

Page 1	Page 3
<p>1 STATE OF ILLINOIS</p> <p>2 HEALTH FACILITIES AND SERVICES REVIEW BOARD</p> <p>3 LONG-TERM CARE ADVISORY SUBCOMMITTEE</p> <p>4</p> <p>5 IDPH Administration</p> <p>6 535 West Jefferson Street, 4th Floor</p> <p>7 Springfield, Illinois 62761</p> <p>8 -and-</p> <p>9 HFSRB Offices</p> <p>10 69 West Washington Street, Suite 3500</p> <p>11 Chicago, Illinois 60602</p> <p>12</p> <p>13</p> <p>14 MEETING OF THE</p> <p>15 LONG-TERM CARE ADVISORY SUBCOMMITTEE</p> <p>16</p> <p>17</p> <p>18</p> <p>19 Meeting of the Subcommittee was held by</p> <p>20 videoconference on Wednesday, June 17, 2015,</p> <p>21 scheduled for 9:30 A.M.</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 CHICAGO STAFF:</p> <p>2 Jeannie Mitchell</p> <p>3 Juan Morado</p> <p>4 Claire Burman</p> <p>5 Courtney Avery</p> <p>6 Ann Guild</p> <p>7</p> <p>8 SPRINGFIELD STAFF:</p> <p>9 Mike Constantino</p> <p>10 Nelson Agbodo</p> <p>11 George Roate</p> <p>12 Mike Mitchell</p> <p>13</p> <p>14 GUESTS:</p> <p>15 Pat Comstock (Phone)</p> <p>16 John Kniery</p> <p>17 Kirk Riva</p> <p>18 Amanda Ginther (Phone)</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
Page 2	Page 4
<p>1 MEMBERS PRESENT IN CHICAGO:</p> <p>2 Michael Waxman, Chairman</p> <p>3 Judy Amiano</p> <p>4 William Casper</p> <p>5 Cecilia Credille</p> <p>6 John Florina</p> <p>7 Charles Foley</p> <p>8 Alan Gaffner</p> <p>9 Carolyn Handler</p> <p>10 Steven Lavenda</p> <p>11 Patricia O'Dea Evans</p> <p>12 David Raikes (Phone)</p> <p>13</p> <p>14 MEMBERS PRESENT IN SPRINGFIELD:</p> <p>15 William Bell, Vice-Chairman</p> <p>16 Paul Corpstein</p> <p>17 Kelly Cunningham</p> <p>18 Timothy Phillippe</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 AGENDA</p> <p>2 CALL TO ORDER</p> <p>3 1. Roll Call</p> <p>4 2. Approval of Agenda</p> <p>5 3. Approval of March 24, 2015, Meeting</p> <p>6 Transcript</p> <p>7 4. UPDATE: Legislative Initiatives -</p> <p>8 Courtney Avery/Jeannie Mitchell/Ann Guild</p> <p>9 5. LTC Bed Need Formula - Nelson Agbodo</p> <p>10 "White Paper"</p> <p>11 Impact of Bed Need Formula on Buy/Sell</p> <p>12 Program</p> <p>13 6. Ad Hoc Group - Buy/Sell/Transfer "Points</p> <p>14 of Consensus" - Judy Amiano</p> <p>15 7. Other Business</p> <p>16 8. Next Meeting</p> <p>17 9. Adjournment</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

MEETING 6/17/2015

Page 5

1 (Meeting began at 9:47 A.M.)
2
3 CHAIRMAN WAXMAN: We have called
4 roll. Do we have a quorum?
5 COURT REPORTER: Who is speaking?
6 CHAIRMAN WAXMAN: I'm Chair, Mike
7 Waxman.
8 Okay. I need a motion to approve the
9 agenda.
10 MR. GAFFNER: So moved. Alan
11 Gaffner.
12 CHAIRMAN WAXMAN: Need a second.
13 MR. FOLEY: Second. Charles Foley.
14 CHAIRMAN WAXMAN: All in favor?
15 (Ayes heard.)
16 CHAIRMAN WAXMAN: Any opposed?
17 (No response.)
18 CHAIRMAN WAXMAN: I need a motion to
19 approve the March 24, 2015, transcripts from our
20 last meeting.
21 MS. HANDLER: So moved. Carolyn
22 Handler.
23 CHAIRMAN WAXMAN: Have a motion.
24 Need a second.

Page 6

1 MR. CASPER: Second. Bill Casper.
2 CHAIRMAN WAXMAN: Have a motion.
3 Have a second.
4 All in favor?
5 (Ayes heard.)
6 CHAIRMAN WAXMAN: Any opposed?
7 (No response.)
8 CHAIRMAN WAXMAN: Okay. Next on the
9 agenda is the legislative update initiatives and
10 all rumors, and, Courtney, are you doing this by
11 committee?
12 MS. AVERY: Yeah.
13 CHAIRMAN WAXMAN: Go head.
14 MS. AVERY: Well, you know, the last
15 meeting we had we looked at House Bill 3510 and
16 came to some compromise with the originator of
17 the bill, Donna Ginther and Pat Comstock, and I
18 always get their --
19 COURT REPORTER: I'm sorry. I didn't
20 get the names.
21 MS. AVERY: Donna Ginther and Pat
22 Comstock -- of HCCI? -- of HCCI and have reached
23 some compromises and figured out a way to live
24 with 3510.

Page 7

1 So I don't know if people had a
2 chance to review it or not or if there were
3 questions regarding it, but the most significant
4 change is, of course, the composition to the
5 subcommittee. And one of the agreements is that
6 we will now note -- and we'll get to that
7 sometime today -- how you will be listed as a
8 member of the subcommittee, your agency, and then
9 who you represent as far as the three
10 associations so that there's clarification.
11 Because one of their concerns was that they
12 didn't have enough representation on the
13 subcommittees.
14 The other issue was the term limit
15 for the chair, which we agreed to -- I think it
16 was -- was it two or three?
17 UNIDENTIFIED: Three.
18 MS. AVERY: -- three years and to
19 look at the bed need formula, which we're going
20 to start on that today.
21 Oh, and then also remove the voting
22 rights of the ex officio members of the
23 subcommittee.
24 I think that was the gist of it. Did

Page 8

1 I miss anything, Ann or Jeannie?
2 MS. GUILD: Just some deadlines.
3 MS. AVERY: Oh, yeah.
4 MS. GUILD: Having to make
5 recommendations to the Board on January 1, 2016,
6 and annually thereafter.
7 COURT REPORTER: I'm sorry. Who's
8 speaking?
9 MS. GUILD: Sorry. Ann Guild.
10 And then the bed need formula
11 recommendation by January 1, 2017.
12 MS. MITCHELL: And then one thing
13 with the --
14 Jeannie Mitchell.
15 One thing with the membership of the
16 associations. They want equal number of members
17 between associations. There's no -- it doesn't
18 define what that looks like. It just says that
19 it has to be equal numbers, and we have time to
20 get there. So the law isn't demanding that we
21 get there immediately when it comes in effect.
22 COURT REPORTER: When it comes to
23 what?
24 MS. MITCHELL: In effect.

MEETING 6/17/2015

Page 9	Page 11
<p>1 MS. AVERY: In effect. When the law 2 becomes effective. 3 UNIDENTIFIED: Did it pass? Yes, I'm 4 dumb. 5 MS. AVERY: Yeah, it passed out of 6 both houses -- 35 -- 7 This is Courtney. Sorry. 8 It passed out of both houses and 9 waiting on signature of the Governor. 10 CHAIRMAN WAXMAN: Referring to the 11 Board as the Motherboard? 12 COURT REPORTER: I don't who's 13 talking again. I'm sorry. 14 UNIDENTIFIED: Mike Waxman. 15 COURT REPORTER: Okay. I'm assuming 16 the Board is the Motherboard, is that what you 17 said? 18 CHAIRMAN WAXMAN: That's what I said. 19 COURT REPORTER: Thank you. 20 MS. COURTNEY: Any other questions 21 from Springfield regarding House Bill 3510? 22 MS. AMIANO: This Judy Amiano. 23 Courtney, what is the removal of the 24 voting rights of the ex officio? Who were the ex</p>	<p>1 will be signed. It has support from both the 2 Board and from some of the other stakeholders 3 that were involved. We're going to make changes 4 to the bylaws, make sure they're in accordance 5 with the newly signed bill when that happens. We 6 hope to bring that to you at the next 7 subcommittee meeting; so -- absolutely. 8 MS. AVERY: And I have to say that it 9 was watered down a lot. As you know, we had a 10 long discussion about 3510 at the last meeting, 11 and there was some good compromise once we met. 12 The compromises were made between Board staff, 13 representing you all, and the feedback that was 14 given and HCCI. 15 CHAIRMAN WAXMAN: That's it? 16 MS. AVERY: That's it. 17 CHAIRMAN WAXMAN: I was looking for a 18 two-hour song and dance. 19 MS. AVERY: You're about to get one. 20 CHAIRMAN WAXMAN: Okay. We're going 21 to skip 5. 22 Okay. Item 5, Nelson -- where is 23 Nelson? 24 MR. AGBODO: I'm here.</p>
Page 10	Page 12
<p>1 officio that were voting? 2 MS. AVERY: The departments -- aging, 3 public health, and DHS. 4 UNIDENTIFIED: And HFS as well. 5 MS. AVERY: HFS. Yes. 6 MS. AMIANO: Thanks. So it's down to 7 how many voting members? 8 MS. AVERY: 15. 9 UNIDENTIFIED: The law doesn't spell 10 out how many voting members we can have; so -- 11 MS. AVERY: But we have -- 12 This is Courtney. 13 We have 19 and removing those -- 14 UNIDENTIFIED: Right. Right. 15 MS. AVERY: Okay. 16 Any other questions? 17 CHAIRMAN WAXMAN: This is Mike. 18 So, again, we have to do our bylaws 19 over again to specify the number for a quorum? 20 The number for all that good stuff? 21 MR. MORADO: This is Juan Morado. 22 Yes. We -- Jeannie, myself, and 23 Claire -- had a short discussion about this. 24 We're going to -- we anticipate that the bill</p>	<p>1 MS. AVERY: He was hiding. 2 CHAIRMAN WAXMAN: Okay. Nelson, 3 we've allocated five hours for you; so go for it. 4 MR. AGBODO: Oh, thank you. 5 Well, I would like to go over this 6 material that was sent to everybody. So I would 7 like to use a few minute to go quickly over the 8 material and at the end -- and the questions. 9 And Mike Mitchell also is here to help me with 10 the questions. 11 So on page 2, I provided some 12 abbreviation and definitions that have been used 13 in this material. 14 So, first, I would like to thank Mike 15 Mitchell for providing data and ideas for 16 analyzing the data; and Bill Dart and Claire for 17 advising on the methodology and document layouts; 18 Courtney Avery, Mike Constantino, George Roate, 19 Jeannie Mitchell for proofreading the document. 20 So this presentation will focus on 21 three main subjects. The first one is the bed 22 need methodology. So I would like to provide 23 more detail on the component of the methodology, 24 the computational steps, and, you know, from</p>

Page 13

1 there I will take departmental comment on the
 2 white paper.
 3 Then we will talk about the bed need
 4 projection for state, health service area, and
 5 the health planning areas.
 6 So doing that, we will actually
 7 compare projected patient days to actual patient
 8 days from 2000 to 2010. And then we also take a
 9 look to the actual use rates from 2003 to 2013.
 10 Then we will actually realize that
 11 the main issue -- it's about how we allocate beds
 12 between health planning areas. So I will give
 13 some idea for improving the allocation. So we
 14 will review the health planning area use rate
 15 assumptions, and I will give some notes on the
 16 data quality.
 17 So let's start on bed need
 18 methodology. So the bed need method that I'm
 19 presenting here is what we have from the Code,
 20 the Administrative Code, pertaining to the
 21 long-term care. And if you look at the
 22 methodology, okay, it has three components: the
 23 mathematical formula, the data, and assumptions
 24 that I actually call adjustment rules.

Page 14

1 So the mathematical formula just says
 2 bed need estimates or projection, okay, equal use
 3 rate times at-risk population estimates or
 4 projection.
 5 And I would like quickly to make a
 6 different between estimate and projection.
 7 Estimate consider all the past population, size
 8 and the structure, whereas projection is
 9 concerned with future population.
 10 So we are in 2015. Anything we want
 11 to do going from 2015 down, maybe, 2000 or 2013
 12 will be considered as estimates. But if we're
 13 giving population value from 2016 and up will be
 14 projection. Just so you can understand the rest
 15 of the presentation.
 16 So the mathematical formula is not
 17 predictive. It's just estimate. So it meaning
 18 that -- it mean that, you know, projection -- the
 19 data we -- or the value we project might be
 20 different from the actual value because it's not
 21 predictive.
 22 So the data that we use in the
 23 formula: We have patient days by age group,
 24 population estimate by age group, and licensed

Page 15

1 beds. Actually, we also use population
 2 projection by age group.
 3 And the patient day are based on
 4 resident counts for the whole calendar year, the
 5 entire calendar year. It's not one-day data.
 6 It's for the whole calendar year. And the
 7 population estimate are based on a set of
 8 assumptions. We are not going to cover that yet
 9 because it's a part of demographic work. And the
 10 licensed beds are exact numbers that we can
 11 verify with IDPH.
 12 The assumptions, okay, include
 13 projected use rates. So the assumption on that
 14 is that it will remain the same for each year of
 15 projection period. And also we have the 90
 16 percent occupancy rate. I think everybody's
 17 familiar with that. And we also have 60 to 160
 18 percent of health service area use rates range.
 19 So what that says is the planning area use rate
 20 have to be between, you know, 60 and 160 to be
 21 considered as it's calculated, but if it's less
 22 than 60 percent, then the 60 percent of the area
 23 service -- of the health service area will be
 24 used. When it's more than 160 percent, then they

Page 16

1 will come back and use 1.6 times the area -- the
 2 health service area use rates. But we'll come
 3 back to that because I have a numerical example
 4 to explain that.
 5 So the bed need methodology
 6 step-by-step computation. So here actually
 7 provide the mathematical formulation. I'm not
 8 going to go into that, but the first thing we do
 9 when we compute -- the first thing we do when we
 10 compute the bed needs is to calculate the bed use
 11 rates -- the base use -- I'm sorry -- the base
 12 use rates. So the base use rates equal the base
 13 patient days divided by base population. So
 14 the -- actually, the base year is set by the most
 15 recent population estimate year. For example,
 16 the new inventory will have as -- 2013 as the
 17 base year.
 18 Then on page 7, after we have the
 19 base use rates, we now calculate the health
 20 planning area projected use rates. By doing
 21 that, we use the first adjustment, okay, rules.
 22 That's, for each age group, the minimum and the
 23 maximum planning area use rates are 60 percent
 24 and 160 percent of the area service -- or the

Page 17

1 health service area experienced use rates.
 2 What that mean is, like I was
 3 explaining, if you calculate the planning -- the
 4 base use rate for health planning area and it's
 5 less than 0.6 times the health service area, then
 6 you -- actually, the projected use rate for the
 7 planning area will be 0.6 times the health
 8 service area use rates. But if that base use
 9 rate for the planning area it's more than 1.6
 10 times the health service area, then you actually
 11 use 1.6 times the health service area use rates.
 12 If the base use rate for the health planning area
 13 is between 0.6 times the health service area use
 14 rate and 1.6 times the health service area use
 15 rates, then you consider the base use rate that
 16 you calculate for the health planning area.
 17 So by doing that, there is some gain
 18 and loss of beds.
 19 Then the third step -- at the third
 20 step we calculate the projected patient days.
 21 The projected patient days equal projected use
 22 rates times projected population -- or projected
 23 population for the health planning area.
 24 Then once we have that, we sum the

Page 18

1 projected patient days by age group. We sum them
 2 up to get the total projected patient days for
 3 the health service area.
 4 Then we move to calculate the
 5 projected average daily census. The projected
 6 daily census is actually the total project
 7 patient days divide by number of days in the
 8 year. Usually it's a 365 day.
 9 And at the end we actually divide the
 10 projected average daily census --
 11 Are they listening?
 12 MS. AVERY: Yeah. We're just trying
 13 to hook in a call. So continue.
 14 MR. AGBODO: Oh, okay. Thank you.
 15 MS. AVERY: We're fine.
 16 Mr. AGBODO: So we divide the project
 17 average daily census by 0.90 --
 18 MS. AVERY: One second, Nelson.
 19 Sorry.
 20 (Off the record.)
 21 MS. AVERY: Thank you.
 22 MR. AGBODO: Okay. Can you hear me
 23 now?
 24 MS. AVERY: Yeah. You're fine.

