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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217.782.3516

LONG-TERM CARE ADVISORY SUBCOMMITTEE
APPLICATION WORKGROUP MEETING
CONFERENCE CALL
JANUARY 24, 2013

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AGENDA

CALL TO ORDER: Thursday, January 24, 2013

1. Attendance
2. Approval of Agenda
3. Proposed Application Changes Discussion
(Continued)
5. Other Business
6. Next Meeting
7. Adjournment

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LONG-TERM CARE ADVISORY SUBCOMMITTEE
APPLICATION WORKGROUP MEETING
CONFERENCE CALL

Meeting of the Health Facilities and Services
Review Board, Long-Term Care Advisory Subcommittee,
Application Workgroup, was held on the 24th day of
January, 2013, between the hours of 4:00 P.M. and 5:34
P.M. of that day, with the reporter at the offices of
the Health Facilities and Services Review Board, 525
West Jefferson Street, 2nd Floor, Springfield,
Illinois 62761.

1 MEMBERS PRESENT:
2 Michael Scavotto
3 Eli Pick
4 Cecilia Credille

5
6 ALSO PRESENT:
7 Michael Waxman
8 George Roate
9 Courtney Avery
10 Claire Burman
11 Juan Morado

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REPORTED BY:
20 Robin A. Enstrom, RPR, CSR
Illinois CSR #084-002046
21 Midwest Litigation Services
15 S. Old State Capitol Plaza
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1 SCHEDULED START TIME: 4:00 P.M.

2

3 MR. SCAVOTTO: I'm ready. Okay.

4 For the court reporter, I'm Michael
5 Scavotto, S-c-a-v-o-t-t-o.

6 MR. ROATE: George Roate, Illinois
7 Department of Public Health,

8 MR. PICK: Eli Pick.

9 MR. WAXMAN: Mike Waxman.

10 MR. MORADO: Juan Morado, board staff.

11 MS. BURMAN: Claire Burman, board staff.

12 MR. SCAVOTTO: Anybody else?

13 Cece, I think, will be joining us soon. I
14 just got an e-mail from her, and I suspect she'll be
15 the next bell that chimes in.

16 So, Eli, you want to go ahead -- well,
17 wait a second. Here's Cece right here. What are we
18 doing -- she's having trouble with the access code on
19 the phone line. I'm trying to get on. Okay. Let me
20 e-mail her the --

21 MR. ROATE: Do you need that code?

22 MR. SCAVOTTO: I'm going to give it to her
23 right now.

24 MR. ROATE: Okay.

1 MR. SCAVOTTO: 732 -- 7320896395.

2 MR. ROATE: Correct.

3 MR. SCAVOTTO: So she should be popping in
4 pretty soon.

5 MR. ROATE: Hello?

6 UNIDENTIFIED: Is that you?

7 MS. CREDILLE: Yes, it is.

8 MR. SCAVOTTO: Cece, glad to hear from
9 you. Okay.

10 MS. CREDILLE: Yep.

11 MR. SCAVOTTO: All right. So all three
12 members of the subcommittee are -- of the workgroup
13 are here. So let's get started.

14 What I'd -- by way of review, I'm going to
15 go through the follow-up items for the first three
16 conference calls, and I don't want to -- I don't want
17 to dwell on them, but I do want to keep them active
18 because all of us have some follow-up things to do.

19 In conference call number one, in the
20 opening instructions, Courtney, George, Claire, and
21 Mike were -- Mike Constantino were to examine how
22 current referral data are used in the application
23 process. So if that's happened, I'm not aware that
24 there's been any disposition on that one. I'd like to

1 get disposition on this for our next meeting.

2 Item number two was alternatives,
3 1125.330. Courtney and the staff were to examine
4 utility of this section of the application.

5 There was another follow-up item from
6 11 -- from the first conference call which was the
7 planning area need, 1125.530, and that was something
8 that got pitched to Frank.

9 Is Frank on the call this afternoon?

10 MR. MORADO: Frank's not on the call, but
11 I have the response for that one.

12 MR. SCAVOTTO: Okay. You have that
13 response. Okay. That's where we were talking about
14 origin versus referral; right?

15 MR. MORADO: Yeah. Well, I guess what
16 Frank shared with me was that the question was whether
17 or not that rule on the application matched, and the
18 answer is, yes, they do.

19 MR. SCAVOTTO: Okay. So let me make that
20 note, and we'll see if we need any more follow-up on
21 that. I'm not sure that was the question. That's why
22 I'm hedging a little bit. Okay. But thank you for
23 that.

24 MR. MORADO: No problem.

1 MR. SCAVOTTO: From conference call number
2 two, the conclusion was that regarding 330, I think it
3 was -- George, you were going to draft some proposed
4 language on 330 making it more useful, and with a
5 little bit of luck, we'll have that today.

6 MR. ROATE: That being the alternatives?

7 MR. SCAVOTTO: Yes.

8 MR. ROATE: This is George, by the way.
9 I'm sorry. That being the alternatives.

10 MR. SCAVOTTO: Yes.

11 MR. ROATE: Okay. Claire, do we have that
12 alternative? Because, remember, I fired that out
13 there and you did a little bit of polishing to it?

14 MS. BURMAN: Right.

15 MR. ROATE: Okay. Okay. I mean, we're
16 good to go on that; right?

17 MR. SCAVOTTO: No, we're not. We got to
18 see what we got.

19 MS. BURMAN: Yeah, I think we need to talk
20 about it in this group. I think that was the plan.

21 MR. SCAVOTTO: That's right. Okay. So
22 1125.530 -- we just heard -- we got a response from
23 Frank. So we got that one out of the way.

24 And we had -- this is something we need to

1 talk about today, which was 560, variances to computed
2 bed need. That's a follow-up item. Mike did give us
3 information on variances and -- on a lot more than
4 that, but the issue was regarding the number of
5 variances that had been granted under the -- to the
6 CCRCs, and we can discuss that as one of the early
7 items on today's agenda.

8 George, there was a service accessibility
9 issue on 570. Courtney was to discuss this with
10 Claire and with legal, and the specific item was the
11 feasibility of dropping the fourth bullet. Also,
12 Courtney was to clean up the language between
13 "required" and "as applicable," and I'm not sure that
14 that's been done.

15 And, finally, from conference call number
16 two, there was an issue on 580 about service
17 duplication, and Mike was to get the court ruling that
18 prescribed the 30-minute drive time, I think, was the
19 issue.

20 Now, I just realized that I had received
21 that decision, and I did not send it out to the group,
22 but I just sent it to Cece and Eli because I just
23 realized myself that I had it. So we'll pick that one
24 up at a later time.

1 Follow-up from conference call number
2 three was on 1125.600, bed capacity. Courtney was to
3 research whether or not we could drop the need for a
4 bed max as being arbitrary.

5 On 560, community-related functions,
6 Claire was going to get some information from other
7 states about dropping the support letter requirement.

8 Claire, while you're here, do we have any
9 feedback on that?

10 MS. BURMAN: No. I don't have enough to
11 really give you anything to talk about or compare.

12 MR. SCAVOTTO: Okay. We'll carry that one
13 forward.

14 MS. BURMAN: But that's still in process.
15 Yeah, I hope to have it for the next meeting.

16 MR. SCAVOTTO: Because we got to get some
17 closure on these follow-up items or just drop them and
18 call for no progress, which I don't want to do.

19 Okay. We also had a follow-up item
20 regarding 620, project size. We didn't get anywhere
21 on that at our last conference call, and we have to
22 revisit that, which we will try to do today.

23 The last -- no, I have two more follow-up
24 items. One is 1125.640, assurances. George, my note

1 is that you were going to look at the annual data that
2 was available to the staff and compare actual results
3 by planning area to the 90 percent threshold
4 stipulated in the -- in that section. And Frank was
5 to address whether or not the representations made by
6 the applicant already satisfy the assurances
7 requirement. Does any of that sound familiar?

8 MR. ROATE: It does. As a matter of fact,
9 what I was doing is I'm breaking these utilization
10 percentages from our last survey down per service
11 area, and I'm about halfway through. But, overall,
12 only about 20 -- about 20 to 20.5 percent of the
13 facilities in the State of Illinois -- which, on
14 total, there's 806 facilities -- are operating in
15 excess of 90 percent. Now, I'm going to break these
16 down per service area and get something to present
17 to -- give to Courtney to share with you folks.

18 MR. SCAVOTTO: Thanks. Okay. Very good.

19 The last item of follow-up that I had was
20 on 720 which was specialized long-term care. And,
21 Eli, you had an issue that -- that moved you to
22 contact Mike Bibo to see if this specialized care
23 thing was what he had in mind. If I paraphrased that
24 correctly, so much for the better. Have you had a

1 chance to talk to Mike?

2 MR. PICK: No. Mike and I have not
3 connected but I -- so I'm waiting to, you know, have a
4 chance to talk to him directly. But I believe -- and,
5 again, this is, you know, part of what I want to
6 verify -- that that had to do with the DD portion,
7 and, you know, subsequent to the insertion of that
8 section, there's now an entire separate body of rules
9 for DD services.

10 MR. SCAVOTTO: Right. Right. So I guess
11 the issue that -- I think, the -- what you wanted to
12 verify with him was whether it was okay to yank that
13 section from the application.

14 MR. PICK: That's correct. So I have
15 not -- you know, I've been out of town, and I haven't
16 been able to connect with him, and I will and e-mail
17 everyone with the update.

