 114:17 120:13 back 9:7,12 15:11 29:18 36:24 37:11 44:20 46:16,21 49:9 50:23,24 51:2 52:13 54:4 72:3 86:10 93:1 94:24 96:13 98:17 100:7 104:1 105:20 110:17 111:6 115:9 123:24 126:22 132:19 136:18 137:3 138:24 139:4,7,8 background 21:24 21:24 22:9 61:4 61:14 62:16 67:21 68:21 70:8 102:7 113:4 back-up 112:15 balance 74:15 bar 63:10 base 111:2 based 23:4 36:6 61:14 97:11 109:2 109:12 116:20 122:13 130:20,21 131:1 137:22 basically 30:10 38:15 55:10 77:13 122:13 basics 52:3 basing 130:14 basis 20:24 61:8 105:15 battles 47:19 bear 14:4 bearing 87:19 96:6 beat 36:17 become 22:5 60:15 102:6 becomes 11:8 23:5	44:7 62:16 125:4 bed 53:2,5 54:2,17 58:17 60:8,10 61:6,7,11 65:5,15 65:16,24 66:1,5,7 66:10,10,12,15 68:15,16,17 69:12 75:14 78:19 108:3 112:6 115:9 116:17,23 118:11 119:1,5,11 120:20 120:22 121:22 122:12 125:6 127:10,18 129:8 129:14 133:9 bedrooms 134:19 beds 30:11,12,13,15 30:19 53:11 54:10 54:19,24 55:4,9 55:11,15,20 56:15 56:18,20,24 57:1 57:2,3,11,14,24 58:2,3,13,16 59:12,15,20 62:3 62:6,17 63:1,9 65:21,22 66:18 67:5,13,19,23 68:1,3 69:5,13 70:23,23,24 71:18 71:20 87:20 97:14 107:3,19,20,24 108:1,17 109:2,2 109:7,12,13,14 112:7,8,9,10,13 113:1,2,6,12,21 114:9,22 115:23 116:17,18,19 117:2,9,17,20,21 117:24 118:2,5,11 118:16,16,19 119:3,9,9,12,16 121:3 123:6,12,19 123:23 124:4,7,11 125:3 126:17 127:1,9,13,16 129:17,19 130:2 133:15 137:8,9,9 138:20 bed-count 137:1,1 139:5 bed-need 15:3 120:16 121:18,21 122:3,6,16 123:1 126:1,14,20,22,24 127:14 131:9,18 132:2 135:11 before 12:15,16	16:18 24:18 26:12 27:15 29:13 30:10 30:20 34:4,8 45:18 58:5 64:3 67:19 68:7 82:12 82:14 88:6 91:8 95:9 106:7,16 107:4 113:14 116:16 121:14 128:9 begin 19:21 24:11 127:1 beginning 1:13 6:1 8:6,7 136:15 begins 9:16 10:2 behalf 22:23 88:2 behind 14:23 being 5:4 10:11 15:16 19:23,23 20:3 26:13 52:20 61:1 62:7 63:24 65:4,7 76:1 78:5 80:24 99:3 101:15 107:20 113:3 119:11 129:18,20 134:19 138:22 believe 9:8 10:1 13:19 24:7 36:10 43:11 60:22 64:13 64:14 66:13 74:6 75:10,16 93:17,18 111:16 127:16 belongs 46:20 below 68:16 69:5,5 131:11 benchmark 127:15 128:3 136:16 benefit 46:6 Berman 3:20 6:24 6:24 7:16,20,24 8:20 11:18,20 26:7,10,19 27:1 51:15 72:24 75:2 92:4 114:7 116:10 116:12 133:20 best 18:10 51:17 74:15 134:17 140:6 better 21:10 75:5 91:6 between 36:24 53:21 56:15,18 109:16 beyond 46:24 48:11 Bibo 3:8 4:6 14:17 14:17 15:18,24 16:3 18:7,22 21:9
--	--	---	---	--

28:11 39:19 41:12 41:20 42:2 43:23 44:3 49:3,15 52:16,22 58:15,21 63:12,19 64:4,19 67:11 68:5,23 86:2 101:5 106:1 106:6 110:12,21 111:11 114:19 121:12 137:13 138:14 big 41:2 117:10,24 135:1 bigger 48:20 Bill 3:19 28:2,9,13 33:10 73:2 92:7 bit 11:5 21:13,16 34:23 75:5 98:5 bizarre 5:5 black 26:2,9,14 blessing 20:15 block 121:5 blocks 121:5 blood 103:13 board 1:2,12 9:10 9:12 10:13,14 14:22 15:2,5 17:10 28:3,9 30:11,16,21 33:24 34:4,6,8,11 38:16 40:4 43:17 46:22 58:12 60:9,23 63:21 67:14,19 68:15,18,18 69:1 69:9,20,22,23 70:7,9,12,19 80:9 82:20 89:5 93:8 93:12,13,17,18 97:3,3,5 105:6,10 106:17 107:5,17 108:19 109:16,17 111:7,8 113:14,21 118:3,18 120:18 121:3,8 122:22 127:15,18 131:17 133:24 134:9 136:12 boards 92:13 Board's 10:12 15:14 39:3 81:9 bodies 126:8 Bonnie 3:21 boring 21:18 both 27:18 74:8,13 75:24 89:21 120:15 133:24 bother 120:15	bottom 87:23 boundaries 121:4,9 bracket 132:5 brainstorming 24:4 break 61:23 72:12 72:14 82:14 breakdown 78:3 breaking 33:21 77:22 bred 44:9 brief 27:7 139:1 briefly 8:21 bring 22:21 94:23 110:24 111:5 119:22 132:19 bringing 21:10 27:13 brings 123:17 broader 95:15 broke 135:9 broken 34:5 brought 21:8 27:14 40:19 76:11 123:5 build 109:6 121:4,5 building 34:16 35:16,17 58:3 106:7,7 108:7 116:17,18,21 117:1 118:13,14 123:19,24 137:22 buildings 56:16 123:18 built 124:12 bulk 28:9 bumps 11:2 bunch 20:2 burner 136:19 bus 96:3 business 2:10 17:12 80:6 buy 123:23 bylaws 93:9,14,15 93:16 95:4 by-law 95:8 <hr/> C C 112:4 116:4 calculated 105:21 127:10 calculation 109:2 131:9 calculations 120:16 126:21 calendar 93:24 call 2:2,3 4:4 8:8 19:15 42:23 72:21 91:9,15,22,22	92:20 103:21 called 89:18 calling 27:12 43:1 calls 17:8 91:8 came 48:21 137:17 137:20 canceled 5:5 capabilities 68:21 capacity 54:11 65:16,22 66:7 112:6,11 118:12 119:5 capital 30:5,6,9,23 31:15 32:7 34:2 38:4 42:3,4 43:11 43:13 45:1 46:22 47:1 54:6 97:9,10 97:11 capitalize 97:14 car 5:1 care 1:9,12 8:1,23 8:24 14:19,21 15:11,13 16:11,16 16:19,23,24 17:11 20:12 21:1,4 22:1 23:2 27:10 28:13 28:17 30:17 32:2 32:5,6,12,21 33:4 33:7,12,14 34:19 34:20 35:7,8,11 35:19,24 36:3,7 36:10,11 37:14,16 38:5 39:5,6,15,21 40:7,17,18,21 41:8,23 45:13 46:5,17 51:3 54:20,20,21 64:17 65:4 67:6 71:20 71:24 75:15,24,24 76:6,21 77:4 78:11,15 79:8,22 80:6 81:16 82:6 84:23 85:8,15 86:1,16,24 89:8,9 89:10,18,19,20,21 89:22 90:1,5,21 90:22 94:5 96:21 97:8 100:2,11,23 103:9,11 105:19 107:15,22,23 109:21 110:8,24 111:3 119:6,13 122:9 127:3 128:16 129:3,4,19 129:23 130:2,3,7 130:8,10,12,13,21 133:14 134:18	careful 74:9 85:1 Carolyn 3:6 72:22 92:2,9,19 carries 4:14 19:7 90:17 101:12 case 11:1 16:20 33:23,23 35:21,23 38:13 40:22 72:15 88:10 127:24 132:1 categories 53:11 55:21 56:10 112:8 category 56:4,6 89:4,5,10,11,17 89:19,22 90:9,18 90:21,22 91:14 105:1,5,7 117:9 cause 140:6 CCR 36:5 CCRC 35:9,10,15 35:23 36:4 83:15 105:21 116:19 117:9 123:9 CCR-MO 140:16 census 137:16 center 83:16 100:18 110:5 centers 75:18 100:9 certain 5:23 23:22 33:16 34:5 39:5 88:7 104:8 123:6 certainly 7:5 11:21 13:9 16:10 43:19 74:6 Certificate 7:16 15:5 131:7 140:1 certification 106:19 107:13 108:7 certified 106:18 140:3 certify 107:19 140:5 cetera 17:15 chain 102:8 chair 94:1 Chairman 2:6,9 3:2 4:3,7,9,12,14,18 4:20,22,24 5:21 6:13,21 7:5,14 8:14,18 11:14,16 11:19,23 12:5,9 12:13,15 13:1,4,8 13:14,19 14:3 17:2,5,19 18:12 18:19,21,23 19:1 19:3,5,7 24:16 28:21 29:7,13 32:11 35:13 37:19	39:11 40:14 41:9 41:14,17 42:11,14 42:17,24 43:4,18 43:24 44:4 46:15 47:11,23 48:3,19 48:24 49:4,9,14 49:16,18,23 50:10 50:14,21 51:4,10 51:14,22 52:2,13 52:21 53:4 61:22 62:1,11 63:4,7 64:9,13,18,20 65:1,7 67:4,22 68:4 69:24 70:4 71:17 72:2,7,13 72:18 73:23 74:2 74:4,18 75:10 76:16 79:14,21 80:10,14 81:3 83:8,12 84:1,6,9 85:10 86:5,12 87:17 88:16,21 90:7,11,13,15,17 92:11,13,22 93:2 93:13 94:2,16,19 94:23 95:10 96:2 96:5 97:17 98:4,7 99:16 101:10,12 102:19 103:5,10 109:24 111:9 112:20 113:10 114:16,23 115:2,6 116:5 117:13,19 119:8,15,19 120:1 120:4,6 121:10 125:11 126:18 132:12 133:3,18 135:5 136:20 138:23 139:11,13 139:15 challenge 128:3 chance 36:17 change 29:4,5 37:13 52:17 53:5 61:6 61:11 65:14,15,15 66:5,6,10,12,15 68:8 69:14 70:22 75:14 80:16 86:15 86:24 87:3,6 93:8 93:9 105:8,12,23 111:5,22 112:6 119:9 121:24,24 123:15 129:14 changed 20:3 49:1 51:2,3 63:19 122:12 128:4 138:8,9
--	--	---	---	---

