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**HEALTH FACILITIES &  
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**STATE OF ILLINOIS  
LONG TERM CARE ADVISORY SUBCOMMITTEE  
BED SELL/EXCHANGE RFP CREATION WORK GROUP MEETING**

**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**TELECONFERENCE**

**JANUARY 8, 2013**

**NATIONWIDE SCHEDULING**

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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
LONG TERM CARE ADVISORY SUBCOMMITTEE  
BED SELL/EXCHANGE RFP CREATION WORK GROUP MEETING  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761  
217-782-3516

MEETING OF THE BED SELL/EXCHANGE RFP CREATION  
WORK GROUP

The meeting of the Work Group was held by  
teleconference on January 8, 2013, scheduled to begin  
at 10:00 a.m.

1 MEMBERS PRESENT:

2 Cecilia Credille

3 Terry Sullivan

4

5 ALSO PRESENT

6 Bill Dart - IDPH Assistant Deputy Director

7 Claire Burman - HFSRB Staff

8 Alexis Kendrick - HFSRB Staff

9 George Roate - HFSRB Staff

10 Michael Constantino - HFSRB Staff

11 Phyllis Mitzen

12

13

14

15 Court Reporter:

Jennifer L. Crowe, CSR

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AGENDA

CALL TO ORDER

1. Attendance
2. Approval of Agenda
3. Bed Sell/Exchange RFP Discussion Continued
4. Other Business
5. Next Meeting
6. Adjournment

1 (Start time 10:15 a.m.)

2 MR. ROATE: George Roate, IDPH.

3 MR. CONSTANTINO: Mike Constantino, IDPH.

4 MS. MITZEN: Phyllis Mitzen, Health and  
5 Medicine Policy Research Group.

6 MR. SULLIVAN: Terry Sullivan, Alliance  
7 for Living.

8 MS. CREDILLE: Cece Credille, IHCA  
9 representative.

10 MS. KENDRICK: Alexis Kendrick, Health  
11 Facilities and Services Review Board staff.

12 MS. BURMAN: Claire Burman, Health  
13 Facilities and Services Review Board staff.

14 MR. CONSTANTINO: You know, maybe we ought  
15 to get started. I don't know if Bill was on the  
16 phone, another phone call. If you want to get  
17 started, maybe we ought to go ahead.

18 MS. BURMAN: All right. Well, we have  
19 taken attendance. I guess the next move will be for  
20 approval of the agenda.

21 MS. CREDILLE: I motion that. Cece.

22 MR. SULLIVAN: I will second it. Terry  
23 Sullivan.

24 MS. BURMAN: All in favor?

1 (Ayes heard.)

2 UNIDENTIFIED: Big group today.

3 MS. BURMAN: Yes, it is. Yes, it is.

4 All right. Well, then we will go right into  
5 where we left off from the last meeting -- this is  
6 Claire -- with the discussion of the buy/sell RFP and  
7 how we are going to put that together.

8 One thing that Courtney wanted me to share  
9 with you is that she spoke earlier with Bill Dart  
10 about this endeavor.

11 UNIDENTIFIED: She spoke with who?

12 MS. BURMAN: Bill Dart.

13 UNIDENTIFIED: I am sorry. I don't know  
14 who that is.

15 MR. CONSTANTINO: Cece, Bill is with --  
16 Bill is the Assistant Deputy Director with the  
17 Illinois Department of Public Health.

18 UNIDENTIFIED: Thank you.

19 MR. CONSTANTINO: He coordinates these  
20 types of activities for the board.

21 UNIDENTIFIED: Okay.

22 MR. CONSTANTINO: You know, an RFP,  
23 financial -- preparing financial information for the  
24 board.

1           That was Phyllis Mitzen. Thanks.

2           MS. BURMAN: Thank you, Mike. This is  
3 Claire again.

4           Yeah, his recommendation was that rather than  
5 to put an RFP together for an outside firm to handle  
6 our questions, he thought it would be better to look  
7 for a partnership with one of the universities.  
8 That's really all that I was, I was told.

9           We can wait for Bill to come in and give us a  
10 little more detail, but I think the concern was that  
11 going the RFP route would entail a lot of holdups in  
12 timing because of the red tape.

13           MR. SULLIVAN: I would tend to agree with  
14 that. This is Terry Sullivan. I am interested in  
15 Bill's idea.

16           MS. CREDILLE: This is Cece. That was my  
17 concern from the beginning was going the RFP route was  
18 going to be a very lengthy process.

19           MR. SULLIVAN: Claire or Mike, who have we  
20 worked with in the past on the academic side with  
21 anything to do with health planning needs?

22           MR. CONSTANTINO: We worked with Governor  
23 State, Terry, in the past.

24           MR. SULLIVAN: Who specifically?

1 MR. CONSTANTINO: I would have to look  
2 that up. I don't -- if you give me a couple of  
3 minutes I can find that.

4 MR. SULLIVAN: This is Terry Sullivan. My  
5 question is were you satisfied with his or her or  
6 their work?

7 MR. CONSTANTINO: Well, they dealt with  
8 Jeffrey Mark on all of that with the -- trying to  
9 think what we did have them do. Governor State, they  
10 helped -- well, Claire can help out, too. I believe  
11 they helped with revising the rules, and they looked  
12 at the 1120 rules which were the financial rules and  
13 provided suggestions on that. They made a  
14 presentation to the board regarding the CON program,  
15 and then they were supposed to do some work on the  
16 health planning areas that they -- that was never  
17 completed. Looking at migration patterns, those types  
18 of things, maybe redrawing those health planning  
19 areas, but that was never completed to the best of my  
20 knowledge.

