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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

VIDEOCONFERENCE

HFSRB ADMINISTRATIVE OFFICE
69 W Washington, 35th Floor
Chicago, Illinois 60602

AND

IDPH HUMAN RESOURCES DEPARTMENT
535 W. Jefferson Street, 4th Floor
Springfield, Illinois 62761

LONG TERM CARE FACILITY ADVISORY SUBCOMMITTEE

WEDNESDAY, APRIL 4, 2018
10:00 AM

1 A P P E A R A N C E S
2 Chicago:
3 Courtney Avery - HFSRB Administrator
 Jeannie Mitchell - HFSRB General Counsel
4 Ann Guild - HFSRB Compliance Manager
 Michael Waxman, Chairman (via telephone)
5 Alan Gaffner, Member
 Steven Lavenda, Member
6 John Florina, Member
 Denise Norman, Member (via telephone)
7 Bill Casper, Member (via telephone)
 Greg Will, Member (via telephone)
8
9 Springfield:
10 William Bell, Vice Chairman
 Charles Foley, Member
11 Paul Corpstein, Member
 David Raikes, Member
12 Brent Sharer, Member
 George Roste, IDPH Staff
13 Mike Constantino, IDPH Staff
14
15
16
17
18
19 Court Reporter:
20 MS. MEGAN GRANDA, RPR, IL-CSR
 ALARIS LITIGATION SERVICES
21 711 North Eleventh Street
 St. Louis, Missouri 63101
22 (314) 644-2191
23
24
25

1 (The meeting commenced at 10:11 a.m.)

2

3 VICE CHAIRMAN BELL: Well, we'll go
4 ahead and call the Long Term Facility Advisory
5 Subcommittee of the Health Facility Services Review
6 Board to order.

7 We'll go ahead and start with the roll
8 call.

9 Do you want to start up on that end,
10 Ann?

11 MS. GUILD: I can do that.

12 I'm Ann Guild with HFSRB staff. John,
13 why don't you go next?

14 MEMBER FLORINA: John Florina, Nursing
15 Home Administrator.

16 MR. MORADO: Juan Morado.

17 MS. MITCHELL: Jeannie Mitchell.

18 General Counsel for the Health Facilities Services
19 Review Board.

20 MS. AVERY: Good morning. Courtney
21 Avery. Health Facilities Services Review Board.

22 MEMBER GAFFNER: Alan Gaffner, Long Term
23 Care and Health Care Counsel of Illinois
24 Representative to the Long Term Care Subcommittee.

25 VICE CHAIRMAN BELL: Ann, do you want to

1 read off the list of people on the phone and see if
2 there's anybody else that didn't acknowledge?

3 MS. GUILD: The people on the phone are
4 Mike Waxman, Bill Casper, Denise Norman, Naton Wise,
5 and Greg Will. Is that correct? Or did I just have
6 Greg listed as on the phone and he didn't chime in?
7 Are you there?

8 MEMBER WILL: This is Greg Will. I'm on
9 the phone. I'm sorry. I was just on mute. Hi
10 there.

11 MS. GUILD: Okay. So that's the list of
12 people on the phone.

13 VICE CHAIRMAN BELL: Okay. We'll go
14 ahead in Springfield then.

15 MEMBER RAIKES: David Raikes, Board
16 Member.

17 VICE CHAIRMAN BELL: Bill Bell, Illinois
18 Health Care Association.

19 MEMBER FOLEY: Charles Foley.

20 MEMBER SHARER: Brent Sharer, RFMS.

21 MR. ROATE: George Roate, IDPH.

22 MR. CONSTANTINO: Mike Constantino,
23 IDPH.

24 MEMBER CORPSTEIN: Paul Corpstein, IDPH.

25 VICE CHAIRMAN BELL: And our court

1 reporter.

2 Thank you. Okay. Very good. So do we
3 have a quorum then, Ann?

4 MS. GUILD: Yes, we do.

5 VICE CHAIRMAN BELL: Okay. Great.
6 Super.

7 Okay then. Moving on through the
8 agenda. The first order would be the approval of
9 the agenda. Has everybody had a chance to review
10 and is there any comments or changes or additions
11 that they would like to make to the agenda at this
12 point?

13 MEMBER FOLEY: Make a motion to approve.

14 MEMBER WAIKES: Second it.

15 VICE CHAIRMAN BELL: Have a motion to
16 approve and second.

17 All in favor aye.

18 MEMBERS: Aye.

19 VICE CHAIRMAN BELL: Opposed?

20 Any discussion.

21 Okay. Thank you.

22 The next item is the approval of the
23 transcripts from the February 28th and the May 9th
24 meetings. They were rather lengthy. I didn't print
25 them out, but I did have a chance to look at them.

1 Was there any changes or any comments on those
2 transcripts?

3 MR. MORADO: I have a question.

4 VICE CHAIRMAN BELL: Yes, sir.

5 MR. MORADO: In reading through it,
6 there's a number of words in there that appear to be
7 misunderstanding by the court reporter as to what
8 the word was. Are those worthy of suggesting
9 changes? I think they're immaterial to the overall
10 transcript, but they are the wrong word.

11 VICE CHAIRMAN BELL: How would the
12 department want to handle those?

13 MS. MITCHELL: Well, we can make the
14 changes. We can talk to the court reporter and make
15 the changes. We can make the changes to the
16 comments regarding those changes, and then approve
17 it with those changes. Do you know what they are?

18 MR. MORADO: No, I didn't write them
19 down. It wasn't that important, but technically,
20 it's not the right wording. But that's the, I
21 guess, what happens when you're dealing with a
22 transcript from a court reporter instead of a taped
23 discussion.

24 MS. MITCHELL: Right. We can make
25 edits, but we would have to know what they are. So

1 I could volunteer myself to go through it, but I
2 don't know that I'd catch what you necessarily
3 caught.

4 MR. MORADO: I don't think it's worth
5 it. I just want to make the --

6 MS. MITCHELL: Okay.

7 VICE CHAIRMAN BELL: Any other comments
8 or input?

9 If not, can we get a motion to go ahead
10 and approve those transcripts?

11 MEMBER FOLEY: So moved.

12 MEMBER RAIKE: Second it.

13 VICE CHAIRMAN BELL: We have a motion
14 and a second. All in favor aye.

15 MEMBERS: Aye.

16 VICE CHAIRMAN BELL: Opposed?

17 Okay. We'll go ahead and do that.

18 Next item on the agenda is the
19 subcommittee bylaws.

20 Is there someone from the staff that's
21 going to discuss those?

22 MS. MITCHELL: Yes, I am.

23 This is Jeannie Mitchell.

24 The bylaws were approved in 2015, I
25 believe. And we noticed that there were a couple of

1 things that we needed to fix. So these changes are
2 not intended to be substantive in nature.

3 You'll see on page 1, page 1 and page 2,
4 several additions of the word voting to signify that
5 we're talking about voting members as opposed to ex
6 officio members.

7 In the second paragraph, we changed
8 Department of Aging to Department on Aging to make
9 it clear the correct name.

10 Capitalized first letter of
11 subcommittee.

12 And it says here, struck out who shall
13 serve for a period of three years. This is
14 regarding the ex officio members. They serve a
15 perpetuity, they do not have a limit on their time
16 serving on the Board. So that I believe was a
17 mistake to begin with.

18 The third paragraph added an S to
19 recommendations, just to correct that grammatically.

20 There was a typo in statewide. You see
21 there's a three between state and wide, it's
22 supposed to be a dash. Change the numerical three
23 to the word three, did that two places there.

24 And then the fourth paragraph adding the
25 voting members to again, signify that we're talking

1 about voting members and not just all members.

2 The same thing in the following
3 paragraph.

4 And that's essentially it. The rest is
5 changing, adding the voting to the membership to
6 qualify that phrase.

7 And then there's some spacing changes
8 all the way at the end, so none of this is meant to
9 be substantive. This is all clean up. But if you
10 guys have any questions, we open the floor to that.

11 VICE CHAIRMAN BELL: Anybody have any
12 questions or comments on the suggested changes to
13 the bylaws?

14 MEMBER POLES: I'll make a motion to
15 accept the changes as read.

16 VICE CHAIRMAN BELL: We have a motion to
17 accept the changes as read.

18 Is there is second?

19 MEMBER RAIKES: Second.

20 VICE CHAIRMAN BELL: Very good.

21 Any further discussion?

22 If not, all in favor aye.

23 MEMBERS: Aye.

24 VICE CHAIRMAN BELL: Opposed?

25 Unanimous. Okay. Thank you very much.

1 Moving right along.

2 Subcommittee member terms. I believe
3 that there was a document presented.

4 Someone going to discuss that?

5 MS. GUILD: Yes. This is Ann.

6 VICE CHAIRMAN BELL: Okay. Ann.

7 MS. GUILD: I put the language at the
8 top that kind of describes what this is in the
9 bylaws, and to comply with that, in 2015, in April
10 of 2015, some members of the subcommittee picked
11 terms, but not everybody picked terms and the intent
12 was to stagger terms so that every member would
13 either pick a one-year term, a two-year term or a
14 three-year term initially, and then would be able to
15 have one subsequent term, three-year term after
16 that, so that the terms of the members of the
17 subcommittee are staggered.

18 As it stands right now, we need people
19 to choose those terms. And we're going to make them
20 effective for the first term in 2015 so it's fair to
21 all of those who already picked terms. And then the
22 subsequent, the second term would be a three-year
23 term.

24 Does that make sense?

25 MS. MITCHELL: So we're picking slots as

1 if we had picked them April 2015.