18 MR. SCAVOTTO: Okay. Okay. And if you
19 fail to do that, you'll have to stay after school and
20 do windows.

21 MR. PICK: Yes. Okay.

22 MR. SCAVOTTO: Okay. So those are the
23 follow-up items that I -- that I have, and where I'd
24 like to start today is to go back to 560, which we had

1 quite a discussion on 560, which is the variance to
2 the computed bed need.

3 And the data that Mike Constantino sent
4 out was pretty interesting to me. Essentially, there
5 were three variances applied for, and they were in
6 2010 and 2012. Two were approved, one was denied, and
7 they all regard removing the limit of expanding SNF
8 beds for a CCRC. So I'm not sure what all the ruckus
9 was about on the variances to computed bed need, but I
10 do have it as an item for follow-up.

11 So, Cece or Eli, can you -- do you
12 remember what we were really all lathered up about on
13 this section? Or does anyone else?

14 MR. PICK: Yeah. This is Eli.

15 If I can jump in, I think the perception
16 has been that projects have been approved with
17 variances, not necessarily just CCRCs, for, you know,
18 specialized populations, religious orders, and other,
19 you know, groups. And it sounds like the data
20 disputes the perception.

21 Cece, do you remember?

22 MR. SCAVOTTO: Go ahead.

23 MS. CREDILLE: No, that's exactly right,
24 Eli. We had quite a discussion about the concern

1 related to variances. I mean, it was very lengthy.

2 MR. SCAVOTTO: You know, I -- when I -- I
3 would agree with Eli at this point because I've got
4 in -- and I know I sent this out to you, Eli and Cece,
5 but we've got 127 apps: nine were to add; 14 were to
6 discontinue; only two were to replace; 40 were to
7 change ownership, which is the biggest percentage of
8 all of the applications; 29 were to construct or
9 establish, basically, a different aspect of the
10 service; 26 were to establish or expand. You can
11 probably make the argument that those two can be
12 combined. Four were to modify, and three were to
13 remove a variance.

14 So I'm wondering if -- you know, the data
15 doesn't show a whole lot of problem here.

16 MR. PICK: Yeah. This is Eli.

17 I would agree with you, Mike. I think the
18 only other consideration is whether the economic
19 climate has had an impact on the type of activity
20 that's going on in the last, you know, four years or
21 so, and whether we even need to concern ourselves
22 outside of that.

23 MR. SCAVOTTO: Cece.

24 MS. CREDILLE: Yeah. I mean, given the

1 data, it's hard to talk about.

2 MR. SCAVOTTO: Yeah. George and Claire,
3 is this -- Claire, this may not be in your direct line
4 of work on a daily basis, I know that, but is this a
5 big issue for the staff?

6 MS. BURMAN: Well, I think -- I think when
7 we had CCRCs -- and, George, please jump in because
8 you actually review these applications -- it was kind
9 of a surprise having CCRCs coming in to propose that
10 they wanted the variance removed. That's a fairly
11 recent kind of proposal that the board has seen, and
12 it's simply because they weren't able to make as much
13 use of those skilled beds as they thought they might
14 from the population they had in the other parts of the
15 facility.

16 So George can add more to that.

17 MR. ROATE: Well, I mean, as far as
18 removing the variance, there's -- it's something that
19 occurs in trends. I shouldn't say really trends, but
20 as the bed need becomes less, you see more -- there
21 are more applicants. Early on in my tenure here,
22 there were more applicants coming in for long-term
23 care facilities with the CCRC variance in an effort to
24 get their beds -- I guess I say, for lack of a better

1 term, beds on the floor working.

2 Now, as time goes on and there's a more
3 expanded bed need across the board, which has been
4 more recently, we see more of applicants coming in
5 wanting to lift this variance.

6 So as far as -- as far as, limit -- I
7 guess to better understand, you're talking about
8 removing the var -- or as far as allowing them to
9 remove the variance across the board or --

10 MR. SCAVOTTO: Well, yeah, and -- and --
11 now, there may -- it looks to me like there may be
12 some actions involving CCRCs that are buried in other
13 categories, like discontinue some beds, and I've got
14 them counted under discontinue, and there's a couple
15 of CCRCs in there, but it's not anything that's going
16 to really change the statistics. One or two here is
17 what it looks like. So the question is whether --
18 whether this variance issue is really a big deal for
19 the staff vantage. It doesn't seem like it.

20 MR. ROATE: Well, to -- I mean, to just
21 disregard the variance as far as --

22 MR. SCAVOTTO: No, no. Is it a -- what
23 I'm asking is that -- is that are you having a problem
24 handling these requests?

1 MR. ROATE: No. No. I mean, once they --
2 one of the driving forces behind lifting of these
3 variances is that there is now a bed need in that
4 particular area. So it's -- as the -- as the demand
5 picks up, the opportunity presents itself for these
6 facilities to remove their variance. They come in
7 with a certificate of need application that usually
8 doesn't involve any -- any type of construction. It's
9 just removing that variance. I don't see any big
10 struggle as long as they come in for a CON
11 application.

12 MR. SCAVOTTO: Okay. You know, I just --
13 just want to point out that the whole state of
14 Illinois looks to me like it's overbedded and doesn't
15 seem to be a whole lot of issues with being able to
16 add beds. Seems like anybody can get them.

17 MS. CREDILLE: So can I clarify? Of the
18 127 variance apps, 14 -- only 14 were to discontinue
19 the variance?

20 MR. SCAVOTTO: Were to discontinue. He
21 didn't classify them as variance.

22 MS. CREDILLE: Oh, so these -- okay.

23 MR. SCAVOTTO: But, Cece, if you're
24 looking at that spreadsheet, somebody -- either in

1 establish or discontinue, there's a CCRC that snuck in
2 there somewhere and -- I'll find it. Well, it's
3 statistically insignificant anyway, not really going
4 to change anything.

5 MS. CREDILLE: This is Cece.

6 I actually think the issue is not on the
7 spreadsheet, and that is -- and this is just from
8 experience in the field, and that is that -- and I
9 wouldn't know -- as a person in the field, I would
10 have no idea if a CCRC has listed a variance at all.
11 But that the CCRCs in the marketplaces -- in some
12 marketplaces that I am aware of are admitting many
13 patients from outside of their communities, but I
14 would have no way of knowing. I'd actually probably
15 have to call somebody to find out if they have a
16 variance, and I don't know if I'd do anything about
17 it. That's what's really happening.

18 MR. SCAVOTTO: Well, I would -- yeah, I
19 would suspect that that's right. So the question is
20 there's a -- there's a rule on the books here, and
21 there's no -- there's hardly -- I don't know any way
22 to enforce it.

23 MS. CREDILLE: Correct. Because I
24 don't -- so while the rule's here and it looks like

1 people are not asking about lifting their variances,
2 that's not how people are really operating, it feels
3 like.

4 MR. PICK: This is Eli.

5 I think, you know, we're combining issues.
6 So one -- the issue we're first trying to address is
7 whether the structure is contributing to issues
8 related to availability -- you know, access,
9 availability, and provision of services.

10 The second issue, which is what you're
11 bringing up, Cece, is whether there's compliance to
12 the rule in the way services are made available.

13 MS. CREDILLE: Right.

14 MR. PICK: And, you know, we've talked on
15 and off about the enforcement and the role that the
16 Services and Review Board has in enforcing the rules
17 that they're charged to operate under.

18 And, you know, so I think we need to be
19 careful about not mixing the two together. The
20 application process, which, you know, I think the data
21 is reflecting that it's not -- the issue of beds being
22 made available when there's an excess of beds in the
23 marketplace -- even though, from a formula
24 perspective, there is -- doesn't appear to be an

1 excess -- is a separate issue from whether the
2 application is working to be conforming with the rule
3 and consistent with what people are applying for.

4 Am I stating myself clearly?

5 MS. CREDILLE: Well, you're stating
6 yourself clearly except, if the application doesn't
7 meet the needs, then people can just use the beds.
8 Then the process doesn't fit what's happening.

9 MR. PICK: Right. So the -- so I think a
10 second question that needs to be addressed in the
11 larger committee or in the subcommittee as a whole is
12 the issue of enforcing the rule. That, you know, if
13 people are using their beds outside of the scope of
14 what the board granted, how are we, you know, as a
15 system correcting that?

16 MR. SCAVOTTO: We're not.

17 MR. PICK: We're not, and we'll never fix
18 that in the application.

19 MR. SCAVOTTO: I'm not sure we're going to
20 fix it in practice.

21 MR. WAXMAN: This is Mike.

22 How do we determine if somebody's using
23 their bed outside of the scope of their application?

24 MR. SCAVOTTO: That's my point.

1 MS. CREDILLE: Right. How would you ever
2 know?

3 MR. SCAVOTTO: You'd have to -- what are
4 you going to do? Put an Illinois state trooper in the
5 facility?

6 MS. CREDILLE: I mean, I don't know how
7 you would know.

8 MR. SCAVOTTO: Yeah.

9 MR. PICK: Well, there is a practical way
10 to do it, and that's the enforcement agency. I mean,
11 theoretically --

12 This is Eli.

13 -- this is the way I would --

14 MR. SCAVOTTO: Now, wait a second, Eli.
15 You said "practical" and then "theoretical" in the
16 same sentence.

17 MR. PICK: Right. Well, so here's the way
18 I would present the theoretical solution, and that is,
19 when the health department does its annual review,
20 that one of the things they should be evaluating is
21 whether the facility is conforming to the rules that
22 the planning board issued their license under -- or
23 their certificate of need under. Excuse me. The
24 reality is that they don't do that.

1 MR. SCAVOTTO: They don't, and I don't
2 think that they will.

3 MR. PICK: They don't do that. That's
4 not -- you know, again, operationally, as an
5 administrator, I never ever, in 35 years, had a
6 surveyor ask me -- other than, you know, a copy of the
7 license that showed how the beds were licensed, I was
8 never asked about what services and, you know, what
9 certificate of need was granted for the facility to
10 operate under.