<p>changes 5:23 7:13 10:11 25:2 26:10 41:5 54:2 61:7 68:6,15 99:5 104:2,2,14,23,24 136:1</p> <p>changing 53:1 85:14 87:17 123:13</p> <p>character 61:4 67:21 68:21 70:8</p> <p>charge 18:3 36:5,6 42:24 104:7 105:17 110:2</p> <p>charges 110:6</p> <p>charity 75:15,23 76:6 109:21</p> <p>Charles 3:22 131:20</p> <p>check 70:16 95:21</p> <p>Chicago 1:23 57:13</p> <p>chime 114:1</p> <p>choices 44:14</p> <p>Chuck 35:13 40:14 78:15 115:4,6 125:11</p> <p>circle 126:1</p> <p>cite 97:22</p> <p>city 56:17</p> <p>claim 109:7,11</p> <p>Claire 3:20 5:24 6:24 7:8,14,18 8:4 8:18 11:14,16 12:1,8 26:4,6,24 51:12,16 72:24 74:13,24 92:4 114:1,3,5 116:8 133:18 136:14</p> <p>clarification 26:1 43:2 65:2 84:7 89:7 93:6 112:20</p> <p>clarify 41:19 83:13 91:12 120:1 121:10</p> <p>clarifying 88:10 116:14</p> <p>clarity 20:3</p> <p>classified 116:1</p> <p>clause 84:19</p> <p>clear 17:2 24:6 85:23,23 91:10 103:6,7 115:11</p> <p>clearer 22:5</p> <p>clearly 27:14 76:7 84:11 132:17</p> <p>clinical 62:9 76:19 76:23 77:5,6 78:8</p>	<p>78:13 79:17,23 80:5,18,18,19 81:16,18 82:4,8,9 82:15,17 83:3,15 98:20</p> <p>close 73:23</p> <p>closed 108:11</p> <p>closer 14:1</p> <p>closing 59:14</p> <p>CMS 134:18</p> <p>Code 23:1</p> <p>cognizant 25:19 135:8,15,21,22</p> <p>combine 22:21 23:12</p> <p>combined 34:13 80:14</p> <p>combining 20:22</p> <p>come 19:14 21:22 21:24 22:9,13 23:3,7,15 25:20 29:18 30:20 32:20 33:12,14,18 34:4 34:8 36:24 41:4 48:5 50:1 55:2 67:19 69:19,20,21 72:3 78:24 79:6 82:12,14 87:4 100:22 105:19 107:4 109:4 113:14,20 120:20 137:3 138:24 139:4,5,7</p> <p>comes 10:21 28:15 34:6 52:5 53:13 55:12 75:7</p> <p>comfortable 13:7 21:6 29:11</p> <p>coming 5:1 25:18 27:15 44:6 68:8 78:1 84:11 106:16 128:21 131:15</p> <p>commences 9:18</p> <p>comment 9:18,22 10:3,4,4 15:13 18:15 25:22 50:16 60:12,21</p> <p>commentary 27:18</p> <p>commenting 17:15</p> <p>comments 10:5,6 12:7 16:4 19:12 40:3,5 52:7 74:7 75:1 108:2 125:13 128:1</p> <p>committee 6:2 8:2 9:13 12:3,3 17:16 18:3,17 21:23</p>	<p>22:23 23:9 25:20 28:7 29:19 37:4 38:12 39:7 45:5 46:3,19 48:17,21 51:6 65:11 70:20 71:1 81:22 82:1 84:18 87:14 95:9 96:1 110:23 111:1 111:6,18 112:16 135:8,20 138:18</p> <p>committee's 18:14</p> <p>community 28:17 61:3 107:24 123:22 130:23</p> <p>community-based 122:10</p> <p>complement 54:17</p> <p>complete 53:8 96:18 106:19</p> <p>completed 107:7</p> <p>complex 135:13</p> <p>compliance 25:2 81:4</p> <p>complied 137:4</p> <p>components 42:6 124:20</p> <p>comprehensive 125:18</p> <p>CON 34:4 35:10 84:21 107:6 108:4</p> <p>concentrated 132:4</p> <p>concentrations 137:19</p> <p>concept 37:20 39:11 75:23 76:12 111:18 113:5 121:9 122:12,17 123:4 134:23,23 137:1</p> <p>concepts 20:21 21:4 21:5 24:9,13 25:12 109:22 137:5</p> <p>conceptual 120:15 121:24</p> <p>conceptually 20:11 24:4,12</p> <p>concern 77:20 96:23</p> <p>concerned 48:15 65:11 70:11 76:3</p> <p>condition 62:5 67:17</p> <p>conditions 74:20</p> <p>conduct 8:23</p> <p>conducted 9:24</p> <p>conference 33:9</p>	<p>42:20 49:20 72:20 91:15,22 103:21</p> <p>confines 74:16</p> <p>confusing 102:14 106:15</p> <p>consensus 9:3 38:11 136:21</p> <p>consider 68:11 105:12</p> <p>consideration 10:17 69:22 100:22 129:1</p> <p>considered 63:20</p> <p>consistency 31:23</p> <p>consistent 31:15 39:2 79:10 81:9 99:15 111:23</p> <p>consolidates 9:3</p> <p>constant 47:18</p> <p>Constantino 3:18 5:18 6:23 7:7,12 12:7,11,14,20,23 13:5,12 14:6,9,13 15:15,20 16:1,4,6 16:23 19:17 20:7 20:14 26:5,8 27:23 29:9,22 30:2 31:3,14 33:8 33:13 34:18 35:1 35:11,21 36:12,14 36:22 37:23 38:18 38:24 39:4 40:9 40:12 42:19 45:7 45:12,22 47:2,7 47:17 48:8 49:20 51:16 52:7,10,12 52:23 53:7 54:12 54:14,16 55:4 56:6,10,19,23 57:5,11,17 58:6 59:9 60:1,11 61:5 61:11,19 64:23 65:21 66:12,17,23 68:24 69:12,23 71:8,11,18 72:11 72:20,23 73:1,3,5 73:8 74:24 75:9 75:13 78:7,10,20 79:16,24 80:24 82:3,19 83:2,10 83:17,22 85:5 86:7,10,14,21 87:5,9,11,21 88:19,23 89:1,8 89:24 90:4,23 91:5,13,17,21 92:2,6,9 94:9 96:8</p>	<p>96:11,23 97:14 98:1,8,10,12,14 98:16,22 99:9,19 100:3,5,13,24 101:6,17,21,24 103:2,20,23 104:11,19,22 105:4 106:5,10,14 107:6,11,22 108:11,15,20 109:1,10,17 110:4 110:19,22 111:13 111:24 112:2 114:2,5 115:17,23 116:11 118:10,15 119:10,17 120:8 126:20,22 128:15 128:24 129:11,15 129:19 130:5 138:2,6,9</p> <p>Constantino's 32:18</p> <p>constantly 84:3</p> <p>construct 65:10</p> <p>constructing 55:14</p> <p>construction 42:7,8 53:16,22 65:18 87:24 88:3 96:17 97:10,11,15,16,21</p> <p>consumer 124:9,13 124:19</p> <p>contact 55:8</p> <p>context 27:8,15,18 45:11 56:9 114:12</p> <p>contingency 97:21</p> <p>continue 6:4 13:4 74:4 76:12 96:7 98:7 131:24</p> <p>continues 24:23</p> <p>continuing 37:12 119:5</p> <p>continuum 128:8 130:1</p> <p>contract 42:8</p> <p>control 69:17 138:22</p> <p>conversation 64:14 72:6 83:7</p> <p>conversed 87:1</p> <p>cookie-cutter 24:8</p> <p>copies 5:16 7:6</p> <p>corporation 103:18</p> <p>correct 26:24 43:12 44:3 48:7,8 49:2,3 52:22 54:3 68:22 68:24 78:9 110:11 113:18</p>
---	--	--	---	--

corridor 131:10	73:2,2 92:7	54:5 62:13,14	137:19	55:21 56:15
corridors 124:12	date 11:8,10 73:24	64:21 65:12 66:4	differentiate 40:12	distribution 121:2
cost 79:1,3 80:19	136:9	67:2 76:6 78:17	differentiating	document 7:1 12:12
82:22 83:1,4	dated 12:23	80:7,11,13 83:14	37:24	12:21 13:2 17:20
96:14 97:13,21	dates 12:2	89:11,14 90:8,17	differently 44:10,10	22:22 23:3,7,14
99:1 107:3	Dave 3:7 8:9,11,12	90:21,22 91:1	difficult 24:17	37:8 51:7 90:19
costs 96:14 97:20	27:5 92:8	96:17 101:4,7	27:21 44:22 45:11	121:19 127:19
123:14	David 3:5 73:6,9	104:2,14 112:12	47:20 97:2	136:22 137:3
counsel 3:16 140:8	day 69:8,9,13 71:8	112:14,23 114:14	difficulty 63:11	139:2
140:10	120:24 124:18	117:4 120:19	84:5	documentation
count 53:2,5 54:2	132:23	definitions 26:11,19	diminish 135:21	32:1
60:8,10 65:15	days 129:8	27:24 29:10,23	direct 79:18	documents 5:9 88:5
66:5,10,15 75:14	DD 21:9 138:17,18	36:23 37:1,2,7,12	directed 31:5	Dodgen 3:4 8:11,17
115:10 116:23	139:7	37:16,17 39:22	134:18	92:5
137:8	deadline 137:4	41:22 50:17,18,20	direction 24:12	doing 6:18,19,21
counties 125:7	deal 6:14 10:9	41:22 50:17,18,20	122:16 140:7	13:7 17:9,14 25:8
county 123:21,21	19:20 23:1 25:22	50:23 65:13 81:5	directly 26:17 31:4	25:20 35:9 51:1
125:7	41:2 50:2,6 51:7	81:8,9 84:8 89:6	102:13 104:19,23	59:4 84:5 130:15
couple 131:10 133:6	102:24 117:10	90:6	disagree 63:12 74:7	130:17,18,19
course 23:8	132:16 135:12	deliberations 121:4	disagreeing 52:4	131:20,21 133:7
Court 8:6 72:12	dealing 48:19 64:4	delineating 80:18	disappear 96:1	136:4,5
74:19 140:3	deals 65:3	demand 133:12,14	disconnected 92:21	dollar 76:23
Courtney 3:17 6:19	dealt 21:2 24:18	demanding 128:5	discontinuation	dollars 30:15,18
11:23 111:3	84:10	demands 126:5	57:18 58:6 105:6	34:21 36:3 82:5,7
cover 11:24 12:1	debating 46:13	department 33:16	117:17 118:4	82:13 99:2,10
13:21 118:2	debt 42:9	33:17 60:16 77:22	discontinue 56:20	domino 80:22
create 37:15 84:3	decades 46:23	78:4 87:12	57:11,23 58:15	done 5:8,11 6:3,15
created 44:9 84:21	decertify 108:5	depends 125:6	118:16,19 119:12	9:1 22:4 24:17
creation 17:8	decide 18:9 41:10	describe 65:13,14	discontinuing 56:24	55:5,7 58:13
credible 94:11	107:2	designate 93:23	104:5	65:19 74:13 78:6
136:23	decision 18:16	desire 39:22 94:20	discuss 8:2,23 16:18	81:1 85:9 91:6
credit 99:20	46:17 105:11	detailed 74:11	41:6 112:18	94:17,18 108:5
creeping 32:5	decreased 119:18	details 96:19	discussed 20:21	113:3 119:2 133:8
criteria 17:15 30:13	decreases 119:16	deter 23:6	21:5,6 65:7 76:11	133:19 138:15
32:1 118:9 122:14	dedicated 136:3,19	determination 46:4	86:18 121:14	dot 53:22
123:7	deep 85:17	47:21 63:21 121:9	discussing 12:20	dot-dot-dot 53:2,18
critical 132:17	defer 18:8 28:24	determine 28:14	49:24	54:5 88:6
crosses 120:23	deficiencies 60:7	develop 17:10 85:7	discussion 2:7,8,9	double 67:14
CRR 1:21 140:3,16	define 34:12 63:16	developed 85:7	13:20 31:21 48:17	double-A 28:5,5
CRR-MO 1:21	79:23 84:22 91:14	127:1	51:6 54:5 62:1	double-loaded
CSR-IL 1:21	112:21 127:21	development 7:1,17	66:24,24 74:3	124:12
140:16	defined 16:22 34:15	8:21	76:14 79:10 83:11	doubt 85:22
curious 56:14,15	38:1 40:7 76:1,8	developments 9:1	92:24 99:2 107:18	down 34:5 44:6
106:1 116:16	78:14 89:4,6 90:6	deviate 36:15	108:18 109:16	59:14 77:22 81:10
current 22:12,14,18	90:10 99:3,5	deviating 81:1	110:13 121:15	84:4 91:8 113:6,9
28:15 30:17 52:18	101:17,18 102:8	DHS 14:23,24 15:6	135:10,11 138:3	128:21 132:1
108:16 115:1	105:1,5 117:24	DHS's 15:3,9	138:16,16 139:1,6	135:9
120:16 122:6	defines 43:11 98:23	dialogue 8:7	discussions 21:10	draft 2:8 9:2,6,9,16
137:24 138:20	defining 66:10,15	difference 26:3 36:9	23:22 24:3 25:17	10:20 12:12,14,21
currently 23:1 89:5	100:8	58:19 81:14	76:20 109:23	12:21,23 13:7,21
110:16	definitely 76:12,13	109:15	133:24 134:3	23:8 25:18 27:11
curve 25:14	definition 26:15	different 17:12	dissect 25:21	27:12,14 75:3
	28:2,8,10 31:15	31:20 34:7 36:10	distinction 36:9	drag 55:14
	32:7,17 38:3,17	37:1,21 43:21	45:22 84:14,21	drawing 125:24
	38:20 39:1 40:23	44:9,10 57:20	distribute 56:18	drive 1:15 120:18
	44:17 45:1,2,3,16	63:18 64:12 85:16	distributed 7:3,21	120:23 131:16
	45:17 46:8,9 47:1	96:24 117:9 124:9	distributing 53:11	driven 125:5
		129:4,9,18 137:5		

D

da 32:3,3,3,3,3 40:4
40:5,5
dart 3:19 33:10,10

<p>driving 128:9 dropped 129:11 dropping 129:15 drops 127:4 129:2 drove 96:3 drug 39:24 duplication 127:20 during 106:18</p> <hr/> <p style="text-align: center;">E</p> <p>each 10:4 12:3 34:3 34:11 easier 15:2 47:8 81:20 125:23 easily 117:19 easy 12:19 74:17 economically 55:15 edification 89:16 editorialize 25:22 effect 45:16,18 63:14 80:23 effective 11:8,10 efficient 123:14,14 effort 22:1 eight 52:24 eighty 127:12 either 5:1 70:12 114:1 128:12 129:4 elaborate 23:22 Eli 5:13,14 eliminate 119:8 eliminated 53:24 Eli's 131:13 emphasis 109:19 130:23 employed 140:8,10 employee 140:10 enable 125:15 126:15 encompasses 23:3,7 127:17 end 6:16 29:3 43:24 73:17,23 91:7 124:18 139:17 ending 6:3,6 end-of-March 136:9 engaged 27:6 English 102:19 enough 69:10 88:14 107:24 108:1 entire 18:17 44:16 45:2 112:24 130:1 entirely 40:24 entirety 44:24 entitled 7:16</p>	<p>environment 38:14 128:3 environments 124:13 equipment 53:16,23 97:10,10 98:18,24 99:1 100:2 especially 14:20 81:11 essentially 7:24 31:5 establish 82:6 118:20 established 36:3 51:6 110:23 establishing 82:13 82:22 establishment 15:15 45:13 89:9 117:21 118:5 Estimated 96:14 et 17:15 evaluated 77:10 even 15:5 21:13 30:15 45:10 47:13 68:15 71:20 82:21 83:19 85:23 99:10 113:19 118:7,10 125:7 126:10 129:14 138:19 ever 22:19 45:14 48:6 57:16 106:7 130:16 every 10:19 13:6 54:19 55:11 69:9 69:12 71:8 127:22 127:23 128:18 132:23 everybody 14:7 19:16 23:9 31:23 73:19 83:9 117:11 132:18 136:24 everybody's 120:7 everyone 7:2,21 12:12,17 13:1,7,9 17:2 29:9 83:10 96:5 103:20 everyone's 95:11 everything 5:8 23:12 24:21 25:19 25:19 29:16,20 36:16 38:2,7 122:7,10 125:21 136:17 everywhere 84:14 ever-changing 122:17</p>	<p>exacerbating 138:19 exactly 13:21 18:1 37:5 39:20 80:21 82:16 exceed 113:10 excellent 20:20 24:22 25:3 120:4 Except 67:9 76:7 excess 127:1,16 exchange 114:9 exclude 88:8 excluded 38:14 45:3 53:20,21 88:7,10 88:12 Executive 12:10 exempt 40:8 exemption 53:14 59:16 65:17,20,24 67:9 105:9,24 existing 20:23 21:1 26:23 30:17 62:20 74:10,14 106:12 127:11 131:6 expand 55:11,13 62:20 64:3,10,15 expansion 46:24 55:16,17 122:9 expect 29:1 expenditure 30:5,6 30:10,24 31:15 32:8 34:2 38:4 42:3,4 43:11,13 45:1 46:23 47:1 54:6 expensive 71:13 experience 35:7 125:8 explain 13:15,16,24 19:22 30:21 33:5 33:11 54:23 68:14 68:14 110:1 explanation 19:12 20:4 expressly 53:19 extend 67:13 extensive 133:24 extent 14:18 external 128:3 e-mail 5:15</p> <hr/> <p style="text-align: center;">F</p> <p>faces 44:7 facilities 1:2,11 10:13 17:13 20:12 21:1,9 37:16 40:7 46:10,11 56:15,18</p>	<p>64:12 84:22,23,24 86:16 100:22 105:19 107:1 113:20 130:15 134:19,19,21 facility 30:12,18 32:21 34:6 35:23 36:3,4 37:8 46:5 53:17 54:16 55:8 55:11,12 56:21,21 57:1,2,6,12,13 58:17,23 59:14 60:6,6,9,17 62:3,7 62:7,8,15,20 64:5 64:6,10,15 66:1,6 66:16 82:13 88:3 88:4 94:5 100:8 100:14 101:4,7,15 103:14 104:3,15 104:24 106:12,15 109:6 112:7,9,12 112:24 113:2,2,9 117:5,14,14,22 118:1,16,17,21 127:22 131:7,8 137:22,24 facility's 65:16 66:7 fact 15:4 18:2 27:9 29:3 35:20 40:23 41:7 46:22 109:4 110:14 126:2,16 126:16 132:12 135:8,22 factor 62:16 107:3 131:13 factual 105:15 fairly 21:18 130:20 fall 68:15 familiar 25:10 far 10:23 15:21 63:20 74:2 76:2 88:14 125:6 133:13 fault 91:5 favor 4:10,20 19:3 42:14 49:16 90:13 91:15 101:8 139:13 feasible 55:15 February 1:13 7:10 fee 36:5,6 feel 75:4 86:6 111:13 feeling 27:22 feels 50:7 fees 97:23 feet 78:19</p>	<p>felt 23:19 few 20:22 44:5 122:20 125:12 128:23 field 64:2 123:12,18 129:24 fifteen 55:11,14 63:22 128:14 fifty 64:11,12 102:20 112:13 113:7 fight 47:9 figure 31:1 72:9 figures 76:23 file 20:16 106:3,6 filed 40:2 fill 81:16 filled 55:13 filling 8:9 81:15 fill-in's 94:20 final 11:3 finally 10:15 financed 42:8 financially 140:11 financials 97:20 financing 35:19 45:14 find 8:5 52:4 92:18 126:14 finding 114:11 finds 60:24 fine 12:13 13:24 20:9 21:15 68:13 94:16 finish 48:1 first 4:24 9:9,16,17 9:21 17:23 20:20 29:12 31:7 57:15 79:10 111:6 121:1 122:6 123:5 125:13 126:2 137:3 fit 22:7 23:19 24:8 24:20 25:18 61:1 119:23 fitness 67:21 70:8 fits 23:4 24:5 five 34:9 64:6 70:23 114:22 128:14 129:12 130:15,17 130:19 131:19 fix 64:3 fixed 21:14 126:4 fixing 19:14 21:14 flexibility 95:19 124:1 flies 55:17</p>
--	--	--	---	--