Page 19

1 MR. AGBODO: Okay. All right. So
 2 actually we were on how we calculate the
 3 projected patient days. So the health service
 4 area project number of needs -- of bed needs --
 5 it's obtained by dividing the projected average
 6 daily census by 0.9. That's when we use,
 7 actually, the 90 percent occupation -- occupancy
 8 assumption.
 9 So by doing that, actually, we are
 10 increasing the bed needs by 10 percent. So it's
 11 just similar to multiplying the daily census by
 12 1.1, you know, or 110 percent. And I actually
 13 provided the mathematical formulation in the
 14 bottom for you guys to look at it.
 15 So at the end we obtain a number of
 16 excess or number of additional -- additional need
 17 beds by subtracting the number of existing
 18 licensed bed from the number of projected bed
 19 needs.
 20 So by doing all this, we actually use
 21 two assumptions. I want to wrap up on that. The
 22 first one is the 60 percent or 160 percent rule
 23 allocation assumption. By doing that, we don't
 24 follow strictly the historical use rates. So,

Page 20

1 you know, that's one of the assumption, anyway.
 2 So the next assumption is the 90
 3 percent occupation rate that ensure 10 percent
 4 extra beds.
 5 So that's, you know, the step-by-step
 6 computation, and to make it little bit easier to
 7 understand, I provide here a numerical
 8 illustration by using the health service area
 9 number 7 that include Cook County. So this is
 10 the map we have on page 10, and the data I use is
 11 from the 2013 inventory.
 12 So first thing is to have the input
 13 data. Like I said, we have -- we have to use
 14 2010 patient days, 2010 population, and 2015
 15 projections for population. And we have this
 16 data by age group. The age group are zero to 64,
 17 65 to 74, and 75 plus. So here in this example
 18 the base year is 2010, and we are projecting in
 19 2013 for five years. So we are projection for
 20 2015.
 21 So the first thing to compute, like I
 22 said, is the base use rates, and I provided that
 23 calculation here in this second table. So we
 24 have to obtain the base use rate for the health

<p style="text-align: right;">Page 21</p> <p>1 service area and the health planning area. 2 Then we go to the third table where 3 we use the 60 to 160 percent assumption to 4 calculate the minimum and the maximum use rates. 5 So here we use the health service area use -- 6 base use rates, and we multiply by 0.6 to get the 7 minimum and 1.6 to get the maximum for each age 8 group. 9 Then the next table we use the 10 minimum and maximum to have the projected use 11 rate for the health planning area. So, for 12 example, zero to 64 age group, the beds use rate 13 was 0.0969 and is not in between 0.456 and 14 1.2124. So since it's not in that range, the 15 projected use rates for the health planning area 16 will be 0.6 times the health service area use 17 rates, which was 0.4546. 18 So same thing applied to the age 19 group 65 to 74. But 75 and plus, the use rate we 20 calculated for the health planning area, which is 21 21.2341 -- it's in between 3.4833 and 35.9555. 22 So we left that bed use rate as it is for the 23 projected use rates. So finally we obtain the 24 projected use rate for the -- you know, for each</p>	<p style="text-align: right;">Page 23</p> <p>1 sound, which I agree to because, you know, in 2 demography, epidemiology, you know, all this 3 scientific area, when you want to project, you 4 use the use rates and you apply to the at-risk 5 population. It's a standard practice. So 6 nothing wrong about that. 7 Then the paper actually finds some 8 issue mainly with the application of the formula 9 and the input data. So the first one, 10 inconsistency in the projected bed needs numbers, 11 my comment is, when you have the same formula and 12 different data, you should have different 13 results. So the result cannot be the same for 14 every year. So for -- you know, I don't really 15 understand the inconsistency that the paper talk 16 about. 17 And, actually, HFSRB staff does not 18 make any adjustment to the final bed needs. So 19 we -- what we obtain by applying the whole 20 methodology, that's what we publish. 21 And one of the issue from -- in the 22 white paper is the reliability of input data. So 23 about the population data, the census data is the 24 only gold standard for population data</p>
<p style="text-align: right;">Page 22</p> <p>1 age group. 2 Then the next step will be to obtain 3 the projected patient days. So we will multiply 4 the projected use rates for the health planning 5 area by the projected population for each age 6 group. So, like I said, we are projecting for 7 2015. Then, you know, that is the data we use 8 for that. So you will see the result we obtain 9 there. 10 Then step five. We will get the 11 health planning area projected bed needs by 12 multiplying the projected patient days -- no -- 13 dividing the projected patient day by 0.9. So we 14 get the results right there, and the bed needed 15 for the area finally -- it's 446. So we get that 16 by subtracting the number of existing licensed 17 bed from the projected bed needs. 18 I hope that make this easier to 19 understand. 20 So looking all this and the white 21 paper that have been submitted to us for review, 22 I would like to make some comments. 23 So the white paper clearly said that 24 the bed need formula -- it's mathematically</p>	<p style="text-align: right;">Page 24</p> <p>1 comparison. If you get population data from 2 different vendors, you want to compare them or 3 average them to use that in the formula, you are 4 not going to get anything better. But if you -- 5 you know, a data set -- population data set has 6 to be compared -- has to compare to the census 7 data. 8 So the best option for us is to have 9 a control over the projection methodology and 10 computation, and operate adjustment to minimize 11 bias and variances of the projection model on an 12 ongoing basis. So that's what we are going for, 13 for now. 14 The patient days are collected for 15 the entire calendar year and undergo a thorough 16 data validation that I actually do. That's part 17 of my job. 18 And also the reimbursement data set 19 that we use, the HFS data quarterly census, to 20 improve the bed need estimate. For me, you know, 21 this census, actually, it have a different 22 objective. So this data is collected for the 23 Medicaid reimbursement purpose. And I use the 24 data and compute a use rate and compare to our</p>

Page 25

1 use rate. There's no big difference. I think
 2 the difference is, like, 1 percent. So they are
 3 very close.
 4 So the licensed beds, like I said, is
 5 exact numbers that we can verify with IDPH. So
 6 that one should not suffer of any deficiency. So
 7 the timeline --
 8 MS. AVERY: Nelson?
 9 MS. AGBODO: Yes.
 10 MS. AVERY: Judy wants to ask you a
 11 question real quick.
 12 MS. AMIANO: Just a quick question.
 13 Under the population data heading, your second
 14 bullet point is "The best option is to have a
 15 control of population projections methodology and
 16 computation." Could you elaborate on what that
 17 comment means?
 18 MR. AGBODO: Yes. So if we are to
 19 buy data from vendors, we are assuming that their
 20 methodology is the best; right? We -- we are
 21 buying the data with, you know, all the
 22 consequences, I mean, if it -- you know. But if
 23 we have the control over the computation, we
 24 compute our own projection, we know the

Page 26

1 methodology that we are using, and if we evaluate
 2 in the future the projection against census and
 3 we find issue, we can go back to the material and
 4 see where, you know, the problem is coming from,
 5 and we can actually make some adjustments.
 6 Because, actually, like I presented,
 7 the methodology has also assumptions. If your
 8 assumptions does not stay strong over a certain
 9 period of time, you want to go back and review
 10 them based on new data -- like, you know,
 11 migration data, birth and death data -- and to
 12 readjust your projection and get better results.
 13 But a vendor will not give you their
 14 methodology. They will not give you that. And
 15 so, since they don't give you the methodology,
 16 you don't know exactly how they are computing the
 17 data for you, and there's no way you can compare
 18 that methodology to census bureau methodology,
 19 which is the gold standard in the demography
 20 fields.
 21 So today we have computed our own
 22 projections. That has been posted on the
 23 website, the Board website.
 24 CHAIRMAN WAXMAN: Judy, does this

Page 27

1 answer your question?
 2 MS. AMIANO: I'm not sure. I'm just
 3 trying to understand. So you're recommending,
 4 Nelson, that -- you're not making a
 5 recommendation for a change. You're saying the
 6 current methodology is the gold standard
 7 methodology. Is that a correct statement?
 8 MR. AGBODO: Well, the recommendation
 9 I'm making is we should not buy population data
 10 from vendors because we don't know how they
 11 compute them. We should produce our own -- we
 12 should produce our own projections because we
 13 have -- we have the competency to do that.
 14 MR. KNIERY: You have done that.
 15 MR. AGBODO: And we have done it.
 16 And the methodology we have used has been
 17 evaluated against census data, and it has shown
 18 that it's the best -- I mean, not the best, but
 19 it's a good methodology we are using because the
 20 gap between our projection -- it was in 2000,
 21 actually. I was not here, but, you know, the
 22 state demographer did the work. And the 2000
 23 projection compared to the 2000 census has a very
 24 small gap. It mean that the methodology that we

Page 28

1 have been using -- it's a good methodology.
 2 I don't know if that --
 3 MS. AMIANO: Thank you. That helped
 4 to clarify.
 5 MR. AGBODO: Okay.
 6 MS. AMIANO: That was good. Thank
 7 you.
 8 CHAIRMAN WAXMAN: Nelson, hold on one
 9 second please.
 10 To the court reporter, would you
 11 please indicate that Pat O'Dea has joined us in
 12 Chicago?
 13 COURT REPORTER: Yes, I will.
 14 MR. RAIKES: Chairman Waxman, this is
 15 David Raikes, subcommittee member, R-a-i-k-e-s.
 16 CHAIRMAN WAXMAN: Oh, thank you.
 17 Welcome.
 18 MR. RAIKES: Thank you.
 19 MS. COMSTOCK: And Pat Comstock with
 20 HCCI is here.
 21 MR. KNIERY: Since you're at a
 22 stopping point, if I may.
 23 This is John Kniery.
 24 This demographic that you have put

Page 29

1 together and is now on the Board's website is
 2 something new that had not been used in the
 3 last -- or the most current inventory. This is
 4 going to be used for going forward on the next
 5 inventory; correct?
 6 MR. AGBODO: Yes.
 7 MR. KNIERY: Okay. Just for
 8 clarification.
 9 UNIDENTIFIED: This is the same
 10 methodology.
 11 MS. AVERY: This is -- yeah, it's the
 12 same. Nothing's changing.
 13 MR. KNIERY: Same methodology. I'm
 14 talking about the demographics --
 15 MS. AVERY: Yeah, nothing's changing.
 16 MR. KNIERY: -- the demographics to
 17 be used --
 18 MS. AVERY: Okay.
 19 MR. AGBODO: Right.
 20 MR. KNIERY: -- will be different.
 21 MS. AVERY: Well, those changed, yes.
 22 MR. AGBODO: Right. It will change.
 23 MS. AVERY: That changes.
 24 MS. AGBODO: We'll be using --

Page 30

1 MR. KNIERY: But we use a different
 2 source in 20 -- in the current?
 3 MR. AGBODO: Right. Yes. I heard
 4 that was data bought from Nielsen?
 5 MR. KNIERY: Nielsen, yeah.
 6 UNIDENTIFIED: So we are using a
 7 different source --
 8 UNIDENTIFIED: Yeah.
 9 UNIDENTIFIED: -- for population?
 10 MR. GAFFNER: Nelson, Alan Gaffner
 11 with a question.
 12 If I understood you correctly, you
 13 are indicating that the population data used in
 14 the formula originates with the department rather
 15 than being purchased from any of a number of
 16 vendors; is that correct?
 17 MR. AGBODO: That's correct.
 18 MR. GAFFNER: And how do you work to
 19 those population datas whether they be at the
 20 ten-year census mark or in the years
 21 consecutively in between?
 22 MR. AGBODO: So our projection is
 23 five-year projection because I change the
 24 projection periods from ten years to five years.

Page 31

1 And when we project, it's for -- when we project
 2 the bed need, it's for five years, but every two
 3 years we will have to review the inventory and
 4 then, you know, the base -- base year population
 5 data as well. So it will be every two years.
 6 MR. GAFFNER: Every two years the
 7 raw -- as I would call it, the raw population
 8 data is re-based or re-evaluated for accuracy?
 9 MR. AGBODO: Yes. It will be
 10 evaluated for accuracy, especially when we have
 11 new birth and death publication because those are
 12 the ingredient to estimate the population. Once
 13 you have the estimate, you can project for five
 14 years.
 15 MR. GAFFNER: But when the raw
 16 population data, which I would call the floor, is
 17 either re-calibrated or assessed for accuracy,
 18 what yardstick is used if it isn't Nielsen or
 19 another vendor? I'm just trying to determine how
 20 the state has the accuracy of these population
 21 numbers without use of some third-party vendors.
 22 MR. AGBODO: Right. In this process,
 23 we might not provide you or need a third party
 24 because actually the data that we need to do the

Page 32

1 estimate -- we can have them. We -- you know,
 2 they are the migration data, birth data and
 3 census data, and death data. So IDPH publish
 4 those data. I mean, especially the birth and
 5 death data. From what I recall, they publish
 6 that every -- I mean, right now I think they
 7 already publish 2012, and we have 2013 ready.
 8 That's what we are going to use for the next
 9 inventory. So as they publish those data, we
 10 have more accurate data to re-adjust the
 11 projection. So will not need anybody else to do
 12 this work.
 13 MR. DART: And if I could add,
 14 Nelson -- this is Bill Dart. I'm not going to
 15 put myself on the camera because I've got the
 16 remote.
 17 But we have a state demographer,
 18 Mohammed Shahidullah, and Dr. Shahidullah works
 19 closely with Nelson on the methodology using the
 20 census figures as base numbers and using the
 21 vital records input, births and deaths and
 22 migration data, to build out this model.
 23 MR. GAFFNER: And, Bill, this is Alan
 24 again.

Page 33

1 That census data that is used --
 2 again, it's origin is that federal website, or
 3 where does that first bucket of data originate?
 4 MR. AGBODO: Right. The census data
 5 come from Census Bureau. So federal --
 6 MR. GAFFNER: Okay.
 7 MR. AGBODO: -- yes, agency, yes.
 8 MR. GAFFNER: All right. Thank you
 9 both.
 10 MR. AGBODO: Thank you.
 11 So I'll continue with page 16. So
 12 the timeliness of inventory -- there was a
 13 comment about that. Actually, the inventories
 14 and population projections has been -- the
 15 timeline has been set by the Planning Act. They
 16 have Planning Act. So I have them on page 16.
 17 You can take a look.
 18 So, basically, every two years we
 19 will have to have a new inventory and every five
 20 years -- we will have to project for every five
 21 years.
 22 Maybe -- right now we have -- so we
 23 had a five-year inventory in 2013. That is due
 24 in 2015 for revision. So every two years. And

Page 34

1 then in 2015, where we are right now, we need
 2 another five-year inventory. That will be due in
 3 2017 for revision and so on. So that how the
 4 timeline is set.
 5 So quick comment on data on bed need
 6 projection. So this is basically to answer the
 7 question how the methodology has performed in
 8 predicting the future. So by doing this, we
 9 actually comparing the projected numbers to the
 10 actual numbers.
 11 So I have some concepts here that I
 12 would like to define first. So the data source
 13 that we have used in this analysis comes from the
 14 annual survey database that HFSRB does every
 15 year. And the variables are projected patient
 16 days. In the inventory it's called planned
 17 patient days. So there are patient day
 18 calculated for projection year using the bed need
 19 methodology, and the actual patient days are
 20 patient days reported to HFSRB by the long-term
 21 care facilities through the annual surveys.
 22 So what we call here bias will be the
 23 difference between the projected value of the bed
 24 need methodology and the actual value reported by

Page 35

1 the long-term care facilities.
 2 And the variance will be the
 3 variability of the methodology projection for
 4 giving data points.
 5 And I can come back to those concepts
 6 if they are not clear.
 7 So the use rate -- it's is number of
 8 patient days projected or used, depending on
 9 where -- you know, what kind of data we using,
 10 divided by total possible number of patient days.
 11 For Table 2 in this document, the total possible
 12 number of patient days is calculated by
 13 multiplying the total licensed beds by 365. So
 14 for Figures 7 to 11, this value was obtained by
 15 multiplying each age group population by 365.
 16 So the software -- you know, we use
 17 Excel, SPSS, and ArcGIS 11 to produce the map.
 18 So now the graphs. So the first
 19 graph is the state's projected versus actual
 20 patient days. So we compare both for 2000, 2002,
 21 2005, 2008, and 2010.
 22 So the green bar here represents the
 23 actual patient days, and the red is the projected
 24 patient days. So you can see that 2000, 2002 the

Page 36

1 actual was higher than the projected. But from
 2 2005 to 2010, the projected were higher than
 3 actual patient days.
 4 So the conclusion from here is that
 5 the project patient day remain higher than the
 6 actual patient day from 2005, and the assumption
 7 that use rates will remain the same over the
 8 projection period is optimistic because
 9 projecting more, and that the bed need
 10 methodology is projecting enough bed for the
 11 industry, if I may say that. I will even say
 12 that it's overprojecting for projecting beds.
 13 So the difference -- the difference
 14 you see between the projected and the actual
 15 patient days in term of beds from 2000 to 2010 --
 16 it's around 17,350 beds. That's the
 17 overprojection for the beds.
 18 So this trend -- it's also observed
 19 at health service area level. So here 1, you
 20 know, on the axis -- on the axis, 1 to 11 are the
 21 health service areas. So you can see that health
 22 service area 6, 7 -- I think those are the one
 23 that has Chicago and, you know, Cook County, you
 24 know, the big counties. So that -- in those