11 MR. SCAVOTTO: Yep. I would agree.

12 MR. PICK: And I can tell you from my own
13 experience that in -- that in Wheeling there's a
14 facility that was granted a variance to build for a
15 specific population, and it expanded its definition of
16 that population, and no one ever filed a complaint
17 with the planning board, but the facility just went
18 ahead and admitted patients outside of the specialized
19 population they were granted.

20 MS. CREDILLE: Well, yes. Eli, this is
21 Cece, and I would agree, but I wouldn't know whether
22 they went -- had a -- went after a variance or not.
23 But I know exactly who you're talking about.

24 MR. PICK: Right. Well, I investigated it

1 and determined, by looking up what certificate of need
2 was issued, that -- that's how I knew -- because I
3 took the time to research it. But, you know, so --
4 and that's when I asked -- I inquired: Okay. Well,
5 as an operator in the market, what remedy is there?
6 And what I was advised at the time was I would file --
7 I would have to file a complaint with the planning
8 board at the time that a -- that that facility was
9 admitting patients outside of the scope of what
10 certificate of need was issued, and then it would be
11 investigated.

12 Okay. And I declined filing a complaint.

13 MR. SCAVOTTO: Okay. Let's -- let's bring
14 this back around. I recall from our last discussion,
15 the last conference call -- and if I recall
16 incorrectly, I want to be corrected. But somebody
17 from the staff, and I think it was Courtney, was
18 giving us the history behind this provision. And the
19 thinking was that it made sense, from the standpoint
20 of access, for CCRCs to be able to have a certain
21 number of beds so they could care for their own
22 populations. It didn't make sense for them to be
23 sending grandma across the -- across the community and
24 then bringing her back again after skilled treatment.

1 So it did make sense, from an access point of view, to
2 have this provision.

3 Now, is that a fair assessment on my part?
4 Is that a fair conclusion from our last call? Does
5 everybody agree that that seems to be the history
6 behind this?

7 MR. PICK: This is Eli.

8 I wasn't on the last call, but that's my
9 understanding of the history.

10 MR. SCAVOTTO: Okay. I mean, Claire, I
11 mean, does that resonate with you at all?

12 MS. BURMAN: Yes. That was the basic idea
13 of the CCRC variance is that you have -- already have
14 a population that has a couple of different service
15 needs, if any at all, and then if they float in
16 between needs, they can just move within the
17 same shelter.

18 MR. SCAVOTTO: And I -- to me that makes
19 sense, I mean, and I think that's a -- that's a good
20 thing to try to accomplish.

21 But I don't know that this section on
22 variance is worth -- is worth changing. I really
23 don't. I would say let's -- let's move on and --
24 because when we -- when we get to the bed need in the

1 state, all of this is going to come crashing down on
2 our heads anyway.

3 MS. AVERY: Hi, everyone. This is
4 Courtney. I was speaking but my mic was muted.

5 MR. SCAVOTTO: Okay. Did you -- were you
6 listening to this recent -- just recent
7 conversation --

8 MS. AVERY: Yes. And you're right.

9 MR. SCAVOTTO: -- about the computed bed
10 need? Were you the one that was explaining the --

11 MS. AVERY: Yes.

12 MR. SCAVOTTO: -- rationale behind it?
13 And did I get that correct?

14 MS. AVERY: You got it correct.

15 MR. SCAVOTTO: Okay. So -- and I would
16 think that that's still something that you would want
17 to continue for --

18 MS. AVERY: Correct. Yeah.

19 MR. SCAVOTTO: -- benefit of CCRCs.

20 MS. AVERY: Yeah. So far the board hasn't
21 hinted any way of change -- any -- given any
22 indication that they want to change that.

23 MR. SCAVOTTO: Okay. And there's no way
24 that we've got of enforcing the rule. If there are

1 rule breakers out there, there's no way of knowing who
2 they are.

3 MS. AVERY: Well, it's exactly what Eli
4 described: We don't until we get a complaint, and we
5 have had those who have complained, and we report
6 that, and we investigate it and ask questions to get
7 clarification about it.

8 MR. SCAVOTTO: Okay. So, look, Eli and
9 Cece, unless -- I mean, I don't see a compelling need
10 to hammer this thing into the ground. We can -- we
11 can come back and beat it up, but I'd like to get on
12 to 620, project size.

13 MS. CREDILLE: I'm good with that.
14 Cece.

15 MR. PICK: Go ahead, Cece.

16 MS. CREDILLE: I'm good.

17 MR. PICK: Yeah. The only thing I would
18 say, Mike, is I think this -- we can retire this issue
19 from this workgroup, but I would pass on to the
20 broader subcommittee the issue of enforcement needs to
21 be discussed outside of the workgroup's, you know,
22 scope of work.

23 MR. SCAVOTTO: I don't have a -- I really
24 don't have a problem with that.

1 MR. PICK: Okay.

2 MR. SCAVOTTO: The dilemma that we're
3 going to have, as a result of this task force, is that
4 there's so many issues that come up that are going to
5 need to be -- that are going to need to be addressed
6 by the broader group that go well beyond what we're
7 tasked with here.

8 MR. PICK: Okay.

9 MR. SCAVOTTO: Okay. So what did we do
10 last time on project size? We stopped here. There's
11 just one -- there's one issue that I had on this thing
12 is that there's a reference to gross square foot
13 standards in Appendix A, and they're not specified
14 here, but Appendix A does give a -- does give a number
15 for gross square feet per bed. And I can look it up
16 here, but the question that's really apropos to the
17 discussion is do you need it? Do we need to have the
18 number of square feet per bed prescribed? We got it
19 as 435 to 713 building gross square feet per bed.

20 MS. AVERY: Are you asking to eliminate it
21 totally?

22 MR. SCAVOTTO: I'm just wondering is it of
23 any use.

24 MR. ROATE: George Roate here.

1 Yeah, by all means it is, I mean, coming
2 from a staff -- staff standpoint because one of our
3 missions is to control costs. And I know we've been
4 down this road before with the discussion, but this is
5 one of the -- one of the -- I guess I say one of the
6 regulating actions, the kind to keep from over -- or
7 overages from overbuilding.

8 MR. SCAVOTTO: Well, how does it do that?

9 MR. ROATE: I'm sorry?

10 MR. SCAVOTTO: How does it do that?

11 MR. ROATE: Well, in keeping from
12 building -- I mean, what happens is, is they take
13 the -- we look at the clinical gross square footage of
14 the building, and that's what we -- and that's what's
15 applicable to the -- I guess that gives the board a
16 reviewable standard.

17 Now, in an effort to say, for instance, if
18 this project were to meet a specific bed need in any
19 area, by not having a gross square foot -- a gross
20 square foot standard, they can essentially build a
21 large -- build the largest facility they wanted, and
22 eventually -- I mean, to anticipate possible growth.
23 Well, they -- if they overbuild -- and I know we had
24 that discussion. If they overbuild, that's their

1 fault.

2 MR. SCAVOTTO: Yeah. We're going to have
3 that discussion again too.

4 MR. ROATE: Okay. Well, I think this just
5 kind of keeps the cap on the build -- the whole
6 building issue.

7 MR. SCAVOTTO: So how -- I just want to
8 get us to start thinking in a different perspective on
9 this one. How does the square feet per bed
10 requirement square with the fact that Illinois is so
11 overbedded? How did this square feet per bed
12 requirement work to help limit the number of beds in
13 Illinois?

14 MR. ROATE: That's a good question.

15 MR. SCAVOTTO: I mean, I'm not bringing it
16 up to be a smart aleck. I am bringing it up because
17 the data indicates that --

18 MR. ROATE: No. Understood.

19 MR. SCAVOTTO: -- process needs to be
20 retooled, I think.

21 MR. ROATE: Understood. What I'm looking
22 at it is in terms of project costs. I mean, the
23 larger -- the larger the room -- and I understand that
24 there's increased spatial needs and a need to revisit,

1 perhaps, these gross square footages.

2 This is George, by the way. I apologize,
3 Robin.

4 But I understand there may be a need to
5 revisit, but to just simply take that out of the --
6 out of consideration altogether -- while it may not
7 necessarily -- and while it may not directly impact
8 the bed or the bed over -- the problem of bed
9 overages, it does result -- I mean, can we not agree
10 it does result in increased project costs?

11 MR. SCAVOTTO: It does result in increased
12 project costs, and I don't think there's any doubt
13 about that. The bigger the building, the more it's
14 going to cost you.

15 So, George, would we feel comfortable
16 approving a project with a smaller square foot per bed
17 average?

18 MR. WAXMAN: This is Mike Waxman.

19 If the square footage is smaller, then
20 people can build more beds.

21 MR. SCAVOTTO: They may be able to build
22 more beds that nobody wants.

23 MR. WAXMAN: Correct. Which is getting
24 came back to overbedded, but it seems to me that the

1 square footage sets the -- sets the minimum number of
2 beds that you can put into a building, and if you
3 lower it, you allow more beds in the same general --
4 in the same aggregate square footage of the total
5 building.

6 MR. ROATE: True. But if you put more
7 beds in -- if you put beds in rooms the size of
8 closets, as Mike said --

9 This is George, by the way. Once again,
10 I'm sorry.

11 -- I mean, you're not going to be able to
12 sell those beds or fill those beds. So this is why
13 there's -- there's this window. This is why I see
14 this window being of the 4- -- what did you say? 430?
15 I've got the chart right here.