<p>floor 1:3 6:22 Florida 133:13 flows 88:1 focus 78:22 focused 117:4 Foley 3:22 35:14 40:15 47:4 58:22 59:17 75:11,15 76:5,13,18 77:8 77:12,18,24 78:9 79:1,5,12 80:1 81:21 89:17 90:2 97:19 98:21 108:14 109:3 110:10 115:11,15 120:5 125:12 folks 20:9 27:6,21 114:1 124:22 follow 6:8 19:10 120:14 follow-up 95:3 foot 79:1 80:19 97:20 footage 76:22 77:22 78:4,24 footnote 37:7 Force 75:23 76:11 85:13 forces 124:2 forgive 129:22 forgot 72:15 forgotten 135:16 form 75:20 81:21 110:10 format 20:8 21:2,7 97:1 forms 9:14 10:10 formula 121:19,21 122:3,6,7,16 123:2 127:14,15 131:16,18 132:2 135:11 formulas 122:21 128:12 forth 36:24 forty 64:12 113:21 forward 6:15 27:20 88:2 91:13 111:8 133:16 135:19,23 foundation 23:5 four 6:5 83:4 fourth 9:10 55:19 fraction 99:9 frame 135:15 frames 6:17,17 framework 133:2 franchise 131:5</p>	<p>Frank 3:16 6:11,18 7:19 18:8,12 20:20 25:7 29:1 43:6 53:8 61:6 74:8,12 86:18 92:12 93:7 94:14 95:16 101:1 111:4 111:13 112:3 135:5 frankly 84:5 100:10 124:11,17 free 86:6 124:17,17 Friday 73:16 from 6:5,5 8:6 10:5 14:22 15:2,7 17:13,17,20,21 21:22,24 22:9 23:6,16,17,18 25:10 26:11,17,20 27:18 29:17,17 30:4 31:4,4 32:24 36:11,15 37:17,24 38:19 39:21 40:12 41:22 43:17 45:7 45:15 47:13,17,21 49:11 50:19 53:13 58:3,22 59:12,22 60:4,8 68:8,9,9 78:1 80:5 81:1,12 81:14 83:22 85:16 87:3 88:12 93:18 94:3,4,6 101:7 104:8,23 105:16 107:5,15 111:6,7 112:5,5,9,13 113:1,7,11,21 114:21 116:19 119:1 120:14 121:24 122:2 123:10 129:7 130:19 131:4,5 132:22 133:12 front 24:11 full 38:16 58:11 69:22 fully 108:20 functional 104:3,15 104:18,24 105:13 106:13 funny 102:12 further 46:22 48:17 121:15 127:19 140:9 future 41:3,4 76:14 78:5 123:15</p> <hr/> <p style="text-align: center;">G</p> <hr/>	<p>gamut 56:12 gave 74:10 85:17 96:18 general 13:17 15:21 89:18,19,21 90:5 generally 40:5 107:13 geographic 57:9 125:15 gets 28:23 68:18 106:14 getting 5:9,9 55:13 66:9 71:4 96:19 121:8 give 6:22 20:15 22:14,15 27:8,15 27:17,21 59:9 78:3 117:19 128:13 133:1 given 120:16 132:12 gives 6:9 123:23 giving 15:19 73:15 glad 114:13 go 4:3 5:4 9:7 13:6 20:2,8,15,16 21:7 21:11 22:17 23:14 23:21 24:9,15,22 27:5 28:1 49:9 50:14 54:24 59:11 59:15,22 63:17 70:14 76:10 80:2 83:12 86:10 93:8 93:11 98:17 105:14 110:16 111:8 113:6,7,11 113:11 122:15 127:19 131:24 134:16 137:5 goal 22:3,8 136:10 139:4 goes 10:13,24 15:3 30:4 37:11 45:21 103:24 119:13 122:11 126:22 130:11 going 8:11,20 13:23 20:24 23:15,16,18 23:21 24:16 27:16 27:20 28:7,11,14 28:18,19 30:12,14 32:9,22 35:4,14 35:17 38:19 42:22 43:10 47:4 50:1,2 51:20 57:23 58:4 58:22 63:20 66:3 67:12 69:3 72:13 75:2 78:24 81:14</p>	<p>85:11 90:24 95:13 98:4 101:15 109:5 109:7 110:21 111:9 115:8 117:2 118:2,14 119:22 122:4 123:4 124:23,24 125:12 126:19 127:5 128:12,20,22 129:3,14 130:21 131:21,22,24 132:6 134:15,21 135:16 137:8,9 138:2,23 gone 73:13 122:8 136:20 good 10:23 11:19 24:9 29:15 46:9 60:20 61:20,21 62:8 64:20 66:21 70:3 85:18 99:23 120:3,19 121:2 127:14 131:3 govern 93:15 governed 66:10 governs 36:16 38:2 grandfathered 126:24 great 6:14 136:24 138:12 Green 134:17 Greg 3:7 gross 78:19 group 6:2 25:16 27:12 39:20 48:12 50:6,21 61:17 94:24 105:18 grouped 42:9 groups 135:9 grow 117:12 119:5 119:6 growing 123:22 growth 137:18 guess 21:20 22:4 25:6 30:3 44:18 44:19 60:3 77:12 130:13 134:11 guesses 130:20 guessing 43:18,20 44:6 guidelines 17:11 24:20 guys 51:8 132:23 gym 34:17</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>half 30:15,18 34:21</p>	<p>36:2 82:5,7,13 83:4 99:2,10 hand 115:3 126:18 139:3 handle 51:17 Handler 3:6 14:1 72:22 93:1 hands 15:3,9 hang 8:4,5 131:20 happen 17:3 33:4 52:5 71:3 106:23 128:22 happened 30:8 41:1 60:18 98:22 128:8 happening 69:8 happens 39:24 44:11 66:2 106:14 125:8 131:14 132:3,5 happy 7:4 60:11 61:19 hard 91:2 harder 99:13 hard-pressed 132:1 harm 98:18 hate 36:15 91:8 96:24 having 24:10,17,17 28:5 30:11 41:21 66:24 80:4 84:4 head 24:12 heading 88:17 health 1:2,11 10:13 14:22 15:4 60:9 60:16 62:4,8 70:13 87:12 95:6 122:10,18 125:19 126:6 129:4 healthcare 34:6 37:8 46:9,11 53:17 61:2 65:16 66:5,6,15 84:22 84:22,23 88:3 112:6 125:16,23 127:6 128:4 130:1 hear 7:2 11:17 12:17,19 14:13 21:13 26:5 75:5 78:15 91:2 92:23 109:22 132:22 heard 4:11,21 13:3 14:8 19:4 42:16 49:17 57:16 58:4 59:1 83:6 90:14 91:9 101:9 108:1 136:10 139:14 hearing 9:20,22,24</p>
--	--	---	---	---

10:6 20:17 83:9 94:19,22 heart 31:18 Heights 131:14 held 1:13 10:1 74:3 83:11 92:24 help 25:5 27:2,6 123:18 132:16 helpful 27:8 50:8 132:22 her 92:20,23 HFSRB 2:7 3:16,17 3:18,19,20,21 high 63:6,11,13 70:21 99:18 127:11 highlight 51:18 highlighted 41:20 45:17 highlighting 52:19 Hills 3:21 43:15 50:13 him 51:23 81:4 115:7 historical 33:1 history 46:7 87:1 hit 68:17 99:10 136:15 hold 28:22,24 29:6 43:20 109:8 home 16:19,20 28:13,18 48:6 69:13 75:16 82:6 100:11,23 114:17 114:17 117:18 122:9,10,13,18 123:6,12 126:6 127:6 128:10 129:2,4 130:23 homes 17:12 24:8 28:20 37:21 43:21 44:2,9 48:13 63:15 75:20 125:20 126:23 128:16 hope 23:21 hopefully 5:23 7:2 11:1 52:4 125:16 hoping 22:5 118:24 118:24 horse 5:1 hospital 31:6 32:9 32:13 33:15,15,23 44:2 52:1 56:16 71:19,21,22 84:4 84:17 96:17 100:17 106:11,15	107:13 110:14 124:13 128:7 hospitalization 32:5 hospitals 31:5,12 33:2 37:13,18,20 38:19 39:5,9,18 39:21,24 40:4,20 43:21 44:8 46:13 47:9,13,19 48:5 56:11 75:18,24 77:2 79:12 85:16 100:9 110:8 128:5 hospital-based 31:22 hospital-related 32:19 84:12 hour 1:14 House 134:17 housekeeping 96:6 Housing 88:5 HSA 121:9 137:15 137:24 HSA's 120:24 121:1 HUD 45:15 hundred 30:13 58:16 65:24 66:1 67:23 113:6,6,7,7 116:16,17 118:19 118:20 131:11,13 131:15 hurt 44:18 81:7 hypothetical 125:24	140:4 impact 45:20 81:7 84:12 102:2,11 122:19,23 137:11 impacts 25:12 104:18 implement 67:23 68:19 implemented 67:17 implication 44:23 81:17 implications 48:11 48:12,18 imply 114:17 116:20 importance 97:12 135:22 important 19:14 95:11,11 120:9,11 120:12,14 importantly 84:16 impressed 74:9,12 include 9:22 10:11 53:19 89:10 90:24 122:17 125:18 126:9 included 13:18 15:16 16:2 20:4 21:7 63:20 90:8 90:18 97:10 122:21 includes 89:9,20 including 10:5 21:4 28:4 54:20 66:7 90:4 122:20 incorporated 25:16 increase 60:7,10 63:9 67:24 69:13 112:7 117:2 124:3 124:5,7 127:13 increases 66:7 increasing 55:20 67:5 113:2 independent 35:18 36:1,6 42:5 83:18 134:6 indicated 40:16 41:1 indicates 10:11 indicating 7:7 17:20 53:18 indirectly 102:14 individual 68:22 138:17 industry 6:8 27:10 68:9 124:22 information 47:21	104:7 105:17 110:2,7 initial 21:17 initiation 89:4 innovation 123:9,15 125:4,10 134:23 135:4 input 85:9 inserted 97:4 inside 125:7 install 62:2 instances 75:17 instead 61:6 84:3 institutional 129:24 135:1 institutional-based 129:23 instruct 52:20 instrument 35:22 42:9 intended 77:2 intent 31:14,16 32:14,23 78:3 85:6,6,14,20,23 85:24 103:6 intention 107:19 108:9 interdependency 32:16,19 43:12 54:7 interdependent 30:8 33:17,19 34:3,11,15 35:2 41:21 47:10,20 interest 103:14 137:1 interested 131:18 140:12 interesting 21:19 108:13 intermediary 106:8 intermediate 16:24 54:20 56:1,2 89:10,21 intermingling 109:21 interpret 56:19 57:17,18 85:2 introduce 27:7 Introduction 14:15 invariably 127:21 inventory 69:16,17 126:9,13 investigation 97:23 involved 68:18,19 76:9 iron 11:2	irrelevant 77:23 irritating 76:9 issuance 42:9 60:24 105:15 issue 5:6 25:13 29:7 29:14,20 32:19 44:8 46:1 48:9,10 48:20,20 50:1 59:21 68:5 71:14 72:3 76:11 79:4,5 97:17 98:24 108:21 109:4 114:21 115:10 120:15 124:10,10 124:11,20 132:17 133:10 135:13 137:1 138:18 139:1,5 issues 20:12 24:18 24:18 29:16 33:20 40:19 62:4,8,9,9 84:10 109:20 120:12 137:11 139:7 italicized 26:1,2,2 26:16 52:16 66:19 102:16 104:21 105:3 italics 26:9,9,10 item 82:10 itemization 97:1 items 97:5,5,7 i.e 126:5
	I		J	
	ICF/DD 14:21 15:1 15:6,15 54:21 89:10 90:4 ICF/DD's 28:12 ICU 56:12 idea 13:17 34:15 37:2 38:24 58:1 119:3,4 137:20 ideas 8:24 identified 102:6 identify 28:19 125:16,23 126:5 126:15 identifying 26:13 IDPH 63:11 70:15 71:4 87:11 IL 1:23 Illinois 1:1,4,11,15 9:15,17,19,20 10:16 11:7 20:13 22:1 57:12,23 59:14 60:16 87:12 99:16 101:16		January 2:5 4:15 12:24 Jason 3:24 JCAR 7:24 9:14 10:7,10,11,15,17 10:18,21,24 20:8 20:10 45:24 Jefferson 1:3 job 5:10 20:10,10 20:21 91:6 102:3 jobs 5:11 John 20:19 21:21 21:23 22:6 73:4 91:5 101:17 103:2 103:16 Johnson 3:12 60:4 60:14,19 134:15 join 33:8 joined 8:5,8 joins 8:15 Joint 9:13 Joliet 1:15 10:1	