2 MS. GUILD: Right.

3 MS. MITCHELL: Except for the new
4 members.

5 MS. GUILD: Correct.

6 For those new -- thank you.

7 For the new members, I used the date
8 that they -- who were not on the board in 2015, I
9 used the date that the year that they joined the
10 board or the subcommittee to begin with. So I have
11 terms. It's not reflected on your sheet, but I have
12 terms. The first term for Denise Norman ends in
13 2020. And the terms for Mr. Sharer and Mr. Wise end
14 in 2021 for the first term.

15 For the others, I need terms. And I'm
16 going to try to keep track of this as we go, but I
17 need you to pick one year, two year or three year.
18 And for those that aren't here, I'm going to pick
19 for them because we need to complete this process.

20 So we have a term for Mike Waxman. We
21 do not have a term for Bill Bell.

22 Bill, are you going to?

23 VICE CHAIRMAN BELL: So I can leave?

24 MS. MITCHELL: Not that easy.

25 And I just want to caution -- I just

1 want to note and highlight that in the bylaws it
2 says a member shall serve two-year terms, and after
3 that they have to get off the subcommittee for at
4 least one year before they can come back.

5 So there are some consequences attached
6 to the terms here, so just want everybody to know
7 that.

8 VICE CHAIRMAN BELL: Whatever you want
9 to do Ann from my perspective is fine. Whatever
10 works for you.

11 MS. MITCHELL: Can we have people choose
12 their terms or do you just want us to do it for you?

13 MEMBER GAFFNER: I'm happy to serve for
14 a longer period if someone is shorter. I don't know
15 how to put the term -- the language on it.

16 MS. MITCHELL: So you want a longer?

17 MEMBER GAFFNER: I'm willing, yes. I'm
18 not trying to have that in place of or superceding
19 someone else, but I'm willing to serve a longer
20 period of time.

21 MS. MITCHELL: Okay.

22 MS. GUILD: So we have someone on this
23 end who picked a three-year term.

24 Why don't we alternate back and forth
25 between the locations maybe?

1 MS. MITCHELL: Right. So somebody over
2 there in Springfield want to go? Chuck Foley?

3 MEMBER FOLEY: Do I want to go? I'll
4 take a three-year term, if it's available.

5 MS. GUILD: Okay. Now, what's available
6 is two-year term and one-year term for the initial
7 term, and then a three-year term following that. So
8 somebody --

9 MEMBER CASPER: This is Bill Casper.
10 I'll take the -- why don't you put me down for a
11 two-year term.

12 VICE CHAIRMAN BELL: Ann, not to make
13 this complicated, but just for clarification, you're
14 starting from a 2015 date?

15 MS. GUILD: Correct.

16 VICE CHAIRMAN BELL: So the first term
17 we're selecting is based off of 2015.

18 MS. GUILD: Right.

19 VICE CHAIRMAN BELL: So technically, you
20 could pick one year, two year or maybe even three
21 year, your term's over already.

22 MS. MITCHELL: Well, if you pick the one
23 year, you would be out I think, 2019 -- 2020.

24 MS. GUILD: No, if you picked the
25 one-year term in 2015, you would have been off in

1 2016, but you get a second three-year term, so you'd
2 be off in 2019.

3 VICE CHAIRMAN BELL: Personally, I don't
4 have a problem with whatever one you want to put me
5 in. I was questioning so that we have a process
6 here that makes sense. Not knowing where we started
7 from in 2015 or since, it's hard to know what, as a
8 committee we're doing.

9 MS. GUILD: So if you pick a one-year
10 term, your first term has already ended, and you
11 will be eligible to serve next year.

12 MS. MITCHELL: Through 2019.

13 MS. GUILD: 2019.

14 If you pick a two-year term, your term
15 ended in 2017 and your second term would be 2020.

16 MS. MITCHELL: Ending that date. Does
17 that make sense to everyone?

18 MS. GUILD: This is complicated.
19 Jeannie and I have gone back and forth on this.
20 It's a puzzle.

21 MEMBER CASPER: Did you get me down for
22 two? This is Bill.

23 MS. GUILD: Bill, I put you down for
24 two.

25 Somebody else on this end want to pick

1 who isn't on the list already?

2 MEMBER FLORINA: I'll go for two.

3 MEMBER FOLEY: Okay.

4 MEMBER FLORINA: I don't know when my
5 term started or ended.

6 MS. MITCHELL: It will end 2020.

7 MS. GUILD: Okay. So we have -- so Bill
8 Bell, you get one year.

9 VICE CHAIRMAN BELL: Okay.

10 MS. GUILD: Because that's kind of
11 what's left. Let's see Judy's not here, so I'll
12 pick for her. Bill picked one. John, you get one.

13 MEMBER FLORINA: Where do you need --
14 put me down for what you think.

15 MS. GUILD: Okay.

16 MEMBER FLORINA: Don't tell me I'm
17 leaving tomorrow.

18 CHAIRMAN WAXMAN: How about yesterday?

19 MEMBER FLORINA: Thank you.

20 MEMBER FOLEY: John, you're lucky
21 there's not a ten-year term.

22 MEMBER GAFFNER: Is it possible for Bill
23 to get a longer term since he's assistant chair?

24 MS. MITCHELL: We can only do so many in
25 each term. Not everybody gets to serve the same

1 term because we have one-third serving three year,
2 one-third serving two years, and one-third serving
3 one year.

4 MS. GUILD: So has everybody picked a
5 term who's here?

6 Okay. I will fill in the blanks here.

7 MEMBER RAIKES: Ann.

8 MS. GUILD: Yes.

9 MEMBER RAIKES: This is David Raikes. I
10 haven't picked a term yet. You can put me down for
11 two years.

12 MS. GUILD: Actually, you already have a
13 term because you were appointed to the committee
14 after the April 1, 2015 date. So your term ended in
15 2016, and your second term ends in 2019.

16 Some of you have already picked terms.
17 I will --

18 MS. MITCHELL: Or if not selected, were
19 put into a term based on your appointment date. If
20 that makes sense.

21 MEMBER RAIKES: Okay.

22 MS. GUILD: So I will fill out this
23 chart and get it back to you.

24 MEMBER GAFFNER: Bill.

25 VICE CHAIRMAN BELL: Yes.

1 MEMBER GAFFNER: I mentioned to Ann,
2 depending on if there is a longer term available, I
3 would really like for you to consider to take that,
4 you are assistant chairman. And if you're willing
5 and if there happens to be a longer term, I think it
6 would be great for that to be assigned to you.

7 MS. GUILD: I will fill this out. And
8 if anybody wants to trade places at the next meeting
9 once we see it, that's fine. It's just that's how
10 it's in the act that it has to be because they
11 wanted staggered terms.

12 So thank you for going through that
13 frustrating activity. And we can move on.

14 VICE CHAIRMAN BELL: Okay. Thank you
15 then, Ann. We'll just wait to see how you play that
16 all out on the term, and then next meeting we'll
17 know a little bit and be a little clearer.

18 MS. GUILD: Right. It'll be easier to
19 see what's in front of you.

20 VICE CHAIRMAN BELL: All right. The
21 next item on the agenda is the annual ethics
22 training.

23 MS. MITCHELL: That's me again. Jeannie
24 Mitchell here.

25 So everybody, it's that time of year

1 again for you to complete your annual ethics
2 training. For those who are new to the
3 subcommittee, every year board members, subcommittee
4 members, employees have to complete ethics training.
5 It's required by law.

6 So Ann e-mailed you the ethics training
7 packets. And those that are physically at the
8 meetings, there are duplicates for you. If you do
9 not have them, I will need you to read through the
10 packet, and get to me the last page, which is a
11 certification page. So if you would leave your
12 certification pages at whatever meeting site you're
13 at today that would be great.

14 VICE CHAIRMAN BELL: One quick question.

15 MS. MITCHELL: Those on the phone, if
16 you can scan and e-mail those to me that would be
17 great as well.

18 Sorry. What was the question?

19 VICE CHAIRMAN BELL: The question,
20 Jeannie. Is the ethics, but what about the sexual
21 harassment, are both of those required by the board
22 or just the ethics?

23 MS. MITCHELL: Just the ethics.

24 MS. GUILD: The sexual harassment is a
25 department requirement, I think.

1 MS. MITCHELL: I think it's just the
2 ethics training that you have to complete.

3 There's a sexual harassment one in there
4 too?

5 VICE CHAIRMAN BELL: Well, I've had that
6 --

7 MEMBER CORPSTEIN: Maybe it's just you.

8 VICE CHAIRMAN BELL: I've been required
9 by other boards to turn in that one, so I don't know
10 whether that's required or not.

11 MEMBER FOLEY: Probably just you.

12 MS. MITCHELL: Well, don't sexually
13 harass anyone. I'll agree.

14 We don't require that. So if you can
15 complete your ethics training, then that's
16 sufficient.

17 VICE CHAIRMAN BELL: Okay. If you'll
18 just double check on that to make sure so that
19 nobody gets caught in a problem there.

20 MS. MITCHELL: I will.

21 VICE CHAIRMAN BELL: Okay. Perfect.

22 MS. MITCHELL: Okay.

23 VICE CHAIRMAN BELL: Are there any
24 questions?

25 MS. MITCHELL: I think Chuck has a

1 question.

2 MEMBER FOLEY: We have to get online
3 again and take this test; is that correct?

4 MS. MITCHELL: It's all on paper form.
5 It's not an online exam. For employees it is, but
6 for board and committee members, it's not. So you
7 have to read the materials, and sign the page. So
8 if you could just sign the page and leave it.

9 MEMBER FOLEY: That's good.

10 VICE CHAIRMAN BELL: Is there a date
11 that you want to have those back by Jeannie?

12 MS. MITCHELL: Today. If you are
13 physically at one of the locations, if you could
14 just, you know, sign the form, make sure you read
15 the packet that'd be fine. Those on the phone, if
16 you could get it to me as quickly as possible. I
17 mean, there's no imposed deadline on subcommittee
18 members, but the quicker, the better.