16 MR. SCAVOTTO: Yeah. It's 430. That's
17 one of the numbers. 430 to 713. Isn't that it?

18 MR. ROATE: 435 to 713 for general
19 long-term care.

20 MR. WAXMAN: Again, this Mike Waxman.

21 Theoretically, if you raise the 413 to a
22 larger number, then you are impacting the number of
23 beds that can go into a building.

24 MR. SCAVOTTO: As long as you expand the

1 building, yeah.

2 MR. ROATE: True. And that --

3 This is George here again.

4 And that's why -- I mean, understood that
5 one of the topics that was discussed the last time
6 this was raised was the fact that 713 gross square
7 feet per bed -- and that's the maximum, I'm talking
8 about, in building gross square foot -- really doesn't
9 provide a whole lot of space. So perhaps maybe
10 revisiting that might be an idea. But to eliminate it
11 altogether, I think it would -- I don't see that as
12 being a good move.

13 MR. SCAVOTTO: Well --

14 MS. CREDILLE: This is Cece.

15 I don't under --

16 MR. SCAVOTTO: -- George.

17 Cece and Eli, I would suspect that you've
18 been through a number of projects. Isn't there
19 minimum square footage expectations almost at the
20 department level that IDPH expects when they come
21 through and do their licensing inspection?

22 MS. CREDILLE: Well, this is Cece.

23 I don't understand how this adds to the
24 cost to the state.

1 MR. SCAVOTTO: It doesn't.

2 MS. CREDILLE: It's market driven. This
3 is consumer driven. It's market driven. And back to
4 the purpose of this committee, we're trying to provide
5 opportunities, and we're charged with modernized
6 facilities, more private rooms, and so I don't
7 under -- I do not understand the square foot piece.
8 It doesn't add -- I don't understand how it adds to
9 the cost to the state. It adds to the cost of someone
10 who is building.

11 MS. AVERY: This is Courtney.

12 Cece, it doesn't add to the cost to the
13 state, and we don't just pull those numbers out. We
14 look at other factors that will contribute to that.
15 Like, it takes into consideration the entire and
16 divide all of that out, without the clini --
17 non-clinical space, to come up with how much area per
18 square footage that the rooms are taking up. And
19 there are projects that exceed that amount and give
20 good reason why they do, but it's not just a standard
21 that the state has put in place. To save the state
22 money is not the purpose of it. It's the overall
23 control of costs, which some way or another is passed
24 off to the consumer.

1 MR. SCAVOTTO: What role does IDPH play in
2 this with the licensing process? In my experience,
3 they've got a standard for almost everything. They
4 look at your kitchen. It's got to be sized right for
5 the number --

6 MS. AVERY: And they do, yeah.

7 MR. SCAVOTTO: -- of residents that you
8 have. They look at the number of square feet in a
9 semi-private room, and there's a minimum that you've
10 got to have. IDPH doesn't care if you build more.
11 They just don't want you to build less.

12 MR. PICK: Yeah, this is Eli.

13 Mike, that's exactly right. They're
14 looking at whether minimums are being met.

15 MR. SCAVOTTO: Yeah. And so I'm wondering
16 why can't that be the planning board standard and get
17 you to a more market-sensitive position.

18 MS. AVERY: Well, one thing is that,
19 before you even reach the CON process, it goes through
20 licensure first which are architectural plans. So
21 that's already approved before you even reach us.

22 MR. SCAVOTTO: Right. And you've then --
23 and you've got some idea that it's meeting the minimum
24 to be approved.

1 MS. AVERY: Correct. Yes.

2 MR. SCAVOTTO: And I think what we're
3 suggesting is that that's good.

4 MR. PICK: Yes. Mike, this is Eli.
5 Go ahead. Go ahead, Courtney.

6 MS. CREDILLE: No, this is Cece.
7 I was going to say if -- if there is some
8 compelling reason to have to have a square -- to have
9 square footage requirement in here, I would suggest
10 perhaps we need to look on the upper end and expanding
11 it given what consumers are looking for, given what
12 they experience in the hospital setting and then
13 transition to skilled nursing facilities. They're
14 looking for more spacious -- and I'm -- forgive me,
15 George, I'm not an architect. I don't know if 700
16 square feet meets it, and I do know that there are
17 several providers out there who've built new
18 buildings, and they've converted their semis to
19 privates. And I don't know if that -- if they're
20 operating over the square footage standard by doing
21 that, and if -- if -- and there's nothing wrong with
22 that except, if that's what the public is looking for,
23 then that high-end number should be higher because I
24 know peop -- people are doing that. And perhaps those

1 rooms -- those rooms right now may be over the
2 standard.

3 MR. PICK: Yeah, Cece, this is Eli.

4 And I was going to say exactly the same
5 thing. You know, I know of a project I walked through
6 in Hanover Park that was licensed for 176 beds.
7 They're operating with 80, and it's because they're
8 using doubles as singles.

9 MS. CREDILLE: Correct, and they're
10 setting them up as suites. I know exactly what you're
11 talking about. They're not the only ones doing that,
12 but that is the perfect example of a brand new
13 project, and, again, I don't know if that would --
14 that room that they've converted to a private room is
15 more square footage than what would be in this
16 application.

17 MR. SCAVOTTO: Okay. But let me -- let's
18 just assume that it is. So what?

19 MS. CREDILLE: Right. So, then, my
20 ques -- if there is a need, which it sounds like the
21 staffers are all saying that we need to have some
22 requirement in the application, then I would suggest
23 that it needs to be a higher number on the high end.

24 MR. SCAVOTTO: As a max. You would keep

1 the range.

2 MS. CREDILLE: Some range, if that's what
3 everybody -- because we're at odds here on the
4 provider side.

5 MS. AVERY: The recommendation that you
6 all are going to suggest is that that be adjusted, and
7 I'm -- if I'm not mistaken, we'll have to do that
8 through rules.

9 MR. SCAVOTTO: I think a lot of this has
10 got to go through rules.

11 MR. PICK: And this is Eli.

12 Let me ask a different question. Is it a
13 bad thing that a building that's licensed for, you
14 know, significantly higher number of beds is only
15 using a significantly lower number of that licensed
16 capacity to operate in the market? I mean --

17 MS. AVERY: Yeah, that is an issue, and we
18 don't know those things formally. We hear it all the
19 time, but no one tells us formally what's happening.

20 MS. CREDILLE: But Eli's question is
21 speaking to, if we're trying to look at limiting
22 costs -- I'm thinking that's where you might be going,
23 Eli. I don't want to puts words in your mouth.

24 This is Cece.

1 If they've taken beds out, from a cost
2 perspective, that's not bad.

3 MR. PICK: Right. That's exactly my
4 point.

5 MS. AVERY: But if you don't --
6 This is Courtney.

7 If you don't report that you're doing
8 that, it messes up our inventory.

9 MR. PICK: Yeah, I understand that. I
10 understand that, Courtney, but what's happening is the
11 market is adjusting to the limitations and
12 restrictions that's being put on the operators.

13 So -- because, you know, if we -- I'm
14 going to play devil's advocate. Let's say the
15 opposite. Let's say that we increase the maximum from
16 700 to a thousand, but the minimum stays at 430. So,
17 then, in effect, we're giving operators the same level
18 of flexibility that they're currently using. So
19 instead of getting a license for 176 beds and using 80
20 to create suites, I'll get a license for 80 beds,
21 build a thousand -- you know, 80 rooms at a thousand
22 square feet, and if I need more beds, then I'll go
23 back and say let me increase my capacity, and I'll use
24 my existing space to convert the large suites into

1 doubles.

2 But, in effect, we've done the same thing.
3 It's just -- it's just a different use of bed
4 capacity.

5 MR. SCAVOTTO: This is Mike.

6 I think -- I think we need to understand
7 how the system operates, and you're hearing from three
8 people that operate, and we've got a different view of
9 things.

10 MS. AVERY: Uh-huh.

11 MR. SCAVOTTO: I want to go back to the
12 last conference call, and Frank -- I don't want to --
13 I don't want to misquote him. I don't think I will.
14 Frank made a very strong statement that one of the
15 goals of the planning board was to assure access to
16 care through capital investment in facilities. It's
17 pretty hard to argue with that. That's a laudable
18 policy goal. And I think -- I think everybody
19 respects that. But operators can game the system.

20 MS. AVERY: Yes.

21 MR. SCAVOTTO: I can come along, and I
22 say, okay, we'd like to have 200 beds in a market
23 area, and I'm going to -- I will get a CON for 200
24 beds. And then I'm going to say, well, you know, I'm

1 changing my mind. I'm not going to -- I'm not going
 2 to -- I'm just going to certify fewer for Medicaid,
 3 and that will reduce my commitment to serving the
 4 poor. And then I'm going to convert a few more -- or
 5 maybe I'm going to convert 50 percent of them to
 6 private rooms, and now my 200 facility is essentially
 7 100 beds, which is what I wanted all along anyway. So
 8 I gamed the system, and I played by -- I played by
 9 your rules, and I got what I wanted, and you didn't
 10 get anywhere near what you wanted.

11 MS. WAXMAN: This is Mike Waxman.

12 Aren't we kind of looking at this without
 13 taking into perspective the marketing side of this?
 14 What I'm thinking is that, if I'm primarily an owner
 15 that is serving a Medicaid population, I would want a
 16 minimum square foot room, small. If I'm an operator
 17 that's primarily seeking Medicare and private pay, I
 18 would want a larger square footage room in order to
 19 attract those people.