21 MR. SULLIVAN: Uh-huh. This is Terry  
22 Sullivan. That would have been a tall order.

23 MR. CONSTANTINO: Yeah. I don't know,  
24 Claire, maybe you might -- maybe there is more -- you

1 might have other -- they did work for you that I am  
2 not aware of, but to the best of my knowledge that is  
3 pretty much the extent of what they did for us.

4 MS. BURMAN: Mike, you are correct. It  
5 was mainly for part 1120 which are the financial and  
6 economic rules for the board. A lot of effort was put  
7 in that. It was mainly through Donna Gellatly who is  
8 one of the instructors at Governor State, and there  
9 were different pieces that one of their students  
10 worked on. She was one of our assistants for awhile.  
11 That would have included the distance standards that  
12 are in place right now, the travel times.

13 MS. MITZEN: Okay. This is Phyllis. I  
14 guess the reason I decided to jump in on this call was  
15 in reading the notes, I didn't end up really entirely  
16 aware of the scope of information that we wanted to  
17 get, and I think that it would be important to  
18 identify that and then to figure out what kind of  
19 expertise you needed, whether it be the scholar or the  
20 professor from Governor State or perhaps looking at,  
21 looking at some of the other evaluations that are  
22 being done for the state through U of I and public  
23 health department, et cetera.

24 MR. SULLIVAN: This is Terry Sullivan.

1 Phyllis, I think that's exactly what we were  
2 struggling with at the last conference call.

3 MS. MITZEN: Right.

4 MR. SULLIVAN: Yeah. It was suggested by  
5 the department that we do get some expertise, although  
6 I think the work that Claire has done in surveying  
7 around the state was outstanding. It gave us a good  
8 perspective on what we needed to do. In my mind it is  
9 almost like a customer service survey would be the  
10 only thing that is lacking from what Claire did of  
11 almost like contacting both the boards and the  
12 associations in those other states and see what, how  
13 they feel about their bed relocation program, what  
14 they think the strengths are and what they see as  
15 something that is either lacking or mistakes they made  
16 that are pitfalls that we should watch out for.

17 So in my mind the only thing that's missing  
18 from what Claire did was sort of the emotive and  
19 recommendation part that the other states might have  
20 for us because I think we've identified most of the  
21 key issues that we need to discuss and even the  
22 options in each of those areas. So in my mind the  
23 only thing that we would look for would be a, what I  
24 would call a customer satisfaction survey from the

1 other states.

2 MS. MITZEN: What would be the scope of  
3 those questions?

4 MR. SULLIVAN: The scope of the questions,  
5 and, again, I think that it would be nice to --

6 MS. MITZEN: Open-ended would be really  
7 hard for us to evaluate I think.

8 MR. SULLIVAN: Right. No, I agree with  
9 you. And I would love to see somebody put together  
10 some -- a series of questions, although I think that  
11 was going to be probably one of the things that the  
12 contractor was going to do.

13 MS. KENDRICK: This is Alexis Kendrick. I  
14 think one of the things that Phyllis is kind of  
15 touching on or what I imagined that this RFP would do  
16 is let's say we have identified with the goal of what  
17 this policy is. When I say "policy", I mean the  
18 buying and selling of beds in the State of Illinois.  
19 We need some sort of research to find out if what we  
20 hope this will achieve will actually achieve that.  
21 You know, a step further than the survey.

22 Because, I mean, I do feel like that's what  
23 Claire has done. She has collected information about  
24 what other states have done. This is how they

1 structure it, this is what their rules look like.  
2 That's hard data. But we need to take that a step  
3 further. You know, is this -- what impact does this  
4 have on residents? You know, does this policy  
5 actually achieve what we hope it will achieve?

6 I think starting with that framework we can  
7 then identify, you know, four or five things we hope  
8 for this research to actually achieve.

9 MS. MITZEN: I keep on -- I think my role  
10 here has been -- I mean, I'm not in the industry, I am  
11 in long-term care from a broader perspective. So I  
12 would hope that there would be some attention paid to  
13 the impact that this has had on both positive and  
14 negative for the long-term care system in the  
15 communities that it is being implemented in.

16 In other words, how does it fill gaps in what  
17 is needed in that community in terms of long-term care  
18 services and support?

19 MS. BURMAN: This is Claire. Terry, Cece,  
20 what do you see as being goals that could be achieved  
21 by having a buy/sell program in Illinois?

22 MR. SULLIVAN: I --

23 MS. BURMAN: What would be the long-term  
24 effects of doing that? Start there.

1 MR. SULLIVAN: This is Terry Sullivan. A  
2 market-driven redistribution of beds, a better  
3 utilization of beds for people where the marketplace  
4 can fill those beds, moving them from facilities and  
5 situations where those beds are sitting empty and not  
6 being utilized without at all increasing the beds in  
7 the system.

8 We don't need more beds in the system, but we  
9 do need to better utilize the beds that we have and  
10 put the beds and the services where they are needed by  
11 using existing beds that are, that are not being  
12 utilized.