Jonathan 3:3	39:8,22 44:18	132:3,4 136:9	85:17 95:24	limit 58:2
Judy 3:13 27:2 45:8	71:12 78:4 81:4	later 15:11 72:4	legitimate 18:11	limitation 57:10
53:4 76:19 84:15	87:14 136:18	73:17 79:6 109:3	82:2	limited 28:19 62:3
90:7,23 91:14	137:6	110:10 119:22	legitimately 135:12	125:9
99:4 100:14 101:6	keeping 81:7	Laughter 36:19	length 128:6	Lincoln 58:17
101:13 104:12	Keim 1:21 140:3,15	38:10 49:8 50:12	less 34:22 65:22	line 15:4 17:12
128:16 133:3	kept 31:24	51:13 67:8 71:5	71:10 115:18,19	52:15 55:19 97:4
jurisdiction 16:24	key 76:9	72:1 74:23 76:4	115:20,24 118:11	97:7
39:4 54:18,19,21	kick-back 38:19	86:13 94:12 96:4	lesser 54:18 60:1	lines 52:14
56:3 60:13 65:23	killed 67:24	98:6 102:22	let 4:24 12:16 22:10	linked 100:10
78:8,11 79:17,20	kind 11:11 18:13	114:15 121:13	32:15 70:19 90:21	list 10:8 51:9 78:4
80:3 86:15 87:7,8	25:12 27:19 56:14	laundry 10:8	92:12 93:6 137:5	96:16,20
108:12 137:10	62:5 69:10 84:15	Laurinda 3:4 8:10	letter 43:20 55:5	listen 75:2
just 5:5,19 7:18 8:4	85:19 97:12	92:5	58:11,14 66:3	listening 24:3 25:7
8:5,8,20 10:23	118:21	Lavin 3:3 12:19	118:7,8,10 131:14	Litigation 1:22
13:15,16,22,23	kinds 109:20 123:9	13:14,23 19:10,17	let's 6:13 8:5 13:12	little 6:14 63:24
14:23 15:2,8,13	know 5:12 7:2,20	19:19 20:7,9,15	34:6 79:4 91:19	75:5 103:6
16:3 18:13,15	12:3 13:8 15:22	21:12 54:10,15,23	94:18 135:2,2,3	living 20:6 35:17,18
19:9,19 20:1,5	21:9 27:9 32:21	61:24 65:12 66:4	level 63:6,13,13	35:18 36:1,1,6,6
21:8,8,8,13,20	32:23 33:4 35:19	66:14,20 67:3	64:2 108:19	54:22,22 83:18
23:8 25:24 26:23	36:13 38:12,14	73:4,4 87:3,5,7,10	129:23	88:4,8,9,11,12
27:6,19 29:14	39:9 40:11,19,21	87:19 90:20 91:2	license 57:4,6,7	122:11,11,18,18
30:19 32:21,22	44:7 46:6 47:4	91:16,24 92:1	117:9	126:7,10,10 127:7
33:4 35:4,14	60:5 62:22 69:9	100:12 101:14,20	licensed 28:12 88:4	127:7 129:5,5
37:24 39:23 40:17	69:10 75:7 76:20	101:22 102:1,24	100:19 106:8	131:22 137:9
40:20 41:8 43:10	77:17,17 93:18	103:4 137:15	108:17 109:2,13	location 59:12,23
45:2 48:15 50:16	96:17 99:11 111:3	138:4,8,12	119:9,11,16	112:13,14
52:17 55:5 56:6	121:15 129:16	law 17:17 22:12	123:12 124:11	locations 56:17
56:17 57:7 58:17	132:3 133:5,11	26:17,20 29:1	130:2	logic 19:20
60:3,21 64:7	134:12 135:17	50:24 51:2 67:15	Licensing 55:6,7	logical 111:22
65:19 66:5,6	137:9,17 138:14	81:8 94:13 95:5	70:15	long 10:8 33:4 50:5
69:14 70:1,4 72:9		102:24 103:18	licensure 68:5 87:9	51:5 58:12 79:10
75:2 76:8 77:1	L	108:23 138:4	87:11,12 119:13	107:23 111:11
79:12 80:22 81:6	labeled 12:14,21	laws 22:14	life 35:7 70:17	longer 32:7 35:21
81:16 83:3,13	75:18	lawsuit 67:12	81:20	35:22,23 36:4
84:15 85:11,12	laboratories 98:20	lawsuits 130:21	light 63:13	72:6 83:17 84:8
86:21 88:21 89:6	lack 109:6 121:18	lay 60:4	like 5:7 6:1 7:21	86:15 105:7
89:15 92:11 93:15	123:12 129:22	learning 25:14	19:15 21:20 24:5	long-standing 37:12
95:13 96:3 99:2,9	language 16:9,13	least 47:12 48:13	24:10 31:21,22	long-term 1:9,12
99:12 101:15	16:16 26:12,13,16	102:13 118:24	32:2 33:1,22	8:1,22,24 14:19
103:14 104:7	29:11 31:3,4,10	125:8 133:13	37:15 39:11 40:1	14:21 15:11,12
107:16 109:13	32:16 36:14 41:20	leave 14:23 15:8	47:5,7,14,15	16:11,15,19 17:11
110:12 115:11	42:3,4,10 43:13	19:15 41:10 81:4	53:24 55:17 58:8	20:12 21:1,4,24
116:9 118:8,10	43:13 44:1,17	leaving 81:10	65:2 66:9 72:5	23:1 27:10 30:17
123:2 125:6,12,19	45:15 46:4 47:8	left 24:14 75:13	73:10,11,17 74:7	32:2,5,6,12,21
125:20,24 134:14	47:16 48:21 49:1	legal 3:16 24:18	74:19 78:19 81:3	33:7,12,14 34:19
134:24 135:14,20	49:10 52:15,17	legalese 33:6	86:10 87:20 89:12	34:20 35:2,8,19
135:21 137:11,16	53:7,13,19 54:8	legally 44:13	93:2 95:1 96:7,22	36:10 37:14,16
137:20 138:1,14	62:2 63:14 65:3	legend 31:8	101:2,3 107:21	38:5 39:5,6,15,21
139:1	65:11 66:12,15	legislated 54:11	108:2,2,3 111:2	40:7,16,18,20
justify 137:22	67:23 85:23,24	legislation 28:15	114:1 117:4,7	41:8,22 45:12
	88:7 99:4 104:6	66:22 125:17	118:21 119:2,3	46:5,17 51:3
K	104:19	Legislative 32:23	121:7 123:8,20,21	71:24 75:24 76:21
K 1:21 140:3,15	large 107:14 126:14	75:23	123:22 126:13	77:4 78:11,15
Karen 1:21 140:3	larger 15:1 48:16	Legislature 32:24	130:16 131:21	79:8,22 80:6
140:15	LarsonAllen 133:11	34:1 46:8 76:10	134:22,24 136:22	81:16 84:23 85:8
keep 31:14 37:6	last 5:4 28:3 63:14	84:17,20 85:2,13	137:17,18	85:15 86:1,16,23

89:8,18,19,21 90:1,5 94:4 96:21 97:8 100:2 103:8 103:10 105:7 106:24 107:15,22 110:8,24 111:2 119:6,7,13 130:6 130:10,12,13 133:14 138:16 look 18:9 22:24,24 23:2 24:5 25:17 30:16 36:4 39:10 67:20 68:20 70:8 81:17 82:5,10 83:17 101:2 108:16,17 109:20 111:19 112:19 114:11 125:15 126:10,11 128:10 131:4,9 136:24 139:1,8 looked 34:2 107:20 129:6,7 133:13,22 137:16 looking 22:20 25:1 33:24 34:1 36:2 39:14 43:14 44:6 47:3 60:8 111:18 124:2 126:6,7 128:5 129:1 130:17 133:10 134:11 137:15 looks 53:24 117:3,6 136:21 lose 95:17,18 106:19 107:12 lost 59:5 92:11 lot 29:8 30:20 31:19 36:20 39:11 47:8 49:24 51:21 60:6 62:22 64:2 72:6 76:20 77:6 81:14 83:21 96:16,20 126:2,14,23 134:16,20 135:10 135:11,17 137:11 lots 50:17 124:22 love 16:10 loves 126:20 lower 71:16 99:21 127:12 Lowitzki 3:7 lunch 50:11 61:23 72:15 lunches 72:14 luxury 136:5	M made 101:6 105:8 131:19 maintain 8:14 92:17 major 53:15,23 55:16 62:16 98:18 98:24 99:1 100:1 108:21 majority 95:12 137:13 make 5:24 6:7 15:13 19:18 24:1 25:1 27:4 31:17 39:19 40:1 41:5,7 43:16 47:8,21 48:15 50:16,22 51:1 52:5 58:19 60:17 62:22 69:17 70:20,20 71:1 74:7 75:1,4 80:10 81:14,20 82:1,2 82:19 83:2,8 84:11,14,21,24 85:20 89:13 90:7 90:9,23 92:20 93:2,7,10 95:13 97:2 99:12 100:23 101:3 106:16 109:10 111:22 113:21 121:2 125:12 129:8 130:19 132:1 136:4 makes 13:10 37:21 44:1 55:15 110:15 125:9 making 6:8 9:2,19 11:4,8,9 46:3 48:14 51:24 67:5 73:14 75:8 86:2 105:11 108:1 109:7 115:6 136:1 maldistribution 127:20 manager 102:5 many 5:18 40:3 48:14 139:6 March 74:1 132:19 136:13,23 137:2,4 138:24 139:3 market 80:6 120:19 120:23 121:6 124:1,17,17 125:5 126:5 127:19 marketplace 120:17 122:9 127:5 marriage 103:14	material 105:8,14 materials 13:15 19:21 matter 36:8 57:22 60:2,7,15 83:23 99:13 matters 83:21 may 27:4,6 29:2 32:20 36:9 51:1 64:5,6,6 76:18 93:23 103:16,18 107:1 110:15 114:8 118:1 119:3 125:17 maybe 26:4 35:18 37:3 38:15 48:16 56:13 70:21 84:20 84:20 85:3 86:3 92:18,21,22 102:17 111:1,4,14 126:15 135:23 136:1,5 137:2 McDonald 1:14 mean 16:13 21:13 22:4 25:7 30:5 39:9 44:21 45:6 52:15 54:15 55:23 56:20 57:18 62:19 62:21 63:17 65:11 65:18 66:8 68:8 70:24 76:2 77:15 95:11 100:10 101:14 102:2,3 103:12,13 109:21 110:1,3,4,15 112:17 113:8 118:21 119:21 121:5 134:9 136:16 137:6,10 138:19 means 6:9 26:23 31:2 33:6 42:7 45:5,10 52:14,14 52:16,17,18 56:9 56:16 65:15 89:7 89:8 114:11 mechanism 35:19 45:14 70:12 Medicaid 76:2 104:7 105:16 106:2,4 107:2,2,5 107:12,19,20 108:1,4,5,16 109:2,6,12,14 medical 53:15,23 98:18,24 99:1 100:1	Medicare 104:7 105:16 106:2,4 107:12 129:8 Medicare/Medicaid 106:18 med/surg 56:12 meet 70:7 97:12 123:6,15 meeting 1:10,11 2:6 2:11 4:4 5:4,9,22 10:18,21,24 17:23 22:13 41:3 73:21 92:15 95:7 132:14 132:16,20 136:13 136:24 138:3 139:9,15 meetings 8:2,23 20:22 22:11 24:4 73:12 93:24 107:17 108:2 member 8:15 45:6 93:22 members 7:3 95:1 112:21 127:16 135:20 mention 25:16 114:9 mentioned 55:22 92:13 108:9 133:5 methodology 126:1 133:10 metric 78:18,21 Michael 3:2,8,10,18 52:22 71:17 78:6 90:3 104:10 132:22 Michigan 1:22 middle 42:4 Midwest 1:22 might 19:15 29:8 41:13 87:14 88:13 107:24 114:10 117:24 123:16 133:8,9,9 136:2,3 migrate 104:5 Mike 6:18 12:5,16 13:4 14:1,3,17,17 20:20 21:9 22:22 29:14,21 32:18,24 36:20 37:14 40:15 41:1,9 42:11 43:12 46:6 49:2,4 49:14 50:14 51:14 55:2 67:4 68:13 72:10 74:4,9,12 74:21 75:8 76:17 78:19 79:14 83:8	83:12 85:5 86:6 89:20 94:15 96:7 97:22 98:7 102:15 106:1 109:9,24 110:21 113:24 115:2 121:7,11,12 121:23 122:4 126:18,20 131:23 Mike's 13:20,20 32:17 million 30:15,18 34:9,9,10,21 36:3 46:24 47:6 82:5,7 82:13 83:4,5 99:2 99:10 mind 32:24 77:3 115:11 127:14 130:14 137:7 138:1 minimum 5:3 Minnesota 133:13 minute 8:4,5 14:4 31:24 75:1 86:11 minutes 2:5 4:15 48:10 50:13 127:21 137:24 139:6 miserable 70:18 missed 31:8 missing 44:17 115:12,16 Missouri 133:22 140:4 mistake 116:4 Mitzen 3:9 16:18,22 17:1 21:20 25:6 25:23 42:22 47:12 48:1,4,9,23 49:19 50:8 61:16,21 63:3 66:2 69:19 70:10,16 71:3,6,9 71:15 72:5 85:11 100:16 102:12,17 104:12,16 115:4,8 115:13 129:12 130:11 133:5 134:6,11 mix 129:7 mode 125:6 model 17:13 133:23 134:17 modeled 124:12 modeling 130:16,24 models 85:21 134:16,20 135:2 modernization 30:19,21 33:17
---	---	---	--	---