20 MR. SCAVOTTO: Yeah. Yeah.

21 MR. PICK: Well, that's only true in
 22 markets where there's a significant supply of Medicaid
 23 patients seeking services. If the -- if the, you
 24 know, demand drops, then the same dynamics for the

1 Medicare apply for the Medicaid -- you got to get
2 patients in the beds. So then smaller rooms are less
3 desirable.

4 MR. WAXMAN: Okay.

5 MR. PICK: You know, I think it really is
6 a function of the competition in the market.

7 MR. SCAVOTTO: I'm on a -- Eli, it's not
8 that I disagree with you. I think I'm on the same
9 square but maybe in a different room.

10 What is -- I mean, if I were looking at --
11 I'm trying to look at this from a policy angle, and
12 from that angle, what do I care about the size of the
13 facility as long as it meets the IDPH minimums, and
14 that -- that takes --

15 MR. PICK: Mike, I'm in full agreement
16 with you. I think that focusing on the maximum is
17 problematic in the market.

18 MR. SCAVOTTO: It takes -- it removes the
19 planning board from the business of sizing a facility.
20 It just puts the planning board in the business of
21 saying it's needed or it's not needed.

22 MS. AVERY: So, Mike, you're suggesting
23 that the range be eliminated and only a minimum be --

24 MR. SCAVOTTO: You know, I got to rely on

1 the staff for this. I'm not even sure there should be
2 a range. I mean, I -- you know, what is the --
3 Courtney, what is the requirement? Does an applicant
4 have to come in with a set of plans that have been
5 okayed by IDPH?

6 MS. AVERY: Yes. I'm not sure if we
7 submit it right in the application or if the
8 Springfield staff gets it, but there is indication
9 that it has been submitted. Isn't that in the
10 application, George?

11 MR. ROATE: Yes, if they're over -- what
12 they have to do is they have to submit their plans to
13 the design standards units, and the design standards
14 unit -- now -- and the design standards unit will
15 apply that -- that size standard, and they don't
16 necessarily contact us. But what they do is they
17 inform the client that their project's over, and if
18 they continue to build -- if they don't correct it
19 before submitting the CON, then we do hear from design
20 standards. We only work two floors away so it's kind
21 of a small neighborhood here; so we do hear about it.

22 MR. SCAVOTTO: So they're enforcing your
23 upper limit on square footage.

24 MR. ROATE: Yeah.

1 MR. SCAVOTTO: Who is enforcing the
2 minimum, which is where I'm going, and from -- from my
3 experience, it's entirely possible -- and this happens
4 in every state; it's not just Illinois. It's entirely
5 possible to build a health care facility and not be
6 able to get it licensed because of issues like this --
7 if you don't have enough square feet in the kitchen.
8 No one tells you from the beginning.

9 MR. ROATE: True.

10 This is George.

11 Now, I can't -- I mean, I can't mention
12 any particular situation where a long-term care
13 facility came in under -- beneath that gross square
14 footage window and was penalized for it.

15 MS. AVERY: Yeah, and that was -- I wanted
16 some --

17 This is Courtney.

18 I wanted to get clarification from you,
19 Mike. Are you saying if they exceed the maximum?
20 Because, as George just described, we very seldom get
21 anyone that comes in under because we hear --

22 MR. SCAVOTTO: Comes in under the maximum?

23 MR. ROATE: Under the minimum.

24 MR. SCAVOTTO: Under the minimum. They

1 can't get licensed if they're under the minimum.

2 Yeah.

3 MS. AVERY: Right. But we don't -- that
4 doesn't happened. I mean, I would think there will be
5 an excuse as to why you will be under the minimum, but
6 it wouldn't fly.

7 MR. SCAVOTTO: They can't -- and what I'm
8 saying is use the minimum as your -- as your criteria.
9 If they get -- they get the blessing of the plan check
10 folks and they're at the minimum -- at the minimum
11 requirement, who cares how many square feet they've
12 got as long as they meet the minimum. If they go less
13 than the minimum, they wouldn't get the licensure.
14 They can't open.

15 MS. CREDILLE: Mike, this is Cece.
16 You're suggesting no upper limit.

17 MR. SCAVOTTO: Yeah.

18 MS. CREDILLE: I mean, that seems the most
19 logical to me, but that's not what I'm hearing our
20 people say.

21 MS. AVERY: I guess, for sake of time and
22 to agree to disagree, we will look at it and talk with
23 licensure and others about it, but right now I'm --

24 MR. SCAVOTTO: The IDPH licensure process

1 is pretty rigorous.

2 MS. AVERY: Yeah. But I'm sure --

3 MR. SCAVOTTO: They may not be forthcoming
4 on this one.

5 MS. AVERY: I'm sure there's a reason why
6 there's a minimum and maximum.

7 MR. SCAVOTTO: Yeah. They've got a --
8 they've got minimums that they use to evaluate a
9 facility. But I'm not so sure that you're going to --
10 that they're going to be cooperative about working
11 prior to construction. They may be putting those
12 design standards in place once the facility -- once
13 the facility is built and ready to be inspected, and,
14 in my view, that's too late.

15 MS. AVERY: Are you saying they're
16 submitting their plans after they break ground?

17 MR. SCAVOTTO: No, no, no. They're
18 submitting their plans for plan check, and they get --
19 they get the review of the people in the field and
20 then of the plan check architects. You go ahead, and
21 you build your facility. And then the state architect
22 inspectors come back, and they give you the facility
23 inspection. And they -- they measure all the rooms,
24 and they'll have you make improvements or changes.

1 Actually they'll change their mind in midstream many
2 times and -- and that's a separate issue.

3 MS. AVERY: But doesn't that --

4 MR. SCAVOTTO: And you have to get that --
5 it's a two-stage approval: You have to get the
6 facility approval before the operating people come in
7 and give you the final occupancy permit.

8 So it's entirely possible that you can go
9 through plan check, you can have an approved set of
10 plans, you can build it, and then still have to make
11 changes to it to satisfy -- satisfy the inspectors.
12 It's an ongoing problem in every state.

13 But I'm not sure that the plan checkers
14 will give you the assurance quickly that this project
15 meets the minimum standards for square foot. It would
16 be something --

17 MS. AVERY: And then the provider goes
18 back and changes their plans?

19 MR. SCAVOTTO: -- to talk to them about.

20 Pardon me?

21 MS. AVERY: And then the providers
22 sometimes go back and change their plans?

23 MR. SCAVOTTO: Yeah.

24 MS. AVERY: From what was approved?

1 MR. SCAVOTTO: No, the -- no. The
2 providers seldom change their plans. What happens is
3 that you'll operate from an approved set of plans, and
4 then the inspectors, who are not the same people as
5 the plan checkers, will actually make decisions in the
6 field to make you change stuff.

7 MS. AVERY: Oh.

8 MR. SCAVOTTO: Even though it's been
9 approved, you're now being directed to make changes.
10 This is a big problem. It's a big problem in
11 Illinois, and all of the associations have been on
12 this for years.

13 MS. AVERY: And by any chance --

14 I'm sorry. This is Courtney again.

15 By any chance does that change from
16 oversight entity per entity? Like the state will tell
17 you one thing and then the local will tell you
18 another?

19 MR. SCAVOTTO: That's not so much of a
20 problem.

21 MS. AVERY: Then another local will tell
22 you --

23 MR. SCAVOTTO: I mean, the local --
24 sometimes the local fire department can get on you,

1 but usually the state trumps them, but the locals are
2 usually easier --

3 MS. AVERY: And that was my next point. I
4 have heard of what you said, but usually it's the
5 local government just saying something different than
6 the state government, and then the state government
7 has the last say.

8 MR. SCAVOTTO: Yes. Because the state --

9 MR. PICK: And, Courtney --

10 This is Eli.

11 -- it depends on what area.

12 MS. AVERY: Okay.

13 MR. PICK: Yeah. I mean, fire -- often
14 the local trumps the state. But when it comes to
15 plumbing and electric, the state will trump the local.

16 MS. AVERY: Okay.

17 MR. SCAVOTTO: Oh, I thought you meant
18 area, I mean, geographically. And it does too. It
19 depends on geography as well.

20 MR. PICK: Yeah.

21 MR. SCAVOTTO: Because some inspection
22 teams are different from others.

23 MR. PICK: From others. And once the
24 physical space -- you know, they're not -- often my

1 experience is they're not telling you to move walls,
2 but they are requiring modifications to the buildout.

3 MS. AVERY: Okay.

4 MR. SCAVOTTO: It's a very common problem.

5 MS. AVERY: Okay. So, for follow-up, what
6 is it you all would like for to us do?

7 MR. SCAVOTTO: Is it possible for IDPH to
8 give us the minimum requirements on square footage and
9 use that as a -- and I'm in this -- I'm in the camp
10 that says you don't even need to review this stuff
11 because, if it doesn't meet the minimum requirements,
12 it's not a nursing home. No one's going to be able to
13 use it. It's kind of -- you're kind of putting the
14 onus on the owner to get it right. I would like --

15 MR. PICK: Mike, this is Eli.

16 I -- you know, I'm in agreement with you.
17 I don't think we need an upper limit.

18 MS. AVERY: So you just want the minimum
19 and eliminate the range.

20 MR. SCAVOTTO: Correct.

21 MR. PICK: Yes.

22 MS. AVERY: That's the recommendation from
23 this committee.

24 MR. SCAVOTTO: Yes.

1 MS. CREDILLE: This is Cece.

2 I support that.

3 MR. WAXMAN: This is Mike Waxman.

4 I agree with all -- I agree with that. I
5 don't think there needs to be a maximum range either.

6 MS. AVERY: So I'm not saying we can do
7 it. Everybody's clear on that; right?

8 MR. SCAVOTTO: Right.

9 MS. AVERY: I'm saying that we can
10 research it, find out what the premise behind the
11 range --

12 (Sirens in the background.)