19 VICE CHAIRMAN BELL: Okay. We'll urge
20 everyone to get those done and turned in as quick as
21 possible then.

22 Any other questions on the ethics
23 training?

24 Okay. Moving on to the next item. It's
25 stated as subcommittee feedback. And I'm not quite

1 sure what is meant by that. Whether that's follow
2 up from our last May meeting, and the decision to
3 have some educational sessions with the mother
4 board? Not sure exactly where you're heading with
5 this, but I'll turn it over to staff.

6 MS. GUILD: Okay. Actually, what this
7 is is that at the end of last year, Courtney asked
8 me to call most of you, I think pretty much
9 everybody, and to get feedback. And so this is on
10 the agenda. And I thought it was a good start to
11 start thinking about what we want to accomplish,
12 what our goals for this year. So I just thought I
13 would share the results with you so you could be
14 thinking about it.

15 And I put things in categories. The
16 first thing that people talked about the bed buy
17 sell program. And for those that mentioned that in
18 their feedback basically they said one person --
19 several people said this is going nowhere, put it to
20 bed. Somebody said, we should take a closer look at
21 Wisconsin and Michigan. And somebody else said,
22 move off the issue.

23 With respect to the low occupancy and
24 bed need formula in the inventory, there were
25 comments that we should take the empty beds out of

1 the inventory that this shouldn't affect mortgages
2 if long term care facilities have a good cash flow,
3 and they're making their payments. We need to
4 approve the bed need formula.

5 We need to take a better look at once
6 the inventory is updated how the inventory is used
7 and how health planning is done. We need to get a
8 better bed count. I know that's been a discussion
9 at a lot of your meetings.

10 We've got to think about replacement
11 facilities. We should look at the differences
12 between urban and rural because in small markets. A
13 small number of -- in some markets, a small number
14 of operators control a large percent of the beds.
15 We should go back to Nelson's ideas about how to
16 improve the bed need formula.

17 Somebody suggested that we not limit the
18 bed need analysis to just population demographics.
19 They suggested things like medical needs, ADLs,
20 other criteria that are not simply age based.
21 Consider state determination of need scores and
22 include that in the board's consideration.

23 Somebody suggested a moratorium on new
24 long term care beds. That we should -- someone
25 suggested that if beds have been out -- if they have

1 not been used in a long time, not defined, that we
2 should simply just remove them. No need for beds in
3 an industry that's shrinking.

4 Move from travel time to distance space.
5 Which that was somebody said that was a positive
6 change. And think about how managed care will
7 affect bed need.

8 The next topic was quality. Someone
9 suggested if the board wants to improve care,
10 quality indicators should play a role in evaluating
11 projects.

12 On long term care continuum, it was
13 suggested that we regulate changes of ownership. I
14 don't think there would be much agreement on that.
15 And that we should be regulating the other parts of
16 the continuum. There were several comments on that.

17 We should be thinking about what long
18 term care should look like in the future. And we
19 need to increase accessibility for Medicaid
20 residents in underserved areas.

21 Under licensure, someone suggested that
22 we should invite IDPH licensure staff to see how we
23 can help them improve licensure requirements.

24 MEMBER CORPSTEIN: The whole staff is
25 here.

1 MS. GUILD: There you go.

2 MEMBER CORPSTEIN: Who wants to improve
3 me?

4 MS. GUILD: Someone suggested that we
5 consider a floating license for skilled and assisted
6 living. Kind of like skilled beds for hospitals
7 where the beds are essentially floating between
8 acute care and skilled.

9 And someone mentioned that IDPH at one
10 point was looking at allowing a higher level of
11 acuity in assisting living. And if that's the case,
12 we should look at that.

13 Better disclosure of ownership was
14 suggested.

15 Then to board education, you know, the
16 mother board. Several people commented that that
17 should be a priority for the subcommittee.

18 That's pretty much it. Yeah, I think
19 that's pretty much it for what people brought up.

20 If any of you brought up anything other
21 than that, maybe we can discuss that when we're
22 talking about board priorities. I just tried to
23 summarize what everybody said, and put things in
24 categories.

25 So does anybody have any questions?

1 CHAIRMAN WAXMAN: This is Mike. Again,
2 I think Ann you did a great job. And I guess as I'm
3 listening to you talk about this and the
4 suggestions, I think we still hear some frustrations
5 on members' part that it appears or feels like we're
6 not making a lot of accomplishments. And we haven't
7 accomplished a lot, and a lot of topics have been
8 put on the table.

9 And I think some of that is very, very
10 true. Some of it is due to the turnover of board
11 members. Some of it is due to simply the state, and
12 the state of long term care in Illinois. Some of it
13 is still that frustration that there's a whole
14 segment of the industry that we don't have any
15 information on, the assisted living side. So I
16 think it's all true.

17 I think -- I mean, I think what stands
18 out to me, and again, you know, it's just my opinion
19 and certainly open to a lot of suggestions. I think
20 that the continuing to educate the mother board is
21 going to be very important as we move forward.
22 Especially what we know about the industry. I think
23 we do have to figure out what the impact of managed
24 care in the state is going to have, because it's
25 becoming more and more viable and more important to

1 the nursing home people than it has been. And I
2 also agree that, you know, we should set some goals
3 that we can accomplish. So I think those are the
4 important points that I saw. And again, I thank
5 staff for doing this, and especially Ann for going
6 out. Like I said, it's my opinion, open to
7 discussion from everybody else.

8 VICE CHAIRMAN BELL: Any other comments?

9 I think that kind of moves us into the
10 next item on the agenda, which is the 2018
11 priorities. And I think based off of what Chairman
12 Waxman just said, and what Ann shared with us, I
13 think that's kind of where we're headed. And I
14 think we probably need to have a little discussion
15 on maybe setting what those priorities are and
16 giving weight to them as to what's more important
17 and what are the top things we should look at and
18 work down that list from there.

19 So is there any thoughts or comments
20 from the various members as to what we should think
21 or what we should have as our priorities for this
22 coming year?

23 MEMBER GAFFNER: I would agree with
24 Chairman Waxman that the educating of mother board
25 should be a priority. I believe that can have the

1 most impact in the CON process by having them as
2 great an understanding as possible regarding the
3 dynamics and the factors that are impacting the long
4 term care profession. All of those are very
5 relevant to their decisions, either for approval or
6 denial of CON.

7 And I believe the change is so rapid.
8 As one on this side of the profession, it's a
9 challenge to not drown in everything that's washing
10 over us. I empathize with them in trying to have an
11 understanding of these factors that helped them make
12 decision. So I believe that should definitely be
13 one of our long term care subcommittee priorities.

14 VICE CHAIRMAN BELL: We had the May
15 meeting, and then I think there was discussion that
16 there was going to be some education at the June
17 mother board meeting. Did that actually occur?

18 MEMBER GAFFNER: No, I believe we only
19 did the Medicaid premier was our only presentation.
20 Steve and Bill Casper and Chairman Waxman, I
21 believe, we presented information. I apologize if
22 I'm leaving anyone out. But I believe that was our
23 own topic. Unless that occurred at the June
24 meeting, and I'm forgetting what happened.

25 MS. MITCHELL: It might have been. I

1 was not at the June meeting because I was having a
2 baby, but I believe it might have happened at the
3 June meeting.

4 MEMBER GAFFNER: Okay.

5 MS. GUILD: But it was about Medicaid.

6 MEMBER GAFFNER: Yes, that was the only.

7 MS. GUILD: Because I was there.

8 MEMBER GAFFNER: We had several topics
9 on a short list, but the Medicaid presentation was
10 deemed most important and we started with that.

11 VICE CHAIRMAN BELL: Mr. Foley.

12 CHAIRMAN WAXMAN: We just -- this is
13 Mike. We did cover at least highlight, a number of
14 issues, but the most of the topic was on the
15 Medicaid reimbursement and levels of care topic.

16 I'm sorry to interrupt you Mr. Foley.

17 VICE CHAIRMAN BELL: Before Mr. Foley,
18 and I should have done this from the very beginning,
19 if you could identify yourself for the court
20 reporter when you're talking, I would appreciate
21 that, and I'm sure she would too. So I apologize
22 for not doing that earlier.

23 MEMBER FOLEY: Charles Foley.

24 I think another very important item that
25 we should consider as a priority, and that is the

1 number of empty beds that we do have in the state.
2 We do have an issue obviously with the occupancy
3 rates. When an application is in fact being filed,
4 we're finding that most planning areas in the state,
5 there is a low occupancy rate. And board members
6 do, in fact, have a tendency looking at that in
7 terms if there are empty beds, maybe additional beds
8 are not needed. So I think we need to get this
9 whole bed count and the occupancy rate clarified as
10 to how we're going to handle this in the future.

11 MR. WISE: This is Naton Wise. It'll be
12 my first time actually speaking and my first board
13 meeting. So first of all, thank you. I'm glad I
14 can be a part of this.

15 As a way of introduction, if everybody
16 doesn't mind, I just want to give a one minute. I
17 own and operate facilities, nine of them in the
18 State of Illinois. And I've been involved in the
19 CON process multiple times on both sides of the coin
20 requesting a CON for an addition on a facility that
21 had the beds and I was just replacing beds, which
22 actually was initially denied for an extra bed, all
23 the way to actually getting that approved and built
24 and done; to being a person who has opposed projects
25 at the CON board meetings. It's one of the things I

1 wanted to join the subcommittee. And part of that
2 is I've been reading the subcommittee meeting
3 minutes for the last couple years. And as you said,
4 the frustration I guess is that nothing has changed
5 or really happened at least from the people in the
6 industry, my feeling that nothing has really changed
7 at the board. Which can be evidenced by the last
8 meeting where they approved two CONs for facilities
9 that, in my opinion, I know Charles has a different
10 one, but in my opinion, shouldn't have been
11 approved.