13 I think it is a cost-effective approach to the  
14 system. Rather than bringing in new beds in certain  
15 areas, let's utilize the beds that are not being  
16 utilized. What that also allows is that in those  
17 facilities where beds are not being used but they need  
18 capital to modernize what they will have left, this  
19 system provides them with some capital so they can  
20 upgrade, and modernize and provide better service and  
21 better facilities for the residents in their area.

22 So I see it as a win, win, win; a win for the  
23 system because we are not increasing beds but a win  
24 where we are putting services and beds where they are

1 needed by utilizing beds where they are not being  
2 utilized right now but at the same time upgrading  
3 those facilities that are, are getting rid of beds  
4 that they can't use and aren't filling. Those are the  
5 benefits.

6 MS. CREDILLE: This is Cece. To add to  
7 that, in a state where we have a funding crisis it  
8 allows the infusion of capital into buildings with  
9 this buy/sell and the free marketplace as Terry is  
10 describing, and that's dollars that some providers  
11 would never have access to.

12 Again, it is the option of the seller if they  
13 want to sell and the buyer looking to buy. Someone  
14 doesn't have to do that, but if a seller needs  
15 capital, again, it is better use of the beds as Terry  
16 said, puts them in the marketplace of where they  
17 belong with better access to people and then allows  
18 the modernization, and all of these items that I have  
19 said and what Terry has said are all in the  
20 subcommittee's bylaws.

21 MS. KENDRICK: So this is Alexis. So I  
22 heard three things that this policy hopes to achieve:  
23 One, a better utilization of the existing beds in the  
24 marketplace; two, a cost effective approach and three

1 would be infusion of capital into the marketplace.

2 Now, the thing is about those three points is  
3 what I was hoping that this RFP would achieve is just  
4 proof of that, you know.

5 We say that this is what is going to happen,  
6 but has that already happened in these other states?

7 Is there proof of that happening in these  
8 other states?

9 Does it end up being cost effective?

10 Is there actually these infusions of capital  
11 in the marketplace?

12 What causes, what causes sellers and buyers to  
13 make these decisions?

14 You know, what motivates -- like where -- we  
15 hope that this policy would achieve that, but does  
16 this policy in other states actually achieve these  
17 goals?

18 MS. CREDILLE: Well, this is Cece. I  
19 agree that that is the purpose of this RFP. We are  
20 looking to pros and cons for buy/sell as a methodology  
21 for redistribution of beds. I mean, that's all  
22 buy/sell is. It is a methodology for redistribution  
23 of beds in a state. It is one of the options that we  
24 have, and we have to have the pros and cons in

1 existing states. Many states do have a buy/sell  
2 concept in one shape or another. That needs to be  
3 part of the RFP.

4 MR. SULLIVAN: Well, I will concur that  
5 the three -- you know, a three focus of what we want  
6 in an RFP would be does, excuse me, does that  
7 relocation, bed relocation result in better  
8 utilization, cost effectiveness and an infusion of  
9 capital where it is needed for modernization. I think  
10 those are three very valid questions that we have been  
11 talking about for a couple of years now.

12 MS. KENDRICK: This is Alexis again.  
13 It kind of a ties back to what Phyllis' concerns are.  
14 I mean, we could have another overarching question of  
15 what impact does this have on the entire long-term  
16 care system. Is there an impact, or is there no  
17 impact, or is there a negative impact?

18 You know, taking it a step further from, you  
19 know, what other states are doing X, Y and Z, but what  
20 -- you know, are there side effects that we can't  
21 even, you know, that we can't brainstorm at this  
22 point, or are there -- I mean that would be good for,  
23 you know, advocating for this policy.

24 MS. BURMAN: This is Claire. Part of the

1 work that was put together for the work group that was  
2 looking at this initially was to go back to the CON  
3 states that had buy/sell programs and ask them a set  
4 of questions right along these lines. Some did not  
5 respond, some did. What -- whoever works on this  
6 project or this RFP or partnership with the  
7 university, they could push that a little bit further.

8 Those kinds of questions were asked, and maybe  
9 that would take the intensity of someone working on an  
10 RFP to get more exacting information from these  
11 agencies. But if you can find the last report to the  
12 work group, it is included. There is a document that  
13 includes the rules that they have for buy/sell, and at  
14 the end of each one is their self evaluation of their  
15 program.

16 MS. CREDILLE: This is Cece. Can I ask a  
17 basic question back to the beginning? If the  
18 recommendation from Bill Dart is not to put this out  
19 to RFP but for partnership with a university, do we  
20 have to take this back to the subcommittee to vote on  
21 this?

22 Because the original recommendation from  
23 Courtney was that this was -- this RFP request was  
24 coming from her, the board staffers or someone, but

1 now that's not really possible. Do we have to go back  
2 to the subcommittee? I don't know who is on the line  
3 that can answer that question.

4 UNIDENTIFIED: Is Bill Dart on the call?

5 MR. DART: Yes, I have joined the call  
6 now. This is Bill Dart.

7 I think you make a good point, Cece. Part of  
8 the recommendation to seek procurement with a  
9 university is because of the time frames that were  
10 discussed at the last meeting in this group where we  
11 had some pretty, you know, I will call them aggressive  
12 time frames certainly with respect to doing a  
13 competitive RFP.