13 MR. WAXMAN: Sounds like they're after you
14 already.

15 MR. PICK: Yeah. We heard you say it was
16 a go, Courtney.

17 MS. AVERY: Every day, all day.

18 We'll find out the premise behind that
19 range, do some research, and come back with a
20 response.

21 MR. SCAVOTTO: Okay. All right.

22 Okay. We got time to move on? Everybody
23 okay moving on?

24 MR. PICK: Yep.

1 MR. SCAVOTTO: Okay. Let's move on to
2 800, estimated total project costs, not that we want
3 to --

4 The issue on this section for me was
5 joined by Mike Constantino probably over a year ago in
6 one of the meetings in Bolingbrook where he says like
7 to introduce the need for a feasibility study, and
8 that is the point where we left off our last
9 discussion. So on -- do we want to talk about
10 feasibility studies?

11 MR. PICK: Yeah, Mike, this is Eli.

12 If I remember, what the -- the geneses of
13 this was projects being approved and then not getting
14 financed.

15 MR. SCAVOTTO: Not being able to be
16 financed. That's right.

17 MR. PICK: And that Mike felt that having
18 a feasibility study helped to increase the probability
19 of projects getting financed. So that -- I think that
20 was the underlying premise.

21 MR. SCAVOTTO: Well, Eli, what do you
22 think? Is it a -- how big a problem is it? I mean,
23 it's big enough for him to bring up.

24 MR. PICK: Yeah. Well, you know, I think

1 the issue of getting financing, I think, is -- seems
 2 to be more -- it's more of a reflection of the
 3 conditions in the market. And, you know, my feeling
 4 is I'm not sure a feasibility study increases that
 5 probability and whether there's more effective and
 6 reliable methodology to help the -- help the planning
 7 board before it reviews a project, you know, gain
 8 confidence and assurances that a project will get
 9 financed if they choose to approve it.

10 MR. ROATE: George Roate here.

11 What I've seen the feasibility review do
 12 is it -- I think it provides more of a mirror image to
 13 the applicant. We've had some issues, you know, with
 14 this economic downturn where we've had applicants come
 15 before -- come before us with viability ratios from
 16 the past and projected viability ratios that seem to
 17 meet the criteria; but where the -- I guess, where the
 18 trouble lies is, is these projects continually come in
 19 to seek extensions. They result in compliance issues
 20 and eventually get tied up in our -- if I can use the
 21 term, our legal system because these projects -- some
 22 of these applicants, in an effort to, quote, unquote,
 23 save the ship, will continue to just stretch these
 24 projects out and out and out. And I think what the

1 viability ratios have done -- it's not so much -- it's
2 not so much resulted in a golden key for the
3 applicant. It just provided a clearer picture as to
4 whether the financial wherewithal was there.

5 MR. SCAVOTTO: And how has it worked?

6 MR. ROATE: How does it work, you said?

7 MR. SCAVOTTO: Sounds like it's not
8 working. It sounds like -- it sounds like -- George,
9 what you described was a system where the staff is
10 being beset by continual extensions of applicants who
11 can't get financing.

12 MR. ROATE: And that's --

13 And this is George again.

14 And that's the -- this is pre -- this is
15 pre-financial ratios -- or I should say this is
16 pre-feasibility studies.

17 MR. SCAVOTTO: You don't have that
18 requirement now. A feasibility study is not required
19 now; correct?

20 MR. ROATE: It's re -- well, as far as it
21 being in the rules, I don't believe so.

22 MR. SCAVOTTO: It's not in the rules.

23 MR. ROATE: We have financial -- we have
24 board members with financial expertise who their

1 strength is to read between the lines of those ratios
2 and provide -- and they have the insight to, I guess,
3 provide a better way to determine that these
4 applicants are financially viable to complete this
5 project. And --

6 MR. PICK: Right.

7 MR. SCAVOTTO: It sounds to me like that's
8 the problem: I can't get financing. So because I
9 can't get financing, I'm going to hit you for an
10 extension.

11 MR. ROATE: Exactly.

12 MR. SCAVOTTO: And then I'm going to hit
13 you again and again and again --

14 MR. ROATE: Exactly. And that's --

15 MR. SCAVOTTO: -- till I finally run out
16 my strength.

17 MR. ROATE: And that's where the financial
18 feasibility studies kind of -- I guess, for lack of a
19 better term, that's where these financial feasibility
20 studies head these individuals off at the pass before
21 they even commit to filing an application and then
22 stringing out the application with these extensions.

23 The feasibility study -- my experience
24 with it or my -- I guess I say, you know, since we

1 started requesting them, it's been a pretty good
2 barometer or indicator as to whether the applicant --
3 I shouldn't say it's been a barometer per se, but
4 individuals who submitted, quote, unquote, healthy
5 financial feasibility studies have been more likely to
6 complete their projects or move along with their
7 projects or not have trouble financing their project.

8 MS. CREDILLE: This is Cece.

9 I recall --

10 MS. AVERY: Hold on, Cece.

11 Did we lose George?

12 MR. ROATE: No, I'm here. I'm here. I'm
13 sorry.

14 MS. AVERY: Heard a click. Sorry for
15 interrupting, Cece.

16 MS. CREDILLE: No. What I recall has
17 occurred -- and George help me out here -- that people
18 have not been able to get financing until they get the
19 CON, and so that is part of why they're having -- they
20 ask for the extension. Is that occurring or am I --

21 MR. ROATE: Well, this is George here
22 again.

23 The applicant who comes in without secured
24 financing, that -- I guess that status or that

1 situation throws up a red flag to our financially
 2 astute board members. It throws up a red flag to
 3 board staff who review the application. It's -- as
 4 the applicants -- and in these tougher economic times,
 5 the applicants are -- the applicants are held to at
 6 least have financing in place. The promise of
 7 financing is no longer -- has proven in the past to
 8 result in these endless extensions, which has really
 9 been a -- have resulted in compliance issues and have
 10 just not produced.

11 So these -- these viability ratios,
 12 these -- the pre, I guess I'd say, approval for
 13 financing are very good tools and necessary indicators
 14 of the financial viability of a project. It's a good
 15 indicator that the project has health, and it will be
 16 seen through to the end.

17 MR. SCAVOTTO: So, George --

18 This is Mike.

19 -- the viability -- the ratios that you're
 20 talking about is this viability section B, under
 21 1125.800; right?

22 MR. ROATE: Yes.

23 MR. SCAVOTTO: Okay. Is that the feasible
 24 study that you're talking about?

1 MR. ROATE: No.

2 MR. SCAVOTTO: Tell me more.

3 MR. ROATE: The financial viability ratios
4 that you see in 1125.800, if you look at that table,
5 it asks for -- that is more of a historical --
6 historical perspective, and then it asks for projected
7 financials.

8 MR. PICK: Right.

9 MR. ROATE: I guess I say projected
10 financials, which, I guess, for lack of a better term,
11 are somewhat speculative.

12 These financial feasibility studies offer
13 a clearer picture, a more de -- I guess a more defined
14 view as to if this applicant is -- possesses the
15 viability to see this project through to its end.

16 MR. SCAVOTTO: So that would be an
17 independent study. The applicant couldn't do the
18 feasibility study.

19 MR. ROATE: No, sir. It would have to
20 be -- it's one by an independent auditor.

21 MR. SCAVOTTO: Okay. Or someone that
22 could -- someone who is just equally capable. Does it
23 have to be an auditor?

24 MR. ROATE: Well, the ones we've

1 received -- the ones we received in the past, yes,
2 have come from independent auditors.

3 MR. SCAVOTTO: Okay. That's fine. Okay.

4 MR. PICK: Mike, this is Eli.

5 Perhaps what we need to do is define -- or
6 help to define a threshold. I mean, in the past it
7 sounds like contingent finance was adequate. But now,
8 given the environment, the board's not comfortable as
9 those kinds of projects don't get seen through to the
10 end, and that applicants need to establish the
11 financial viability and their ability to finance a
12 project all the way through as part of an application
13 that will get approved, and the feasibility study has
14 been the staff's methodology for getting to that
15 point.

16 It seems to me that there are easier ways
17 for us to get -- you know, to skin the cat without
18 having to spend 40- or \$50,000 on a certified
19 financial viability.

20 MR. SCAVOTTO: All right. So what do you
21 have in mind?

22 MR. PICK: Yeah. What I'm thinking about
23 is something more along the line of a -- you know, the
24 applicant has to be -- has to demonstrate the ability

1 to finance the project, and that's really the issue.
2 It's not per se the feasibility; it's the financing.
3 If there's financing available, then it's the
4 applicant's duty to determine its feasibility before
5 they even start the process.

6 MR. SCAVOTTO: I would agree with that.

7 MR. ROATE: This is George again.

8 I'm sorry to interrupt. But now while
9 that would be a -- that would be one alternative to
10 consider, in many situations these banks are asking
11 for upwards of 20 -- or 20 to 40 percent cash up front
12 on the -- to fund the project as a down --

13 MR. SCAVOTTO: That's today's game.

14 MR. ROATE: Yeah. And, you know, that --
15 and perhaps that may be where this financial -- these
16 audited financial statements -- albeit they're
17 expensive -- may be the more cost effective way to go.
18 But I apologize. I think I may be stepping out of my
19 bounds here in terms of that. I've never financed a
20 nursing home.