12 One in an area where there was excess
13 beds of 150, all the facilities in the area are
14 below the 90 percent capacity, and they just
15 approved 150 bed CON to somebody who had a CON for
16 eight years and didn't build.

17 And then another one where they're
18 literally on the border of the second most over
19 bedded region in the state. But because they're on
20 the other side of the border, they are in a bed
21 needed area.

22 So I think that there's definitely work
23 that needs to be done. I think that if we would
24 decide number one to do what Charles said, which
25 would be to get rid of empty beds and change those,

1 I think we would end up with a huge class-action
2 lawsuit from operators who have been paying bed tax
3 for umpteen years on beds that are theirs that are
4 part of their license that they do get mortgages
5 based on that HUD has requirements.

6 I reduced the facility license. I don't
7 know if I'm the only one in the state who has
8 reduced beds, but I have reduced beds in a facility.
9 And HUD required us to go through a huge process to
10 get that approved to get rid of 12 beds on 150
11 two-bed building because we had a HUD loan.

12 So it's not a no-brainer to reduce beds.
13 It was a big deal. And it was not a little issue.
14 So I don't think that that's viable in today's day
15 and age with the problems everybody has getting
16 mortgages, insurance and everything else, and
17 getting rid of something they have is a problem.

18 I also think that we definitely need a
19 better way of understanding what the needs are and
20 the bed need. I also think that the board has
21 deviated from over the last -- I don't know -- I'd
22 say four years has deviated from the purpose of the
23 act and what is best for the actual residents of the
24 area, and the needs that need to be met in approving
25 a lot of these. And I think that it's also against

1 what's best for the industry.

2 I think when you have a situation like
3 we do in your state where they're underfunding --
4 and I'm not going to go into how much -- and
5 everybody has their own, you know, calculation of
6 how much our state is being underfunded. But when
7 you underfund and you're not paying market rates,
8 you can't have an open market if you want to still
9 have care. Because we are taking care of people
10 below cost. And the reason we're able to do it, I
11 think all of us is because of the occupancy we have
12 or because of the quality mix that we have, whether
13 they're private pays, Medicare or Medicare Advantage
14 replacement plans or other insurance and when a
15 facility goes up in an overpopulated area that
16 quality mix is going to go down for those legacy
17 providers, and they're the ones who provide care for
18 Medicaid. And if that happens, ultimately, we're
19 not going to have care for those people.

20 So I think that those are key issues. I
21 think that we have to factor in the assisted livings
22 into our actual numbers. I don't know that we can
23 regulate them or not regulate them or how many
24 build. I think that we have to factor in how many
25 of them are currently operating when we look at a

1 bed need formula. Because otherwise, if you look
2 today, 20 years ago when I was starting, the people
3 who are in assisted living today, were in my nursing
4 homes, not they're not. My average length of stay
5 was four and five years. My average length of stay
6 in rehab patients in the days, and in long term care
7 patients in months.

8 So we've completely changed the paradigm
9 of what we're doing and who we're taking care of.
10 We're taking care of much sicker patients. And to
11 allow the almost open market of approving without
12 strict guidelines is going to be the detriment of
13 the care of those that are the weakest in our
14 society.

15 So when you said before Ann that the
16 people recommended a moratorium, I am a hundred
17 percent behind that. I believe we should have a
18 moratorium on beds in the short term, until we as a
19 subcommittee can, number one educate the board on
20 what's really going on, and they can understand all
21 the issues. And number two, until we come up with a
22 real formula that includes all the other factors
23 that shows where there's a real bed need, not a bed
24 need because I'm, you know, going to tell the doctor
25 and the hospital's going to sign that we did it, and

1 this one and I'm going to have a fancy new toilet
2 and a fancy new bedroom.

3 So I think that we have to show that
4 we're being responsible in what's being built.
5 Otherwise, the board itself doesn't have a positive
6 purpose for our industry. And ultimately, we're
7 going to have a problem with Medicaid patients
8 getting served at all for being underserved in
9 certain areas.

10 Sorry for the lengthy, but that was my
11 first one and I've been reading all this, I just
12 wanted to get it all out there.

13 VICE CHAIRMAN BELL: Thank you very
14 much.

15 That was a lot of information. And I
16 think a lot of the things we've been talking about
17 over the last couple of years through the committee.

18 MR. WISE: Absolutely. That's what I've
19 been seeing it being talked about. I personally
20 think we need to suggest in a moratorium right away
21 until we can come to decisions whether it's 12
22 months, 24 months on these other things so that we
23 don't allow our industry to continue to be hurt, and
24 we end up allowing the Medicaid population to
25 continue to get hurt because that's what's

1 happening.

2 VICE CHAIRMAN BELL: A question on that
3 issue. A moratorium is that something that would be
4 required? Could that be done by rule? Could it be
5 done by action of the board or does it need to be
6 statutory?

7 MS. MITCHELL: This is Jeannie Mitchell.
8 I believe it would need to be statutory.

9 MR. WISE: If our -- I just have a
10 question. I understand the real moratorium would
11 have to be statutory. If our recommendation as the
12 subcommittee would be to the board that there be a
13 moratorium on any new beds, not replacement beds,
14 but any new beds that require a CON, is that
15 something that they would honor for a period of time
16 until we could get the rest of the issues worked
17 out? With that explanation coming to them.

18 MS. MITCHELL: That cannot be honored
19 outside -- we can't have a formal policy on
20 something like that, of that magnitude without there
21 being a statutory change. We can't do that. There
22 would have to be something statutory. At the very
23 least, rule, but I think it rises to the level of a
24 statutory change.

25 VICE CHAIRMAN BELL: Is Juan still there

1 or did he have to leave?

2 MS. MITCHELL: He left. But he's no
3 longer on to board. He's no longer with the board
4 is what I meant to say.

5 VICE CHAIRMAN BELL: Okay.

6 MR. WISE: Jeannie, is there a process
7 if we --

8 MS. MITCHELL: I'm the new Juan.

9 VICE CHAIRMAN BELL: Okay.

10 MR. WISE: Jeannie, this is Naton again.
11 If there was a desire for us to do that, is there a
12 process we can go about to ask for that to be done?

13 MS. MITCHELL: Of the board or of -- I
14 guess --

15 MR. WISE: Rules or statutory.

16 MS. MITCHELL: You would have to go to
17 the board first. And then if it was a rule change,
18 there would be -- we would have to file first
19 notice, you know, go through that admission and rule
20 making process. And if it was a statutory change,
21 we'd have to go through the legislative process.

22 MS. GUILD: And Jeannie said already,
23 and I agree, that it would probably have to be a
24 legislative change because there's nothing in our
25 act now that even contemplates a moratorium.

1 MS. MITCHELL: Right. The first step is
2 the board, and then following whatever process after
3 that.

4 VICE CHAIRMAN BELL: So that I guess is
5 what my question would be. Is this something that
6 has to go to the mother board for discussion prior
7 to doing legislation or can somebody just go out and
8 contact a legislator, put a bill in and move forward
9 in that direction? Is there a process here?

10 MS. MITCHELL: Well, if it's coming from
11 the subcommittee, we have to go to the board. If
12 it's not coming from the subcommittee, of course,
13 anybody can go to their local legislator or nonlocal
14 legislator and try to make a statutory change.

15 But if it's initiative of the
16 subcommittee, the subcommittee doesn't have binding
17 authority. We are, I guess, an arm of the mother
18 board, so before we do something official, we
19 generally make recommendations to the board, and
20 then the board acts or directs staff to act.

21 VICE CHAIRMAN BELL: Mr. Foley?

22 MEMBER FOLEY: Yes. Thank you. Charles
23 Foley.

24 I think this is also a very important
25 issue; however, I think it's an issue that we really

1 truly need to take a serious look at, because this
2 affects, not only the nursing home industry
3 obviously, but to me more importantly this also
4 affects a lot of our residents in the state that are
5 subjected to a lot of old, delapidated facilities
6 that they have to live in.

7 I know Mr. Wise indicated that this
8 would not affect replacement facilities, which is
9 fine, good, well and great. However, you know,
10 looking at a bed need or an area where there's not a
11 bed need, all that to me is simply a numbers game.
12 It's a very important numbers game. We do have to
13 look at the numbers. But at the same time, there
14 are issues out there that does, in fact, warrant a
15 new facility in areas where there is not a bed need.

16 So all I'm trying to say is I think
17 although this is important, I understand where
18 Mr. Wise is coming from, but I think this really --
19 I'm sorry. I think this really needs a lot more
20 detailed conversation by this subcommittee.

21 MEMBER CASPER: This is Bill Casper.

22 I guess I would, you know, there's merit
23 in both sides. As I understand it, the topic we're
24 on right now is what should the agenda for the
25 subcommittee be. And I would think that our agenda

1 should include also sympathetic to Tom's point that
2 we don't, maybe recommendation moratorium should be
3 a product or an outcome of the deliberations of the
4 subcommittee. So I think we should frame the issues
5 that we discussed that move us along in this
6 discussion.

7 I guess the other thing I would comment
8 on from what Michael Waxman said was, you know, he
9 did say that the growing segment of managed care and
10 its impact on the industry. But I think the other
11 thing and again, I think we have to talk about
12 whether this subcommittee is the right forum for it,
13 but we're also dealing, since part of the mandate of
14 the mother board and then subsequently for the
15 subcommittee is access for the Medicaid population.

16 Clearly, the mandatory managed care
17 approach to the Medicaid program could clearly
18 impact the entire industry in the state. And I
19 think we ought to set in motion a process for us to
20 understand how it's changing the industry, how it's
21 changing potentially the need for beds, the number
22 of beds, the number of occupied beds that will be
23 needed in the future. So I think from an overall
24 statewide perspective, we ought to have a process in
25 place where this subcommittee gains some

1 understanding of that program, and the impact of
2 that program so that we can make recommendations to
3 the mother board on that as well.