Page 37

1 areas, you have very big numbers, and from 2005,
 2 the projected bed numbers were higher than the
 3 actual numbers. So at --
 4 MS. AMIANO: Nelson?
 5 MR. AGBODO: Yes.
 6 MS. AMIANO: This is Judy Amiano.
 7 Quick question. I'm back on Slide
 8 18. Is it -- I just want to make sure the
 9 numbers are right. Are there really almost 29
 10 million patient days in 2010?
 11 MR. AGBODO: Yes. Yeah. Those are
 12 the numbers that we -- we got from the database,
 13 and I think they are right.
 14 MR. CASPER: Nelson, this is Bill
 15 Casper. Can I ask another question back on
 16 Figure 2 just so I can be sure I'm -- well, I'm
 17 not sure but to test whether I'm understanding
 18 this.
 19 Can you explain the reason why the
 20 projected need goes down from 2008 to 2010? Is
 21 that because the actual use gets worked into the
 22 formula over that period of time?
 23 In other words, you show, based on
 24 population numbers, it goes up while utilization

Page 38

1 is going done, but all of the sudden in 2010, the
 2 projected need goes down. Is that because the
 3 prior period utilization is actually factored
 4 into the formula?
 5 MR. AGBODO: So -- yeah. I can't say
 6 yes or no because I have not evaluated that. You
 7 know, the projected values can be affected by the
 8 use rates and also by the population growth. So
 9 I don't know -- you know, I haven't evaluated it
 10 to see what's the impact, you know, from each --
 11 MR. CASPER: But in general,
 12 population is growing and use rate is going down.
 13 So it's probably the use rate that's affecting
 14 the projection --
 15 MR. AGBODO: Okay.
 16 MR. CASPER: -- if you need to take a
 17 guess; right?
 18 MR. AGBODO: You know, I don't know
 19 for sure.
 20 MR. KNIERY: This is John Kniery.
 21 If I may, you had a couple different
 22 things going on during this time also, just to
 23 know the history. There was a base year -- I
 24 think early on in 2000 there was a base year

Page 39

1 population of X, and the projected five years
 2 wasn't five years. It was still X. As a result
 3 of that, you had legislation that brought in a
 4 ten-year projection which -- which wasn't valid
 5 either. I think five years is a good projection.
 6 I think we've talked with a lot of the staff, and
 7 I think that was the concurrence. And so I think
 8 you see some of that.
 9 So I think you have both -- you may
 10 have both items, Bill, coming in. You have a
 11 lower use rate that's affecting it, and you're
 12 bringing it back with a five-year projection
 13 versus a ten-year projection. I think we're
 14 getting back on track.
 15 MR. AGBODO: Yeah. So from --
 16 CHAIRMAN WAXMAN: Nelson? This is
 17 Mike.
 18 If the -- the projections are based
 19 on licensed beds; correct?
 20 MR. AGBODO: No. Projections --
 21 CHAIRMAN WAXMAN: Your projections
 22 are based on licensed beds?
 23 MR. AGBODO: No.
 24 UNIDENTIFIED: Partially.

Page 40

1 MR. AGBODO: No, they are not based
 2 on licensed beds. They are based on, I'll say --
 3 when we say use rates, it's actually the occupied
 4 beds, I will say, but not directly because what
 5 we do, we actually get the number of patient days
 6 for the whole year and we divide by the
 7 population to get the use rates for when we are
 8 calculating bed use rates. So it has to do more
 9 with occupied bed than the licensed beds.
 10 CHAIRMAN WAXMAN: Because my concern
 11 is that we all know that so many of the licensed
 12 beds are out of -- out of use; right?
 13 MR. AGBODO: Yes.
 14 CHAIRMAN WAXMAN: That's common
 15 knowledge. So my fear was that, if you're using
 16 licensed beds, there is no way to reach the
 17 projection because those beds don't exist in
 18 reality.
 19 MR. AGBODO: Yes. That's right.
 20 MS. CREDILLE: This is Cece.
 21 Slide 9 -- doesn't Slide 9 refer to a
 22 formula related to number of existing beds? So
 23 is that licensed beds?
 24 MR. AGBODO: Slide 9.

Page 41

1 MS. HANDLER: This is patient -- this
 2 is project -- what they're really showing here is
 3 patient days. They're projecting patient days --
 4 Carolyn Handler.
 5 They're projecting -- Slide 18,
 6 they're showing projected patient days versus the
 7 state's actual patient days, and that formula is
 8 actually, I think, described the page before
 9 that, Cece, on page 8.
 10 MS. CREDILLE: Yeah, but I'm
 11 referring to Michael's --
 12 This is Cece Credille again.
 13 -- Michael's question about whether
 14 or not licensed beds is in the formula. It looks
 15 like it is on Slide 9, and it's stated in the bed
 16 need methodology on page 5.
 17 MR. AGBODO: Okay. Let me rephrase
 18 this. The denominator of the base use rates has
 19 the licensed bed because we actually multiply the
 20 license -- I mean, the licensed bed by 365 to get
 21 the patient days that, you know, all the licensed
 22 bed can --
 23 UNIDENTIFIED: Maximum.
 24 MR. AGBODO: -- the maximum licensed

Page 42

1 bed that make -- still make available to the
 2 market -- I mean, to the industry. So, yes, in
 3 the denominator we have the licensed beds.
 4 On the numerical -- in the numerical
 5 we actually have what has been actually used. So
 6 yes to Mike's statement.
 7 CHAIRMAN WAXMAN: Thank you, Nelson.
 8 MR. AGBODO: You are welcome.
 9 Mike, do you add something to that?
 10 MR. MITCHELL: This is Mike Mitchell.
 11 I'm with IDPH staff.
 12 The projections that are done do not
 13 incorporate the licensed bed numbers. It's
 14 strictly based on the utilization numbers. The
 15 patient days and the populations are how -- are
 16 what are projected forward. Once we get the
 17 projected number of beds needed, we compare that
 18 to the current licensed numbers to see if there's
 19 is a need or an excess. But the -- but the
 20 current number of licensed beds do not affect the
 21 projection.
 22 CHAIRMAN WAXMAN: Okay. Thank you.
 23 MR. PHILLIPPE: This is Tim
 24 Phillippe. Can I ask a practical question? I'm

Page 43

1 not a mathematician.
 2 So to go back to Mike's earlier
 3 question about bed use, so if I look at the year,
 4 on page 18, 2010, and what we would have to have,
 5 really, is -- and assuming, say, 5 percent of the
 6 beds are out of service. Take a number. That
 7 would mean we have to actually predict a greater
 8 need to account for the fact that some beds are
 9 not available. Is that possible or not going
 10 forward?
 11 Like, if I took 2010 on the chart
 12 here and they were both equal -- okay? -- if they
 13 were both equal, then what I'm assuming is
 14 everything worked in the formula perfectly, and
 15 you're using a 90 percent target; right?
 16 MR. AGBODO: Yes.
 17 MR. PHILLIPPE: Then that would mean
 18 that, if every bed was in service, then all
 19 The -- on average, it would be running 90 percent
 20 census across the state.
 21 UNIDENTIFIED: Right.
 22 MR. MITCHELL: Yeah.
 23 MR. PHILLIPPE: However, say, if 5
 24 percent of the beds are not in service, then,

Page 44

1 practically speaking, we're running -- you're
 2 actually running 95 percent of the beds that are
 3 set up. And so to account for that, we either
 4 have to use a lower census target, 90 percent, or
 5 do something to -- to grow the need. Does that
 6 make sense? Is that what's happening?
 7 MR. KNIERY: Mike, this is John
 8 Kniery.
 9 You're never -- with the way it's set
 10 up, if it was a perfect world, you would always
 11 see the projected as 10 percent higher. You'd
 12 never see them below.
 13 So I think to show a need -- I don't
 14 think it's -- you know, that's the objective. I
 15 think the objective is to project the appropriate
 16 patient days from the most current base year
 17 forward over a population. So I guess I'm not
 18 following -- I'm not quite following your -- what
 19 you're trying to --
 20 MR. PHILLIPPE: So actually -- this
 21 is Tim Phillippe again.
 22 What I'm saying is just what you
 23 said. You said, if you used the 90 percent
 24 formula, then the projection's going to have to

Page 45

1 be more; right?
 2 MR. KNIERY: It's all -- yeah.
 3 MR. PHILLIPPE: Because you're
 4 accounting for that 10 percent. Okay. However,
 5 if the true beds available are not what we have
 6 here, they're actually -- beds in service are 5
 7 percent smaller, then, really, to get -- it
 8 affects the availability; right? So the true
 9 census actually out there, in terms of set-up
 10 beds, would be running a much higher number.
 11 That's what I'm trying to get to.
 12 So, anyway, that's okay. Maybe I
 13 don't understand it well enough to even ask a
 14 question about it.
 15 MR. CORPSTEIN: Paul Corpstein.
 16 So what you're saying is that the
 17 beds that are not in service but may be on the
 18 license -- so they have a hundred beds on their
 19 license, but they're only using 80 of them. So
 20 we would count only 85 of those beds. Those 15
 21 would just be taken off, and that would increase
 22 the amount of -- that would increase the
 23 occupancy. So basing it on, like, a 10 percent
 24 over what their actual occupancy is and not on

Page 46

1 their actual number of beds that they have.
 2 MR. PHILLIPPE: Right. So I'm --
 3 This is Tim.
 4 I'm not proposing how we should
 5 answer the question. But what I'm doing is going
 6 back to Mike's comment that it really assumes the
 7 beds are all in service the way we're using it,
 8 and they're not.
 9 So there could be a need in a
 10 community even though the formula wouldn't show a
 11 need because there's lot of beds out of service.
 12 MR. CORPSTEIN: Right. And the beds
 13 out of service is where they get the 72 or 75
 14 percent based on HFS data and stuff that I
 15 determine type of stuff. So that's why we're at
 16 the 75 instead of 90 because they're carrying
 17 extra beds.
 18 MR. PHILLIPPE: Okay.
 19 MR. CORPSTEIN: And -- I mean,
 20 whether they're in use or not. So whether
 21 they're set up or --
 22 MR. KNIERY: That's almost a separate
 23 issue, Mike, isn't it? Mike Mitchell? That's
 24 almost a separate issue than the bed need

Page 47

1 calculation itself. We're almost talking two
 2 different things with set-up beds because the
 3 calculation -- and, hopefully, if they have a
 4 lower use rate, that's going to project forward,
 5 if it's done consistently. That will be, I
 6 guess, processed if things keep -- you know, are
 7 updated consistently every two years, hopefully
 8 sooner than that, but --
 9 MR. AGBODO: So I would like to come
 10 back to the formula, and how we actually
 11 calculate the use rates. Like Mike said, we
 12 actually use the previous use rates as the
 13 base -- I mean, the base year use rates, and then
 14 with 60 to 160 percent rules, we adjust that use
 15 rate to have the projected use rates, and we
 16 multiply the population projection to -- with
 17 that number to get our denominator for, you know,
 18 this comparison.
 19 So by doing that -- and I'm
 20 correcting my statement again. By doing that we
 21 don't use the licensed beds. So -- so if we are
 22 in the perfect world where the actual and the
 23 projected match, we will still have 10 percent --
 24 10 percent of beds that -- actually 10 percent of

Page 48

1 the bed that the 90 percent occupancy assumption
 2 gives will be used then, which will not be, you
 3 know, possible because that can only happen if
 4 there's, you know, overuse -- overuse of the
 5 facility capacity.
 6 So we will always project more than
 7 the actual use unless something, you know, happen
 8 that was not, you know, seen before. So just to
 9 rectify what I said, you know, about the formula.
 10 So if you may allow, I will continue
 11 with the presentation. On page 20, here -- we
 12 actually provide here the actual patient days use
 13 rates at the state level from 2003 to 2013. So
 14 if you see the last line, Illinois, on average,
 15 we'll say 78 percent of -- this based on licensed
 16 bed, by the way. So different from the graphic
 17 that I -- you know, we already comment.
 18 So 78 percent of licensed beds are
 19 being used. That's what this table are telling
 20 us at a state level, an average. You know, on
 21 average, 78 percent of licensed beds are being
 22 used.
 23 And from 2003 to 2013, the use rate
 24 of licensed bed has increased about 4 percent --

Page 49

1 has been decreased. I'm sorry. There's a
 2 decrease of 4 percent. And if you go into the
 3 HSAs, HSA 11 has the highest decrease, 13
 4 percent, and HSA 9, in contrast, shows an
 5 increase of 4.7 percent.
 6 On page 21, we are now analyzing the
 7 patient days data at health planning area. So
 8 before it was at state level, then HSA level, and
 9 this one is at health planning area level.
 10 So 2008. We know that we have 95
 11 health planning areas in this state. So out of
 12 95 percent -- out of 95 HPAs, 59 in 2010 -- 2000,
 13 I'm sorry. 59 did not meet their projected
 14 numbers. They are below their projected number,
 15 and only 36 were over the projected number.
 16 So if you go down to 2008, 87 were
 17 below the projected number, and eight -- only
 18 eight were over the projected number.
 19 So actually provide a graph -- I
 20 mean, a map -- the state map on that figure to
 21 show how this situation is distributed in the
 22 states. So the red areas use more beds --
 23 patient days that was projected for -- than what
 24 was projected for them, and the gray area were

Page 50

1 below the number that was projected for them. So
 2 this clearly shows allocation issues between the
 3 areas, the health planning areas.
 4 So the total number we project for
 5 the state -- it's good enough, but when we come
 6 down to distributing that total number between
 7 the health planning area, some area get more than
 8 it needs, some area get less than it needs. And
 9 I think that's the main issue that we need to
 10 address here.
 11 And for that I think we will need to
 12 optimizing the bed need allocation between the
 13 health planning area. So the first thing I'm
 14 targeting is the 60 to 160 percent rules because
 15 that's the rule -- or the assumption that
 16 distribute the beds among the health planning
 17 area.
 18 So the first questions I would like
 19 to investigate is, is there a correlation between
 20 the use rates changes and being below projected
 21 patient days numbers?
 22 The next one is, is there a
 23 correlation between use rate changes and being
 24 below projected patient days number with respect

Page 51

1 to each age group?
 2 And the third one is, is there a
 3 correlation between having the average calculated
 4 use rates higher than or lower than the selected
 5 use rates -- that when we use the 60 to 160
 6 percent rule -- and below -- and being below
 7 projected patient days?
 8 So one way to do that is to increase
 9 the flexibility of the methodology, but if you do
 10 that, you have to --
 11 Are you on mute?
 12 MR. DART: Yeah, they muted.
 13 UNIDENTIFIED: Still hear you,
 14 though.
 15 MR. AGBODO: They can hear me?
 16 UNIDENTIFIED: Yes. We can still
 17 hear you, but we're on mute.
 18 MR. AGBODO: Okay. So to do that, to
 19 make the methodology flexible, okay, and, you
 20 know, have a better allocations of beds between
 21 the health planning area, we have three, I will
 22 say, proposal.
 23 The first one is to use a fixed
 24 ratio. I think that was from a Bill Bell

Page 52

1 communication.
 2 And another one that I was thinking
 3 about is to use the historical use rates. So the
 4 60 to 160 percent rules may not be applied.
 5 And the third one is to find
 6 allocation factor through a modeling. So, you
 7 know, put everything back to -- to zero and try
 8 to re-evaluate parameters. That will allow for a
 9 better allocation of bed between the health
 10 planning area.
 11 So this graph on page 24 show, you
 12 know, the total -- the total error will be, you
 13 know, the difference between the projected and
 14 the actual; right? So if you -- if we consider
 15 more variable in the methodology -- okay? Let's
 16 say that we want to introduce patient origin
 17 variable. This will make the methodology more
 18 complex, and the error due to bias will increase.
 19 So it mean that, you know, the projected value
 20 compared to the actual value will be so
 21 different. I mean, the gap will be big. And so
 22 the bias will increase. However, the variance
 23 will -- will decrease, meaning that if you
 24 project for two different year, the difference

Page 53

1 between those two year may not be that big, but
 2 when you compare the projected to the actual
 3 value, the difference might be bigger. So that's
 4 the trade off, between, you know, bias and
 5 variance.
 6 So having -- having the control over
 7 the population projection methodology like I
 8 suggested will help to monitor this issue much
 9 better. If you are buying that data from a
 10 vendor, they are not going to work on this for
 11 you on yearly basis unless you have more money
 12 for them.
 13 So on page 25, we present here the
 14 health planning areas' average projected and
 15 actual use rates for 2010, and the green line is
 16 the actual use rates. The red is the projected
 17 use rates. So the use rates -- as you can see,
 18 the use rates vary -- vary widely. There's, you
 19 know, big spikes, you know, and up and downs. So
 20 the average actual use rates range between 26.4
 21 beds per thousand population and 1.2 bed by per
 22 thousand population. So, on average, projected
 23 use rates is very close to the bed use rate, and
 24 this is the total numbers at the state level.