34:7,19 65:18 107:3,15 modernize 33:16 modification 42:7 53:16 85:12 87:24 88:3 modifications 21:3 modified 38:17 Monday 10:19 money 123:17,20,24 monies 114:9 months 29:17 moratorium 123:5 124:16,23 135:3 more 21:18 24:7 30:11,14,18 33:1 37:15 44:5 48:5 48:11,14,17 50:13 50:18 57:24 59:13 59:24 62:17 63:20 64:5 65:13 68:8 69:16 84:10,16 91:10 93:24 102:20 106:11 108:12 112:10 115:17,23,24 119:2 123:13,24 124:1 125:3,5,5 129:14 130:22 136:3 138:19 139:8 most 24:13,17 73:12 122:21 132:6,11 Mother 69:23 93:13 97:3 111:7,8 motion 4:4,16 18:17 19:7 38:15 39:19 40:1 41:9,11,12 41:17,19 42:15 46:15,18 47:23 48:24 49:5,10 61:22 63:7,8 65:8 80:11 90:8,9,17 91:10,13 93:3 101:3,12 139:9 motions 62:22 mouth 43:19 move 4:6,17 14:14 27:23 29:13 41:6 59:22 69:24 84:1 84:6 86:6 93:5 99:24 113:1,21 116:17,19 117:2,9 119:1,2 120:7 134:18 135:18,23 137:2 138:24 moved 18:22	139:10 moves 124:1 moving 6:15 14:3 27:20 50:11 87:18 104:3 114:7 116:18 119:3 135:24 MR/DD 28:16,17 much 5:2 14:24 31:21 34:22 50:15 52:5 57:22 110:13 122:19 126:20 130:2 139:4 multiple 56:17 64:1 multi-bedroom 135:2 must 115:22 myself 131:6 <hr/> N N 1:22 name 72:21 national 102:8 nature 130:4 necessarily 68:8 124:19 125:1 necessary 9:7,12 10:11,20 11:12 69:4 75:4 96:18 96:21 need 4:7,15,15,18 5:18,19 7:17 8:6 12:5 13:9 15:5 18:14,21,23 19:17 19:22 22:6 23:9 34:4 38:5 41:5,10 42:23 46:24 48:16 50:3 59:15,18,20 59:22 61:22 62:21 65:17 69:24 78:16 80:7 81:4 82:14 82:17,22 84:11 90:11 92:17 93:18 95:13 97:21 99:13 103:7 105:21 108:3,16,17 109:1 109:11 119:2,4 120:15,20,22 121:22 122:12 123:19,22 124:6,8 126:16 127:8,10 127:18 128:12 129:22 130:17,24 131:8,8 133:9 136:3,18 139:5,11 needed 10:19 31:13 83:13 123:4	127:14 131:7 needing 119:6 needs 8:15 22:4 30:16 37:4 49:1 55:8 72:12 90:10 97:11 100:15 122:16 123:15 124:19 125:16,23 131:17 138:16 negotiations 28:16 28:22 neither 140:8 Nenya 3:12 61:5,7 Nenya's 67:1 net 109:20 never 10:24 33:3,13 34:19,20 35:1 40:16,24 47:4 58:4 76:1,7 91:9 99:10 107:14 108:6,8 110:20 128:8 new 8:24,24 16:10 17:8 21:21 25:9 25:11 26:11,13,21 28:4,5,8,10 29:2 30:12,19,20 31:3 34:16 40:4 47:12 62:15 72:10 84:3 86:23 98:23 99:4 99:5 109:6,8 112:5 122:19 123:6,15 129:13 134:18,20,21 next 2:11 23:11 52:5 72:11 73:24 80:13 110:17 128:23 132:14 133:14 136:23 138:3,23 nine 67:24 68:1,2 nineteen 116:22 ninety 127:23 nitty-gritty 84:13 nobody 46:23 nods 52:23 non 62:7 80:18 none 36:1 96:15 non-bed 46:24 non-clinical 76:24 80:20 81:18 82:4 82:10 non-participation 104:6 106:2 normal 27:9 43:8 normally 32:18,18 note 14:19 40:21	86:14 nothing 17:17 24:10 99:19 125:14 127:3 notice 9:16,19 10:2 10:10 11:4 notification 86:21 87:2,16 notify 56:24 57:13 69:10 86:20 87:6 notifying 93:24 notion 124:23 nowhere 46:7 number 33:21 55:20 83:3 99:1,8 105:19 107:1,19 109:13 112:7 119:15 124:3,7,10 126:23 127:13 133:22 137:23 numbers 69:18 126:12 128:9 137:23 nursing 16:19,20 17:12 24:8 28:13 28:17,20 35:11,16 35:24 36:3,7 37:20 43:21 44:2 44:8 48:6,13 54:20 56:7 62:8 63:15 69:13 71:20 75:16,20 82:6 83:15 88:6 89:20 100:11,22 105:19 117:17 122:13 123:6,12 125:20 126:23 127:3 128:10,16 129:2 129:19 <hr/> O obligations 73:22 88:13 obsolete 138:1 obtained 53:15 obviously 5:13 35:15 55:12 59:18 78:2 79:2 89:20 125:19 133:21 occupancy 122:13 127:11,12 137:7 off 28:22,24 29:6 74:3 75:13 83:11 85:8 92:24 111:2 131:12,15 139:3 offer 124:21,22 official 55:17	116:23 often 39:23 55:2 71:3 Oh 37:13 59:11 67:24 77:21 93:21 121:20 126:19 Ohio 133:23 okay 4:24 5:21 6:13 7:23 8:17,18 10:15 11:11 13:10 13:12,23 14:6,13 15:24 16:6,22 17:1 19:1,16 22:13,21 23:5 25:9,23 29:22 33:8 42:14,24 44:4 45:4 46:6,10 49:12 50:8 54:9 60:2,14,19 63:23 67:3 70:16 72:23 73:1,3,23 75:9,13 81:8 83:2,12,20 86:7 88:14 91:2 95:23 98:2,4 101:20,24 103:4 104:11,16 106:22 111:11,24 115:2 116:18 117:19 118:5,7 119:19,19 119:24 120:6 122:2 138:4 old 102:19 135:1 older 132:6 once 5:7 6:1 10:24 29:1 55:7 68:17 68:18 70:7 92:14 95:16 106:10 107:6 one 5:19 8:12 29:18 30:11,12 34:1,2,9 35:18 36:24 42:6 42:10 44:5 45:5 45:14 56:6,20 57:4,12 58:3,19 58:23 59:12,22 64:5,5,8 73:12 75:17 76:13,18,20 77:1 79:5,6 81:13 84:23 85:5 108:23 112:9 113:1,11 115:14,15,15,17 116:15 118:4,16 126:2 128:1 131:11 136:1,2 137:20 only 14:18 22:15,19 23:2 25:15 31:12
---	--	--	---	---

35:8,11,16,23,24 36:6,17 39:9 41:3 41:8 46:13 48:23 54:20 55:22 64:13 73:21 78:8,12 79:12,17,20 82:7 82:9 84:17,24 85:4,19 88:5 95:4 107:9 108:17 109:1 110:6,9 111:22 116:21 118:1,2 120:12 122:14 127:3,3 134:19 135:7,19 138:7,17,19 open 8:2,23 135:3 operate 119:10 operating 106:16 112:23 127:22 operation 104:3,15 104:18,24 105:13 106:13 operational 55:9,9 102:11 operations 93:15 operator 102:5 opinion 47:18 79:14 97:4 101:1 110:19 111:1 134:9 opinions 74:13,17 opportunity 113:1 oppose 49:21 opposed 4:12,22 19:5 42:17,19 49:18 67:4 90:15 101:10 opposite 122:16 option 39:13 options 124:14 order 2:2 4:4 8:14 81:3 ordinary 24:8 organizations 64:5 orientation 17:23 original 59:5 78:3 93:16 116:21 117:4 originally 21:15 77:2 104:4 125:22 originating 117:5 other 5:11,12 16:4 17:13,14 25:15 34:3,11 36:1 40:19 41:5,6 46:5 46:5 51:21 52:7 58:19 73:22 75:14 76:16 81:9 86:7	96:8 115:18 123:16 124:14 131:12 133:6,19 134:17 137:23 others 21:23 25:9 68:10 133:6 otherwise 30:7 42:5 95:14 123:10 140:11 ought 81:15 out 5:9 8:5 11:2 18:2 24:14,23 28:15 31:2,11 35:9 40:19 41:3,4 41:4,9,12,13 44:22 46:18 48:21 52:20 54:7 61:9 72:9,14 76:8,22 77:7,8,13,16 79:11,15,21 80:18 81:15,16 82:9,14 86:17 88:12 92:18 108:12 120:22 121:2 131:19,22 131:23 136:6 137:17,21 outcome 140:12 outlining 7:1 outnumbered 60:5 outside 101:16 outstanding 62:5 107:7,12 out-of-state 100:8 100:14 101:4,7 over 7:4 12:1 20:22 36:2 38:3,22 39:5 40:3 44:21 47:6 50:1,1 54:18,19 54:21 55:23 56:3 63:22 65:23 70:15 71:4,13 79:17 80:3,4 82:5,7,20 86:15 88:1 99:9 104:3,5 112:13 115:19,20,24 116:7 120:24 121:5 138:21 139:6 overall 22:3,8 25:13 32:13 85:20 120:12 override 5:6 24:24 overriding 37:20 44:8 oversee 14:24 15:2 oversight 55:23 overview 2:6 11:11	own 57:12 81:19 102:8 113:20 owned 101:16 102:13 owner 102:5 ownership 86:15,24 87:4,6 owns 102:20 o'clock 73:18,24 132:13 <hr/> P <hr/> packet 7:9 page 27:24 28:1 29:12,12,23 30:2 52:7,10,12,24 53:5 72:11 74:21 75:10 11,12,14,15 76:16 86:8,11,17 87:18,22,23 88:16 88:19,22,23 89:1 89:3 93:22 96:8 96:11 98:8,10,12 98:14,16 100:3,5 100:12,13 101:21 103:23 104:4 111:24 112:2 115:9 138:5 pages 12:22 48:15 50:18 120:13 paid 76:1 pain 77:19 panic 6:14,14 paperwork 11:5,5 paragraph 42:5 parenthesis 39:8 40:3 parking 29:8 30:20 72:6 part 9:2,20 10:7 15:16,18 24:17 43:13 44:18 45:3 51:7 76:5 78:11 81:11 83:15,16,19 84:2 94:18 95:1 97:15 102:6,8 105:4 106:11 108:10 109:7 111:17,17 119:5 121:17 123:23 125:17 126:8,11 134:4,23 136:21 136:21,22 partial 113:5 participating 73:14 particular 17:24 22:3 26:14 38:12	40:22 46:4,12 61:3 64:15 85:13 120:20 125:23 particularly 97:9 128:4 133:23 parties 103:17 140:9,11 parts 23:23 party 102:10,10 pass 5:24 95:13 passed 28:3 44:21 72:14 past 20:22 21:2 24:3 40:3 41:1 63:22 113:17 122:8 131:1 Pause 4:13,23 5:20 11:15 14:5,12,16 16:5 19:6 30:1 42:18,21 49:22 52:9,11 86:9 88:18,20,24 89:2 90:16 91:18 92:3 92:10 96:10,12 98:9,11,13,15 100:4,6 101:11 103:22 112:1 pay 86:3 payer 76:2 129:7 pediatric 15:1,6 pediatrics 14:21 28:12,16 56:12 people 5:9 24:11 64:2 68:1,9 69:3 69:10 71:12 73:15 76:9 91:9,10 92:15 95:1 103:1 107:24 108:1 119:3 122:22 124:2,21 126:8 130:3,14,15,17,18 131:5 134:1 137:23 138:20,21 per 78:19 79:1 80:19 97:20 98:24 131:24 percent 54:11,17,18 57:3 58:2,13 59:13,20,22 62:18 62:20 63:1 65:5 65:22 66:18 68:16 68:17 69:6 70:23 70:24 71:7,10,19 102:13,21 112:10 113:11,15 115:10 115:24 117:13 118:11 127:13,23	131:10,12,13,15 137:8 percentage 116:20 129:8 Perfect 85:10 performance 61:12 61:15 62:10,11 65:4 performing 60:6,17 61:10 62:4 64:16 perhaps 23:11 period 9:18,23 10:2 64:19 96:18 115:15,16,20,21 116:1,7 permissible 73:18 permission 107:5 permit 53:14 55:18 59:12,15,18,20 60:23,24 62:21 65:12,14,17,20,24 105:6,9,10,12,16 105:22,24 106:3 106:16,20 107:8 107:10,12 108:11 116:2 permits 66:8 person 43:8 94:1 101:23 102:2,7,13 102:23 103:18 personal 47:18 89:15 111:1 personally 24:10 47:7 63:23 124:15 persons 102:6 perspective 25:11 47:13 60:5,9 83:22 122:3 123:10 132:23 phase 17:23 107:10 Phillippe 3:11 4:17 18:24 33:5,11 34:14,23 50:16,22 51:9 56:13,22 57:9,15 58:1,10 58:18 59:2,21 60:2,18 62:12 63:16,23 64:7,11 64:21,24 68:6 69:7 71:10,12 79:7,13,22 83:21 83:23 91:7 93:5 99:23 100:17 107:16,23 108:8 108:13,18,21 109:15 113:16,19 116:14 117:3,6,10
---	---	--	---	---