14 So I think that given the time frames that we  
15 wanted to work in, our relationship with the  
16 university gave us the opportunity to meet more of  
17 those time frames. So if, as a work group, this group  
18 wants to recommend or report to the other group that  
19 we find this approach seeking a contract with the  
20 university to be more realistic given our goals, that  
21 would certainly be, I think, number one, a good idea.

22 MR. SULLIVAN: This is Terry Sullivan.

23 Bill, I absolutely agree with you. And I asked Mike  
24 beforehand who we had worked with before, and

1     apparently Governor State.

2             Do you have anyone in mind, Bill, that you are  
3     thinking of?

4             MR. DART: No, I don't have anyone in mind  
5     right now. There is, you know, there is certainly  
6     other approaches that we could do. We could ask for  
7     information from the university community to see what  
8     kind of interest is out there from different,  
9     different universities.

10            MR. SULLIVAN: Uh-huh. I mean, Governor  
11     State and Sangamon State and U of I all have fairly  
12     sophisticated health research departments. I am not  
13     -- just from my experience I am not sure who else  
14     really gets into the kind of research that we're  
15     looking for in long-term care, and I think it is a  
16     good suggestion, Bill, although the one question that  
17     I would have would be this idea of doing an RFP really  
18     didn't come from the subcommittee, it came from the  
19     department. It came from, if I recall, high up in the  
20     department.

21            Would switching it to a university or academic  
22     site for expedited purposes, which I think is a good  
23     idea, go okay with those who were suggesting this from  
24     the department?

1 MR. DART: Yeah, I believe so. This is  
2 Bill Dart. I think, you know, this is certainly -- I  
3 mean, we're getting -- the goal is to get this outside  
4 expertise to look at these issues and give us that  
5 feedback. So we will still be getting that. There  
6 was a subcommittee vote endorsing the RFP which I  
7 think is what Cece was referring to. So there is like  
8 a small change of course which should certainly be  
9 reported to the larger group, but we are still heading  
10 down that same avenue.

11 MR. SULLIVAN: This is Terry Sullivan. I  
12 Would tend to agree with you, Bill. Cece, I don't  
13 think we would have to send a revote because  
14 essentially we will be doing an RFP but to a more  
15 restrictive audience in the academic community here in  
16 Illinois rather than some kind of nationwide search.  
17 I think I get the sense the subcommittee would be just  
18 as happy, and I think it is within the purview of what  
19 was authorized by the subcommittee.

20 MS. CREDILLE: Okay. This is Cece. Is  
21 this also paid to the university? I'm assuming there  
22 are dollars associated with this like there would be  
23 with an RFP.

24 You are in a position, Bill, to approve that?

1 MR. DART: This is Bill. We could move  
2 forward with a contract with the university, you know,  
3 working with you and the larger work group and of  
4 course the leaders at the board and the department,  
5 but I'm confident we can proceed down that road.  
6 It is a small change from the RFP concept. It can  
7 happen a lot quicker, and we can get the feedback that  
8 we need to keep this moving.

9 MS. CREDILLE: Would we, then, take the  
10 same principles, essentially the questions that we  
11 want, the same things that all of us on this call now  
12 are asking for an RFP and instead we would, in theory,  
13 send this, for example, to the three universities that  
14 Terry identified?

15 It is the same principle, same sort of  
16 formula, only send it out and then we choose between  
17 the schools; is that how we would proceed?

18 MR. DART: This is Bill. That's certainly  
19 -- how we send it to them would be something that we  
20 would want to discuss whether we have a written, you  
21 know, here is our needs and we'd like you to respond.  
22 We can do it that way. You know, we can have more of  
23 a discussion or a meeting with them to get their  
24 feedback as to whether they believe they could meet

1 our needs and let them tell us how they would do that.  
2 From there we would write up our contract deliverables  
3 and let them proceed with their work.

4 MR. SULLIVAN: I think the idea of putting  
5 a letter together is probably good for the  
6 subcommittee and for all of us to look at to make sure  
7 we are all on the same wavelength about what we want  
8 from the universities and then send, send a letter out  
9 to at least those three -- Phyllis, I don't know if  
10 you want to -- if there is anyone else besides  
11 Governor's, U of I and Sangamon that have done  
12 lone-term care research in Illinois, but send a letter  
13 out to those three and then make a follow-up phone  
14 call fairly closely afterwards.

15 MS. MITZEN: I don't have any other  
16 suggestions besides those in terms of Illinois  
17 research.

18 MR. DART: This is Bill Dart. Well, we  
19 certainly don't have to identify and limit which  
20 universities we want to send that to today. So we can  
21 think about this as a group and if we have other,  
22 other ideas, share that with the work group, Claire,  
23 staff, other staff.

24 MR. SULLIVAN: Okay. Can I then request

1 -- I don't know how long you have been on the phone  
2 call, Bill, but could either you or Claire draft a  
3 letter regarding the scope of research that we're  
4 looking for?

5           And I think the four that I have in front me  
6 is we are looking for a bed relocation program that  
7 has better utilization, is cost effective and results  
8 in infusion of capital, but then also we want to know  
9 whether there were any unintended consequences or side  
10 effects in the other states.

11           So in my mind those would be at least the four  
12 questions that we would want to ask but all give some  
13 thought. I think the previous meeting we were also  
14 discussing some of the objectives, and I don't know if  
15 there were any additional ones. We would have to look  
16 at the minutes. Possibly how does it fill gaps in the  
17 long-term care system was the other question that came  
18 up today.