4 VICE CHAIRMAN BELL: Are there other
5 comments or thoughts or ideas?

6 Basically, what I've heard so far is
7 that some of our priorities should center around
8 Medicaid and managed care; the thoughts or the
9 reviews of the bed need formula that Nelson
10 presented in the past; the effect of assisted living
11 on the whole long term care situation; the
12 possibility of a moratorium; and, of course, by
13 statute, we're also supposed to provide information
14 to the board on the buying, selling and exchange of
15 beds between facilities, which was part of the
16 statutory requirement that was amended in 2018.

17 So with those items, are there any
18 others or discussion on any of those or how we
19 proceed with those? Did I miss anything?

20 MS. GUILD: I think on the issue of the
21 buy, sell, I think at the June meeting --

22 MS. MITCHELL: I think it was the
23 January meeting. I think that took place and I
24 think the recommendation at the time was, we were
25 not going to proceed with it at that time. If I --

1 right.

2 VICE CHAIRMAN BELL: And --

3 MS. MITCHELL: January of 2017.

4 VICE CHAIRMAN BELL: I agree. It's just
5 that it's in the statute that we should evaluate and
6 make recommendations to the state board regarding
7 the buying, selling, and exchange of beds between
8 long term care facilities within a specified
9 geographic area or drive time. So it's in the
10 statute.

11 MS. MITCHELL: Right. I'm not
12 disagreeing that it's in the statute. What I'm
13 saying is I think the recommendation was already
14 made to the board to not proceed.

15 M. GUID: Correct.

16 VICE CHAIRMAN BELL: Okay.

17 MS. MITCHELL: And that happened in I
18 believe January or February of '17. And Alan
19 Gaffner says that Chairman Waxman made the report.

20 VICE CHAIRMAN BELL: Okay. Then other
21 than that being on hold, I guess. Are there any
22 other issues or ideas?

23 Yes, Mr. Gaffner.

24 MEMBER GAFFNER: Bill, this is Alan
25 Gaffner. Did your list -- and I was trying to write

1 that summary down -- include the continuation of the
2 educational presentations to the planning board?

3 VICE CHAIRMAN BELL: And I thought --
4 yeah, I think that was the overarching principle
5 here is that the discussions would occur within the
6 subcommittee on these various issues, and then take
7 that to the mother board in an educational series
8 and get their opinions, ideas, guidance, and then
9 proceed from there on the subcommittee. Is how I
10 think that's supposed to proceed.

11 MEMBER GAFFNER: Thank you, sir.

12 VICE CHAIRMAN BELL: Is there any other
13 thoughts or ideas? Ann or Jeannie, does that give
14 you enough information to set some priorities?

15 MS. GUILD: I think those are the
16 priorities, and we have to put some thought into how
17 to move forward with those.

18 VICE CHAIRMAN BELL: Okay.

19 MEMBER GAFFNER: Could you read those
20 again please?

21 MS. GUILD: And I actually wrote in my
22 notes check transcript for Bill Bell's summary.

23 MEMBER GAFFNER: This is Alan Gaffner.
24 Bill had a great list, but I couldn't write as fast
25 as Bill was sharing them. I guess I'll wait for the

1 transcript.

2 VICE CHAIRMAN BELL: I think I can
3 probably go through them again. The whole issue of
4 the Medicaid, and then now we've added on managed
5 care. And then I've got a question on that after
6 that. There was discussion previously that Nelson
7 did some work on the bed need formula, making some
8 adjustments to the bed need formula. I thought that
9 that should probably continue to be discussed. The
10 whole impact of assisted living, supportive living
11 on the whole long term care continuum. And then
12 idea of a possibility of a moratorium. And then, of
13 course, the bed buy sell is on hold. And, of
14 course, the whole idea was an educational process
15 around that for the mother board, and some guidance
16 and direction for us.

17 MR. WISE: This is Naton Wise. Can I
18 see if there's maybe one more we can add?
19 Adjustments of regions of HSAs that we calculate the
20 bed need on when we're doing the actual looking at
21 the bed need calculation because I think that
22 because of the sprawl of where people have moved and
23 where hospitals have been built and where highways
24 have been built, I think that the lines are not
25 necessarily where they need to be if we're going to

1 still have regional bed need allocations.

2 VICE CHAIRMAN BELL: That can maybe be a
3 subset then of the bed need formula discussion.

4 MR. WISE: Yeah.

5 CHAIRMAN WAXMAN: This is Mike Waxman.

6 Jeannie, I understand the issue, but is
7 that something we have any control over or any power
8 over?

9 MS. MITCHELL: The HSAs? Those are set
10 forth in rules, so yes, the board does have power
11 over them.

12 MS. GUILD: And we can define the HSAs
13 are the HSAs from way back in the 70s. But we have
14 control in the rules over what we're considering for
15 planning area.

16 MR. WISE: Okay. Thank you.

17 VICE CHAIRMAN BELL: Yes, Mr. Foley.

18 MEMBER FOLEY: Charles Foley.

19 First of all, I want to thank everybody
20 for their input on these priority items. I think
21 each one of them are very, very important, and this
22 subcommittee does in fact have a lot of work to do
23 in terms of trying to figure out how to tackle each
24 and every one of these issues.

25 Having said that, I know that we have a

1 proposed calendar for 2018 future meetings. And I
2 guess just a matter of suggestion only, if there's a
3 way that we could even meet sooner than what has in
4 fact been proposed because of the fact that we do
5 have a lot of issues, we have a lot of important
6 issues that needs to be not only discussed but also
7 resolved. I think we discuss each one of these
8 issues many times in the past, but now I think the
9 time has come where we need to sit down and make
10 some final decisions on a lot of these issues.

11 MS. GUILD: You know, we may be able to
12 have a call or something. But we were trying to
13 avoid through the end of May, because of the General
14 Assembly being in session. And so we didn't want to
15 do anything until June.

16 MEMBER FOLEY: I respect that.

17 MS. GUILD: But that doesn't necessarily
18 mean that work can't occur between now and then.

19 MEMBER FOLEY: Are you suggesting maybe
20 coming up with some subcommittees for each one of
21 these items, and let the subcommittees explore some
22 possible answers?

23 MS. MITCHELL: Yes. Jeannie Mitchell
24 here.

25 With the subcommittees, we're still

1 subject to the Open Meetings Act, so it's still like
2 it's like a regular meeting. I'm not discouraging
3 it, I'm just making that clear.

4 MEMBER FOLEY: I respect that.

5 MR. WISE: This is Naton Wise. Since it
6 seems like we have time at least on our schedule for
7 today, is it possible that we go through and
8 everybody either expresses what their opinion would
9 be on discussing a rule suggestion for the
10 moratorium as long as we have time to start work on
11 something now?

12 MS. MITCHELL: I would recommend we get
13 through the agenda first, and then piggy back to
14 that, time allowing.

15 MR. GUILD: There's actually time for
16 that discussion given the fact that we need a
17 legislative change because the deadline has already
18 passed for bill introductions. So this would be an
19 issue for next session anyway.

20 MR. WISE: You're saying a temporary
21 moratorium couldn't be through rules?

22 MS. GUILD: No.

23 MR. WISE: Instead of through
24 legislation?

25 MS. MITCHELL: No, it would have to be

1 through legislation.

2 MR. WISE: Okay.

3 VICE CHAIRMAN BELL: All right. Do any
4 other members have anything that they would like to
5 add to the priority list? I think we kind of -- I
6 mean, they'll probably be general in nature, but is
7 that basically encompass everything that you as
8 members would like to have discussion on at future
9 meetings?

10 MEMBER FLORINA: Bill. John Florina.

11 VICE CHAIRMAN BELL: Yes, sir.

12 MEMBER FLORINA: Just a few comments. I
13 believe most of the topics that were just suggested
14 to prioritize have been on our agendas for the last
15 number of years, even before I was on this
16 subcommittee. They're all good areas that need to
17 be explored. And I don't mean to delve into one
18 over the other, but I just want to remind everybody
19 make sure you keep an eye on the bigger picture. We
20 are focused on a health planning act that's tailored
21 for our needs here to deal with nursing home beds.
22 But if you don't have the data and the understanding
23 of the picture for what's going on around us, just
24 trying to adjust things for the nursing home beds is
25 almost impractical. You're going to make decisions,

1 but it doesn't effect the bigger picture. I'm
2 trying to stay focused on the fact that there's a
3 planning process so that the citizens of Illinois
4 have services available to them. We don't have
5 unnecessary services or duplication, but we're
6 serving their needs. At that same time though, it's
7 difficult to know how to proceed on each one of
8 these individual topics or initiatives if we don't
9 keep the bigger picture in mind.

10 I think we're at a big loss for not
11 having the data -- I'm not saying it's not out
12 there, but we're not utilizing data other than
13 population statistics to determine how many beds we
14 need for nursing home patients. Clearly, the effect
15 of managed care, the effect of the other components
16 of the continuum have greatly impacted the
17 historical picture of what a nursing home is. And
18 I'm not saying that we shouldn't continue in the
19 evolution, I'm just saying, we're trying to make
20 decisions, but we're not including that information
21 to reach a decision.

22 I mean, the people that were in nursing
23 homes in the past aren't in nursing homes today
24 because of the alternatives available. And I
25 applaud the fact that we have them, whether it's

1 home care or assisted living or memory care. But at
2 the same time, those components have a definite
3 impact on what we're trying to do from the nursing
4 home component in long term care. So I'm just
5 trying to keep a focus on that.

6 Probably the easiest and most expedient
7 way to make changes here is to keep the board
8 informed of what's going on in this profession, in
9 this industry, because they can make decisions on
10 applications, hopefully from a more knowledgeable
11 standpoint. And that's short of having to create
12 statutes or rule changes or anything else.