Page 54

1 Okay.
 2 We can see some significant
 3 deviancies between -- for some health planning
 4 area. For example, I think this is Ford and --
 5 Ford. You have -- the actual is way beyond the
 6 projected. But, you know, at the state level it
 7 looks like the formula is doing very well.
 8 Actually, we have seen that is overprojection
 9 number of bed for the state. The formula is --
 10 so it's doing very well at the state level.
 11 So on page 26, we have projected and
 12 actual use rates for age group zero to 64. Here
 13 you can see that the significant -- there's a
 14 significant gap between projected and actual use
 15 rates. Again, the use rate here -- the projected
 16 is the red, and the actual is green; right? So
 17 the line -- you know, the linear estimate shows
 18 that the actual is higher than projected, and
 19 this, you know, for this age group is kind of
 20 strange, but that's what the data showed.
 21 And on page 27, you have -- actually,
 22 the projected is higher than the actual. So this
 23 is age group -- age group 65 to 74.
 24 And the last one, 75 and plus, you

Page 55

1 also have the same thing. The projected is
 2 higher than the actual.
 3 So the next graph on page 29 compares
 4 the projected use rates, actual use rates with a
 5 fixed use rates of 50 beds per thousand
 6 population. So the black line, straight line, is
 7 the fixed use rate. So the variance between
 8 fixed use rates and the actual use rate is huge.
 9 You can see that. You know, just one line cannot
 10 summarize all those up and downs. So would be
 11 very strange to use a fixed use rate for the
 12 State of Illinois.
 13 So I'm going to wrap it up quickly
 14 to, you know, summarize the findings. So by
 15 doing all this analysis we have found that the
 16 bed need methodology projects number of patient
 17 days -- therefore, number of beds -- higher than
 18 the number actually used at the state level.
 19 Allocation of total projected patient
 20 days between health planning area is not optimal.
 21 So some area have more than they need, and other
 22 have less than they need. And that for me is the
 23 main issue. So the issue is not about the total
 24 beds projected for the state, but it's how we

Page 56

1 allocate the projected bed between the health
 2 planning areas.
 3 And the total patient days'
 4 absorption is decreasing. We have seen that.
 5 And projected use rates trend higher
 6 than actual use rates for age groups 65-74 and 75
 7 plus, except zero to 64 where we have seen that
 8 the actual was higher than the projected.
 9 So higher projected use rates and
 10 population growth -- like I say, I have not
 11 evaluated this, but those two explain higher
 12 projected patient days compared to the actual
 13 patient days.
 14 So use rates for each age group vary
 15 significantly between health planning areas,
 16 okay, and planning areas' use rates may not be
 17 well projected by a fixed ratio or a linear
 18 model.
 19 The variability observed between
 20 projected and actual use rates may be related to
 21 the assumption built into the methodology and
 22 especially the 60 to 160 percent adjustment rule.
 23 So a quick note on the data quality.
 24 Like I said, there's -- there are no good or bad

Page 57

1 population estimate until census numbers comes
 2 out for the same year. For example, 2010 census
 3 and 2010 projection can be compared and see the
 4 gap. That's how you know if your methodology is
 5 doing a good job or not. So the census counts
 6 are the gold standard for comparison when it come
 7 to population data.
 8 We will be using our own population
 9 projection and estimates. The methodology --
 10 which is called administrative record because it
 11 use administrative records -- was tested against
 12 census counts and proven reliable for producing
 13 Illinois county population projection. So the
 14 mean average error -- the mean average error
 15 found between the census count and the projection
 16 for 2010 was only 1.92. I mean, if the mean
 17 average is zero, that's the best. That mean
 18 perfect match. But 1.92 is actually very low.
 19 So that study was published by the state
 20 demographer, Mohammed Shahidulla and Mark Flotow
 21 in 2005. I have the publication available for
 22 anybody who want to take a look.
 23 So the number of licensed beds are
 24 exact number. So that number is not questionable

Page 58

1 because can be -- that can be verified with IDPH.
 2 The patient days are based on an
 3 entire calendar year admission. So trend
 4 analysis of this data does not show any
 5 abnormality.
 6 From 2012, data collected through
 7 HFSRB annual survey undergo a thorough data
 8 validation process where we actually follow up on
 9 every issue and document them.
 10 So in recommendation, I recommend
 11 that, you know, predictive modeling to redefine
 12 use rate allocation factor be conducted, and by
 13 doing that, we will have to see -- to analyze the
 14 variability between the actual use rate and the
 15 base use rate. Also analyze the variability
 16 between predicted and actual patient day due to
 17 population data. Like I said, 2000 data was
 18 evaluated. So we now have 2010. We can do the
 19 same evaluation and maybe go back and do 1990.
 20 So those are the census years, and we can do the
 21 same analysis to see if the methodology we are
 22 using -- it's giving us less error.
 23 So the estimate -- the maximum and
 24 the minimum value for health planning area use

Page 59

1 rates has to be re-evaluated. I'm talking about
 2 the 60 and 160 percent.
 3 And, also, we might introduce patient
 4 origin variable into the methodology. Like I
 5 said, that may increase the bias. So, you know,
 6 the actual and projected number might -- you
 7 know, the different might increase between those
 8 two values, but if we have a control over the
 9 methodology, we can have adjustment for that.
 10 So in conclusion, the analysis of the
 11 components of the bed need methodology shows that
 12 there are no significant deficiency in the
 13 structure of the formula. So that formula is a
 14 standard practice. So I don't really see any
 15 change to the formula.
 16 Input data are less likely to be
 17 biased -- like, the population data, the patient
 18 days for the whole year, and the -- the licensed
 19 beds are published numbers, and, you know, we'll
 20 have more control over that. So there's no --
 21 for me there's no big question about the data.
 22 And assump -- it's the assumptions
 23 that might be outdated and need to be
 24 re-evaluated. So we don't know how they come up

Page 60

1 with the 90 percent, 60 percent, 160 percent
 2 rules; so -- but we know that the 90 percent
 3 occupancy rates ensure 10 percent extra beds for
 4 unpredicted circumstances. 60 to 160 percent
 5 adjustment rule is to ensure equilibrated
 6 repartition of beds within each health service
 7 area. So these objectives should be re-evaluated
 8 using collected data over the last 40 years of
 9 the existence of the CON program.
 10 So I would like to thank you for your
 11 attention. Now, like I said, Mike and I can have
 12 the questions and try to answer them.
 13 MR. FOLEY: This is Charles Foley.
 14 Nelson, first of all, I think we need
 15 to thank you immensely for this detailed study.
 16 Obviously, you put a lot of time, thought, and
 17 effort into the process, and for that I
 18 personally wish to thank you.
 19 MR. AGBODO: I appreciate that.
 20 MR. FOLEY: I agree with probably 90
 21 percent of what you said today. I will not go
 22 over the 10 percent because I don't think it's
 23 important at this point in time because I believe
 24 that you are still working on it, and hopefully

Page 61

1 some of these issues that you have identified can
 2 in fact/will in fact be worked out in the future.
 3 So, once again, I just want to thank
 4 you for your -- for your time and efforts between
 5 you and all of those others in the department
 6 that assisted you in this process.
 7 MR. AGBODO: Thank you.
 8 MS. AVERY: What room are you guys
 9 in? I need to send a sign-in sheet up to you and
 10 Bonnie can't find you.
 11 MR. DART: We're in the conference
 12 room on the fourth floor.
 13 UNIDENTIFIED: 535 Jefferson.
 14 MR. DART: Fourth floor, 535.
 15 MS. AVERY: Okay. All right. Go
 16 ahead with questions. Thank you.
 17 MS. O'DEA EVANS: This is Pat O'Dea
 18 Evans.
 19 I also -- Nelson and also the whole
 20 team that helped you with this, I think this is
 21 crucial information for us to have, and I think,
 22 you know, it's too bad we're just getting this
 23 now because I think we had a lot of questions,
 24 and I think this is something that helps clarify

Page 62

1 quite a bit of debate that we had over many
 2 issues that was obviously unnecessary debate.
 3 But I think we need to, you know,
 4 look at how we deal with the fact that there are
 5 obviously areas that have need and other -- you
 6 know, that, you know, are underserved, and I
 7 don't think we've really addressed that.
 8 CHAIRMAN WAXMAN: Mr. Foley.
 9 MR. FOLEY: Nelson, I guess some
 10 other areas of concerns that I would like to ask
 11 is, obviously, a lot of this information, in
 12 terms of bed need and the methodology itself, we
 13 are, in fact -- and this is -- you know, our
 14 problem is that we are showing a lot of empty
 15 beds. What are we doing in terms of looking at
 16 the total picture in long-term care? It looks
 17 like we just got part of the problem here, and
 18 that is the issue just with long-term care
 19 facilities.
 20 But what about those patient days of
 21 care that are being rendered and could be
 22 classified as nursing -- when I say "nursing," I
 23 mean, like, at the ICF level -- in our assisted
 24 living facilities and supported living

Page 63

1 facilities? And we even also have people
 2 residing at home getting nursing care. All of
 3 these factors affect, you know, the bed need.
 4 Are we doing anything at all to try to
 5 incorporate home health care, assisted living,
 6 supported living into our methodology in the
 7 future?
 8 MR. AGBODO: From my opinion, I will
 9 say, if we include those parameters, the bed need
 10 projection will go down because.
 11 UNIDENTIFIED: A lot.
 12 MR. AGBODO: Yes. Yes. Because then
 13 the pattern will have to follow the use rate
 14 which is going down. And I don't know if we have
 15 data actually on those item to incorporate that
 16 in the formula. I don't know if Mike had to add
 17 something to that. I don't know if we have data
 18 for that. But, you know, like I said, the use
 19 rates show that patient are going somewhere else.
 20 If we want to incorporate that in the formula,
 21 the projections -- the bed need projection will
 22 go down as well.
 23 CHAIRMAN WAXMAN: This is Mike
 24 Waxman.

Page 64

1 Again, I think that issue -- again,
 2 as Pat alluded to, this information should have
 3 been out -- you know, would have been helpful out
 4 earlier. However, the same issue that Chuck is
 5 raising, we've been talking about the day we
 6 started this committee -- is that we all are
 7 aware that there are many assisted living
 8 residents that really truly need skilled care and
 9 they're not -- they're not getting it for
 10 whatever reason.
 11 However, unless and until this
 12 committee or the Motherboard is able to suggest
 13 that assisted living and supported living become
 14 part of our database, we're going to be trying to
 15 figure out that issue for -- from now until
 16 Kingdom come.
 17 MR. FOLEY: Of course, the problem
 18 with that, Mr. Chairman --
 19 I'm sorry. This is Charles Foley.
 20 The problem with that is that
 21 legislatively they're not in our control.
 22 CHAIRMAN WAXMAN: Correct. That's
 23 what --
 24 MR. FOLEY: And that's our biggest

Page 65

1 problem. So unless we get them under control by
 2 changing legislation so that we can include some
 3 of that data into our calculation so that we
 4 could have a truer total picture --
 5 CHAIRMAN WAXMAN: Totally agree with
 6 you.
 7 MR. FOLEY: -- you know, because now
 8 we just got part of the problem.
 9 CHAIRMAN WAXMAN: I think we all
 10 agree with you, and we've all said that in
 11 several --
 12 MR. FOLEY: And I guess it would be
 13 interesting to know -- Mr. Chairman, I think it
 14 would be interesting to know what the Motherboard
 15 themselves -- what they are thinking about in
 16 terms of long-term care. I mean, we've heard
 17 comments and statements out there that why have
 18 this bed need methodology when the Board is still
 19 approving projects anyway, especially in the
 20 areas where there's not a bed need.
 21 And, you know, I think in -- probably
 22 in defense of the Board, one has to realize that
 23 each and every single project that this planning
 24 Board receives is different. They are not the

Page 66

1 same, and that is why we have nine different
 2 minds, so to speak, sitting at the table making
 3 these very delicate, you know, decisions.
 4 So even though they may, in fact, be
 5 approving projects where there's not a bed need,
 6 it would be interesting to also know, again,
 7 their thinking. What do they see as the future
 8 in long-term care? We are acting as advisors, so
 9 to speak, to the Motherboard, but I think it
 10 would be interesting to know if we could -- gosh,
 11 it would be great if this whole community could
 12 sit down, you know, after a Board meeting
 13 sometime and sit and address the Board members
 14 just to see where they're coming from, what
 15 they're thinking, and what have you. That might
 16 help us, you know, to do our future planning as
 17 well.
 18 CHAIRMAN WAXMAN: My understanding
 19 was that Dale Galassie was supposed to be on the
 20 phone.
 21 MS. AVERY: Yeah, but he has a
 22 special day today.
 23 CHAIRMAN WAXMAN: This is a special
 24 day. We're meeting.

Page 67

1 MS. AVERY: This is Courtney. Let
 2 me -- go ahead, Mr. Phillippe.
 3 CHAIRMAN WAXMAN: Tim, go ahead.
 4 MR. PHILLIPPE: Yeah, this is Tim
 5 Phillippe.
 6 I just want to -- sorry to go back a
 7 little bit, but it was hard to get in.
 8 But to kind of dispute what Mike, our
 9 chairman, said on one thing. I don't know if --
 10 if we think about public policy nationally, I
 11 don't think most people would agree that there's
 12 a lot of people in assisted living who should be
 13 in skilled nursing beds. I
 14 think the concept of where care should be
 15 provided -- whether it's at home, assisted
 16 living, supported living, clearly, or in
 17 long-term care facilities -- I think the public
 18 policy from a higher level is changing and is
 19 certainly changing even with managed care's part
 20 of that coming into the state and also
 21 nationally.
 22 So there's a feeling by others that
 23 people can -- who had needs that would have been
 24 cared for in a long-term care facility ten years

Page 68

1 ago can get appropriate care today through a
 2 Medicaid waiver program at home, in assisted
 3 living, supported living. Now, we could all
 4 debate what we think is correct -- where a person
 5 should be based on their need -- but it seems to
 6 me it's very obvious that the population,
 7 citizens at a whole, believe that more of them
 8 can be taken care of adequately outside of a
 9 long-term care facility. And there's certain
 10 federal policymakers who agree with that, and
 11 they are pushing that trend.
 12 And it's affecting our use -- and
 13 it's affecting our use, and it's going to
 14 continue to affect the use as more and more
 15 options are available for people outside of a
 16 facility setting.
 17 CHAIRMAN WAXMAN: I don't disagree
 18 with you at all, and I think that we all are
 19 aware of the trend to care for people in the
 20 least restrictive and home environment.
 21 I guess what I respond to is when I
 22 walk into assisted living and I see those cases
 23 that clearly need skilled nursing and they're not
 24 getting it. I guess it's the exception that

Page 69

1 bothers me more than anything else.
 2 But I agree with your philosophy, and
 3 the philosophy that you are talking about is
 4 absolutely true. And, of course, there's a cost
 5 attached to being in a least restrictive
 6 environment also.
 7 So I agree with you, but what bothers
 8 me more than anything else is to walk through
 9 assisted living buildings and look at people
 10 who -- being non-clinical, but I've been in this
 11 business for a lot of years -- know that skilled
 12 services probably would help them.
 13 Pat.
 14 MS. O'DEA EVANS: I do want to -- I
 15 do want to remind us that, you know, both
 16 assisted living and the supported living are
 17 licensed health care entities, and they have
 18 specific requirements that prevent them from
 19 being used as skilled sites. I mean, there's
 20 specific requirements in our license. So, you
 21 know, we are -- there is oversight there.
 22 You know, we -- we are going to have
 23 a trend where there's less days in skilled care.
 24 Medicare care is pushing that. Payers are

Page 70

1 pushing that. Network -- complete networks are
 2 pushing that. So I think it's -- you know, I
 3 don't think assisted living or supported living
 4 is going away, and it's likely to grow.
 5 I think it is a little frustrating
 6 that, you know, we don't really have a handle on
 7 what that book of business per se is and how it
 8 relates to our mission here. I think that's
 9 the -- that's really kind of the frustration
 10 piece -- is that there's not a good integration
 11 of everybody.
 12 CHAIRMAN WAXMAN: I agree with you.
 13 John, I saw your hand and never got
 14 back to you.
 15 MR. FLORINA: Well, I don't want to
 16 reiterate what's been covered. I had a question
 17 before Mr. Foley had spoke.
 18 But, first off, thank you, Nelson,
 19 for the detailed analysis of the information so
 20 we better understand the factors that go into the
 21 whole process here.
 22 But the obvious question I had is you
 23 showed data of the population growing for those
 24 over age 60. At the same time, you showed the

Page 71

1 utilization rates for nursing home care --
 2 because that's all we're reviewing -- is nursing
 3 home beds -- nursing home beds declining. The
 4 actual occupancy data shows that there's less
 5 days of care being provided than what's being
 6 projected.
 7 So as accurate as the methodology is
 8 designed, the data that we're putting into it
 9 makes a difference. And if we are going to help
 10 regulate the number of beds that are being
 11 provided, it's hard to do that if we exclude
 12 those factors -- meaning non-nursing home
 13 options -- that are being utilized to provide
 14 services for long-term care, but at the same time
 15 using the same system, whether it's the formula
 16 or the inputs, to arrive at our -- how many beds
 17 are needed.
 18 So if we continue down this trail, it
 19 appears that we're constantly hitting our heads
 20 against the wall about saying we have excess beds
 21 everywhere, but we're not in any way
 22 acknowledging how that's being created by
 23 eliminating or leaving outside of the picture
 24 these non-nursing home placements.