19           MR. DART: This is Bill. I will be happy  
20 to work with Claire and Courtney and Alexis on putting  
21 together some type of draft letter that, that outlines  
22 these goals. We will check the previous minutes. You  
23 know, we will need to circulate that and see if there  
24 is other thoughts that have occurred since then.

1 MR. SULLIVAN: This is Terry again. I  
2 would really like to stress how much work has already  
3 been done by Claire when we were making this proposal.  
4 This is almost like a step two level of research. We  
5 really don't need the universities recreating  
6 everything Claire did. I think they can utilize it,  
7 but we certainly don't need them to be doing the basic  
8 research of what are the regulations and what does the  
9 program look like in every state. We know that. We  
10 want to know the outcomes and the effects of those  
11 programs.

12 MS. MITZEN: I think that's really  
13 important, Terry.

14 Also, I guess I'm getting stuck on the word  
15 better use, and I think that that needs to be broken  
16 down. So perhaps when you look at that, see whether  
17 or not some of the conversations broke down what we  
18 meant by better use of beds or something. I'm not  
19 quite sure how that was phrased.

20 But the other ones are fairly concrete, cost  
21 and infusion of capital, but better use of beds means  
22 what?

23 MR. SULLIVAN: In my mind and I think it  
24 is probably the driver in most other states was you

1 have beds that are -- that were not being utilized and  
2 were not going to be filled and no way of moving them  
3 to an area where other facilities did want to utilize  
4 and did have a market to do that. Although like  
5 Illinois, many states either have a moratorium or no  
6 bed need. So this would be a method of doing partial  
7 bed relocation, and so does it better utilize the  
8 existing amount of beds in the state, I guess, is the  
9 question I want to know.

10 MS. MITZEN: So just a question of whether  
11 or not the beds get filled?

12 MR. SULLIVAN: Yes.

13 MS. MITZEN: Okay.

14 MS. CREDILLE: It's not just they get  
15 filled, it is utilization in communities that  
16 potentially could utilize those beds in communities.  
17 I mean, we can't get beds in some communities because  
18 beds are sitting in other communities not used.

19 MS. MITZEN: That's what I'm getting at.  
20 Better use isn't only filling the beds, but are they  
21 -- is there -- you know, did it meet a need that that  
22 community had identified?

23 MR. SULLIVAN: I agree.

24 MS. MITZEN: Where does it fit into the

1 larger long-term care system?

2 MR. SULLIVAN: Yep. No, I agree. And  
3 also is there a creation of additional resources for  
4 people.

5 MS. MITZEN: Right, correct, correct.  
6 That's right.

7 MS. CREDILLE: Terry, then also at the  
8 last meeting, and this would need to be included in  
9 the RFP I would hope or a discussion with the  
10 universities, is there was discussion at the last  
11 meeting that in Illinois the staffers have proposed  
12 the subcommittee -- sorry, the staffers for the Health  
13 Facilities Planning Board group have submitted to the  
14 Governor's office the issue of licensed versus  
15 nonlicensed beds.

16 So what would be the pros and cons in other  
17 states, and what have other states done if there is  
18 mandatory bed decertification program?

19 MR. SULLIVAN: This is Terry. I am  
20 sitting here wondering if we -- if that complicates  
21 what we are trying to accomplish. You know, we can  
22 get into a whole bed need issue, too, but does that  
23 get -- does that go way beyond the scope of what we're  
24 trying to evaluate in terms of the effectiveness of

1 bed relocation as it exists in other states?

2 MS. CREDILLE: Maybe the question -- this  
3 is Cece again. Maybe the question needs to be about  
4 moratoriums on beds or decertification and what have  
5 states done prior to or during the course of is there  
6 a moratorium and was there a moratorium on beds?

7 Did they place a moratorium on beds when they  
8 did this? Was there mandatory decertification?  
9 Because that question has now been raised by the  
10 staff.

11 MR. SULLIVAN: Well, I get the impression  
12 in terms of the moratorium and not moratorium or  
13 whatever, I think Claire's research kind of answered  
14 most of those questions of obviously there are some  
15 states that put in a moratorium. Others have a  
16 partial moratorium in one form or another. Other  
17 states don't have a moratorium. Some base it on bed  
18 need, some don't base it on bed need.

19 Yeah, I don't know. I think Claire pursued a  
20 lot of that, and so do we want to ask the next  
21 question of do you think your moratorium was a good  
22 idea or not a good idea. I don't know. I am nervous  
23 about expanding the scope because then we start  
24 debating the issues of moratorium and get into bed

1 need formulas and various states had bought -- I'm  
2 trying to get the right word, bed buy-back programs  
3 where they actually bought beds from facilities in  
4 order to reduce the number of beds in the system.

5 Do we want to get into evaluating all of  
6 those? I am -- I would be nervous about -- I guess I  
7 want answers about bed relocation and not the entire  
8 scope of various issues that regard long-term care  
9 planning.

10 MS. CREDILLE: I can appreciate we don't  
11 want to -- this is Cece. It is already a very  
12 complicated situation and issue. It is just it was  
13 raised at the last meeting.

14 MR. SULLIVAN: Uh-huh. Some of those end  
15 up being political questions and not just planning  
16 questions, and I think I have said this before. You  
17 know, I know a number of states like Ohio have the  
18 moratorium in effect, and the various people I talked  
19 to in Ohio felt that for bed relocation to work, you  
20 need a moratorium.