<p>117:23 118:7,13 118:23 119:21 120:3 123:8 124:5 125:2 130:6,9 133:11,17 134:13 136:8 phone 5:3 7:4 8:16 12:17 13:1 14:2,4 19:8 21:12 29:9 42:19 91:7,20 92:20 96:6 phrase 89:18 phrases 84:19 phrasing 102:18 Phyllis 3:9 25:5 47:11 49:23 115:2 131:3 physical 57:8 58:23 106:8 pick 5:13 139:7 piece 5:12 22:1 23:21,21 66:14 130:13 pike 128:21 Pioneer 135:4 pioneernetwork.net 134:16 place 13:10 26:14 110:6 125:22 placed 95:8 places 117:11 125:2 plan 73:16 128:22 planned 73:21 planners 125:15 planning 14:22 15:4 15:14 16:9,21 17:8 20:12 28:3,9 30:11,16,21 63:21 80:9 93:12 94:5 107:5 120:16,17 120:20,21,22 121:3,19 122:22 125:13,14,19,21 126:8 127:5,17,17 128:20 131:17,17 133:24 134:9 137:21 138:11 play 32:20 77:3 131:21 played 107:20 player 86:24 playing 35:9 please 5:3 8:18 29:21 51:15 72:21 74:21 86:6 91:22 98:7 121:11 plenty 35:6</p>	<p>plus 86:17 97:19,21 pocket 139:8 pockets 127:10 point 8:1,22 9:10 11:22 20:24 24:23 28:6 29:1,15 32:14 39:20 48:16 51:24 65:1 70:1,3 72:2,8 73:10 76:20 80:21 84:2 84:7,24 85:4,18 92:16 106:4,9 110:12 112:17 120:18,22 131:4 138:14 pointed 41:2 points 131:23 policy 24:9 123:7 123:10 131:4 poor 60:6,17 61:10 61:15 62:3 pops 11:21 population 122:14 128:11,20 132:9 137:18 portion 35:12,24 36:5,7 39:5 82:8,9 82:10,15,17 83:3 127:3 Positive 13:3 14:8 possible 40:6 68:12 73:24 100:21 possibly 66:4 posted 9:20 post-acute 128:8 pot 118:19 potentially 138:20 practical 36:8 45:7 45:18 46:7 59:21 71:14 81:12 99:13 practically 33:6,12 58:19 59:2 63:16 practice 13:5 122:1 practices 6:9 134:17 135:4 precedence 38:3 precedent 50:5,19 50:24 predates 27:12 predictable 125:5 125:10 premise 44:4 prep 98:1 preparation 132:16 prepare 10:10 11:4 prepared 7:1 9:14 10:5</p>	<p>preparing 5:8 present 3:1,15 22:11 23:14,23 presentation 13:20 75:8 134:5 presentations 136:5 presented 21:15 pressure 130:22 pretty 63:10 103:6 103:7 previous 31:20 54:4 91:1 121:24 previously 135:14 135:20 pre-planning 98:1 price 125:9 primarily 50:24 principles 137:21 prior 53:15 65:17 priorities 135:10 prioritizations 25:17 private 134:19 probably 10:1 18:7 23:22 44:5 46:2 51:10 54:8 64:3 73:11,12 78:16 91:3 100:24 112:18 124:6 127:1 problem 10:24 19:8 37:12,23 38:18 48:4 64:3,6 123:11 138:19 problems 19:15 29:24 91:3 126:2 procedure 81:19 procedures 17:15 93:15 proceedings 140:5 process 6:1 7:2,17 8:21 21:21 24:22 25:3,12 27:10,22 43:1,3 44:12 52:5 58:4 69:14 76:10 81:24 93:7 106:18 107:17 108:10,16 109:16 111:10,17 111:17 113:23 123:23 136:14 138:11 processes 24:24 product 121:18 124:9,10 productive 73:12 Professional 87:10 program 14:24 15:1</p>	<p>112:15 126:24 138:22 programs 28:20 106:3 progress 73:14 progression 22:17 project 33:15 34:1 34:9,10,10,20 35:2,16 42:6,10 45:13 79:3,23 80:15 82:6,22 83:1,4,20 96:14 96:14,19,22 97:8 97:13,15,16 106:19 107:15 112:4,5 116:1 137:3 projects 31:6 33:15 33:22,22 34:2,5,7 34:13 41:22 45:18 47:10,20 80:4 97:6 112:4 promise 21:18 promulgated 94:8 proposal 14:19 20:23 22:12,15,19 23:2,8,12,16,19 24:6 61:20 74:10 74:15 101:6 proposed 9:21 29:11 31:19 112:5 136:12 proposing 19:13 25:3 105:18 protect 124:23 125:1 127:11 protection 131:5 provide 47:21 61:2 87:2 105:15 113:1 130:3 providers 68:9 127:12 128:6 131:6 132:4 providing 64:17 67:6 provision 55:16 66:20 public 9:18,20,22 9:24 10:3,6 20:17 24:9 60:16 63:13 70:12 87:12 95:6 104:8 123:7,10 131:4 publication 9:15,18 9:21 11:7 published 9:17 10:16 11:10</p>	<p>134:13 pull 39:21 pulled 74:11 pulling 17:19,21 20:21 74:13 purpose 5:21 13:20 16:8,9 32:12 78:3 78:7 purposes 16:11 108:23 123:7 purview 48:11 61:17 push 46:21 134:18 put 12:2 15:2 19:22 20:17 23:11 24:13 27:17 28:3,17,23 29:2,7 37:2 38:3 39:8 40:3,6 41:9 42:1 43:19 60:11 61:19 66:20 67:1 79:19 82:10 90:21 91:13 96:18 110:17 123:24 125:22 135:3,9 136:6,19 puts 125:9 putting 62:5 74:19 130:22 P.M 139:17</p> <hr/> <p style="text-align: center;">Q</p> <p>qualification 61:3 qualified 67:6 85:3 quality 64:17 65:4 67:6 question 11:21 14:18 22:2 25:24 26:5 30:3 35:3 44:7,18,19,20 53:1 56:13 58:22 59:6 60:4,20 61:16 62:18 64:20 77:12 80:1 81:6 95:4,15 100:14 101:22 102:1 103:24 107:17 112:3 115:5 116:15 117:15 120:24 126:3 131:6 132:14 questions 10:7,9 11:13,14,17,17 12:15 14:10,13,15 27:7,20 29:23 75:12,14 76:16 86:7 88:19 96:8 120:7</p>
---	--	--	--	---

quick 86:14	80:24 82:3 119:23	reform 22:1 128:4	47:16 49:2,11	13:6 29:10 32:1
quicker 52:5	rebalancing 22:8	reforming 22:8	80:11	46:19 55:18 61:12
quickly 135:24	24:6	regard 61:3 114:4	removing 84:8	78:19 81:24 82:8
quite 96:20	receipt 60:22	regarding 14:10,15	renovate 123:18,20	82:9 85:19 91:1
quorum 8:15 19:18	105:10	28:4 29:23	repeat 28:5 51:15	97:3,6,18 109:12
21:16 72:19 83:13	receive 45:12	regards 98:23	61:24	111:9,17 113:3
92:11,14,14,16,17	received 7:9 10:3,7	regimes 31:20	repeating 32:10	126:12
93:3 94:21 95:2	22:20 23:2	region 137:23	report 102:9	reviewed 13:15
95:12,14,16,17,18	receiving 117:14	Register 9:16,17,19	Reported 1:20	19:21 113:8,14
quote 53:8 77:4	Recess 72:17	9:20 10:16 11:7	Reporter 8:7 72:12	reviewing 17:14
	recognize 32:12	Regs 5:24	74:19 140:1,4	35:24
	122:7	regular 61:8 97:1	reports 137:16	reviews 78:5
R	recognized 62:7	regulated 17:13	representation	revise 10:20 110:17
radically 122:12	recognizes 17:11	regulation 26:24	105:8 106:17	revised 9:6,11
137:19	120:18	52:18 95:6	representations	revision 10:15
raise 120:24	recommend 17:10	regulations 16:12	105:14	revisions 10:12 37:9
raised 29:14,17	46:16 48:23 49:1	24:11,20 26:22	representing 95:1	75:4
115:4	49:10 63:8 79:11	32:9 38:8 74:17	request 18:11 61:12	rid 121:8
rarely 48:6	80:11 121:7,8	87:10	69:3,4	right 7:4,5,12 8:20
rate 127:2,4 128:15	recommendation	regulatory 55:22	requests 48:6,13	9:8 11:18 16:15
128:24 129:2,15	9:11 14:22 15:7	96:16	55:4,13 69:12	17:17 20:1,24
rates 128:17 129:6	18:19 38:16 41:7	rehab 34:17 132:8	71:6,9	24:11 26:19 31:7
131:24	43:16 44:16 46:19	132:10,11	require 22:19 102:4	32:20 34:22 35:1
rather 19:13 36:23	50:6 51:2 62:24	relate 22:2 115:13	105:11 108:15	36:22 38:23 39:4
46:18 66:10 70:23	70:20,21 71:1,2	related 36:5 75:20	113:3 116:2	39:15,16,18,23
102:14,17 131:5	71:21,22 84:11	78:8 101:22 102:2	required 23:13,17	41:2 42:2 43:14
rationale 22:6,7	86:17 88:7 89:13	102:5,7,10,10,23	82:12 105:22	44:2 46:13 48:13
71:16	90:24 93:7,11	103:1,12,13,15,17	requirement 86:22	48:23 50:24 51:3
reached 65:8	139:6	140:8	requirements 8:3	51:4 56:22,23
reaches 9:3	recommendations	relates 75:16 97:13	8:24 18:3 22:24	57:4 58:1,21
read 6:5,7 20:6	50:23 68:10 82:1	relation 65:4	23:4 24:24 55:18	59:19 60:13 61:11
41:24 44:22 45:11	82:2 86:2	relative 140:10	105:17	62:13,19 65:13
49:10 88:14	recommending 68:6	relevant 16:16	requires 28:3 105:6	67:11,18 68:23
121:17,19 131:13	91:14	77:24 78:24 79:2	105:23 106:20	70:5 76:21 81:13
reading 58:12 82:11	record 74:3 83:11	79:8 80:5 121:3	138:10	90:3 92:6 98:21
94:3	88:22 92:24	relied 105:10	research 94:15,17	101:18 107:11
reads 32:12 82:11	recycling 112:15,21	relocate 112:13,23	94:23 111:14	108:10 112:22
102:12	112:22	112:24	132:19 133:7	116:21 117:6,15
ready 72:10	red 26:1,9,10,12	relocating 59:12,15	134:13 136:4	119:17,24 124:7
real 20:2 91:2	41:21 47:16 50:17	relocation 57:18	resident 134:17	124:21 128:17
109:16 130:9	51:7 52:13,14,17	58:8,10 59:7	respect 100:8	129:11 131:23
134:13	66:14 89:3	62:17 65:6 112:9	respond 69:2	136:6 138:12,15
reality 121:6	redistribution	112:11 113:5	response 10:4,7	rights 93:3,4 94:21
realize 29:15 32:6	112:8	114:8,11,14,20	32:17,18	95:2
really 23:22 31:13	reduce 128:6	rely 79:18	responses 13:3 14:8	road 44:6 91:8
40:16,23 44:9	reduced 140:7	remain 75:24	responsive 124:18	robust 48:17
45:17 46:15,20	reductions 66:7	remark 120:10	rest 85:17 139:2	role 86:4 107:20
47:24 50:1 52:1	refer 76:19	remember 24:19	restrict 114:20,21	roll 2:3 42:23 43:1
66:5 70:17 77:1,3	reference 15:19	29:19	125:6	rolling 130:13
77:4 79:8 88:5	referenced 15:10	remind 6:2	restricted 114:19	roof 30:19
98:19 108:4 110:9	references 32:9	removal 43:5 44:23	restricting 124:17	room 33:3
122:15,23 124:20	referencing 16:15	42:3,10 43:15,17	resubmit 106:20	RPR 1:21 140:3,16
130:6 131:8 132:1	94:10	44:1,14 45:16	resubmitted 10:22	rule 9:2,19 10:20
132:21,24 137:11	referred 46:16 50:7	80:13 105:20	retirement 83:16	11:4,8,9 52:3
138:1,1	referring 58:23	removed 14:21	revenues 129:9	81:18
reason 13:18 23:20	reflect 85:16	39:19 40:1 47:8	review 1:2,12 7:4	Rulemaking 2:7
35:3 59:3 71:15	reflects 127:2		9:6,11 10:4,14,14	rules 2:8 5:24 6:8
78:12 79:9,16				

7:1,17 8:21 9:13 9:16,21 11:1 13:17 16:2,11 17:10 20:6,8,10 20:16,17,23 21:1 22:14,18 25:10 27:11,12 28:4 36:21 38:3 39:3 40:4,20 44:2,11 47:1 49:11 60:12 66:9 74:10,14,14 81:10 85:6,15 86:1 89:23 94:4,5 94:5,7 109:8 110:15 115:1 136:12,12 137:16 138:6 rule-making 6:17 run 7:22 8:21 99:20 running 137:6 rushed 27:22 rushing 27:19	scare 35:2 Scavotto 3:10 4:8 4:19 17:4 18:5 30:3,7,22 31:1,7 35:3,6 36:8,13,17 39:14,17 41:16 42:13 47:15 49:6 58:8 59:1 63:10 70:14,17 71:4 77:16 78:18,21 79:4 81:12 82:16 82:24 83:6 90:12 93:20 95:15,19,23 97:7 100:1,21 106:23 108:23 110:1 115:19 117:5,8 121:16 122:2 123:1 126:19 131:3 132:10 134:10 139:12 scenario 35:8 scenarios 131:20,21 scope 13:17 28:19 104:2,14,17,23 105:13 second 4:7,8,9,18 4:19 9:2 10:2,10 10:19 18:23,24 41:13,14,16,18 42:12 49:5,6 90:11,12 101:5 121:20 139:11,12 seconds 128:18 138:15 Secretary 9:15 11:6 11:9 section 13:6,13 14:6 14:10 15:10,12 16:6,10,14 17:7 17:17 18:10 19:12 20:2 21:11,11,14 22:3 27:7,8,24 31:12 32:7,8 38:4 38:5 41:24 60:21 60:22 68:20 72:10 78:17 111:20 116:6 sections 20:2 21:17 23:1,15,17 27:5 27:16 see 11:17 16:10 20:10 22:2 23:18 29:3,10 34:19 35:1,8 36:23 40:23 41:3 45:14 45:15 46:20 47:7	47:16 69:7 72:5 75:3 82:21,23 106:14 107:14 108:22 115:8 116:8,10 129:14 131:24 132:23 133:9 134:22 135:1 seeing 45:14,19 68:10 seem 23:10 100:16 108:19 119:6 138:1 seemed 119:23 seems 23:10 33:1 66:9 99:12 104:5 110:2 111:22 113:22,24 114:7 116:20,23 126:13 130:16,23 137:17 137:18 seen 33:14 46:22 sell 114:17 selling 125:3 sells 114:22 Senate 28:2,9,13 send 12:2 48:16 55:6 66:2 118:8 134:2 sending 117:14 senior 122:8,17 sense 13:11 24:1 31:17 37:21 45:7 55:15 75:22 100:23 124:23 131:19 132:24 134:10 sent 5:14 7:10 9:14 12:12 sentence 43:5,9 44:22,22,23 45:5 46:12,16 53:2,10 55:24 56:9 84:18 separate 17:10 37:8 37:17 38:4 51:10 76:22 77:8,13,16 85:15,21 118:22 separated 77:7 82:9 separately 40:21 77:11 117:24 126:12 September 136:16 serve 21:22 served 138:20,22 serves 119:4 123:7 service 17:12 53:12 55:22 56:5,11	61:2 76:19 77:23 78:13 80:14 82:22 89:4,5,11,17,19 89:22 90:10,18 91:14 105:1,5,7 112:8 127:20 services 1:2,12,22 10:14 15:4 76:24 76:24 109:20 122:10,17 126:6 130:23 serving 107:2,2 128:11 session 29:3 set 10:18 17:10 36:24 37:1,16 49:11 50:5,19,24 85:15 88:21 136:12 sets 44:11 63:10 127:15 128:2 setting 99:17 seventy 113:6 several 21:23 25:9 31:20 34:1 62:4 shape 75:20 share 93:17 Shared 88:4 shares 102:9 sheet 18:2 shelter 54:21 shoes 85:2 shopping 96:16,20 short 7:1 138:15 shortchange 135:24 shortly 106:7 short-term 135:12 shot 122:22 show 96:1 shut 113:9 sic 5:14 side 35:7,8 81:10 128:7 131:11,12 sides 27:19 sign 85:8 significance 26:8 significant 26:3 102:10 121:24 significantly 122:7 129:9 similar 85:9 91:3 97:5 simplicity 96:22 simply 124:13 since 14:24 16:7 78:10 81:11 88:6 110:23	single 39:1 42:8,9 single-debt 35:22 sit 92:13 135:18 Site 98:1 sitting 5:2,12 32:20 93:3 six 29:17 30:14,18 34:20 36:2 82:5,7 82:12 83:4 99:2,9 128:18 sixty 131:10,12,15 sixty-five 128:19 skilled 14:21 15:1,6 16:23,24 28:12,16 54:20 55:23 56:1 56:2 83:15 88:6 89:9,21 99:7 128:6 skipping 88:1 SLF 131:21 137:9 slight 85:12 small 25:16 34:19 117:11 130:9 135:9 smaller 33:22 smiling 44:7 soil 97:22 solve 29:15 136:17 136:18 solved 29:17 some 5:14,22 6:15 9:1 12:2 13:17,18 21:3,4,5 23:22 24:14 26:3 27:6,8 27:10,11,15,18 28:6 40:19 46:5 50:23 62:2 64:12 65:3 73:15 74:20 76:9 84:10 86:3 87:15 92:13 94:15 96:6 109:22 118:24 119:1,2,4 121:16,21 123:18 124:6 125:2 129:23 130:20,24 131:18,21 132:10 132:15,18 133:2 133:10,19 135:2 136:1,4,4,4,18,18 136:19 137:21 somebody 8:15 13:15,16 19:22 22:16 33:8 37:13 58:13 66:21 70:22 101:16 109:5 120:20 123:20 137:22
S				
safety 5:5 109:19 sake 31:23 73:15 sake 114:9,20,21,21 same 13:10,10 32:13 34:16 39:22 56:14 59:9 126:7 126:8 128:13 saw 126:18 saying 16:19 18:1 18:11 19:13 21:21 31:24 32:24 34:11 36:12 38:19 40:24 46:12 47:15,19 61:9 66:3 67:22 68:11 78:15 79:8 79:13 80:22 82:17 82:23 85:18 88:11 94:24 95:16 113:23 114:16 116:24 117:8,23 120:14 123:1 124:20 129:17 130:1 135:19 136:2 says 6:6,7 16:11 30:14 39:15,17 42:5 43:21 44:12 52:3 59:24 62:2 65:15,17,18 67:14 67:15,23 88:9 89:20 95:6 100:17 100:19 115:15,15 115:17,18				