Page 72

1 So whether it's assisted living or
 2 home care or whatever else it may be, we're going
 3 to have this discrepancy in our use versus our
 4 projections until we somehow include it in the
 5 process, whether it's a change to the data that
 6 you use, what percentages that you use. That's
 7 what I was getting to, and it was already
 8 addressed, but hopefully it gave a little more
 9 clarification.
 10 CHAIRMAN WAXMAN: Alan.
 11 MR. GAFFNER: Thank you, Mr.
 12 Chairman.
 13 I believe what was said -- and I
 14 can't remember whose phrase, but it's the
 15 important one relative to the impact that
 16 assisted living and supported living have had --
 17 "appropriate setting for care."
 18 And as I talk to my colleagues, they
 19 report continual clinical cases where AL and SL
 20 residents find themselves in the acute care
 21 hospital setting or admitted directly to the
 22 long-term care setting because they were not
 23 properly addressed in the AL/SL setting.
 24 I agree that the consumer model is

Page 73

1 going to continue to want AL and SL. They're not
 2 going away. Nor should they. But this term is
 3 used -- and let's all admit it -- in both
 4 locations. Our colleagues -- and it's an
 5 appropriate term. They are unlicensed nursing
 6 homes. They are licensed for AL and SL, but they
 7 are not licensed for skilled care, and that level
 8 of care is increasing in inappropriate settings.
 9 And it costs the federal government when they're
 10 readmitted to an acute care setting. And I
 11 believe that we should keep that on our radar
 12 screen as we address these issues. Many of us
 13 offer all levels of that care. But let's not kid
 14 ourselves that, when they remain in those
 15 settings instead of going to skilled, that it
 16 impacts this occupancy.
 17 And then I have a quick question for
 18 Nelson, and I want to also add my thanks for the
 19 work, and thanks, Nelson, also, and I appreciate
 20 the agenda being set up where you could walk
 21 through it page by page because it answered a
 22 number of questions I had.
 23 I go back to what Tim and John were
 24 saying. I still believe that that 90 percent

Page 74

1 occupancy level does skew the overprojection and
 2 the underutilization. I don't know what the
 3 magic number is. Probably somewhere between 70,
 4 75, and maybe 85 percent. And that would still
 5 need to allow for a cushion, but that 90 percent
 6 level -- and help me if I'm -- if I'm commingling
 7 here, Nelson, but I believe, if that number was
 8 adjusted, that it would bring the projection
 9 graph and the use graph more closely in line.
 10 And I say that because I believe that is not
 11 accurately reflecting the need that exists in
 12 certain planning areas where beds could be
 13 considered approved by the Planning Board.
 14 MR. AGBODO: Yeah. My comment to
 15 that would be at the state level the use rates,
 16 when you consider the licensed bed, okay, 78
 17 percent, and the 90 percent should be compared to
 18 that. If the use rate at the state level goes
 19 close to 90 percent, then there's no more, you
 20 know, gap there. So that -- you know, there the
 21 90 percent might be re-evaluated. So for me at
 22 this stage, there's no need to change the 90
 23 percent. That me, you know.
 24 But now, if you go down to the health

Page 75

1 planning area -- I mean, you go in health service
 2 area and you look at the health planning areas, I
 3 think the allocation between the health planning
 4 area is not effective, and that is because of the
 5 60 to 160 percent rules. That one need to be
 6 re-evaluated.
 7 And like this -- the map -- the state
 8 map shows, in the Chicago area, they are using
 9 more patient days than has been projected for
 10 them. So by changing the 60 to 160 percent
 11 assumption to something that I don't know yet,
 12 I'm hoping to see beds migrating from the gray
 13 area to those red areas, and that will solve the
 14 problem. And that can even solve the 90 percent
 15 problem that we might see at health planning
 16 area. So, you know, that's what I think. I
 17 don't know if Mike, who manipulate actually the
 18 methodology, can add something to that.
 19 CHAIRMAN WAXMAN: Judy.
 20 MS. AMIANO: This is Judy Amiano.
 21 So, Nelson, I too would like to thank
 22 you. I think the document and your walk-through
 23 of it did a good job of bringing everyone to a
 24 common platform. So that is appreciated.

Page 76

1 I guess I would just like to have on
 2 the record that there's been a couple of
 3 statements in the room of "We all can agree"
 4 about care levels and those kinds of things. I
 5 think when we're all speaking we need to speak
 6 from our own place and not speak for the group
 7 because there's been things that I would disagree
 8 with that were put in the frame of "We would all
 9 agree" with this statement. So I would just like
 10 that on the record.
 11 And then I think that we should also
 12 have at the beginning of every meeting -- and
 13 perhaps we can go back to that place right now --
 14 what is the purpose of the subcommittee, what
 15 were we charged to do, because we tend to stray
 16 down a lot of variant paths, and we really need
 17 to stay laser focused on what our objective is
 18 and what boundaries we were given by the Board as
 19 a subcommittee of the Board. And so maybe a
 20 place for us to start -- and maybe Claire or
 21 Courtney could take us there now -- is what is it
 22 this group is supposed to be focusing on and what
 23 is our, you know, desired outcome, and, you know,
 24 let's stay on that path of how can we continue to

Page 77

1 migrate towards that end.
 2 MS. AVERY: This is Courtney.
 3 Basically, when the subcommittee
 4 was created with -- I think it was Senate Bill
 5 1905 -- it was charged with this group coming
 6 together to give recommendations for rule
 7 changes, trends in long-term care. So it's kind
 8 of vague. And then later there was legislation
 9 that was introduced for the bed sell and exchange
 10 program. So it's been kind of all over the
 11 place.
 12 The first goal was accomplished with
 13 the changes in the rules that were presented a
 14 couple years ago and then now in the
 15 Administrative Code. That piece of legislation
 16 came later. So it's kind of evolving.
 17 MS. AMIANO: And the bed --
 18 MS. AVERY: It's just legislative.
 19 MS. AMIANO: The bed need formula --
 20 the statute specifically says that that needs --
 21 you need to be making a recommendation by January
 22 1, 2017.
 23 MS. AVERY: The new one.
 24 MS. AMIANO: The new one.

Page 78

1 MS. AVERY: And then there was one
 2 other clarification that was in there that dealt
 3 with the correction of the inventory, and I don't
 4 want to use the wrong language, but it was to
 5 kind of look at used and unused beds. There was
 6 a piece in the Health Planning Act that also
 7 covers that, but that's more on the Board side.
 8 And because of lack of resources, we really don't
 9 have an accurate count in facilities what are the
 10 unused beds.
 11 CHAIRMAN WAXMAN: Judy, I think the
 12 word "trends" is what opens everything up, you
 13 know, into our discussions because, again, it --
 14 what I remember early on is that we're supposed
 15 to make sure that the rules and the regs and
 16 policies kind of follow the trends of what's
 17 going on in the industry, and I think that's kind
 18 of how we get down into some things that don't
 19 seem like they're mainstream all the time.
 20 MS. AVERY: This is Courtney.
 21 There was also a piece in Senate Bill
 22 1905 that made sure that long-term care wasn't
 23 being held -- I don't want to say accountable --
 24 wasn't looked upon the same as hospital-based

Page 79

1 long-term care facilities and acute care. So
 2 that's why we created that separate set of rules
 3 just for the long-term care industry.
 4 But it's always evolving and -- as
 5 you know, long term.
 6 CHAIRMAN WAXMAN: Judy, does that
 7 help you, or are you still feeling like we're --
 8 MS. AMIANO: Well, you know, from a
 9 personal feeling, we've been at this for a number
 10 of years, and I guess I'm just trying to figure
 11 out what -- what's the specific problem we're
 12 trying to solve and how are we making steps
 13 towards getting there, and so that we can feel
 14 like we're, you know, moving this forward as
 15 opposed to the inertia that we've had for some
 16 period of time. So, you know, now that, you
 17 know, 3510 is there and there's specific dates, I
 18 want to be mindful that we have an agenda that
 19 moves us to a place.
 20 MS. AVERY: And this is Courtney
 21 again.
 22 One of the stumbling blocks that I
 23 can say that we've all had as staff and
 24 frustration is that our inventory is not

Page 80

1 accurate, and it's not accurate because of the
 2 self-reporting data. And I've said time and time
 3 again, until we know what are the unused beds
 4 that are out there, we probably won't -- we'll
 5 struggle trying to accomplish a lot of these
 6 goals.
 7 MS. AMIANO: So my biggest question
 8 for Nelson after this presentation was, if the
 9 problem isn't the formula, then why does everyone
 10 have such heartburn? I mean, what are the ideas?
 11 You know, I mean, because this is very logical.
 12 It makes a whole lot of sense, and so -- but if
 13 this -- this has been what people have pointed
 14 their quivers at for a long time -- that the bed
 15 need formula is what's the problem. And if we're
 16 hearing, after a thorough analysis, that's not
 17 the problem, then what are some thoughts around
 18 that?
 19 MS. AVERY: And I'll ask that the
 20 industry address this back because we have a
 21 variety. We have larger, smaller, independent at
 22 the table, and I think one of the -- in my
 23 sidebar conversations with providers is that it's
 24 not a showing need, but their communities are

Page 81

1 dictating that they need beds, but our inventory
 2 doesn't show a need, which stops them from
 3 building new facilities or adding beds outside of
 4 the 10-10 rule.
 5 MS. AMIANO: Yeah. I mean, I will
 6 tell you from my -- or my company's experience
 7 is, you know, if you're running any kind of
 8 Medicare volume, it now takes two-and-a-half
 9 patients -- two-and-a-half admissions what used
 10 to be one admission because the length of stay
 11 has reduced so dramatically. So what used to be,
 12 you know, 25, 35, 40 days is 15 to 18 days today.
 13 And that's in that 2008 to 2000 -- or 2010 to
 14 2015 timeline. So you're seeing a lot more
 15 throughput. You might be seeing actually more
 16 residents than you were back then, but their
 17 lengths of stay are much, much shorter.
 18 So, you know, it is a very rapidly
 19 evolving system in terms of the bed utilization,
 20 at least in my -- I see you guy shaking your
 21 heads too -- you know, so from a provider
 22 perspective. So, you know, on any given day you
 23 always have beds because they're in, they're out,
 24 they're in, they're out.

Page 82

1 So, you know, the folks who are in
 2 the long-term care beds, you know, some of those
 3 folks have -- you know, because of the number of
 4 the initiatives across the state to get people to
 5 their least restrictive environment and to have
 6 been successful -- which "Hooray!" for those
 7 individuals who are able to be served in less
 8 restrictive environments -- and, you know, the
 9 level of community support programs that have
 10 been implemented over the years to address some
 11 of the needs.
 12 So, you know, I guess I'm just trying
 13 to wrap my head around where -- what are we
 14 trying to accomplish, you know, in a very
 15 succinct manner. I don't know if I'm feeling
 16 alone or not, but I --
 17 CHAIRMAN WAXMAN: I don't think
 18 you're alone. I think those of us, like -- you
 19 know, who have been here from day one, sitting in
 20 traffic for two-and-a-half hours, driving down
 21 here thinking "Why I am doing this? I've been
 22 doing this for two-and-a-half years, and what's
 23 going to accomplish today be any different?"
 24 But I think we are making process. I

Page 83

1 think the group has changed. There's been some
 2 new additions that are a lot more focused than
 3 some of the original players in the community. I
 4 think we have cleaned up some of the things that
 5 originally were done. We have created a new
 6 application solely for nursing homes and
 7 separated them from the hospital world. I think
 8 the conversations have become a lot more focused
 9 and intelligent because of the people who are in
 10 the room. That's my feeling.
 11 But, again, I think we've struggled
 12 with trying to get to a finished product because
 13 of so many things that we can't -- that we
 14 recognize we need and we can't get to. And I
 15 think that's part of the frustration.
 16 Mr. Foley.
 17 MR. FOLEY: I think that is our
 18 continuing problem.
 19 I'm sorry. This is Charles Foley.
 20 Our continuing problem is the number
 21 of empty beds that we have in the state, and as
 22 Courtney indicated, how do we identify, you know,
 23 those unused beds? What do we do with them? And
 24 that's what affects the bed need. That's why we

Page 84

1 have excess beds in the state.
 2 Illinois, I think, is blessed and
 3 truly blessed with having a lot of excellent,
 4 excellent care facilities in the state. Some
 5 beautiful facilities, may I add. But
 6 unfortunately we also have a lot of not-so-good
 7 facilities. Maybe not so good in terms -- I'm
 8 not going to speak of quality, but just maybe in
 9 terms of physical environment, or we have the
 10 product where we still have matchbox-type
 11 facilities, 200, 300 square feet per bed, small
 12 facilities. You know, the trend is changing.
 13 Everybody wants private rooms, you know. We
 14 still have yet today three- and four-bed wards
 15 that people don't want to go into.
 16 So we still have the continuing
 17 problem of empty beds. How do we account for
 18 them, as -- you know, as Courtney has been trying
 19 to get to us do for the last several years -- to
 20 identify all those empty beds. It's a continuing
 21 problem, and that's the major problem that we
 22 have not yet solved. And I don't know what the
 23 answer is yet.
 24 CHAIRMAN WAXMAN: Well, I think one

Page 85

1 of the things I heard Nelson say -- and, Nelson,
 2 correct me if I'm wrong -- is that on the state
 3 level the bed formula works perfectly. When it's
 4 being applied to individual planning areas,
 5 that's where the difficulty becomes.
 6 MR. AGBODO: Yes. That's --
 7 CHAIRMAN WAXMAN: Did you say
 8 something?
 9 MR. AGBODO: Yes. That's right.
 10 That's right. And I also think that the empty
 11 beds might be built up by the 90 percent rule,
 12 meaning that -- 90 percent rule gives ten extra
 13 beds. And for some area they're not using that,
 14 and by not using that, I mean, it goes to what we
 15 call, you know, empty beds. That's at the state
 16 level. But when you go down to the health
 17 planning area, that equation change because of
 18 the 60 to 160 percent rules. And, you know, the
 19 data show that evidence.
 20 MR. PHILLIPPE: Could I make a
 21 comment?
 22 CHAIRMAN WAXMAN: Sure. Tim, go
 23 ahead.
 24 MS. PHILLIPPE: This is Tim

Page 86

1 Phillippe.
 2 First, I guess I -- what I said
 3 before -- I'll say some of what I said before.
 4 The formula is great, and I'm glad we have great
 5 mathematicians to do this work rather than me
 6 because it kind of reminds me of graduate school,
 7 and I don't have fond memories of those
 8 statistics classes.
 9 However, first, the bed need formula
 10 is great by itself, but it would work if beds
 11 were gasoline, okay, because it assumes a bed is
 12 a commodity and it's the same everywhere. Right?
 13 And the need is fixed based on the commodity. So
 14 if we're working with gasoline, you know, you can
 15 use it. Gas is gas. Cars need gas. You can
 16 look at populations and miles per gallon and all
 17 that.
 18 One of the problems we have is what
 19 other people have said: It's not the same from
 20 bed to bed. And so the fact that it's different
 21 drives use. You know, I know this in my own
 22 experience, and I would bet it's true in some
 23 locations in the state where a number of new
 24 products have been built. When there's nice, new

Page 87

1 places to go that look more like assisted living,
 2 more people stay there and the use goes up. In
 3 locations where it's not as nice -- not because
 4 the people don't care about quality. Maybe it's
 5 just the way the building looks or where it's
 6 located -- then the use goes down.
 7 We have that issue that's always
 8 going to vary because, if you came in -- I
 9 believe personally, if you went into an area in
 10 some locations and you built new buildings, you
 11 would see the use go up. That's been my
 12 experience, and I imagine that's true. Because,
 13 in my own experience, when we built a new
 14 building that's what people want, what we find is
 15 they won't go home like we thought they should.
 16 You know, we were expecting them to go home, and
 17 they were fine staying there. They met the
 18 criteria. But in other settings they would
 19 choose to go home or assisted living or something
 20 different. So I think that varies.
 21 We also have the Medicaid issue that
 22 we always talk about that skews everything when
 23 that's the predominant payer for the number of
 24 people -- it's the majority of people being --

Page 88

1 with a payer that's -- some people would say it's
 2 not adequate for quality of care and a quality of
 3 building.
 4 Then to go to Judy's question, I do
 5 think our goals -- no offense to anybody here,
 6 but I think our goals are different in the room.
 7 They're not clear and unified. It's nice that
 8 you can accomplish something and you know what
 9 you're trying to do. I think some people and
 10 some organizations would like to see the ability
 11 to build new places or expand more for a variety
 12 of reasons. I think there's pressures in the
 13 state to not have any new building because they
 14 find census is a problem in their buildings, and
 15 they could be more efficient -- in some public
 16 policy perspective too, you would say we could be
 17 more efficient so the Medicaid rate maybe makes
 18 more sense if all the buildings were full.
 19 So I do think that as a group
 20 sometimes the conversation varies because we're
 21 not clear what we're trying to accomplish, you
 22 know. Some -- like me, I prefer, whatever we do,
 23 it be predictable. It's not so much I need beds
 24 or changes. I just want to be able to predict