21 I think also here in Illinois if we tie the  
22 issue of moratorium to bed relocation it becomes such  
23 a political hot potato that the whole thing falls  
24 apart, and so my tendency is to let's look at the

1 specific benefits of bed relocation and not get into  
2 wider issues.

3 MS. BURMAN: This is Claire. Yeah, I also  
4 spoke with the head of the agency in Ohio. They have  
5 had a moratorium for about what, 20 years. The only  
6 way you can add beds is to buy them, and one of the  
7 things that they allow in their setup for buying of  
8 beds is you can buy beds to set up a new facility, but  
9 those are pretty much the parameters that they have in  
10 Ohio.

11 A moratorium does, a moratorium does have an  
12 impact in it cuts off any new beds. That's the only  
13 purpose really of a moratorium. You stop the count,  
14 okay? The buy/sell in its purest form is strictly  
15 redistribution hopefully from an area of excess to an  
16 area of need.

17 MR. DART: Right. That's a good point.  
18 So there is a component of, you know, moving these  
19 beds, relocating them to areas where the numbers may  
20 suggest there is no need. There may be  
21 overbeddedness. So in a way I don't know how we don't  
22 integrate these issues when it is, you know, could be  
23 people could seek to move beds to an area where we  
24 already think there is enough or too many beds.

1 MR. SULLIVAN: This is Terry Sullivan.  
2 Again, I'm not going to get into whether I agree with  
3 a moratorium or not. I guess in my mind a moratorium  
4 very much could be part of the evaluation of a bed  
5 relocation program, although it is -- moratorium is  
6 such a hot political issue in and of itself, I think  
7 it becomes part of our evaluation at the point that we  
8 have a bed relocation program and we take a look at it  
9 after a year or two, and we may say at the end of  
10 that, well, we did bed relocation, and there is really  
11 not much going on. If we really want to make it work  
12 like it does in Ohio, we may have to have a  
13 moratorium.

14 But I think that becomes -- I would like to  
15 see what a bed relocation program strictly on the  
16 merits of utilization, cost effectiveness and infusion  
17 of capital has on Illinois without -- and maybe  
18 moratorium is step two or something or forced bed  
19 reduction becomes a step two or step three. But I  
20 would like to see how the program works standing on  
21 its own at this point.

22 MS. MITZEN: I'm concerned with what Bill  
23 said, though. Does it have the potential for creating  
24 even more problems in Illinois which we all agree is

1 overbedded right now?

2 MR. SULLIVAN: There is a chance that  
3 somebody may -- and this is the classic example. We  
4 used it over and over again. The facility in an  
5 overbedded area that runs consistently 95% and above  
6 because they provide excellent service or an  
7 innovative service or something different whereas all  
8 of the other facilities in their area are running at  
9 75, 80%, but this facility that does a really good job  
10 can't add beds or expand because they are in an  
11 overbedded area.

12 So yes, there is -- I mean, the other states  
13 have experienced that. A successful facility  
14 providing really a good service would be allowed to  
15 expand, but it doesn't increase the number of beds in  
16 the system. It would only increase the number of beds  
17 in that particular area with that particular facility  
18 by utilizing beds that are not being utilized.

19 So beds don't expand in the system, but there  
20 may be some more beds in a particular area. I can't  
21 imagine a facility that is running 75% occupancy  
22 wanting to buy beds.

23 MS. MITZEN: Are they going to want to  
24 sell their beds, or would this 95% --

1 MR. SULLIVAN: Yes.

2 MS. MITZEN: Or would this 90% facility be  
3 buying beds that can ill afford to lose beds in that  
4 area?

5 MR. SULLIVAN: Well, those are issues we  
6 have been talking about in the previous meetings of  
7 whether we limit geographic area or go state wide. I  
8 think if we don't have the limit of a moratorium,  
9 quite frankly I'm not expecting an explosion of beds  
10 being moved all over the place in the state if we  
11 allow the program to happen. I think it is a good  
12 idea to let the program and see what the results are  
13 and see what happens.

14 I know in Missouri when we talked to the head  
15 of the planning board, that was his concern, too. He  
16 was not sure how the beds would move around, but after  
17 three years of it he said I'm a fan because generally  
18 the marketplace does determine where the beds need to  
19 go, and no one is going to put beds where they are not  
20 going to be filled. It is an investment.

21 MS. MITZEN: And you think the moratorium  
22 issue is too hot of an issue to raise?

23 MR. SULLIVAN: Oh, definitely.

24 Definitely. That would become the issue, not bed

1 relocation.

2 MR. DART: This is Bill Dart.

3 MR. SULLIVAN: Quite frankly I think it  
4 would be a very hot topic.

5 MR. DART: Terry, what about the 10%, 20  
6 bed rule and the expansion of facilities under that?

7 Having that as another avenue for putting more  
8 beds in the system besides coming in for a new  
9 facility, you know, really causes me a lot of concern  
10 with this concept of letting this program become  
11 unleashed.

12 MR. SULLIVAN: Bill, I think that's a  
13 valid point of discussion, and I could go either way  
14 on the discussion. I do know operationally expanding  
15 by ten beds or 10% or 20 beds generally is not large  
16 enough to make a logical investment. It is very hard  
17 to expand by 20 beds and have that meaningful pay off.