21 MR. SCAVOTTO: Eli and Cece, let me bounce
22 this off you. Courtney, this is for you too.

23 What if I -- what if I -- what if we had a
24 process that just spoke to the strengths of a project

1 and there are no -- there are no weaknesses -- and
2 I'll get to that in a minute. If I were the staff, I
3 would think that nothing would tick me off more than
4 reviewing a bunch of projects that you knew just
5 weren't going to fly, and you only read -- reviewing
6 them because you have to and it's the rules. So you
7 review these projects, and then you get caught up on
8 all this bureaucratic red tape, and all you're doing
9 is spinning your wheels. That would drive my crazy.
10 Part of that is the system. The rest of that is my
11 crazy personality.

12 But if I came to you with a set of plans
13 that had been scoped out and approved by IDPH, if I
14 came to you with an independent market analysis that
15 said there was a need for the beds and it was
16 consistent with your requirements, and if I came to
17 you with a feasibility study independent or with a
18 commitment letter on financing, which is what Eli just
19 suggested, then I would get a CON. And if I didn't
20 have financing within a certain period of time, say,
21 six months, I'd lose that CON and have to come all the
22 way back through the process again.

23 How does that strike people?

24 MR. PICK: This is Eli.

1 I think you were fine up until the six
2 months.

3 MR. SCAVOTTO: Pick a number.

4 MR. PICK: Well, I think the issue with
5 just, you know, a finite time period is there are so
6 many, you know, variables in the process that it's
7 hard -- you know, any number of them could delay. I
8 mean, I think -- the timing issue, I don't think, is
9 the issue. I think the real issue is that, you know,
10 we don't -- we do not want to expend the resources of
11 state services for projects that are, you know, on a
12 shoe string, in essence.

13 MR. SCAVOTTO: That's right.

14 MR. PICK: And, you know, we're just
15 wasting a lot of time and effort.

16 MR. SCAVOTTO: I don't care about six
17 months. Could be nine. Could be 12. Could be two
18 weeks. I don't care. But if the applicants sign on
19 and they say I'm going to document the fact that this
20 is needed and that I can -- that it works from a pro
21 forma basis, my assumptions are reasonable, I've got a
22 commitment from the bank and/or I've got six months to
23 line it up, nine months, whatever that number is, I
24 can -- you know, if I can't get financing, I lose my

1 CON. No one has to waste time with continual
2 extensions.

3 MR. PICK: What do you think, Cece?

4 MS. CREDILLE: I'm parked more where Mike
5 is.

6 MR. SCAVOTTO: Well, I think Eli and I on
7 are on the same page.

8 MR. PICK: Yes.

9 MS. CREDILLE: He was worried about the
10 time frame, though. I don't know what --

11 MR. SCAVOTTO: We could -- the time
12 frame -- the time frame could be an arbitrary number.
13 I just said six months because it sounded good. It
14 could be nine months. It could be 11. It could be a
15 different number.

16 MR. PICK: I believe the current is 18
17 months. You've got 18 months to get a project going,
18 and, if not, you have to file for an extension.

19 MR. SCAVOTTO: I mean, it seems to me that
20 the onus is on the applicant. The applicant's taking
21 on a fair amount of risk. It's not cheap to put a CON
22 together, and you've got so many hoops you got to jump
23 through.

24 So then -- then we come along, and I say

1 I'm going to -- I'm going to build a facility. Well,
2 I think I can get it financed. So I want to know
3 going in that I can get it financed. I mean, any
4 operator worth his salt is going to make that the
5 first consideration -- Can I get the money? So we
6 ought to eliminate the fly-by-night mail carriers, and
7 get them off -- get them off the reservation. If they
8 can get financing and they've got a good project
9 that's well documented, let them have it. They can't
10 get financing, dump them.

11 MR. PICK: Yeah. Yeah.

12 Mike, this is Eli.

13 I mean, fly-by-night mail carriers --
14 you're talking 3- to \$400,000 for them just to get to
15 the point of, you know, seeking more financing,
16 though. It's not -- this is not, you know, well, let
17 me just use some spit and tape to get it together.

18 MR. SCAVOTTO: Commitment to do it.

19 MR. PICK: Yeah. So I would agree with
20 you. I think I would just eliminate the extensions.
21 That, you know, you either -- either you get the
22 project off the ground or you're done.

23 MS. AVERY: So this is Courtney.

24 So that I'm clear -- I'm trying to tie it

1 back to the application. I'm having a hard time doing
2 that. But so that I'm clear, what you all are saying
3 is that you have six months to start your project, if
4 it's not already shovel ready with the financing, and
5 after that six months you don't get to come in and
6 request an extension, you don't get to come in and
7 request a change for your financing. Do you start all
8 over? It's more than just saying, if you don't have
9 it by six months, that's it.

10 MR. SCAVOTTO: Whatever that number.
11 Whether it's six, ten, or 12, yes. Whatever that
12 number, yes.

13 MS. AVERY: Okay.

14 MR. SCAVOTTO: That's what -- that's why
15 I'm -- I'm floating that.

16 MS. AVERY: Okay.

17 MR. SCAVOTTO: You know, no one's talked
18 this over with me. I'm floating that.

19 MR. ROATE: Roate here. One thing --

20 MR. SCAVOTTO: It's like a two-phase
21 approach. You get the certificate of need by
22 providing an acceptable set of plans, by providing a
23 decent market analysis, and providing a feasibility
24 study or a financial commitment. And actually you

1 ought to provide -- if you don't have a feasibility
2 study, you ought to have -- you probably ought to have
3 a financial analysis of some sort. So let me say
4 feasibility study, and if you can't finance it, you
5 lose the CON.

6 MR. WAXMAN: Cece, this is Mike Waxman.
7 Your building in Highland Park is an example of that
8 whole process.

9 MS. CREDILLE: We don't -- I don't -- we
10 don't own that building.

11 MR. WAXMAN: Well, it was built in a
12 last-ditch effort to save the CON because you ran out
13 of extensions.

14 MS. CREDILLE: Well, that would be the
15 prior owner.

16 MR. WAXMAN: Yeah, absolutely. I didn't
17 realize you didn't own the building. But the building
18 you're in was built at the last -- as I understand the
19 story, was built at the last moment because they were
20 running out of extensions on his CON.

21 MS. CREDILLE: I have no -- I really do
22 not know. I don't know.

23 MR. SCAVOTTO: Well, Mike, there was a
24 project that I will not name that -- but the owner

1 recognized that it had overextended and was
 2 overbuilding so much so that it was not a viable
 3 project.

4 So they -- they went back to the drawing
 5 boards with the architect, and then they took the
 6 building down in square footage so that this new
 7 facility would have been outdated the day the doors
 8 opened it was so small. And they got a CON, but
 9 fortunately they haven't been able to get financing.

10 And I just think, you know, somebody --
 11 this group had -- this group, in my opinion, had no
 12 business playing the game, but they just didn't
 13 understand health care, but that's -- that's just --
 14 it's their right as Americans to do this. So that
 15 facility, thankfully, is never going to get built
 16 because it can't get financing, and they may get --
 17 they may -- they may get continual extensions because
 18 that's the nature of the rules. But I'm not
 19 suggesting that this happens every day of the week,
 20 thankfully.

21 MR. PICK: No.

22 And this is Eli.

23 It doesn't happen, you know, all the time,
 24 but it does happen, and that's the issue. You know,

1 the project that Mike's referring to in Highland
2 Park -- I think that went on for five -- five or seven
3 years before the shovel finally hit the dirt but --

4 MS. AVERY: I don't want you all to have a
5 misconception that the board always gives an extension
6 just because they're asked to do so. There has to be
7 really bona fide reasons why you're asking this
8 extension, and, as far as I know, we, since the new
9 board, have not given many, many extensions on
10 projects.

11 MR. SCAVOTTO: Okay. Let me pick up on
12 that. I don't dispute what you're saying. I think
13 that's --

14 MS. AVERY: Not limitless.

15 MR. SCAVOTTO: I'm sure that's a true
16 statement.

17 But is the -- is the role of the planning
18 board to grant the certificate of need in response
19 to -- it seems to me that the role of the planning
20 board is to grant certificate of needs when there's
21 demonstrated demand for a project.

22 It's not the role of the planning board to
23 worry about the applicant's ability to finance.
24 Worrying about the finance just complicates that

1 policy decision, and the longer it goes on -- let's
 2 just -- let's go back to Frank's comments where the
 3 board has a policy position of encouraging access to
 4 care and wants a facility in a certain area. Nobel.

5 So I come along, and I say, okay, I'm
 6 going to build my 200-bed facility there, and I can't
 7 finance it. Well, why should you extend me and extend
 8 me and extend me? Punch my ticket. Either you can --
 9 either you can get the financing or you can't. If you
 10 can't get it financed, I'll -- move on to Eli. He's
 11 got financing. He can build that facility there. And
 12 that accomplishes your access question -- answers your
 13 access question.

14 Sticking with me by giving me continual
 15 extensions, I don't think, is good policy on the part
 16 of the board. I don't see where it helps the public
 17 at all. What am I missing? Maybe I'm missing the
 18 whole point.

19 MS. CREDILLE: This is Cece.

20 Courtney, has there been a change since --
 21 since you're saying the new board has not granted
 22 extensions, but there's an example that's being
 23 floated here that it was five years. That would be
 24 something that couldn't happen now or could it?

1 MS. AVERY: Well, first of all, I was
 2 painting a picture of limitless extensions, and just
 3 saying, okay, you couldn't get financing? We'll grant
 4 you another year or whatever.