Page 89

1 whatever you're doing, and I think some people
 2 are like me as providers. We just want to
 3 predict this is what's going to happened. If we
 4 invest this, we know it will have this kind of
 5 return for our product.
 6 So I do think it would be useful
 7 if we actually could come together on what we
 8 want -- what our goal is. Are we wanting new
 9 product? Some people want innovation, and the
 10 goal is actually to do things in the state policy
 11 -- public policy that would allow more innovative
 12 programs in more customer-oriented settings.
 13 CHAIRMAN WAXMAN: I think you're
 14 right.
 15 Mr. Foley.
 16 MR. FOLEY: You know, you're
 17 absolutely correct, you know. I mean, we've been
 18 trying to deal with this issue, obviously, for a
 19 long time. You know, again, we do have --
 20 Well, let me interject a comment
 21 first directly to you, Tim, on a personal
 22 experience, if I may for a second, please.
 23 I recently lost my dear, sweet
 24 mother-in-law who was residing in Tim's facility

Page 90

1 in Springfield, a Christian home facility.
 2 There's a prime example. Tim's facility offered
 3 superb care, and my family even put this out
 4 publicly on Facebook and what have you about the
 5 excellent care she received. However, the
 6 problem that we as family had at the facility was
 7 that she had to share a two-bed room which was
 8 the only thing that was available.
 9 The new addition that was built on
 10 the facility was indeed all private rooms, but
 11 that was for your short-term, Medicare,
 12 rehab-type patients, not for long-term care. The
 13 facility did, however, subsequently remove the
 14 other person out of the room which -- during the
 15 last final days of my mother-in-law, which gave
 16 us more comfort, but at the same time this is the
 17 private room environment that I believe that
 18 everybody wants, and this is what we're trying to
 19 achieve here in the industry, I believe. We have
 20 a lot of empty beds because we have a lot of
 21 these old facilities.
 22 And, Tim, you hit the magic word, I
 23 think -- "innovation." We need to get back on
 24 that track again. I think -- and, again, it goes

Page 91

1 back to what I said earlier -- what is it that
 2 the Motherboard really and truly wants? Do they
 3 want to see innovation? Do they want to see our
 4 existing facilities modernized? Should there be
 5 review criteria for modernization? We need to be
 6 careful. Just because they want to modernize,
 7 should they really modernize? Is the population
 8 growing in that area? If it's not, maybe they
 9 should not modernize. Why throw away good money?
 10 I don't know what those answers are, but I think
 11 we need to get back on track in terms of what
 12 we're doing.
 13 CHAIRMAN WAXMAN: Courtney, is it
 14 possible to invite Kathy Olson to our next
 15 meeting?
 16 MS. AVERY: Of course. I wrote that
 17 down.
 18 CHAIRMAN WAXMAN: Okay. For those of
 19 you that don't know, Kathy Olson is the chair of
 20 the Motherboard.
 21 MS. AVERY: And I'll just say real
 22 quick. Usually what you describe, Chuck, was
 23 that we as the family member of the person in a
 24 facility wants that single-room independence, and

Page 92

1 speaking from personal experience with a
 2 grandmother who is doing that, when we moved her,
 3 she stopped thriving. She was in a two- or
 4 three-bed room. We moved her and got her in a
 5 single room, and she declined. Moved her back,
 6 and she started to thrive again.
 7 So I think it's more of us. From my
 8 personal experience, it's, like, single room,
 9 single room, single room, but -- and when they
 10 can't communicate that, it becomes us wanting to
 11 make that choice because we don't want to go and
 12 sit around, and there are other people --
 13 families coming in the rooms or anything. My
 14 only problem was that it's a small room. It's
 15 not a family-centered room. But is it the best
 16 care for the patient to be in an independent
 17 single room, and I just wanted to throw that out
 18 there.
 19 CHAIRMAN WAXMAN: John.
 20 MR. FLORINA: Thank you. John
 21 Florina.
 22 Just to focus us back on where Judy's
 23 questions came up -- and this is my opinion. I'm
 24 not suggesting this is the whole group. But I

Page 93

1 don't think our business with the methodology is
 2 done. Okay. The methodology comprises -- I'll
 3 call it a formula, which we went through in
 4 detail. The formula utilizes data and different
 5 information in points along the way. Whether
 6 it's the 60 percent or 160 percent like Nelson
 7 suggested, that still has to be reviewed because
 8 the final product of this methodology is what's
 9 driving everything we're doing here. How many
 10 beds do we have? How many beds do we need? We
 11 don't know that.

12 So it's -- I'm telling you it's my
 13 opinion that we haven't finished our work in
 14 dealing with the methodology and changing those
 15 factors within it that need to be addressed.
 16 When we start with a methodology that is accurate
 17 that we all can agree on -- or hopefully agree
 18 on -- then we have a starting point to deal with
 19 the other issues that this subcommittee may need
 20 to deal with. But my involvement initially was
 21 to make sure that we're starting from the right
 22 point, and that's with a methodology that's
 23 usable, that meets the needs of the people of the
 24 state, and that's my opinion, but that's what I

Page 94

1 think is important.

2 CHAIRMAN WAXMAN: I think we all kind
 3 of come to that same conclusion, but we still got
 4 the basic problem of how many beds -- licensed
 5 beds are not in use, and I think until we can get
 6 a handle on that number, we can't do much more
 7 than what we've already done.

8 Judy.

9 MS. AMIANO: This is Judy Amiano.

10 I would make the recommendation,
 11 then, that a group of people who are good with
 12 numbers take a look at the input points or the
 13 data elements that go into the methodology and
 14 meet aside from this group and come back with
 15 recommendations of, you know, what each of those
 16 points look like and further ferret that out.

17 MR. FLORINA: I'll second that.

18 CHAIRMAN WAXMAN: Judy, were you
 19 actually making a motion?

20 MS. AMIANO: I was making a
 21 recommendation; so if you want it as a motion, it
 22 could become that.

23 CHAIRMAN WAXMAN: Since it has a
 24 second, I think it is a motion.

Page 95

1 MS. AVERY: And this is Courtney.
 2 So for lack of a better way to put
 3 it, I hate to even say workgroup or subcommittee
 4 again --

5 MS. AMIANO: Ad hoc group.

6 MS. AVERY: -- but -- ad hoc group,
 7 all the above. So maybe a methodology workgroup
 8 or something like that? Is that what you're
 9 describing?

10 MS. AMIANO: Yeah. I'm suggesting
 11 that people who have a competency in
 12 understanding data and elements, you know, work
 13 with Nelson -- you know, have Nelson be a part
 14 of the group -- talk about those data elements
 15 and -- because I think until people get some
 16 comfort level around that, we're not going to be
 17 able to move this forward. I'm all about taking
 18 it apart piece by piece, fixing it, putting it
 19 back together. All I'm recommending is, if
 20 people have problems with it, then let's figure
 21 that part out and keep it moving forward.

22 MS. AVERY: Okay.

23 CHAIRMAN WAXMAN: Okay. So we have a
 24 motion. We have a second.

Page 96

1 All in favor --
 2 Alan, I'll come back to you in a
 3 second.

4 All in favor?
 5 (Ayes heard.)

6 CHAIRMAN WAXMAN: Any opposed?
 7 (No response.)

8 CHAIRMAN WAXMAN: Okay. So we need
 9 to create, for lack of a better term, an ad hoc
 10 subcommittee, workgroup, all of the above.

11 Alan, you want to go?

12 MR. GAFFNER: Just that I --

13 CHAIRMAN WAXMAN: Chair? Do you want
 14 to be on it?

15 MR. GAFFNER: Only if deemed it could
 16 be helpful.

17 I really appreciate that because I
 18 just wanted to come back to -- and, John, you
 19 said it perfectly. As I read through the
 20 documents we had in preparation -- and I just
 21 skimmed through some of them while the discussion
 22 was underway -- I think there are areas
 23 referenced by those that submitted them that were
 24 not addressed in the breakdown that we just went

Page 97

1 through. And I don't mean that at all critically
 2 of Nelson's explanation. And even his findings
 3 indicate here are some other possibilities that
 4 could make a very significant difference.
 5 So I -- speaking for me, I believe
 6 that the exercise we went through in reviewing
 7 the 32 pages does not indicate that the formula
 8 is perfect or that it can't be improved or we
 9 shouldn't be focusing on it.
 10 So thank you for the authors of that
 11 motion and the second because I believe that
 12 still is the key to the ability of the Planning
 13 Board to make good decisions and for us to
 14 provide the facilities and the care throughout
 15 the community.
 16 Thank you.
 17 CHAIRMAN WAXMAN: I will go back to
 18 the two people that came up with this.
 19 Judy, do you want to be part of it?
 20 You've done an awful lot of work on --
 21 MS. AMIANO: No, I would not like to
 22 be part of it because I don't think that's one of
 23 my core competencies in terms of data, but I
 24 think people like Steve, you know, who works in

Page 98

1 data all the time. You know, I mean, this should
 2 be around "Do you have a core competency in
 3 understanding data and how it works?"
 4 MS. AVERY: And I kind of -- this is
 5 Courtney.
 6 I kind of came up with a list, but
 7 it's so male heavy.
 8 MS. HANDLER: You know what? I would
 9 do it. I would be glad to participate in it.
 10 CHAIRMAN WAXMAN: Steve, can I ask
 11 you to chair?
 12 MR. LAVENDA: You want to me to
 13 chair? Sure. Why not.
 14 CHAIRMAN WAXMAN: Okay. And then
 15 according to the bylaws, you really get to pick
 16 the rest of the people.
 17 MS. AVERY: Can I make suggestions?
 18 Okay. I --
 19 CHAIRMAN WAXMAN: Anyone who wants to
 20 volunteer can put their name out there.
 21 MR. MORADO: And it actually does
 22 need to be by a vote that he's appointed chair.
 23 CHAIRMAN WAXMAN: I just voted for
 24 him.

Page 99

1 COURT REPORTER: All right. We're
 2 getting out of hand up there. You're just
 3 talking amongst yourselves.
 4 MR. MORADO: This is Juan Morado. We
 5 do need to take a vote appointing the chairman.
 6 The subcommittee needs to vote on that. So if
 7 someone wants to make a motion to that effect.
 8 The second, we can --
 9 MR. PHILLIPPE: So moved.
 10 CHAIRMAN WAXMAN: Okay. We have a
 11 motion. Need a second to the motion that Steve
 12 be chair.
 13 MS. AMIANO: This is Judy Amiano.
 14 I would second.
 15 CHAIRMAN WAXMAN: Okay. All in
 16 favor?
 17 (Ayes heard.)
 18 CHAIRMAN WAXMAN: Opposed?
 19 (No response.)
 20 CHAIRMAN WAXMAN: Okay. So Steve has
 21 been duly elected as chair of whatever it is
 22 we're going to call this.
 23 Courtney, has some suggestions as to
 24 who should be there.

Page 100

1 I also would say anyone who wants to
 2 volunteer --
 3 MS. AVERY: It's always open. Of
 4 course, staff, Nelson, and I didn't talk with
 5 Bill or Mike Mitchell about this, but Mike
 6 Mitchell or whoever else from IDPH will be a good
 7 representation. I know Bill Bell has some
 8 experience with it and will cover one of the
 9 associations. I'm not sure which association
 10 John represents, but I thought of John. Maybe
 11 Charles Foley, Steve, and Carolyn.
 12 MS. AMIANO: I'm not suggesting that
 13 there has to be someone from every association.
 14 MS. AVERY: Well, I'm trying to head
 15 off any issues. That lady on the phone will be
 16 after me.
 17 MS. AVERY: It is a workgroup to
 18 bring recommendations. This board holds the
 19 power over what happens with that. So, you know,
 20 I think it needs to be people who can address and
 21 deal with the problem.
 22 MS. AVERY: Well, I know John has
 23 that background.
 24 MR. FLORINA: I'll be glad to

Page 101

1 participate, but I'm not representing any one
 2 particular organization.
 3 MS. AVERY: Okay. So I can drop that
 4 part if we all agree that we won't have a
 5 backlash that this was heavy this, heavy that,
 6 this one didn't have representation. And there's
 7 always the open possibility to submit any written
 8 comments and give feedback and attend, and I know
 9 that's one of your pet peeves, Judy, because it
 10 seems to be, when there's a five-member committee
 11 or workgroup, it's 30 people that participate.
 12 So we'll try to limit that.
 13 Anyone else?
 14 MS. CUNNINGHAM: Yeah. This is Kelly
 15 Cunningham from the Medicaid agency. Sorry. I
 16 was a little late this morning, and I missed
 17 introductions.
 18 I just wanted to volunteer to
 19 participate. I know that Minimum Data Set, MDS
 20 data, is one of the inputs for patient days. We
 21 do have some expertise in that area within
 22 Medicaid, and so I would be happy to make sure
 23 that we're represented to help talk through
 24 whatever questions might arise.

Page 102

1 MS. AVERY: Great. Thank you.
 2 CHAIRMAN WAXMAN: Okay. So we got
 3 John. We got Steve. We got Carolyn, Kelly. Who
 4 else?
 5 MS. AMIANO: I thought you said Bill
 6 Bell.
 7 MS. AVERY: Oh, I did. Bill, what's
 8 you're feedback? Bill Bell.
 9 MR. BELL: I am no mathematician. I
 10 will help out any way I can. I can't even spell
 11 statistics, you know, so -- but I will try.
 12 MS. AVERY: We'll attack you for
 13 feedback.
 14 MR. BELL: Okay.
 15 MR. GAFFNER: And I think you said
 16 Charles.
 17 MS. AVERY: Oh. What is your
 18 thoughts --
 19 CHAIRMAN WAXMAN: Charles, did you
 20 want to be on it?
 21 MS. AVERY: Can you contribute?
 22 MR. FOLEY: If I could help, I'd be
 23 more than glad --
 24 MS. AVERY: We'll use you for

Page 103

1 advisory.
 2 MR. GAFFNER: Well, I think that
 3 would be very appropriate. They had authored --
 4 their organization with their data person -- the
 5 white paper. So I think that would be
 6 appropriate.
 7 And that is Alan Gaffner.
 8 And, Courtney, I just want to add I
 9 appreciate your sensitivity, and I view that as
 10 important to the representation of all groups
 11 because just since I've been here since November,
 12 I think we lost some time regarding getting to
 13 even the point we are now in the bed buy/sell
 14 program because it did not have involvement from
 15 all the associations. So I thank you for your
 16 sensitivity.
 17 MS. AVERY: You're welcome.
 18 So one, two, three, four, five.
 19 CHAIRMAN WAXMAN: (Inaudible) open
 20 meeting.
 21 MR. MORADO: I was going to say that.
 22 This is Juan Morado.
 23 We can have this many members. That
 24 will be fine. We probably need to make the calls

Page 104

1 open and just post them.
 2 MS. AVERY: Okay.
 3 MR. FLORINA: Question. Florina.
 4 Are we assuming that Nelson is part
 5 of this?
 6 MS. AVERY: We are.
 7 CHAIRMAN WAXMAN: We are.
 8 MR. FLORINA: I didn't hear his name.
 9 MS. AVERY: We are. Nelson and Mike
 10 Mitchell.
 11 MS. CREDILLE: This is Cece Credille
 12 with IHCA.
 13 You know, we were asked to submit
 14 some feedback and et cetera before the meeting,
 15 and so what IHCA has put forward is actually
 16 talking about Ohio's bed need formula, which is
 17 very simplified. It does not rely on at all the
 18 occupancy issue and licensed and unlicensed beds.
 19 It takes it off the table and simplifies it.
 20 So I would ask that this workgroup
 21 look at that as a model as well because we've
 22 analyzed this document -- which, Nelson, I, like
 23 the others, applaud you. The level of detail is
 24 fabulous and helped provide a sound

MEETING 6/17/2015

Page 105

1 understanding, I think, of what's going on in the
2 State of Illinois. But I would -- I'm where John
3 is. There's still other options and still
4 methodologies to discuss, but we -- we prepared
5 that, and I would ask that someone please
6 consider that.
7 MS. AVERY: And my next thought
8 was -- I don't think we moved off of number five
9 yet; right?
10 UNIDENTIFIED: We have not.
11 MS. AVERY: Okay.
12 -- was to go over and get feedback
13 from the associations. So their impact
14 statements that they sent in. So we just kind of
15 got a little off track there.
16 UNIDENTIFIED: Is that on the agenda?
17 MS. AVERY: It's kind of grouped in,
18 but it was sent out with the materials with
19 Nelson's presentation.
20 CHAIRMAN WAXMAN: There was a
21 statement from LeadingAge. I don't know if
22 someone wants to represent LeadingAge?
23 UNIDENTIFIED: Yeah. It's
24 self-explanatory.