18 We are generally talking about a 40-bed unit.  
19 I think combining that with bed relocation you may  
20 have that opportunity to make a reasonable investment  
21 by expanding by 40 beds, some which is the 10%, some  
22 of which is that you purchased the beds.

23 So I can see the combination working, but I  
24 can also, I can also see not allowing that as one way

1 of encouraging bed relocation. Again, I am trying to  
2 take a neutral position on bed relocation because if  
3 you eliminate the 10%, 20 beds or 10%, again, that  
4 becomes part of the hot issue. So people end up  
5 opposing bed relocation because they are opposed to  
6 either a moratorium or the 10 and 20.

7 I, I really think we need to keep the issue  
8 separate and see if bed relocation works without the  
9 additional tweaks and maybe down the line we put in  
10 the additional tweaks. That's my thought if we want  
11 to really analyze whether bed relocation in and of  
12 itself is a good idea.

13 MR. DART: This is Bill Dart. Well, I  
14 think your comment about them working together is an  
15 interesting one about a provider wanting to relocate  
16 beds and use the existing 10%, 20 bed rule in concert  
17 with that.

18 That's an interesting -- it would be an  
19 interesting concept to see whether the marketplace  
20 becomes something where these people view well, we can  
21 add beds and have a commodity and, you know, create a  
22 problem in the market by expanding the supply and  
23 reducing then the value for what people can get for  
24 these beds that they want to sell, I think, is another

1 concern that I would have, but, you know, we don't  
2 know until things start happening.

3 MR. SULLIVAN: Bill, from just talking to  
4 Ohio and Missouri, there is no question that they  
5 first wanted to do a moratorium, and the bed  
6 relocation was like the safety valve that allowed  
7 something to happen without expanding the beds in the  
8 system. But then that becomes the issue of do we want  
9 to have a moratorium and then oh, by the way, as a  
10 safety valve allow bed relocation.

11 I don't know if you bring up moratorium in  
12 Illinois whether you will get anything, anything  
13 passed in any way, shape or form. I think it would be  
14 too much of a hot potato which is why my tendency is  
15 to say start small, which is if we don't have other  
16 approaches like a moratorium or forced bed relocation  
17 or, you know, you can't expand into overutilized  
18 areas.

19 Again, I am pretty sure that we are not going  
20 to be looking at tens of thousands of beds moving  
21 around the state under this program, particularly if  
22 we don't have the outside incentives. But I think  
23 setting it up and taking a look at what does happen  
24 and, in fact, not much may happen at all. I know

1 Missouri, I think they had, they have had 1500 beds  
2 over, over a five-year, six-year period that got  
3 bought and sold. After the initial push it got real  
4 quiet.

5 Claire, I don't know if you have updated  
6 information on that, but I was surprised how small  
7 most of the bed relocation programs are in most  
8 states. I would suspect that will be true with  
9 Illinois.

10 MS. BURMAN: Yeah, this is Claire. The  
11 general number of beds involved, you are right, Terry,  
12 it is on the small side, and it is certainly up to  
13 each individual facility. We can't really predict  
14 that.

15 MS. MITZEN: This is Phyllis. I am  
16 struggling with this now. If we are going for  
17 something that we know has the potential to have just  
18 a small impact and it is going to take us a lot of  
19 effort, it has already taken us a lot of effort to do  
20 it, and then it is going to take us another two or  
21 three years to evaluate and another two or three years  
22 to figure out where we are going, I mean, you know,  
23 I'm not going to live long enough to see anything  
24 happen here in Illinois. I think how old am I going

1 to be before we actually start talking about what  
2 really matters.

3 MR. SULLIVAN: Why don't we take it --

4 MS. MITZEN: On the face of it, the idea  
5 of moving beds around from places that don't need them  
6 to places that need them sounds like a logical plan,  
7 but I think unless it is in the context of doing  
8 something that has more significance in terms of, in  
9 terms of what we are trying to accomplish here, I just  
10 think it has to be in combination with something more  
11 toward moving us towards a solution. The rest of the  
12 long-term care world and the Medicaid world certainly  
13 is moving really fast, really fast.

14 MR. SULLIVAN: Yes, it is. There is an  
15 awful lot of changes going on.

16 MS. MITZEN: Right, and the nursing home  
17 piece of it is a piece of all of those changes. So  
18 are there going to be beds available for those people  
19 who need them in the areas that they need them for as  
20 long as they need them?

21 MR. SULLIVAN: Correct, and this is one  
22 small piece of that puzzle, Phyllis. I think the  
23 wider issues are something that the long-term care  
24 committee was deliberately set up for because we have

1 an incredibly dramatically changing marketplace over  
2 the next five years between ObamaCare and managed care  
3 and ACO's and everything. It is going to be a very  
4 different world, and I guess I would like to see just  
5 a tad little more flexibility in where the beds are  
6 located in the system, and this allows a little more  
7 flexibility without waiving a giant magic wand saying  
8 this is how we are going to fix the system.

9 I think when we get into the bigger issues  
10 that you bring up -- and I'm very concerned about  
11 that, you know, bed need formulas and moratoriums and  
12 where do we put resources -- it is -- those are areas  
13 of discussion, but they are also going to be more and  
14 more in-depth and contentious than this little issue.

15 MS. MITZEN: Right. As you are talking,  
16 Terry, I realize this is a subcommittee that's  
17 designed to do just this.