5 One of the things that the board takes
 6 into consideration is what are you doing so far, and
 7 usually there's a good explanation: costs have gone
 8 up, we have to go -- we have to wait on HUD. We know
 9 it's a lot of red tape. From my knowledge and
 10 experience -- and I would have to go back and look at
 11 those extensions -- I haven't seen one that's been
 12 five years out because one of the things that the
 13 board -- that's allowed by the rules is that the
 14 project gets to dictate their completion date. So I'm
 15 not sure -- unless I look exactly at those
 16 applications, which nobody wants to call these people
 17 out -- what we did there or what were the
 18 circumstances why an extension was granted. But I
 19 have not experienced where the board has granted four,
 20 five extensions. They may have had a project
 21 completion date that may have been four years.

22 MR. SCAVOTTO: Yeah. That's possible.
 23 Yeah. Okay.

24 MS. AVERY: So I would -- I would really

1 have to look at them on an individual basis. So if
2 somebody wants to drop an anonymous note, we can look
3 at those and see what's happening with those projects.

4 But we also have built into place
5 mechanisms where we can find out if you're
6 exceeding -- because, I mean, if you start your
7 project, if it's been obligated, if you spent a
8 certain amount of money by a certain date. So we
9 know, if you have done that, your project is
10 progressing. We ask for yearly annual reports, and if
11 we don't get that report by the completion date,
12 they're called and asked what's going on. You're out
13 of compliance, and you can validate -- invalidate your
14 CON because you have not completed on time. And then
15 you need to come in for an extension prior to that
16 date. Built into the statute and the rules, as you
17 all know, is a time frame in which you can come in and
18 ask for an extension.

19 MS. SCAVOTTO: Once you start building the
20 project, those -- those requirements you just went
21 through aren't going to change. You're still going to
22 need those reports.

23 MS. AVERY: Right.

24 MR. SCAVOTTO: And they shouldn't change.

1 MS. AVERY: And we monitor those. But if
2 there's some that slip through the cracks, we need to
3 know that.

4 MR. SCAVOTTO: So how big a deal -- how
5 big a deal is it if people can't get financing?

6 MS. AVERY: It's becoming more and more
7 difficult, as we all know, with the downfall of the
8 economy.

9 MR. SCAVOTTO: Okay. So we're -- you
10 know, we're picking up on the -- sounds like we're
11 picking up on the right issue.

12 MS. AVERY: Yeah. And some have had to go
13 in to make changes to their funding mechanisms, if
14 costs have increased because steel has gone up,
15 concrete has increased. They have to use certain
16 developers because of union rules. Anything can
17 trigger that.

18 MR. SCAVOTTO: I don't have a problem
19 with that. The financing is to me the -- to me that's
20 the critical issue, and it's hard to get. It really
21 does -- it almost eliminates private operators, and
22 that's not the intention, but that's been the effect.
23 It's very difficult to get capital.

24 MS. AVERY: No yawning.

1 MR. PICK: Okay. Have we beaten this one
2 to death?

3 MR. SCAVOTTO: I'm not so sure. I hope
4 so.

5 MS. AVERY: So, again, what do you want us
6 to look at?

7 MS. CREDILLE: Yeah, I'm not sure what
8 we've decided.

9 MR. SCAVOTTO: Well, Eli and Cece, am I
10 way off base with this idea of a phased approach to a
11 CON? You get the CON -- provide the documentation,
12 get the CON. If you can't get financing within a
13 fixed period of time, you lose the CON. No questions
14 asked.

15 MS. CREDILLE: That seems logical to me
16 but --

17 MR. PICK: Yeah, I agree.

18 This is Eli.

19 It seems logical to me as well. I'm
20 wondering whether we need to get financing committed
21 as part of the CO -- you know, part of the granting of
22 the CON.

23 MR. SCAVOTTO: Well, that would be -- if
24 it were you or me or Cece doing the project, it would

1 happen that way.

2 MS. CREDILLE: But I can -- I mean, I sat
3 at the last two hearings, and there were people who
4 couldn't get financing until they had the CON. I
5 heard that, but I can't tell you what they were.

6 MR. SCAVOTTO: You know what? That's
7 true. That's true.

8 MS. CREDILLE: I -- I --

9 MR. SCAVOTTO: Good point. That's true.

10 MS. CREDILLE: I can't tell you that those
11 were SNFs because there's a lot of other stuff that's,
12 you know, heard, obviously, at the hearings; but there
13 were multiple providers who could not get financing.
14 The cart's before the horse. And so for those people,
15 that's -- that's the concern I have because there are
16 those folks out there. They can't -- for whatever
17 reason, and it may be -- and I don't have experience.
18 It may be because of the economic times, and so the
19 bank -- I don't know if they used to give them
20 financing and now they don't. I really -- I have no
21 frame of reference.

22 MR. SCAVOTTO: But if you -- it is true,
23 in my experience, that if you -- you don't stand any
24 chance of having a long discussion with any lender if

1 you don't have a CON.

2 So I'm wondering, then, if on phase
3 one -- maybe there's an interim step here. If on
4 phase one I provide the approved plans, the market
5 analysis, feasibility, would the staff or would the
6 board issue me an intent to award a CON? Well, you
7 could issue a CON at that point too. You could issue
8 the CON, and, then, if I can't get the financing, I'm
9 out, or I got to come back.

10 MR. PICK: Yeah. I --

11 This is Eli.

12 I think that's the way the process should
13 work, and that's why -- I think that's why Mike
14 Constantino is talking about adding a feasibility
15 study -- because he didn't want to, again, go through,
16 you know, applications that just get stuck in the
17 system.

18 MR. SCAVOTTO: Yeah. So forget the
19 interim step. I think, you know -- Cece, good point.
20 I'm glad we walked through it but --

21 MS. CREDILLE: Sorry that it took me till
22 5:30 to do that but --

23 MR. SCAVOTTO: Well, we won't say anything
24 to you. Don't worry.

1 Courtney, are you clear on this lunacy on
2 what we're looking for?

3 MS. AVERY: I'll get it in a minute.

4 MR. PICK: Okay. Mike, this is Eli. I'm
5 going to have to sign off.

6 MS. CREDILLE: Same here.

7 MR. SCAVOTTO: Do we want to select
8 another time at this point? Do you want another -- we
9 need to follow up. So what's a -- what are your
10 calendars like?

11 MS. CREDILLE: I'm pulling it.

12 MR. PICK: How far are we looking?

13 MR. WAXMAN: Our next full meeting is the
14 19th.

15 MR. SCAVOTTO: Yes.

16 MR. WAXMAN: Okay. So are you trying to
17 do something before the 19th or after the 19th?

18 MR. SCAVOTTO: Would be good if we could
19 go before.

20 MS. AVERY: If you can, look at the week
21 of the 11th.

22 MR. SCAVOTTO: Okay. And what date did
23 you have in mind?

24 MS. AVERY: I don't.

1 MR. SCAVOTTO: Okay.

2 MS. CREDILLE: I can do the 11th, which is
3 a Monday.

4 MR. SCAVOTTO: Can you do the 12th?

5 MR. RAOTE: The 12th is Lincoln's
6 birthday.

7 This is George.

8 MR. WAXMAN: Yes. Well, he ain't going to
9 be here.

10 MR. ROATE: But he has to celebrate
11 nonetheless.

12 MR. SCAVOTTO: We'll go without you,
13 George.

14 MR. PICK: How about the 14th? Thursday,
15 the 14th?

16 Ms. CREDILLE: That is good for me.
17 This is Cece.

18 MR. SCAVOTTO: I can do that.

19 MS. AVERY: Okay. What time?

20 MS. CREDILLE: Makes no matter.

21 MR. PICK: I'm available after 11:00.

22 MR. SCAVOTTO: Let's go 1:00 o'clock.

23 MR. PICK: 1:00 o'clock, on the 14th.

24 Done.

1 MR. SCAVOTTO: Unless you want to go 1:30.

2 1:00 o'clock is fine with me.

3 MR. PICK: Yeah, 1:00 o'clock is fine.

4 MR. SCAVOTTO: Okay.

5 MS. AVERY: So the 14th, at 1:00 o'clock.

6 MR. SCAVOTTO. Yep.

7 MR. PICK: Yep.

8 MS. AVERY: Okay.

9 MR. SCAVOTTO: I'll get this stuff out to
10 you on Monday.

11 Say that again.

12 MS. AVERY: Is there anything else you all
13 would need? Just send the minutes from this meeting,
14 which we should have.

15 Court reporter, is that enough time for
16 you?

17 COURT REPORTER: I believe so. Is that
18 ten days?

19 MS. CREDILLE: Yes, more than ten.

20 COURT REPORTER: Yes. Yes.

21 MS. SCAVOTTO: Good. Okay. I'll get
22 this stuff summarized and get it out. We are making
23 progress.

24 Staff people, please get me the follow-ups

1 on this stuff because I want to start -- we want to
2 start closing this up, understanding what we have to
3 do to -- what changes we can make on our own and what
4 changes are going to have to go through the rules
5 process.

6 MS. AVERY: Mike, you're requesting it
7 step by step? So you want from this point on back.

8 MR. SCAVOTTO: Yeah. Exactly. So if you
9 said you were going to follow up on -- like, for
10 example, before you were here, we went through the
11 follow-up points. You were going to examine utility
12 of 1125.330 and Frank --

13 MS. AVERY: Yeah.

14 MR. SCAVOTTO: -- some feedback. George
15 is going to give us some draft language. Claire's got
16 some more follow up to do. So all of that stuff is in
17 the transcript, but if we can -- if we can pick that
18 up -- pick the pace of that up, we'll start to close
19 the gap quickly.

20 MS. AVERY: Okay.

21 MR. SCAVOTTO: All right. Thanks,
22 everybody.

23

24 MEETING ADJOURNED: 5:34 P.M.

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