Page 106

1 CHAIRMAN WAXMAN: Fine with me.
2 IHDA had a paper. Bill, do you want
3 to talk about that, or are you satisfied that
4 it's self-explanatory?
5 MR. BELL: I think Cece kind of
6 explained it. You know, it -- like I said, it's
7 pretty self-explanatory, pretty simple. Just
8 basically taking what -- and we've had a lot of
9 conversation about the Ohio program, and just
10 basically took theirs and how it would play into
11 Illinois. So it was just another option.
12 MR. GAFFNER: Question --
13 Alan Gaffner.
14 -- for Bill.
15 Bill, I think you based yours on --
16 was it 40 beds per thousand?
17 MS. CREDILLE: No. 50 -- 51 point
18 something.
19 MR. BELL: I think the national
20 average is 40.
21 MS. CREDILLE: So it's 51.
22 MR. GAFFNER: And the logic on that
23 number was --
24 MS. CREDILLE: 90 percent -- 90

Page 107

1 percent of utilized beds in Illinois --
2 MR. GAFFNER: Okay.
3 MS. CREDILLE: -- lands you at 51.
4 MR. GAFFNER: Okay. All right.
5 Thank you.
6 CHAIRMAN WAXMAN: Paul, you issued a
7 document. Do you want to discuss it with the
8 group?
9 MR. CORPSTEIN: I'm sorry. You're
10 referring to me?
11 CHAIRMAN WAXMAN: Yeah.
12 MR. CORPSTEIN: I think my comments
13 are pretty plain. I don't think there's any
14 ambiguity in any of that. I also think, with the
15 passage of 3510, my points are moot. So I'll
16 just let it stand. Thank you.
17 CHAIRMAN WAXMAN: Anyone else need
18 to --
19 MR. CASPER: Well, this is Bill
20 Casper.
21 I just have one question. Since,
22 Nelson, you've identified this 60 percent/160 as
23 an issue, my question is that where did that come
24 from? Is that some -- is that a statutory

Page 108

1 requirement? How did that evolve into the
2 bedrock of the bed need formula.
3 MR. AGBODO: Yes. It is a statutory
4 requirement, and I have the language here.
5 MR. CASPER: Okay. That was just my
6 question, though -- is this going to require
7 legislation to make those kinds of changes, and,
8 obviously, the answer is yes.
9 MR. BELL: Statutory or in the Code?
10 UNIDENTIFIED: In the Code. It's in
11 the Code.
12 MR. CASPER: It's what?
13 MR. BELL: It's just the Code. It's
14 just in rules. It's not in statute.
15 MR. CASPER: Okay. It's rules.
16 MS. AVERY: So we don't have to make
17 that change.
18 UNIDENTIFIED: We can change the
19 rules anytime.
20 MS. AVERY: Yeah.
21 MR. GAFFNER: Alan Gaffner.
22 I was just going to let the chairman
23 know, as I have kept both Courtney and Claire
24 informed, HCCI has not submitted any comments on

Page 109

1 the bed need formula yet, and I've apprised both
 2 of the staff regarding that. They have been
 3 focused on the Medicaid budget issue. In fact,
 4 actually bringing additional people involved. I
 5 was loaned to them for some of that assistance
 6 for about a month. So I appreciate, Courtney and
 7 Claire, your understanding of that, and they have
 8 provided opportunity for that to be submitted and
 9 will be welcomed.

10 So I just wanted to offer an
 11 explanation, Mr. Chairman, why there was not an
 12 official document from the Health Care Council of
 13 Illinois.

14 MS. AVERY: And I should have stated
 15 that. So thank you.

16 MR. GAFFNER: Oh, I'm sorry, I didn't
 17 mean to preempt that.

18 MS. AVERY: No, I forgot.

19 COURT REPORTER: I'm sorry.
 20 Courtney, I didn't hear you.

21 MS. AVERY: Oh, I just acknowledged
 22 it and said I forgot.

23 CHAIRMAN WAXMAN: Housekeeping:
 24 Courtney, do you when lunch is coming?

Page 110

1 MS. AVERY: It should be here.

2 CHAIRMAN WAXMAN: Okay. Then it's
 3 12:00 o'clock. I would suggest we take a break,
 4 and then reconvene -- working lunch? Reconvene
 5 when our lunch gets here so we can work through
 6 our lunch hour.

7 If I remember correctly, we have to
 8 vacate the room at 1:30?

9 MS. AVERY: Yes. So we will finish
 10 on time or before.

11 CHAIRMAN WAXMAN: We'll finish on
 12 time or before. So we'll stand adjourned for a
 13 few minutes until everyone figures out where
 14 lunch is at.

15 (Lunch recess.)

16 CHAIRMAN WAXMAN: I believe we have
 17 completed item 5 unless someone else has any
 18 questions for Nelson or we want to go back and
 19 talk about the white paper or we can move on to
 20 another agenda item.

21 MS. AVERY: And those five for the
 22 group, at the end we'll come up with a date for
 23 you guys to meet, and I'll just get those dates
 24 to Kelly.

Page 111

1 CHAIRMAN WAXMAN: Next on the agenda
 2 is Judy, but I'll give her -- we'll let her
 3 finish lunch before we make her talk.
 4 So let's look at a date for the next
 5 meeting, maybe.

6 COURT REPORTER: Are we going to be
 7 on the record for this?

8 MS. AVERY: Just the date. Once we
 9 get the date.

10 (Discussion off the record.)

11 MS. AVERY: 13th of August.

12 CHAIRMAN WAXMAN: Okay. That takes
 13 care of that.

14 Anyone have any other business they
 15 want to bring before the group? Any other
 16 business before the group.

17 (Inaudible.)

18 CHAIRMAN WAXMAN: I'm moving down the
 19 agenda item, other business, item 7.

20 Chuck, did you have something?

21 MR. FOLEY: I just -- food for
 22 thought here in talking with somebody earlier,
 23 after we had taken a break, on the possibility of
 24 looking at bringing home health care under CON

Page 112

1 review. And I just happened to be thinking about
 2 that and wonder would that be good or would that
 3 be bad, and I guess I would just like to bring it
 4 out on the table here just to see what
 5 everybody's thoughts and feelings might be on
 6 something like that.

7 CHAIRMAN WAXMAN: Why would you pick
 8 home health versus assisted living or sheltered?

9 MR. FOLEY: We already talked about
 10 assisted living and shelter. I mean, I --
 11 obviously, I think that they should be under CON
 12 review, but legislatively it can't happened
 13 unless we change -- you know, change the law on
 14 this.

15 But I think that's a very, very
 16 important component of our work here in terms of
 17 looking at the whole picture rather than just
 18 part of it; so -- but I'm just going to set that
 19 aside, and I was just thinking about home health
 20 agencies. What impact does that really and truly
 21 have on long-term care, and should we or should
 22 we not be looking at a possibility of bringing
 23 that under CON review. I'd like to hear comments
 24 also from the staff, if at all possible, if they

Page 113

1 have any thoughts on that.
 2 MS. AVERY: When you say bring it
 3 under review, as to issue a CON for
 4 establishment --
 5 MR. FOLEY: To establish a -- to
 6 establish a home health agency.
 7 MS. AVERY: Okay.
 8 MS. O'DEA EVANS: May I -- are you
 9 talking about home services --
 10 COURT REPORTER: Who is speaking,
 11 please?
 12 MS. O'DEA EVANS: Pat O'Dea Evans.
 13 Are you -- Chuck, are you asking
 14 about home services agencies or medical home
 15 health?
 16 MR. FOLEY: Medical home health.
 17 MS. O'DEA EVANS: Okay. Because
 18 medical home health is regulated by CMS.
 19 MR. FOLEY: Right.
 20 MS. O'DEA EVANS: And they -- they
 21 are restrict -- they are not -- at this moment I
 22 don't think they're currently approving new home
 23 health agencies.
 24 UNIDENTIFIED: They are not.

Page 114

1 MR. FOLEY: Okay.
 2 MS. O'DEA EVANS: You know, they have
 3 their own process of determining need.
 4 MR. FOLEY: Okay. All right.
 5 MS. O'DEA EVANS: So anyway -- but
 6 even though the state does licensing, you know,
 7 the federal government, because it's Medicare
 8 funded for the most part, also has restrictions
 9 on those things about --
 10 MR. FOLEY: Does staff have any other
 11 comments on that?
 12 UNIDENTIFIED: I understand your, you
 13 know, policy desire to bring people in so that
 14 you can have information that, you know, may
 15 relate to, you know, how you figure out need for
 16 skilled beds.
 17 MR. FOLEY: That's just what I was
 18 thinking, yes.
 19 UNIDENTIFIED: I understand that.
 20 Politically, though, I think that would be a
 21 really hard sell, and I don't know that you'd get
 22 enough -- not saying that you shouldn't do
 23 something because it's hard politically, but I
 24 don't know if you'd get a big enough bang for

Page 115

1 your buck even if you were successful to make it
 2 worth it. I just -- somehow or other bringing
 3 in -- I don't know how many home health agencies
 4 there are in the state, but there's a lot. And
 5 every one of those agencies has a legislator in
 6 their district. I just think it would be a
 7 really hard sell; so --
 8 MR. CASPER: So, you know, I think --
 9 This is Bill Casper.
 10 I think historically part of the
 11 rationale for -- and some states do control home
 12 services through certificate of need, but the
 13 rationale of certificate of need was because --
 14 goes way back to cost-based reimbursement. If
 15 the state was paying a Medicaid rate that
 16 included capital, there was a reason to have a
 17 say in the building of nursing home beds because,
 18 to some degree, a built bed is a filled bed, and
 19 if it's Medicaid eligible, the state's going to
 20 be paying for it. So there's a rationale there.
 21 I understand the issue of the impact
 22 of other services on utilization of nursing
 23 homes, but I don't know that there's a real --
 24 there's no -- there's very little, if any, state

Page 116

1 money going to pay for assisted living.
 2 COURT REPORTER: I'm sorry. I lost
 3 you. I'm sorry. I couldn't hear you.
 4 MR. CASPER: Yeah. So there's very
 5 little state dollars, if any, paying for assisted
 6 living. So from a capital perspective and a
 7 state dollars perspective, there's not a real
 8 rationale for regulating the supply. The market
 9 is regulating the supply. And as far as SNFs go,
 10 I think you could make that argument there.
 11 Don't know how far you'd get in terms of getting
 12 legislation passed to include them.
 13 CHAIRMAN WAXMAN: Let me go a
 14 different way.
 15 Steve, you have a couple people in
 16 your office that specialize in home health.
 17 MR. LAVENDA: Correct.
 18 CHAIRMAN WAXMAN: I'm wondering if
 19 one or both of them would like to come and do a
 20 presentation to the group on the state of home
 21 health and maybe be available for some questions
 22 and answers.
 23 MR. LAVENDA: This is Steve Lavenda.
 24 I could ask Terry Cichon, who used to

Page 117

1 be the head of the Illinois Homecare Council and
 2 is a widely known expert. She would be able to
 3 answer your question, I'm sure of it. I don't --
 4 I'm pretty sure she would be against that type of
 5 thing, but I don't -- I don't know the reason
 6 why. But she certainly could explain it a lot
 7 better than I could.
 8 CHAIRMAN WAXMAN: That's who I was
 9 thinking of.
 10 MR. LAVENDA: Yeah. I certainly
 11 could ask if she would like to come.
 12 CHAIRMAN WAXMAN: Chuck, does that
 13 get you closer to what you're looking for?
 14 MR. FOLEY: Yeah. That's fine. I
 15 was just -- you know, like I said, just had a
 16 conversation, and I was just thinking about it
 17 afterwards, and the idea did kind of intrigue me
 18 because I thought it would bring us in maybe a
 19 little bit closer to the impact that it would
 20 have on -- the home services -- you know, on our
 21 methodology itself, you know. Yes.
 22 MS. O'DEA EVANS: This is Pat O'Dea
 23 Evans.
 24 There is a -- you know, home health

Page 118

1 is very -- is short term, time limited,
 2 intermittent, and also is looked at as going to
 3 be growing more as an option. So it is being,
 4 you know, looked at as a preferred setting for
 5 people to get their care in their own home, if
 6 possible.
 7 So there is -- because of -- the
 8 federal government and CMS has basically been
 9 encouraging hospitals to look at their total cost
 10 of care, and I'm not sure how familiar you are
 11 with that, but basically there's a formula on how
 12 much do you spend for this patient who ends up in
 13 your hospital post acutely three days prior to
 14 service and post acutely. And so then hospitals
 15 are being compared to how much their spend is,
 16 and they're realizing, "Gee, we might want to
 17 consider home health as an alternative to a
 18 skilled bed for certain patients because this
 19 will reduce our total cost of care," which now
 20 Medicare is making hospitals responsible for that
 21 number, versus before, you know, everything was
 22 silos and it doesn't matter to the hospital how
 23 much it costs Medicare after they discharge the
 24 patient.

Page 119

1 So there will be a trend to increase
 2 utilization of home health because of this. As
 3 hospitals become more sophisticated in trying to
 4 determine what really is the most appropriate
 5 setting to discharge a patient to and not just
 6 automatically think skilled bed, skilled bed,
 7 skilled bed. They are happy to retool how they
 8 think about their discharge planning and be much
 9 more precise about what really is needed for that
 10 patient.
 11 UNIDENTIFIED: And plus they're being
 12 penalized for readmission. So it's in their best
 13 interest to make the right decision.
 14 MS. O'DEA EVANS: Yes. The more
 15 accurate that decision is, I agree, the less
 16 likely of return
 17 MR. FLORINA: Yeah. Florina again.
 18 Pat, is there a way that that
 19 information can be tracked? That would --
 20 COURT REPORTER: I'm sorry. I can't
 21 hear you.
 22 MR. FLORINA: Is there a way that
 23 that information would be tracked so that we know
 24 what the impact is on the total long-term care

Page 120

1 picture?
 2 COURT REPORTER: I'm sorry. With the
 3 lunch, all I'm hearing is the rattling of papers
 4 and containers.
 5 (Discussion off the record.)
 6 MR. FLORINA: I just want to know if
 7 there's a way of obtaining the data regarding
 8 those type of transfers out of the acute setting
 9 into home care in order to use it for evaluating
 10 the need for long-term care services that may no
 11 longer be needed in the nursing home setting.
 12 MS. O'DEA EVANS: There is. There
 13 is. Medicare does produce a report, and it's six
 14 months old, but it's pretty -- you know, that's
 15 really pretty current data on exactly what their
 16 spend was per patient, and they do a per patient
 17 per day analysis per hospital. It's pretty --
 18 it's -- it's a lot of data, and it's pretty
 19 accurate because it's based on actual billing.
 20 MR. CASPER: This is Bill Casper.
 21 The discharge infor -- hospital
 22 discharge information of anybody going to
 23 Medicare -- Medicare-reimbursed post acute care
 24 is readily available.

Page 121

1 UNIDENTIFIED: That's true.
 2 MR. CASPER: Public data.
 3 UNIDENTIFIED: It may have limited
 4 usefulness, though, because it will -- you'll
 5 have a field that says discharge disposition, but
 6 you won't necessarily know whether -- how that
 7 decision was made. Would that patient otherwise
 8 have gone to skilled or whether the disposition
 9 would have been home health to begin with.
 10 MS. O'DEA EVANS: This is Pat O'Dea
 11 Evans again.
 12 Yes. You'd have to be pretty
 13 sophisticated to look at, but there is also other
 14 tools that look at, with this diagnosis, what
 15 percentage go to a SNF, what percentage go home
 16 with home care, what percentage go home without
 17 any services, what percentage go to outpatient.
 18 And so you'd have to do a lot of comparison. It
 19 would be quite the project, and I'm not sure if
 20 that ultimately is going to get us where we want
 21 to go or the information we need.
 22 But I think it's important to realize
 23 that this is a trend that is likely to continue,
 24 and there's an incentive -- whenever there's

Page 122

1 financial incentives, there's incentives to move
 2 in that direction. So it's just something for us
 3 to be aware of.
 4 MR. FOLEY: Does that same report
 5 also --
 6 I'm sorry. Charles Foley.
 7 Does that same report also show the
 8 amount of the readmits back to the hospital from
 9 each one of these different settings?
 10 MS. O'DEA EVANS: It's not the same
 11 report, but that information is also available,
 12 yes.
 13 MR. FOLEY: Okay.
 14 MR. CASPER: In addition, one of the
 15 recent -- I think it was the Smart Act that
 16 requires CMS to develop a standardized assessment
 17 tool for all post acute settings and also to
 18 begin looking at site neutral payments for post
 19 acute episodes of care. So a lot of data will be
 20 available from all of those initiatives.
 21 MR. PHILLIPPE: This is Tim.
 22 If I could just interject that I've
 23 also seen some of that data. However, I'm not
 24 sure if it will be great advantage for this

Page 123

1 subcommittee to be actually looking at that. It
 2 has value on a big picture level nationally, but
 3 markets vary based on options. And so, you know,
 4 I know, like, physician groups who take risks on
 5 bundled payments for something like cardiac
 6 events, and they will tell you they reduced
 7 referrals to skilled nursing 30 percent already
 8 and expect it to drop another 20 percent. I know
 9 of a hospital ACO that would tell me they've
 10 reduced their referrals 30 percent to skilled
 11 nursing.
 12 But I think all of that is market
 13 specific because there's so many options out
 14 there on the bundled payment, the ACOs, is it
 15 bundled payment for a post acute provider, you
 16 know, a physician -- the bund -- I mean, the
 17 bundling and the ACOs. I think it -- the manage
 18 -- dual eligible managed care where it's --
 19 there's so many other programs that the numbers
 20 in any one market vary based on the options
 21 available.
 22 So I agree, though. I think the
 23 trend is away from institutional care, and even
 24 though some of us on the skilled nursing side

Page 124

1 think we do a better job, I've seen the
 2 readmission rates, and they're higher for skilled
 3 nursing than they are for home health.
 4 MR. KNIERY: If I can make a comment.
 5 John Kniery.
 6 I think the one thing we're looking
 7 at with talking about the bed need formula and
 8 methodology, if we do this consistently -- right
 9 now it's being done every two years. If we can
 10 do it, you know, maybe even sooner than that, all
 11 those trends are then factored in and taken into
 12 account. You don't have to do a separate
 13 calculation for this program, that program, and
 14 the next.
 15 UNIDENTIFIED: Good point, John.
 16 CHAIRMAN WAXMAN: Anything else
 17 anybody wants to bring up?
 18 MR. PHILLIPPE: This is just -- Tim.
 19 In terms of looking at the future, I
 20 think the most powerful page from Nelson's
 21 PowerPoint was page 18 because you can actually
 22 ignore a lot of the formulas and you can just
 23 look at the trend line on actual use, and based
 24 on -- and that's something else that's changing.