18 MR. SULLIVAN: Uh-huh.

19 MS. MITZEN: I guess it raises my anxiety  
20 about the rest of the agenda.

21 MR. SULLIVAN: Uh-huh. And I think we  
22 should get on with the rest of the agenda in the  
23 larger committee. But you bring up a good point of it  
24 is a very specific question, and I would add to the

1 letter does bed relocation cause overbedding or  
2 misallocation of beds through the bed relocation  
3 program? Do any of the states that have done this  
4 feel like beds were moved into an inappropriate area  
5 for inappropriate reasons?

6 MS. MITZEN: And what kind of controls  
7 might they have used to avoid that or what kind of  
8 controls do they have in place to avoid that  
9 eventuality?

10 MS. BURMAN: This is Claire. Yeah,  
11 usually it depends what rules you have in place for  
12 that activity is how you set it up.

13 MS. MITZEN: Right.

14 MS. BURMAN: I know that in speaking with  
15 a gentleman from New Jersey who is in charge of their  
16 sale and activity, he feels they did not carefully  
17 enough think through the process.

18 MS. MITZEN: Interesting.

19 MS. BURMAN: So, you know, there are  
20 mistakes to learn from. These things are documented  
21 in the different pieces that were displayed on our web  
22 site for each of the long-term care meetings. I can't  
23 tell you what the date of the last one was, but it was  
24 a report that originally went to the work group that

1 Tim Phillippe chaired, and it has moved onto the  
2 larger group. So that material is available.

3 MS. MITZEN: All in one place, Claire?

4 MS. BURMAN: No, it is meetings.

5 MS. MITZEN: Do you guys have students?

6 Do you have any students who could pull some  
7 of this together?

8 MS. BURMAN: No, no.

9 MS. MITZEN: You need to go to the  
10 university and get yourself some students.

11 MS. BURMAN: They want money.

12 MR. SULLIVAN: Again, I have to express a  
13 little bit of frustration that so many of the  
14 questions that continue to come up and people have  
15 questions are all stuff that Claire has looked into  
16 and has put in writing and has been available for over  
17 a year. Again, I am -- I think Claire did an  
18 outstanding job, one of the best I have seen in terms  
19 of doing research and asking all of the right  
20 questions, and so it is -- I think a lot of the  
21 questions that have come down to is up for the  
22 subcommittee to decide because all of the information  
23 is there based on what Claire collected and on any one  
24 specific question. If we want to look at moratorium

1 or whatever, we know the states that have moratoriums,  
2 and we can ask the impact from those states of did a  
3 moratorium make a difference and would you do it  
4 again, all of that sort of thing.

5 But again, I don't want to get into  
6 moratorium, but in terms of the issues of how wide,  
7 what is the scope, restrictions on buyers,  
8 restrictions on sellers, what kind of rules you have  
9 in place, we have all of that.

10 So can we move to a letter that Bill is going  
11 to draft?

12 MS. CREDILLE: This is Cece. Yeah, that's  
13 the obvious next step here.

14 MR. SULLIVAN: Okay.

15 MS. CREDILLE: Bill and Claire or Claire  
16 or --

17 MR. DART: This is Bill. Yes, it would be  
18 a joint effort between myself, Claire, other board  
19 staff, but we understand that's our staff assignment  
20 coming out of this meeting.

21 MS. CREDILLE: So I guess the logical  
22 thing is to draft that letter and send it to Eli,  
23 Terry, myself, anyone else on the call, I guess, or  
24 the whole committee, whole subcommittee? I don't

1 know.

2 MR. SULLIVAN: Well, since it is a  
3 subcommittee resolution, maybe we do it two steps.  
4 One is Eli, Cece and I take a look at it first, and  
5 then we send it off to the whole subcommittee. We  
6 will do the technical changes and refinements and then  
7 let it out for everyone's opinion.

8 MS. CREDILLE: That's a good plan, Terry.

9 MR. DART: This is Bill. Very good. We  
10 will proceed on that per those directions.

11 MS. CREDILLE: Terry and I will touch base  
12 with Eli, see if or when we need another conference  
13 call, what we need to do as a follow-up to --

14 MS. MITZEN: This is Phyllis again. I  
15 have been playing around with the web site for quite  
16 awhile under long-term care. It is not obvious where  
17 Claire's report is. There is something called meeting  
18 materials, and it would be great if that report, which  
19 has been so important to all of us, could be just  
20 singled out and put over there and titled something  
21 where it is recognizable. I'd really appreciate it.

22 MS. BURMAN: Phyllis, this is Claire.

23 MS. MITZEN: Yeah, help. Just send it to  
24 me.

1 MS. BURMAN: How about if I send it to  
2 you?

3 MS. MITZEN: Yeah, but I think for anybody  
4 else that wants to see it, I think it is -- I don't  
5 know if anybody else has the same problem of looking  
6 for it and not finding it, but I sure can't find it.

7 Thanks, Claire. I appreciate it.

8 MS. BURMAN: No problem. Is there any  
9 other business?

10 MS. CREDILLE: No. This is Cece. No.

11 MS. BURMAN: Okay. Then we will hear from  
12 the work group about the next meeting if there will be  
13 one.

14 MR. SULLIVAN: Great. Okay.

15 (Conference call concluded at 11:17 a.m.)

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The State of Illinois

My commission expires March 22, 2015

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