<p>somehow 59:5 66:8 69:2 70:4 100:10 someone 11:20 15:19 67:5 69:13 80:10 93:2,3 121:22 128:19 something 10:9,21 18:13 19:20 22:10 25:21 32:15 37:3 39:14,24 40:6 45:10 48:10 74:22 83:5 84:3 95:5 100:9,10 103:17 103:19 111:2,21 112:18 127:5 128:13 135:6 139:3 sometimes 107:18 somewhere 32:11 50:7 121:22 129:3 sooner 75:6 sophisticated 130:20 sorry 16:24 19:19 37:14 40:2 42:2 48:3 88:1,15 91:4 96:13 100:12 138:24 sort 31:21 81:24 110:12 131:18,21 sounded 108:3 sounds 13:24 58:8 81:3 138:12 source 94:11 133:16 southern 57:12,23 59:14 spa 30:20 space 80:18 speak 18:4 24:15 81:24 114:20 118:4 speaking 33:6 58:20 59:3 speaks 3:24 138:17 special 70:8 specialized 14:19 15:11,12 89:24 90:2 specific 125:15,16 specifically 85:7 125:22 specificity 21:3 specified 92:16 spelled 18:2 spend 51:1 135:17 136:3 139:4 spending 30:14,18</p>	<p>spent 48:9 49:24 split 81:18 spoke 12:8 Springfield 1:4 square 76:22 77:21 78:4,19,23 79:1 80:19 97:20 staff 2:7 3:18,19,20 3:21 5:7,10 6:16 10:5 22:23 23:19 47:9 73:13 78:2 132:15,19,23 stage 106:3,4 standard 21:18 30:17 61:2 97:23 97:24 standards 17:15 97:19,22 standing 66:21 standpoint 15:3 33:1 81:12,15 131:5 start 4:1 8:6,18 12:11 13:12 72:15 75:6 92:14,16 122:20 132:13 started 61:9 118:14 121:2 starting 8:1,22 20:24 104:1 state 1:1,11 9:15 11:6,9 13:6 58:4 58:16 60:23 64:1 66:6 78:1 86:24 119:5,11 123:11 123:11 127:9 130:22 131:18 133:19 140:4,4 states 40:7 53:14 119:2 122:20,21 123:16 133:6,12 133:22 state-wide 125:7 static 120:17 121:4 121:9 128:10 statistically 122:24 statute 14:11 23:6 31:4,5,16 36:15 36:15,21 38:1,1,6 38:8 40:9,13 43:10,11 44:13,14 45:23 47:17 51:2 53:14 54:13 62:19 62:23 66:13 74:16 78:10,14 79:18,18 80:6 81:1,2,4,11 82:11 98:23,23</p>	<p>99:5,5 103:3 104:20,23 105:5 110:14 112:5,6 118:1 138:10,10 statutes 25:10 statutory 8:2,24 13:13 14:10 16:8 16:13 17:16,24 22:24 24:18,20,23 31:10 44:12,17 45:1 48:22 50:3,4 52:15,17 53:7,8 60:12 62:19 66:14 67:10 69:2 71:2 96:15 112:15 statutory-wise 25:2 stay 8:17 21:12,15 128:7 stays 45:21 step 9:5 11:3 12:4 46:21 85:2 stick 79:4,5 still 8:11 15:16,19 29:11 41:12 43:2 60:7 68:1,2 72:18 73:4 75:11,16 77:2 83:10 86:20 87:1,15 89:22 92:7,8,15 103:20 116:22,22 122:23 129:21 136:8 stock 102:9 stop 68:4 107:2 straight 10:17 strange 102:18 Street 1:3 strike 45:5 74:15 101:4,7 striking 52:18 strong 85:24 109:19 struck 121:18 struggling 25:13 stuck 44:11 studies 133:8,12,19 134:7,9 study 74:9 136:4 stuff 28:16,18 29:2 31:22 51:21 52:1 83:7 122:20 SUBCOMITTEE 1:9 Subcommittee 1:13 subcommittee 7:3 8:23 9:3,5,7 10:3 17:9 18:1 43:17 65:2 74:14 75:3 93:16,23 94:1</p>	<p>111:20 121:8 135:14 subject 35:10 44:2 submission 11:8 submit 9:23 10:2 62:21 114:13 submitted 9:12 10:15,17 11:6 14:20 22:16 27:10 41:21 42:6 submitting 15:7 Subpart 120:10,13 subsequent 105:9 substantial 105:12 105:23 Substantially 104:2 104:14,23 substantive 7:13 112:4,4 116:1 substitute 93:23 95:5,7 substitutes 94:20 sub-category 80:4 Sub-committee's 95:4 sudden 118:20 sufficiently 110:3 suggest 28:7,23 61:17 96:21 114:10 134:15 suggested 20:3 28:21 suggesting 52:19 suggestion 18:5,13 27:4 36:23 61:20 61:21 67:1 Sullivan 3:23 7:10 12:22 16:7,15,20 17:7,21 18:8 20:19,19 21:17 24:2 26:16,21 28:1,24 29:5 30:6 30:9,23 31:11,18 34:22 36:20 37:11 38:7 39:16 40:2 46:21 47:6 49:13 51:20,24 54:1,4,9 55:2,10 56:4 57:7 57:20,22 59:7,11 59:19,24 60:15 62:14 67:7,9,12 67:18 68:2 70:3 71:23 74:8 75:22 76:7,15 77:6,10 77:15,21 78:13,23 79:3 80:3,21 83:14,19 85:12</p>	<p>88:9 94:10 95:3 95:24 96:13 98:2 102:4,15,20,23 103:8,16 107:1 112:3,22 113:13 113:18 114:13,18 115:1,22 116:13 117:1 120:9 121:12,14,23 122:5 123:3 124:3 132:8,11 133:21 134:4,8,22 summarize 79:7 summary 7:12 12:10 20:1 27:7 summer 28:3 supercede 24:21 support 35:18 supported 66:22 127:7 supporting 108:2 supportive 54:22 122:11,18 126:7 126:10 129:4 suppose 70:24 supposed 17:9 47:3 125:17,20,21 sure 6:7 17:7 25:1 49:6 53:10,12 58:8 60:17 67:5 69:17 83:8 85:20 86:12 95:13 99:12 104:17 115:4 121:2 122:5 134:4 139:7 surely 123:19 surg 100:9 surgery 75:18 100:17 110:6 surgical 110:5 survey 97:22 swapping 125:3 synopsis 134:2 system 124:4 138:21</p> <hr/> <p style="text-align: center;">T</p> <p>table 5:15 24:13 25:21 94:14 tags 62:4 64:1 take 18:9,18 22:24 22:24 23:2 30:16 41:4 43:17 44:21 46:18 48:21 54:7 65:5 67:1 70:7 72:14 74:24 79:21 84:4 86:17 91:19</p>
--	---	---	---	--

99:20 106:8 110:4 111:19 112:18 114:11 128:24 137:21 taken 72:8 79:11,15 112:17 140:6 takes 27:17 38:2 80:8 talk 5:14 6:16 12:9 14:1 37:4 39:20 108:19 109:3 115:6 119:23 122:22 talked 14:18 17:22 17:23 18:1 21:9 111:3 114:23 135:20 136:17 talking 7:8,15 16:7 22:22 32:16 45:8 55:20 61:5,7 64:9 64:14 88:2 89:3 91:3 92:22 98:19 104:4 115:9 117:22 126:7 130:12 133:23 135:4,15 136:11 137:13 talks 60:22 61:1 68:20 tapping 128:7 target 127:11,12 targeted 127:23 task 74:17 75:23 76:11 85:13 tax 129:14 team 6:20,21,22 teasing 51:23 technical 120:12 tedious 51:20 Telecommuting 2:9 telephone 3:3,4,5,6 3:19,20 5:2 tell 55:8 72:16,21 81:16 91:23 118:15 122:23,24 telling 129:2 tells 127:4,15,18 128:15 ten 5:3 40:3 54:11 54:16,18 57:3 58:2,13 59:13,20 59:22 62:17,20 63:1,1 65:5,22 66:18 67:13 68:16 68:17 69:5 70:23 70:23 71:10,18,18 71:19 112:10	113:14 115:10,24 117:13 118:2,10 119:8 128:14 131:19 133:14 tense 121:23 tension 121:21 ten-minute 72:14 term 6:3 33:4 87:15 103:12 107:23 terms 5:8 19:14 20:11,12 21:14 87:16 97:20 109:21 119:4 128:2,11 130:2,12 territory 82:2 Terry 3:23 5:12,14 17:3,5 18:1 20:19 28:21 29:14 30:4 31:8 32:14 39:12 39:23 40:19 49:11 54:23 75:21 76:19 80:2 114:22 126:6 133:5 Terry's 41:7 tested 131:9 text 26:2 thank 5:1,7,10 13:4 13:24 16:3 50:8 50:14 51:7 52:21 73:13 74:19 88:15 90:2 96:5 101:12 120:5 133:3 138:13 thankfully 22:15 thanks 73:8 75:8 their 9:12 10:17,22 14:22 44:6 54:17 60:8,10 61:12 63:9 64:3 67:5 69:13 70:17 72:21 76:6 85:20 105:20 109:11 110:5 119:13 127:12 134:18,20 theme 32:10 thereto 140:11 thing 10:23 25:15 34:16 35:24 36:10 77:15,22 78:16 85:5 113:4 135:7 things 11:24 13:18 17:14 20:3,4,5 21:7 23:18 24:14 29:4,5 50:2 57:20 63:20 69:3 73:11 73:11 76:14 81:13 85:3 86:3 87:20	99:12 123:10 132:15,18 135:18 136:18,18 137:6 think 4:3 5:6 6:16 7:6 10:23 11:19 13:9 18:11 19:21 20:20 22:6,7 23:13 24:2,10,13 24:21,22 25:3,7 27:16,21 28:8 29:14 32:8,14,17 32:22 33:3 38:13 39:20 40:18,22 41:1,5 42:1 44:15 48:19 50:5 51:8,9 51:17 52:2,3 58:22,24 61:5,7 63:12,19 64:1,2 65:8,10 66:23 68:7,13,16 72:2,3 72:8 73:11,13,14 73:15,16 74:21 75:17,19 76:8,24 77:19 80:5,7,8 81:22,23 82:16 84:2,9,13,15,16 85:1,13,17,20 88:13,21 93:14 94:10,19,24 95:21 99:14,23 101:18 101:19 102:17 103:6,13,16 106:10 108:24 109:4,22 110:22 111:18 115:22 118:23 119:22,24 120:9,11 121:3 123:4,11,16,16 124:6,8,16 131:3 131:23 132:2,21 132:24 133:1,2 134:8,24 135:13 136:11,17,22,24 138:2 thinking 14:23 15:14 40:17 68:10 84:18 87:13,14 131:1 third 9:5 third-party 76:1 thirty 21:3 25:8 31:19 32:4 67:18 113:1,11 116:21 117:20 122:8 127:21 thirty-bed 116:18 thirty-minute	120:18,23 125:24 127:22 though 40:10 56:22 71:20 82:21 95:16 99:10 110:12 126:10 thought 31:9 32:11 85:17 133:18 thoughts 5:14 24:24 thousand 131:24 three 6:4 14:20 15:8 24:3 34:7,10,22 67:24 73:11,17 116:11,16 118:19 120:2 129:13 133:21 three-year 115:16 115:20,24 threshold 33:19,24 34:18 67:17 68:18 70:7,10,11,21 71:13,13,16 82:20 97:12 99:18 107:14 through 7:22 8:21 11:12 13:6,21 20:24 21:7,11 24:9,15,22 27:5 27:16,19,22 31:20 42:8 48:22 52:14 52:15 58:4 70:12 70:12 119:1 120:10 131:16 135:24 136:14,20 137:7 139:2 throughout 39:2 81:9 92:14 throw 28:10 31:11 76:8 throwing 111:15 tie 50:23 Tim 51:7 58:23 63:12 113:6 117:8 119:19 120:14 123:5 time 4:1 6:9,17,17 9:17,23 11:2,20 11:22 13:10 27:17 34:24 38:9 49:24 50:10 51:1 52:5 55:5 57:15 64:19 72:3 76:20 78:2 84:14 88:21 96:1 104:8,9 108:9 111:14 120:19,23 132:3,4 135:15,17 136:3,9,14,15,19	139:5,17 Timeframes 2:7 times 131:10 133:6 Timothy 3:11 Tim's 112:13 titled 7:13 today 5:13 6:3,15 12:4 22:17 23:24 29:16,20 45:19,19 49:7 78:2,6 121:20 124:13 126:5,14 128:10 128:22 129:10 130:3 135:18 136:23 today's 5:22 together 19:22 20:17,21 21:11 22:21 23:4,11 27:12 42:10 74:11 74:13 135:10 tomorrow 6:4,4 47:5 tool 125:14 126:3,4 126:9 top 53:5 topic 11:24 119:22 135:17,22,24 topics 136:2,3 total 54:11,17 55:20 65:22 79:22 82:22 83:1,4 97:13 112:7,10,12 118:11 totally 74:18 138:18 touch 114:8 tougher 63:24 toward 124:1 towards 119:2 123:4 138:17 tradition 113:17 transaction 118:4 transactions 57:21 117:16 118:22 transcript 51:17,19 72:8 75:6 transfer 58:3 87:20 119:24 transferring 118:1 transitional 130:2,3 130:8 transpired 19:9 travel 73:16 treated 44:10 treating 38:21 treatment 110:5 tried 22:11,13,16,20
--	---	---	---	---