13 But that's my two cents. I just think
14 we need to keep focus on the bigger picture as to
15 how everything we do ties into it.

16 VICE CHAIRMAN BELL: Thank you. Good
17 point.

18 CHAIRMAN WAXMAN: This is Mike Waxman.
19 And again, I agree with John. But again, I think at
20 every meeting we always said how do we get
21 information on the assisted living side because it
22 does impact our skilled and ICF residencies and
23 that's where it always comes up against we don't
24 have an answer. We don't know how or who can
25 provide us with numbers. Other than we all know

1 that every time you walk through an assisted living
2 facility, you're seeing people that should be
3 clinically in a skilled nursing home. So I don't
4 know what we can do this period, moving forward to
5 change that dataset. And I'm really hoping somebody
6 may have the answer. Now, we do have some new
7 members and I think that's good. Maybe they have
8 some information as to how to deal with that issue.

9 MEMBER FOLEY: Charles Foley here.

10 I just want to thank Mr. Florina and
11 Michael Waxman because what they said is absolutely
12 very, very important, as this is in fact a planning
13 process. And to look at the whole picture, we have
14 to look obviously what assisted living, supported
15 living, is in fact doing in industry, and yes, we do
16 need those numbers. Those numbers become very, very
17 important. We need those numbers if we're going to
18 do anything with the bed need formula. But also
19 keep in mind at the same time that does take
20 legislative action. And if there's any indication
21 of bringing supported living or assisted living,
22 memory care under the purview of the CON.

23 Having said that, I think it's important
24 that we continue what we have been doing. I think
25 we need to look at the other departments and see

1 what Mr. Waxman is trying to figure out how do we in
2 fact get some numbers from the other department to
3 figure out how many residents are in fact in
4 assisted living that is in fact receiving some sort
5 of nursing care, be it intermediate care or skilled
6 care. I don't know what that answer is. Whether
7 stemmed by -- help me out Bill -- the number system
8 through the system itself or what it is, but I think
9 there are ways out that we can in fact get some of
10 this data, and I think we need to do this relatively
11 fast.

12 VICE CHAIRMAN BELL: I think, from my
13 background with the department, I think we can get
14 numbers of assisted living facilities, you can get
15 numbers of units within those facilities, probably
16 the same for supportive living. What you don't have
17 is any data on the type of residents that are in
18 those facilities. There's not an MDS or there's not
19 any type of evaluation of each resident to show what
20 their needs are. I mean that would almost have to
21 be, you'd have to go facility to facility, and that
22 would probably change day to day. So I think we can
23 get raw numbers, but as far as the type of residents
24 that are in there, what their needs are, what their
25 ADLs and those types of things that's what going to

1 be very difficult. I don't think there's that
2 information out there anywhere?

3 MEMBER CORPSTEIN: I don't think so
4 either.

5 MEMBER FOLEY: So how do we do this?
6 Does anybody have any suggestions?

7 MEMBER CASPER: This is Bill Casper.
8 Bill Bell I think you're correct. I think the
9 comment that Mike Waxman made about people who
10 should be in nursing homes and assisted living, the
11 department does do an annual licensure surveys and
12 there are clinical boundaries, so what is appropriate
13 under licensure. And yes, there clearly operators
14 out there that push the boundaries, and some may
15 exceed the boundaries. But I don't know if there's
16 a way, probably doesn't require any kind of rule
17 change or legislation, I imagine through some kind
18 of rule change the department could begin to take a
19 look at that issue more closely during their survey
20 process. But I think that's the only way right now
21 that you're going to get to it, is what are the
22 clinical boundaries under the licensure, statute and
23 regulations, and what's the level of compliance with
24 that.

25 VICE CHAIRMAN BELL: Mr. Florina.

1 MEMBER FLORINA: Just a few other
2 comments. I don't think any of us are in
3 disagreement that the other components of the
4 continuum serve a purpose. And I don't think we're
5 trying to pick on one component or the other. But
6 we're trying to define or develop a system or
7 redefine a system for nursing home beds, but we
8 don't include any of that other data. I think Paul
9 was the one who made the comments last time.
10 There's a need for assisted living, supportive
11 living, they're there for a reason.

12 And the people that would have been in
13 the nursing home in the past are in those settings
14 because they can appropriately provide the services
15 that they need, and what they want. So I'm not
16 trying to take away from that. But how do you
17 calculate what number of nursing home beds you need
18 if you don't know what's happening around you?

19 As far as tool, and I'm the last one
20 that wants to push for more government rules and
21 regulations after our history in long term care,
22 specifically nursing homes. But we all were
23 required and still are required to do the
24 determination of need form for admission, a
25 prescreening process so these potential residents,

1 patients go through that process whether it's
2 leaving the hospital or if they're not coming from
3 the hospital, they do it through a case coordination
4 unit somewhere in the community.

5 There's some data that initially
6 assesses people to determine what type of living
7 environment they should be in or at least a
8 recommendation. To me that's a starting point
9 because that's the only universal thing that I'm
10 aware of that's out there already that could maybe
11 be, you know, dovetailed into for more data
12 statewide. So whether it's a person going to
13 assisted living, supportive living, I don't know if
14 you need it for retirement, whatever it is, there's
15 some form already developed out there.

16 Obviously, MDSs aren't being done as a
17 requirement in other settings. I don't know if
18 assisted living providers those that are on the
19 cutting edge are actually doing something of that
20 nature anyway, so that they're evaluating their
21 clientele and understand their needs and so forth.

22 So that's the only tool I can think of.
23 But here we are trying to define a program for one
24 segment, but all the other segments have an impact
25 on it. And these citizens of Illinois, these people

1 are going somewhere for their care. I mean, does it
2 even make sense that a home health care program that
3 there's a DON score form.

4 Now, at least from a statewide status,
5 we have data to be able to evaluate X number of
6 people are going to this part of the continuum, X
7 number going to that part. Now, we have something
8 to tie into the type of services they need based
9 upon their status as to what type of physical
10 structure is needed to provide those services.

11 VICE CHAIRMAN BELL: Definitely
12 something to look into it.

13 MEMBER COFFMAN: Yeah, I can ask about
14 it. I mean, I don't know what their admission
15 procedure is written rules about what information
16 they have to gather. It could be that they do
17 gather some information that can be captured, but
18 might not be applicable to what we're looking for.
19 The other solution would be to, you know, survey you
20 would have to evaluate, give them a score of, you
21 know, one to five, or whatever, code it in some way.
22 But you'd have to evaluate each resident.

23 VICE CHAIRMAN BELL: Yeah. I mean, the
24 DON will help you on the admission side of things.
25 But what happens in assisted living is that as

1 people progress and age and so forth that's what you
2 don't have is when they've crossed that line from
3 yeah, they were admitted appropriately as assisted
4 living client, but after the last two years, their
5 health is deteriorated to where now they're getting
6 or needing some skilled care. And the other problem
7 is the assisted living can't provide that care, it
8 all comes in through home health.

9 MEMBER CORPSTEIN: Correct.

10 VICE CHAIRMAN BELL: So there's another
11 factor there that has been

12 MEMBER CORPSTEIN: Right. And
13 facilities give up any kind of occupancy, what have
14 you, so they're going to attempt --

15 VICE CHAIRMAN BELL: In assisted living
16 -- supported living is Medicaid, but assisted living
17 is private pay, there's a lot of pressure from
18 families to keep their relative or loved one in that
19 environment.

20 MEMBER CORPSTEIN: Yes.

21 VICE CHAIRMAN BELL: Because again, the
22 perception of a nursing home, which is wrong, but
23 the perception is out there and they want to keep
24 them there, so they almost force or push the
25 assisted living to look the other way, if you will,

1 on a lot of those types of people. Not that it's
2 right, but that's what happens. And the only way
3 the department would know about that is if they
4 receive a complaint, and would go in and check that
5 out. Or they just happen when they're in on their
6 annual that's one of the samples or residents.

7 MEMBER CORPSTEIN: That's the
8 information that they have, samples. We're here on
9 this complaint and we'll choose five more. But
10 that's not indicative of the entire facility, so you
11 would need resident-by-resident evaluation. I can't
12 imagine what that takes.

13 VICE CHAIRMAN BELL: And the other
14 problem is it's a state only, private funded
15 operation, so there's no federal funds involved, so
16 the staffing and

17 MEMBER CORPSTEIN: Right. There's no
18 state or federal match, and all that kind of stuff.

19 VICE CHAIRMAN BELL: So it's all state
20 money and that has not been -- at least when I was
21 at the department that was low on the totem pole as
22 far as getting funded.

23 MEMBER CORPSTEIN: And it's not a big
24 section either. I don't know. They may have a
25 dozen total people in assisted living, probably less

1 I would say.

2 VICE CHAIRMAN BELL: But it's the
3 fastest growing entity of long term care continuum.
4 So you're right, it needs to be looked at.

5 MEMBER CORPSTEIN: I can ask Lynda what
6 she has. But like I said, it could be very basic
7 type stuff.

8 MEMBER FLORINA: Florina again. Just a
9 brief comment.

10 When we had the alternative information
11 presented to us last year regarding the bed need
12 calculation, Nelson had explored things beyond just
13 the population based on acuity. How do you gather
14 it? How do you coordinate it so you can evaluate
15 for our purposes?

16 But that gets back to regardless of if
17 the person is home care, assisted living, the
18 nursing home, they have needs, and they may not all
19 be just physical or medical, but they have needs.
20 So if we don't even figure out what those are to
21 know where these people are going, how do we tie
22 that into what we're trying to do on just our
23 component?

24 So I give Nelson credit because he was
25 trying to find another way than just saying X number

1 of people because of their age group are going to
2 need long term care services, and it's more than
3 just an age group thing.