22:21,23,23 23:6 23:12 25:18 37:9 68:19 74:15 122:19,20 123:16 trigger 111:21 trouble 37:24 truck 131:16 true 46:6 109:8 truly 77:2 truthful 33:13 37:1 try 5:22 12:2 23:3 24:19 33:19 85:1 85:2 109:5 133:17 138:24 139:1 trying 19:11,24 20:18 22:15 23:14 23:23 24:22 31:1 34:12 43:20 44:1 47:9 51:5 53:3 56:8 65:10 68:14 68:14,17 74:20 77:3 79:9 84:3,3 84:14 99:14 115:11 135:18 136:12 Tuesday 10:19 turf 124:24 turning 128:19 tweak 126:9 tweaked 126:4,13 twenty 54:10,18 57:3,24 58:2,13 59:13,19 62:17 65:5,22 66:18 68:16,17 69:6 70:24 71:6,19 112:10 113:7,10 115:23 116:17,19 117:9,24 118:11 129:7 twenty-six 113:12 twice 44:21 two 28:6 30:10 44:9 51:8 54:19 55:11 57:20,21 64:24 65:24 69:15 73:10 73:15,22,24 84:8 93:24 102:9 113:6 115:13 116:11,12 116:17 117:16 118:21 120:2 121:5 122:14 128:1 132:13 133:12 two-year 115:15,20 116:5,7 type 65:3 129:3,4	types 96:24 typewriting 140:7 typo 115:22 116:13 120:2 <hr/> U <hr/> ultimately 124:18 Um-hum 27:3 49:13 114:18 118:15 under 11:24 28:13 28:15,16 35:18,19 42:3 55:17 57:4 58:2 59:19 70:10 70:11 71:12 87:24 88:4,13 89:18,19 97:20 100:19,22 103:18 104:1,13 111:20 116:22 118:8 125:22 127:19 132:5 137:10 138:21 140:7 underlined 26:13 26:21,23 underlining 110:13 undermines 80:8 underscore 21:21 understand 18:10 19:11 39:22 43:9 45:10 53:3 56:8 58:18 60:3 63:17 107:16 118:23 119:21 126:11 129:24 understanding 27:11 30:9 48:14 111:12 113:16 undertaken 42:7 undo 62:23 Unfinished 2:10 Unfortunately 70:1 94:13 unit 35:16 unless 8:15 30:7 38:21 42:5 69:9 93:17 123:6 unnecessary 31:24 32:1 127:20 until 8:12 28:22 29:3 55:6 73:22 106:6,18 unusual 17:18 updated 128:12 upgrade 30:19 65:16 up-to-date 6:8 Urso 3:16 6:12 8:4	12:17 16:13,17 17:22 18:9,16,20 19:2 22:10 25:15 26:4,18 27:2 29:4 29:6 31:10 32:15 33:21 35:5 37:3,6 37:22 38:11,23 39:2,7,13 43:7,10 44:15,24 46:1,3 51:12 53:13,21 54:3,7,13 56:1 57:21 60:20 61:9 62:10 64:17 66:19 67:16,20 68:13 69:1,8,16,21 70:6 70:19 73:20 81:6 81:22 84:16 85:22 86:20,23 87:13 89:12 91:12,19 92:17,20 93:9,14 93:21 94:3,7,13 94:22 95:8,18,21 99:14,21 101:2 109:19 111:16 112:17 113:24 114:3,10 116:3,6 117:16,21 118:3 118:18 134:14 135:7 136:11 usage 127:2,2 128:17,24 129:2 use 41:7 76:5 127:2 127:4 128:15 129:6,15 137:20 137:24 used 63:22 71:18 79:12 105:6 127:11 using 8:22 38:20 78:22 128:16,17 130:2,15 137:7 usually 10:8,18 45:15 utilization 131:11 131:15,24 utilize 128:20 utilized 129:18,20 <hr/> V <hr/> vague 110:3 valid 32:14 70:1 value 121:1 variance 105:21 123:9 variances 105:17,20 109:4 various 53:11 55:21	56:10 112:8 venue 104:9 verbatim 42:1,1 49:11 verify 72:18 116:8 versus 76:24 80:18 80:19 very 5:2 18:11 21:6 24:6 44:22 48:8 50:15 51:5 61:21 70:1,1 73:13 74:9 74:12 76:2 85:22 85:23,24 94:11 97:2 105:18 120:17 132:17,17 135:13 136:22 via 3:3,4,5,6,19,20 view 118:6 Vinkler 3:5 8:9,9 27:4,5 73:6,6 92:8 violation 28:5,6 63:2 67:14 vision 24:5 voice 19:1 23:9 vote 18:12,18 19:1 45:9 49:9 95:5,7 95:11 voting 5:13 8:15 91:11 93:4,23 94:2,21 95:2,10 <hr/> W <hr/> wait 11:10 28:14 29:3 31:24 55:6 121:20 walking 13:21 want 5:23 12:9 15:13 18:16 24:12 28:22,23 34:7 37:15 41:10,12,13 43:19 46:19 48:15 52:1,4 53:19 57:13 65:21 67:13 67:24 70:6,7 74:5 74:24 75:19 84:13 84:24 87:14 88:13 105:20 106:21 109:18 111:14 112:21,23 113:21 114:10 117:11 118:16,19,20 122:3,4 124:9,14 124:21 135:1,14 135:17,20,23,23 137:5 139:8 wanted 11:24 12:11 25:15 28:9 67:18	71:19 76:12 111:4 112:16,16 134:14 135:5,7,8 136:6 wanting 48:2 64:15 wants 6:16 39:7 64:10 70:22 80:10 82:1 88:10 109:5 121:15,22 122:5 wasn't 26:12 36:22 37:1 87:1 121:17 Waxman 2:6,9 3:2 4:3,7,9,12,14,18 4:20,22,24 5:21 6:13,21 7:5,14 8:14,18 11:14,16 11:19,23 12:5,9 12:13,15 13:1,4,8 13:19 14:3 17:2,5 17:19 18:12,19,21 18:23 19:1,3,5,7 24:16 28:21 29:7 29:13 32:11 35:13 37:19 39:11 40:14 41:2,9,14,17 42:11,14,17,24 43:4,18,24 44:4 46:15 47:11,23 48:3,19,24 49:4,9 49:14,16,18,23 50:10,14,21 51:4 51:10,14,22 52:2 52:13,21 53:4 56:2 61:22 62:1 62:11 63:4,7 64:9 64:13,18,20 65:7 67:4,22 68:4 69:24 70:4 71:17 72:2,7,13,18 73:10,23 74:2,4 74:18 75:10 76:16 79:14,21 80:10,14 81:3 83:8,12 84:1 84:6,9 85:10 86:5 86:12 87:17 88:16 88:21 90:7,11,13 90:15,17 92:11,22 93:2,13 94:2,16 94:19,23 95:10 96:2,5 97:17 98:4 98:7 99:16 101:10 101:12 102:19 103:5,10 109:24 111:9 112:20 113:10 114:16,23 115:2,6 116:5 117:13,19 119:8 119:15,19 120:1,4
---	--	---	---	--

120:6 121:10 125:11 126:18 132:12 133:3,18 135:5 136:20 138:23 139:11,13 139:15 way 19:22 20:18 21:10 34:5 39:10 51:17 54:8 56:19 58:7,12,19 59:1,4 67:24 75:20 89:17 90:21 99:23 102:3 102:12 103:19 111:1,13 118:6 122:21 123:8,17 128:8 129:18 131:1 ways 119:4 weather 5:5 website 134:20 week 99:3 110:17 137:17 138:23 weird 103:6 welcome 74:6 99:16 well 5:11 6:23 8:12 8:13 9:22 10:6 15:20 18:5 19:19 20:22 21:12 22:19 31:22 32:3 33:3 37:19 38:18,20 44:15 55:12 63:23 72:8 73:13 76:2 77:8 79:1 80:1 85:18 88:8 91:9 97:9 104:21 106:7 108:6 110:19 112:17 113:20 117:16 120:9 126:22 went 63:14 71:20 74:11 136:14 were 11:13 13:18 18:3 19:23 20:21 27:12 34:5 40:5 53:24 86:19 108:2 117:2 124:12 125:21 126:23 130:14,15,17 131:16 140:6 weren't 21:6 West 1:3 we'll 17:14 18:9,9 29:7 31:22 51:16 51:18 61:23 69:10 73:23 75:7 79:5,6 94:17 138:24 139:4,7	we're 11:19 14:3,6 20:23 22:14 23:14 23:21,23 24:22 25:11,13 26:22 27:16 28:14,19 29:10,11 32:4,16 35:24 36:2,12 38:19 39:14 44:11 45:13,19 46:12 47:2,9 48:19 61:13 62:5,5 64:9 64:13 66:9,24 68:11,14,16 70:11 73:14 74:21 75:10 76:2 79:9 82:11 83:9 84:4,7 85:3 87:17 89:3 90:24 94:19 98:19 100:13 101:15 115:9 118:24 119:22 123:4 128:11,17,19 129:1 130:14 131:14 133:23 135:15,18 137:13 138:14,23 we've 9:1 10:3,6,24 21:5 22:10,16 23:2,6,12 25:10 48:9,14 50:5,13 50:17 63:22 65:8 69:17 81:1 85:1,9 100:10 118:18 121:20,21 124:11 127:10 136:11,16 137:4 whichever 115:19 115:20,24 118:11 while 6:10 29:19 96:6 whittle 84:4 whole 15:12 37:8 56:12 77:21 78:17 81:14 111:18 113:4 136:14 wife 102:20 willing 41:14 42:11 49:4 61:1 Wingate 1:14 Wisconsin 96:2 wise 123:13 wish 75:5 90:7 wishes 75:3 withdraw 98:2,3 107:5 withdrawal 104:6 105:16 106:2	wondering 90:20 132:13,14,18 word 26:17,17 129:22 worded 103:5 wording 26:21,22 words 26:3 43:19 53:24 work 6:15 22:3 23:10,11 27:15 37:15 58:11 65:3 74:12 75:7 77:3 95:14 121:17,18 123:2,3 133:1 136:23 workable 123:17 132:2 working 6:4 12:23 44:5 60:16 72:15 134:1 works 58:7 132:22 worry 32:3,4 101:15 worthwhile 27:17 wouldn't 97:7 109:9 wrinkle 47:12 write 102:15 writing 6:1 94:1 written 9:22 10:6,7 56:11 103:19 Wyndham 1:14	York 122:19 <hr/> Z <hr/> Z 34:6 Zero 83:24 <hr/> 1 <hr/> 1 2:3 10 2:12 88:1,17,19 10:00 1:14 10:35 4:1 101 1:14 11 88:23 110 13:13 14:6 18:6 18:7 1100 32:7 1125 16:8 31:12 32:8 39:16 78:17 94:4,7 1125.120 15:10 1125.140 42:4 1130 37:10 12 89:1,3 96:9,13 116:6 120 14:14 18:6 13 96:11 98:8 130 16:6 14 98:10 14,000 138:21 140 27:24 15 16:14 98:12,17 111:20 150-bed 55:11 16 98:14 17 98:16 100:7,13 18 1:13 100:3,12 101:21 19 100:5 104:1,13 1960's 128:10 <hr/> 2 <hr/> 2 2:4 2nd 1:3 2:06 139:17 20 103:23 104:4,13 111:24 2005 128:17 2011 1:13 2:5 12:24 21 112:2 21st 12:24 217-782-3516 1:5 22 120:8,13 138:5 22nd 136:13 137:4 139:3 220 15:12 23 120:13 24 2:5 120:13 138:5	138:5 24th 4:15 25 48:10 50:13 120:13 250 123:19 250-bed 123:19 26 120:13 27 120:13 <hr/> 3 <hr/> 3 2:5 326 28:3,9,13,18 <hr/> 4 <hr/> 4 2:6 4th 7:11 74:1 132:20 136:23 137:2 138:24 40 123:23 401 1:22 45 137:24 45-day 9:18 47 74:21 <hr/> 5 <hr/> 5 2:7 27:24 28:1 29:12,23 50 102:13 123:23 525 1:3 <hr/> 6 <hr/> 6 2:8 30:2 52:8 60:22 68:20 86:11 6,800 138:20 6.5 33:23 46:24 47:6 60611 1:23 62761 1:4 69 12:22 23:13 69-page 23:13 <hr/> 7 <hr/> 7 2:9 52:10 86:17 93:22 75 132:5,6 78 137:7 <hr/> 8 <hr/> 8 2:10 52:12 53:6 75:11,12,14,15 76:17 86:8 115:9 <hr/> 9 <hr/> 9 2:11 75:10 87:18 87:22,23 88:16 90 137:7 93-641 125:22 96 63:13
---	--	---	--	---

96-1372 63:14

--	--	--	--	--