4 VICE CHAIRMAN BELL: Definitely agree.
5 Do you know if Nelson has done any more work on?

6 MR. CONSTANTINO: He was waiting for a
7 response from the associations. He never did get a
8 response from them.

9 MS. MITCHELL: And Nelson is no longer
10 with the board either. I'm not the new Nelson.

11 VICE CHAIRMAN BELL: I didn't know that.

12 MR. CONSTANTINO: Yeah, he never did get
13 it. He asked for a response and he never did get
14 that.

15 VICE CHAIRMAN BELL: Okay. And he's
16 since moved on?

17 MR. CONSTANTINO: Yeah, he's working for
18 Mohammed.

19 MS. GUILD: I can contact the
20 associations and ask them if they have a response to
21 Nelson's study, if that's helpful.

22 MS. MITCHELL: Did everybody hear Ann?

23 VICE CHAIRMAN BELL: No.

24 MS. GUILD: I can contact the three
25 associations and see if they have a response to

1 Nelson's study, if that would be helpful. But I
2 can't do Nelson's study.

3 VICE CHAIRMAN BELL: Has there been
4 somebody to replace Nelson with that type of
5 knowledge and background type of thing that he had?

6 MS. MITCHELL: No.

7 MR. CONSTANTINO: I don't think there's
8 any intent to do it.

9 VICE CHAIRMAN BELL: Okay. That's a
10 shame because he really, really understood, and was
11 trying to use the conversations of the subcommittee
12 to try to rework that whole issue.

13 MR. CONSTANTINO: He did a number of
14 reiterations. And when he says I need some help
15 here. I need a response from the associations to
16 tell me what they think. He never did get that.

17 MEMBER FOLEY: Bill, can we resurrect
18 the last report that he did, so everybody can take a
19 look at it and see what was actually recommended, if
20 anything at all?

21 VICE CHAIRMAN BELL: Can we do that Ann?
22 Can we pull that up?

23 MS. GUILD: It's on the website.

24 MS. MITCHELL: It's on the website. But
25 we can find it and recirculate it.

1 VICE CHAIRMAN BELL: That would be
2 great. That would help.

3 All right. We've had some pretty good
4 discussion on priorities. Are there any other
5 thoughts or comments before we move on?

6 I guess the next item is how did that
7 report to the mother board go in June? We haven't
8 had a meeting since then. Was it long? Was it
9 successful? Were there questions? Can I get a
10 quick summary? Could the rest of the board get a
11 quick summary of what happened?

12 CHAIRMAN WAXMAN: This is Mike Waxman.
13 And I think Alan correctly identified the people who
14 were there, which was Alan and Steve and Bill and
15 myself. We were very, very well received with the
16 information we provided. We were invited to join
17 them for lunch. And at lunch there's even more
18 questioning by individual members and more
19 recognition that they really didn't have a good
20 understanding of the Medicaid reimbursement and
21 levels of care. And certainly, I felt a very strong
22 desire for more education sessions to be provided by
23 the subcommittee to the mother board. I mean that's
24 what I took out of our sessions. And again, you
25 know, Alan or Bill feel free or Steve feel free to

1 add.

2 MEMBER LAVENDA: This is Steve Lavenda.
3 Yeah, I thought the presentation was well received.
4 There were a couple questions while I was there, but
5 I don't seem to recall anything else. I never
6 received any written questions afterwards.

7 MEMBER GAFFNER: This is Alan Gaffner.
8 The chairman provides an accurate summary of the
9 presentation. We tried to cover all the impact
10 aspects of the Medicaid rate, the historic low rate,
11 the broadening difference between cost of care,
12 reimbursement, where the state ranked nationally.
13 There was, I believe, an aha moment that the board
14 was not aware of just many Medicaid residents
15 compromise the payer mix within an average nursing
16 home. And the chairman's correct, the lunch
17 discussion really invited us to come back for other
18 presentations. We probably had 45 minutes during
19 the meeting itself.

20 MEMBER LAVENDA: This is Steve Lavenda.
21 Yes, I believe that was correct.

22 MEMBER GAFFNER: So we were -- although
23 they had a very full agenda, we were placed early
24 and given a full opportunity. We covered -- we
25 divided the presentation between the four of us, and

1 did get all of our preparation covered.

2 VICE CHAIRMAN BELL: Mr. Foley.

3 MEMBER FOLEY: Do we still have a board
4 member representing the subcommittee?

5 MS. AVERY: No.

6 MEMBER FOLEY: Okay. I think that is
7 also very important.

8 MS. AVERY: We're working on it. We
9 have some new members that were appointed. So I
10 have spoken with the chair in the last couple weeks
11 about it. So I'm sure she's trying to find someone.
12 Probably just haven't had anyone to step up to it at
13 this point. But we're working on it.

14 VICE CHAIRMAN BELL: Well, it sounds
15 then that you got kind of the Medicaid 101 done for
16 the board. And maybe the next step would be after
17 this session because I know there's a lot of
18 discussion and a lot of legislation going on with
19 regard to the pending issue. And now that managed
20 care has raised its head, somewhat chopped off, but
21 it's still there, it is coming, maybe that could be,
22 depending on what happens with this session and what
23 comes out of that that could be 202 or 201 type of
24 thing for the next or sometime in the near future on
25 the board. Because I think there's a lot of changes

1 that have occurred since the last discussion or the
2 last presentation. Especially on the pendings issue
3 and on the managed care issue that probably didn't
4 get discussed or probably in-depth at the last
5 meeting; is that true?

6 MEMBER GAFFNER: Yes. This is Alan
7 Gaffner. That's correct Bill. The Medicaid 101 was
8 primarily, I guess, more of a fee for service
9 presentation in the sense that the average
10 reimbursement rate and the average cost. What you
11 described would really be a logical next step. And
12 that would be this over increasing number of covered
13 lives under Medicaid managed care. And certainly as
14 we all know, unfortunately, this pending issue just
15 continues to exponentially expand rather than
16 contract, and that's eating up huge cash flow
17 assets, and covering these lives for whom we do not
18 know if we'll receive reimbursement at any point
19 going forward.

20 VICE CHAIRMAN BELL: Maybe that can be a
21 discussion point at our June meeting because the
22 session will be over, we'll have a little bit better
23 knowledge and idea as to what is happening on the
24 pending side, what lawsuits and what public aid,
25 HFS, I'm sorry, is trying to do with that, and the

1 whole issue of the managed care, where that's going
2 to be heading because I know that there's been a lot
3 of meetings ongoing with that whole issue as to
4 who's in, who's out, when, that type of thing, so
5 maybe that could be a discussion point for the June
6 meeting as to a next education session for the
7 mother board. Just a suggestion.

8 MEMBER GAFFNER: Again, this is Alan
9 Gaffner. I would like for us to follow your
10 suggestion unless something would leapfrog over it.
11 Because I believe that would take them to the next
12 level of understanding of these two other Medicaid
13 provisions, managed care and pendings that are just
14 very, very significant in our financial positions at
15 present.

16 MR. WISE: This is Naton Wise. I just
17 have a question because I'm not understanding, and
18 maybe it's because of my not being on the whole
19 time. But when we're trying to educate as far as
20 things like the managed care or pending dues is that
21 in order for them to understand how that affects new
22 licensing, renovations of buildings? What's the
23 purpose in that education? Because I understand
24 them understanding the education on actual Medicaid
25 and the dollars and the lack of reimbursement. But

1 as far as educating them on the managed care dues,
2 what's the purpose of that education?

3 VICE CHAIRMAN BELL: From my
4 perspective, I think it would be just for them to
5 have a full understanding of all of the issues that
6 a provider is dealing with, and the hoops that they
7 have to jump through and where they're getting their
8 funding and how it's coming about and what's delayed
9 as far as making decisions, informed and
10 knowledgable decisions when they get issues brought
11 in front of them for action when they get a request
12 for a new facility or there's some discussion on
13 need and those types of things. I think the more
14 that they can have an understanding of what a
15 facility is going through, and what they're having
16 to deal with, I think that that would then help them
17 hopefully make the right decisions. That's from my
18 perspective anyway.

19 MR. WISE: I think that maybe it's more
20 important then for us to educate them on all of the
21 new things that have come into the area, like we
22 spoke about, the home health, the assisted living,
23 all the other things that are going on this list
24 that are not under their purview that are affecting
25 the facilities and bed need is probably more

1 important because that's more pertinent to their
2 discussion and decision than necessarily what the
3 providers that are currently there having to deal
4 with on managed care and who they bill and who
5 they're getting paid from.

6 VICE CHAIRMAN BELL: That's a good
7 point.

8 MR. WISE: Sorry?

9 VICE CHAIRMAN BELL: I agree that
10 definitely is something that we should probably also
11 at some point, whether it's first or second take
12 that to the board for an education session.

13 MR. WISE: Yeah, I think it's more
14 pertinent to their decision making than how
15 providers are getting paid. I think the amounts are
16 getting paid or under paid is very pertinent, which
17 is what you guys did the first time. I think the
18 next one is where the rest of the continuum is and
19 what are the other players in the market that they
20 don't even see? Because if that's not part of the
21 discussion then they're making a decision half
22 blind.

23 VICE CHAIRMAN BELL: Good point. Any
24 other thought or comments?

25 Well, in the meantime, I'll probably try

1 to work a little bit with Paul, and we can talk to
2 Lynda Kovarik, and see if we can get a little bit
3 more information on the assisted living and how that
4 process works on the admittance side and the survey
5 side. And then I can try to reach out also to HFS
6 and see who -- I've got the name in my office as to
7 who the contact is for supported living. Or I can
8 talk maybe to Wayne Smallwood. But we'll see what
9 information is out there, and see if we can get some
10 information for the board for the next meeting.

11 MS. GUILD: That would be great.

12 VICE CHAIRMAN BELL: Is that okay, Paul?

13 MEMBER COMPTON: Oh, yeah.

14 MS. MITCHELL: We should think about
15 having this education session/report to the board.
16 The bylaws require that we, the subcommittee, report
17 to the board its progress twice a year. So we
18 should think about doing that shortly after the June
19 meeting. So let's put that on our radars.

20 VICE CHAIRMAN BELL: Very good.

21 Okay. Unless there's some other
22 discussion or comment, we'll move on on the agenda
23 to the rules and legislative updates.

24 MS. GUILD: Do you want to talk about
25 the rules or should I?

1 MS. MITCHELL: Well, I will start by
2 saying, previously, some time early last year, maybe
3 even 2016, we discussed rule changes where the board
4 was transitioning from going from normal travel time
5 to distance. I am happy to report that those rules
6 have been adopted effective March 7th, I believe.
7 So any new applications received, we'll be using
8 those distance for those pertinent review criteria.
9 And one of the things that it does is it shrinks, it
10 reduces the distance that the applicants would be
11 compared to other facilities. So just want to
12 report that that's done.

13 MS. GUILD: And on the legislative side,
14 I gave you a handout in your materials. I just want
15 to highlight two bills. And those are House Bill
16 4645, which is an initiative of Representative Will
17 Davis. And that seeks to extend the sunset of the
18 planning act. And that is up in committee Tuesday
19 morning at 8:00 a.m.

20 House Bill 4892 is an HFSRB initiative
21 and that is also up in committee on Tuesday morning.
22 And what that will do is deletes the requirement
23 that at least one board member attend public
24 hearings. Right now because of a change in the Open
25 Meetings Act, applicants or opponents or whoever,

1 community members have an opportunity to address the
2 entire board at a planning board meeting. We will
3 continue to have hearings in the community because
4 that's important. But we've had trouble scheduling
5 sometimes in getting the hearings held in a timely
6 fashion so we can meet our requirements. And it
7 also deletes the requirement that staff posts
8 monthly reports on its website. That is a
9 requirement that is not as relevant anymore. In
10 fact, it's not relevant at all because we post stuff
11 in realtime. So therefore there's no need for a
12 separate monthly report that's redundant. And then
13 it's kind of a long bill, it's got a lot of
14 technical clean-up kind of language. For example,
15 deleting language that we're not using anymore that
16 sort of thing, moving things around to make it a
17 little bit more clear, but there's only two
18 substantive requirements in that. I'd be
19 happy --

20 Oh. The other bill I'm going to mention
21 is House Bill 5069, which is going to be amended in
22 committee Tuesday. There was a drafting error and
23 there was a potential because of that error that
24 there be a period of time during which ESRD would
25 not be subject to the board's purview. But it was a

1 department bill, and the department was -- it was --
2 we drafted a friendly amendment, everybody agrees so
3 that's all going to happen on Tuesday.

4 MR. WISE: Naton Wise again. Sorry.

5 The HHB 4892 that the board moves the
6 one board member attending the public hearings.
7 That was something that the board wanted done I
8 assume because they have a hard time getting people
9 there?

10 MS. MITCHELL: It was staff recommended.
11 It was recommended by staff but the board did have
12 a discussion. I mean, it's really, you know, us
13 really having the difficulty scheduling it, being
14 able to accommodate board member's schedules. And
15 at times it's difficult too because the person
16 requesting the public hearing sometimes has
17 scheduling issues with the board member that's
18 available. So it was just for our -- so that we can
19 meet our requirements of our statute, we thought it
20 would be best if the board member didn't have to be
21 there. So we took it to the board and they approved
22 it.

23 MR. WISE: I mean, personally, as a
24 member of the public who has requested those, I
25 think, it should have gone the other way. I think

1 they should have more people there, not less. I
2 think that the board members who show up understand
3 what's going on in the community better than those
4 who did it. And I think that it's obvious by their
5 questions at the board meetings, and I think that
6 the two minutes people get at board meetings is a
7 statutory requirement that's almost a joke half the
8 time. And to not have them there, I think affects
9 the public negatively across the board on every
10 issue, every way, whether they're for or against the
11 issue.

12 MS. GUILD: This is Ann. Board members
13 all get full transcripts of the public hearings that
14 are held in the community. And it's my sense based
15 on what they say when they're discussing a project
16 that they actually do read those transcripts.

17 MS. MITCHELL: And requiring more board
18 members to be present at the public hearing, we
19 would run into the Opening Meetings Act.

20 MR. WISE: I'm not saying you could
21 actually do it. I'm not saying you could do it. I
22 just think it's going the wrong direction for the
23 public and for what is trying to be accomplished
24 with the Open Meetings Act and with what's trying to
25 be accomplished for the public, I think that this is

1 the wrong direction to go in.

2 MS. GUILD: This is Ann again. One last
3 request that I would have of you on this issue. If
4 any of you could slip support on House Bill 4645 and
5 House Bill 4891 that would be appreciated. The
6 bill -- you can do that online.

7 MS. MITCHELL: 4892.

8 MS. GUILD: Sorry. 4892. House Bill
9 4892. Thank you, Jeannie.

10 House Bill 4645 and House Bill 4892.
11 And if you go to the General Assembly's website, and
12 pull up the bill, you'll see a bar on the top, you
13 can -- for witness slips that's what it's called.
14 Click on that. And you can submit a witness slip.
15 You don't have to be there in committee. You can do
16 it from your -- you can do it while you're riding
17 the train home. You can do it on your phone.

18 MS. MITCHELL: You can do it before you
19 leave today.

20 MS. GUILD: You can do it before you
21 leave today.

22 VICE CHAIRMAN BELL: All right. Very
23 good.

24 Any other thoughts or comments on any of
25 the legislation or rules that were discussed or any

1 other legislation or rules that you're aware of of
2 interest to the board or subcommittee?

3 Okay. Not hearing any.

4 We'll then move into other business.

5 Does anyone have any other business that
6 they would like to present today in front of the
7 subcommittee?

8 Was there anything on your agenda
9 Jeannie or Ann under that topic?

10 MS. MITCHELL: No.

11 I will say something. Newer board
12 members that have not completed Open Meetings Act
13 training yet, you will get an e-mail from me this
14 week asking you to complete Open Meetings Act
15 training, so expect that.

16 VICE CHAIRMAN BELL: Okay. Thank you.

17 Any other comments?

18 Okay. Not hearing any.

19 Ann, you want to talk a little bit about
20 the meeting schedules for 2018?

21 MS. GUILD: We have two more dates. We
22 talk about June 21 already. And then the next
23 meeting would be September 25. And it looks like I
24 haven't heard from everyone on those dates, but it
25 looks like at least today there is pretty good

1 attendance for those other meetings.

2 MEMBER GAFFNER: I cannot do the 25.

3 MS. GUILD: Yes, I got that.

4 MS. MITCHELL: And I believe June 21 is
5 an in-person meeting.

6 MS. GUILD: It's an in-person meeting in
7 Bolingbrook.

8 MEMBER FOLEY: That's good.

9 VICE CHAIRMAN BELL: Okay. Make a
10 special note of that. Yeah, that there won't be
11 videoconferencing for that meeting, it's an
12 in-person at Bolingbrook. Is it at the country club
13 again?

14 MS. MITCHELL: Golf club. Public. City
15 owned. Golf club.

16 VICE CHAIRMAN BELL: Very good. I stand
17 corrected.

18 All right. I'll offer one more
19 opportunity for anyone that has any other business
20 or any other comments or suggestions or ideas before
21 we ask for a motion for adjournment. Is there
22 anything else from anyone?

23 MEMBER GAFFNER: Alan Gaffner. Bill, as
24 we look at our meetings and then the planning board
25 meetings, could we tentatively set the planning

1 board meeting date that we believe we would offer
2 our next educational presentation?

3 MS. MITCHELL: Sure. There's a meeting
4 on July 24th. And then the meeting after that is --
5 the meeting in September is in Normal, so I don't
6 know if that changes things. But the meeting in
7 July 24th is in Bolingbrook. So July 24th
8 Bolingbrook, September 11 Normal.

9 MEMBER GAFFNER: So we might be able to
10 hit the July 24th date, if we made some good
11 progress at the June meeting?

12 MS. MITCHELL: And I mean, we could, if
13 further discussion is needed, which I imagine there
14 will be, we could, of course, branch out, do a work
15 group like we did before. Again, we'd be subject to
16 Opening Meetings Act, but we could certainly do
17 that. So we don't have to finish our discussion in
18 June, we can continue it in preparation for the July
19 board meeting.

20 MEMBER GAFFNER: This is Alan Gaffner
21 again. I believe that's what we did, wasn't it,
22 Mr. Chairman? Chairman Waxman, we had our Medicaid
23 subcommittee, I believe, we worked a bit to finalize
24 outside of the long term subcommittee meetings.
25 Thank you.

1 VICE CHAIRMAN BELL: Very good.
2 Unless there's somebody else that has a
3 comment, I'll ask for a motion for adjournment.

4 MEMBER FOLEY: So moved.

5 VICE CHAIRMAN BELL: Second?

6 MEMBER RAIKES: Second.

7 VICE CHAIRMAN BELL: Very good. Thank
8 you.

9 All in favor aye.

10 MEMBERS: Aye.

11 VICE CHAIRMAN BELL: Opposed?

12 Thank you all very very much for taking
13 the time to be here today. Thank you.

14 (The meeting adjourned at 11:49 a.m.)

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I, Megan E. Granda, a Registered Professional Reporter and Certified Shorthand Reporter within and for the State of Illinois, do hereby certify that the foregoing proceedings 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 in which these proceedings were taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

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Certified Shorthand Reporter

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