Page 125

1 We could assume that that's the trend that's
 2 going to continue; right?
 3 MR. AGBODO: Yes.
 4 MR. PHILLIPPE: And it takes
 5 everything into consideration. Like, you -- you
 6 could do it every year, and you might get a
 7 little more accurate on it, but the bottom line
 8 is just look at the trend down, and that's the
 9 best predictor, really.
 10 MS. CREDILLE: This is Cece Credille.
 11 And based on that Slide 18, I will
 12 also go back to the Ohio formula because it's
 13 driven on usage in the state. So that particular
 14 formula simplifies everything and uses actual
 15 patient days. Again, ignores the issue we have
 16 of empty beds, dead beds, not used bed, whatever
 17 we want to call it, and looks at actual
 18 utilization in the state, and then projects the
 19 occupancy 90 percent based on utilization.
 20 So I agree that that -- the graph --
 21 Tim, I agree with you wholeheartedly. That the
 22 ceutilization is going down and would probably
 23 continue to go down given all the health care
 24 reform initiatives.

Page 126

1 MR. GAFFNER: And this is Alan
 2 Gaffner.
 3 And I'd love to know -- which there
 4 are some futurists that indicate that there is
 5 this proverbial dam, so to speak, that can break
 6 that will put the AL and SL folks into the
 7 nursing home at some point. We've got this big
 8 population that is being cared for other places,
 9 and I don't think anyone has yet been able to
 10 predict or assess what that might mean.
 11 Tim, you're absolutely correct in
 12 what it's showing with the trend line. I guess
 13 how we can, with certainty, say there won't be
 14 some other increases in utilization, and that, I
 15 think, is a real challenge for us -- to be able
 16 to say that there will be no swing of the
 17 pendulum the other way that could increase our
 18 utilization.
 19 CHAIRMAN WAXMAN: Chuck.
 20 MR. FOLEY: Yeah. I'd like see if
 21 there's a possibility -- and I guess, again, in
 22 terms of food for thought, if there's way where
 23 we could, for every new facility that's being
 24 built in Illinois, to maybe somehow require

Page 127

1 them -- I don't know whether that's possible or
 2 not -- to have a percentage of total beds in
 3 assistant living, slash, supported living in
 4 order to provide that continuum of care in order
 5 so that residents don't have to move from their
 6 environment. I don't know if that's possible or
 7 not. Just food for thought again.
 8 CHAIRMAN WAXMAN: It is food for
 9 thought.
 10 Any other comments?
 11 I think Judy has enough time to
 12 finish the agenda item.
 13 MS. AMIANO: So I guess I have
 14 just -- this is Judy Amiano.
 15 I guess I've been asked to report on
 16 the ad hoc group which met last on March the 9th.
 17 So that's been some time ago; so I have to
 18 refresh my brain. Actually, it's March 24th that
 19 we met. Somewhere around in there. I don't
 20 know.
 21 At any rate, so this was the -- the
 22 three associations and Claire of staff was at the
 23 meeting -- at the couple meetings that we've had
 24 since the last time that we got together.

Page 128

1 So I guess that, you know, to report
 2 out, there was very, I'll call, hearty discussion
 3 around a number of topics. And I think the
 4 important thing to bring forth is kind of some
 5 general consensus kinds of items.
 6 The first was a general agreement to
 7 change what we've been calling, you know, the
 8 buy/sell program to a buy/sell/transfer program.
 9 The second is around the issue of
 10 moratorium, and there's agreement that, if
 11 there's a moratorium, it's only associated with
 12 the buy/sell/transfer program. That just putting
 13 a moratorium in place absent a program is not
 14 acceptable. So there's agreement with that.
 15 We were all in agreement that the bed
 16 need formula should be addressed, which the work
 17 of the group -- the other subgroup is going to
 18 take care of. There was, however, not consensus
 19 that it was so critical that that needed to be
 20 addressed before the buy/sell/transfer program
 21 could go into place. And I think that was based
 22 off of the conversation of there's been a lot of
 23 projects approved over the course of the last
 24 five years, that we've heard that data before,

MEETING 6/17/2015

Page 129	Page 131
<p>1 and, you know, there didn't seem to be a need to 2 put another few years on hold as we deal with the 3 bed need methodology in order to think about how 4 to implement the buy/sell/transfer. But there 5 was not agreement amongst the group around that. 6 That there is a need to consider 7 geography when developing the program. We could 8 not agree on whether that was statewide or by HSA 9 or by some newly defined type of boundary during 10 the implementation of the buy/sell/transfer. 11 We did all agree that the program 12 should be implemented statewide rather than 13 selecting a trial area, seeing how that would 14 work, and then moving it forward. Again, for 15 expediency purposes, I think, once the program 16 would be designed, implement it statewide. 17 The rest of these are pretty easy. 18 The beds are not owned by the purchaser until 19 approved by the Board. 20 That there should be a standard 21 contract. You know, let's not create an arena 22 where, you know, it adds expense and whatnot. 23 Let's just draft a standard contract that 24 every -- all constituents -- both buyer, seller,</p>	<p>1 this or we're going to hold it. Not eliminate 2 it, not get rid of the issue. Do we want to 3 focus on something else, or do we want to still 4 do it concurrently? That is, the subcommittee 5 workgroup planning to meet again. The ad hoc 6 group. 7 MS. AMIANO: The ad hoc group was 8 going to -- you know, we had a responsibility to 9 report to this group, and so that's what we're 10 doing today. We have no meeting scheduled moving 11 forward. 12 You know, I would ask that, if you 13 want that group to move forward, it's with a very 14 specific what it is you want the group to 15 accomplish because we, like the larger group, you 16 know, can do an awful lot of talking around 17 issues. So if we're trying to move forward, it 18 would be with a very specific task of what you'd 19 like the workgroup to accomplish. 20 CHAIRMAN WAXMAN: I think Courtney 21 raised a very good question. Do we want to look 22 at this and the bed need formula together, or do 23 we want to concentrate on one or the other? I 24 think the committee needs to make that decision.</p>
Page 130	Page 132
<p>1 and the state -- are happy with and is simple, 2 and it saves us all legal dollars. 3 That a buyer has 18 months to start 4 construction of any new project, and that's very 5 similar to rules that are currently in place. 6 That at the end of that 18-month period, if you 7 didn't -- if you got approval for it and you 8 didn't move forward, you -- use-or-lose rule 9 within that 18 months. 10 And then there was consensus that any 11 funds raised or money transfer between a buyer 12 and a seller was solely the responsibility and 13 the private matter of the buyer and seller, that 14 the state should have no role in dictating price 15 points or how funds are used by the seller. 16 But those are the general points of 17 consensus. 18 CHAIRMAN WAXMAN: Thank you. 19 MS. AMIANO: You're welcome. 20 CHAIRMAN WAXMAN: Questions or 21 comments on any of these nine points? 22 MS. AVERY: This is Courtney. 23 Not so much the nine points, but the 24 next steps and if we really want to continue with</p>	<p>1 So I'm open to hear. 2 Chuck. 3 MR. FOLEY: I'm kind of torn between 4 this whole thing with the buy/sell/transfer 5 concept. I mean, I do see a lot of advantages to 6 it as well as some disadvantages as well. I 7 guess I'm just of the personal opinion that, if 8 the buy/sell/transfer concept was, in fact, 9 something that we should seriously have, we would 10 have had this accomplished a long time ago. If 11 this is something truly that the industry really 12 and truly wanted, the industry would pull 13 themselves together and would have had this 14 accomplished a long time ago. 15 I think we have some other issues -- 16 i.e., the bed need formula, the methodology 17 itself -- that we need to really focus on and pay 18 a lot of attention to. I don't think we need to 19 throw this out -- the buy/sell/transfer concept. 20 There might still be some merit on it in the 21 future, but I think for now we need to put our 22 eggs in one basket and let's concentrate on the 23 bed need methodology. That's my personal 24 opinion.</p>

Page 133

1 MS. AMIANO: This is Judy Amiano.
 2 I would just remind the group that --
 3 and I think it was prior to joining, Chuck --
 4 that this board -- this subcommittee did have a
 5 formal vote -- motion and vote to move forward
 6 with the implementation of a buy/sell/transfer
 7 program. So the work of the committee was based
 8 on a vote by this subcommittee that was
 9 communicated to the Board that we were moving
 10 forward with a buy/sell -- at that time it was
 11 buy/sell program but buy/sell/transfer program.
 12 So that ad hoc committee was formed because the
 13 bigger group got stuck. And so just as a
 14 reminder to the group.
 15 MR. FOLEY: Well, again -- I'm sorry.
 16 Go ahead.
 17 MS. AVERY: This is Courtney.
 18 It went a little bit further than
 19 that -- the vote. It was also in the legislation
 20 to do an evaluation.
 21 MR. FOLEY: And, again, I think what
 22 I just said was I'm not saying that we just
 23 forget about this altogether. No. I still think
 24 there's -- there can be/could be some merit to

Page 134

1 this. I guess I'm just saying, for the time
 2 being at least, let's just put it aside and
 3 concentrate on the bed need methodology, and then
 4 come back with this at a later date.
 5 MS. AMIANO: I would respectfully say
 6 that, if there's going to be some recommendations
 7 by January of '16 or January of '17, whichever
 8 one it is that it falls -- and I'm not sure which
 9 date this falls into -- that time is of the
 10 essence because things move relatively slowly in
 11 these discussions.
 12 MR. GAFFNER: And this is Alan
 13 Gaffner.
 14 And I would respectfully disagree.
 15 That I believe that -- although there was not
 16 consensus on which had to come first, that there
 17 was some pretty definite consensus that the bed
 18 need formula needed to be addressed as a focus.
 19 Because we've already found today through the
 20 staff evaluation that there are areas of the
 21 state that reflect need where beds aren't
 22 available and vice versa. This directly touches
 23 the bed buy/sell program, and there's no need to
 24 have a bed buy/sell program if the bed need

Page 135

1 formula can address the access issue. So
 2 there's, I believe, no need to have a parallel
 3 track until we've seen what can be done with the
 4 bed need formula.
 5 MS. AMIANO: Yeah. Again, there was
 6 not consensus that the bed need formula was
 7 critical to moving forward with the bed
 8 buy/sell/transfer. How do you implement it?
 9 What's it look like? So there was not consensus
 10 around that, that it was so critically important
 11 to the buy/sell program. So I'm just -- for
 12 point of clarification.
 13 MR. FLORINA: John Florina.
 14 My understanding is that these nine
 15 consensus points were from the ad hoc group. So
 16 it's not part of our discussion as a
 17 subcommittee, and I have questions and input on a
 18 number of the items too, but we're not discussing
 19 it among the whole subcommittee.
 20 But in general, in looking at it, the
 21 buy/sell and now adding transfer is dealing with
 22 the symptoms of the issue we've had with excess
 23 beds and the distribution of beds throughout the
 24 state. So I'm just questioning if it makes sense

Page 136

1 to implement something as maybe a Band-Aid or a
 2 temporary situation, temporary relief, because of
 3 the underlying issue not being addressed, and the
 4 bed need methodology would address, in my mind,
 5 the underlying issue rather than just dealing
 6 with the repercussions of those problems.
 7 CHAIRMAN WAXMAN: Can you clarify
 8 what has to be to the Board on January 1, 2015,
 9 versus what has to be -- 2016 versus 2017,
 10 according to the Act?
 11 MS. AVERY: Recommendations to
 12 change, keep the status quo -- it's pretty
 13 vague -- regarding the bed need formula.
 14 CHAIRMAN WAXMAN: On 2016?
 15 MS. AVERY: 2016.
 16 CHAIRMAN WAXMAN: Okay. And 2017?
 17 MS. AVERY: (Inaudible).
 18 UNIDENTIFIED: 2017 was the bed need
 19 formula.
 20 UNIDENTIFIED: And the health service
 21 are boundaries.
 22 MS. AVERY: Oh, yeah.
 23 CHAIRMAN WAXMAN: Okay. So what's
 24 2016?

Page 137

1 MS. AVERY: 2016 is vague also.
 2 UNIDENTIFIED: General
 3 recommendations.
 4 MS. AVERY: Right. If there's a rule
 5 change that needs to come before the Board,
 6 things of that nature. I think there is a
 7 mandate that we review the rules every couple
 8 years anyway.
 9 MR. PHILLIPPE: Could I just also,
 10 Mr. Chair?
 11 CHAIRMAN WAXMAN: Yes.
 12 MR. PHILLIPPE: First, I wanted to
 13 ask if there's a reason why we have to actually
 14 just focus on one thing, and it's partly because
 15 the bed need formula is actually a scientific,
 16 mathematical issue. It's less to do with
 17 people's feelings and positions than it is
 18 understanding the data and if there's things that
 19 can be changed in the formula, which I think
 20 you've already -- Nelson's already identified
 21 some of those.
 22 So I don't know why we would have
 23 to just do this for the next six months and
 24 nothing else because most of the work is not the

Page 138

1 relative -- it's not based on positions or
 2 theory. It's really more based on the facts and
 3 the formula itself. And it seems like, like Judy
 4 said earlier, really, the people on the task
 5 force need to be people that can handle the math,
 6 I think, in some ways because that's what you're
 7 going to be getting into -- is really how to make
 8 a more accurate predictor.
 9 So I don't know why we couldn't
 10 continue to do the bed buy/sell/transfer also,
 11 particularly considering all the things we said
 12 before about the fact the subcommittee agreed
 13 they wanted to move in this direction, it was
 14 just a matter of defining how, the conditions,
 15 and there's a lot of work being done by this --
 16 even the recent task force, the workgroup, and if
 17 we just put it off for six or eight months, what
 18 will happen is -- or a year -- you'll have to
 19 start all over again with new people, and they'll
 20 argue the same points all over again.
 21 And if you've got industry --
 22 (Laughter heard.)
 23 MR. PHILLIPPE: Right?
 24 And if you've got the three

Page 139

1 associations representing providers that have
 2 come to mostly a consensus on things, I would
 3 think we could kind of push it forward. And on
 4 anything like this, I don't think we're going to
 5 get a hundred percent consensus on everything.
 6 So even when we had the vote about moving
 7 forward, I don't think it was a hundred percent
 8 back then. So I would still think we should do
 9 both at the same time so we don't lose all the
 10 work. It's kind of sad to have the work that
 11 Judy and the others put in on this workgroup kind
 12 of disappear because we put it off for another
 13 year.
 14 CHAIRMAN WAXMAN: I tend to agree
 15 with you. I mean, again, you know, we carved out
 16 a group of, like, four or five people to work on
 17 the formula, which means that there's ten more
 18 people on the committee that can tackle the other
 19 issue. So I think we should be moving on both
 20 issues simultaneously.
 21 Our recommendation, if I heard
 22 correctly, on the bed formula is not due until
 23 2017. So we have a sufficient amount of time to
 24 drill down and figure out what it is that needs

Page 140

1 to be changed in that regard.
 2 But I certainly think we should move
 3 forward on the other issue and have a plan to
 4 present to the Motherboard and let them at least,
 5 you know, hear what we're thinking as a group.
 6 And, again, from sitting in this
 7 chair for the last 12 years, I totally agree that
 8 you will not get consensus on many issues other
 9 than it's time for lunch and time to adjourn.
 10 But I do think we should be moving
 11 forward on both regards. That's my personal
 12 opinion and not necessarily as chair.
 13 MR. CASPER: This is Bill Casper.
 14 I guess I would echo that position
 15 because, having sat on one subgroup that was
 16 working on this issue -- and I know it was
 17 discussed in the current group -- the transfer,
 18 sale, or buying of beds -- these are beds that
 19 have already been licensed, have already been
 20 approved. We're not dealing -- we may be dealing
 21 potentially -- although that's an open issue --
 22 with the bed need formula in terms of where they
 23 move to from where they currently are. But that
 24 being said, these are beds that have already been

Page 141

1 approved and licensed under any existing
 2 regulatory forum.
 3 So we're talking about a mechanism
 4 for allowing for the sale and/or transfer of
 5 those beds to allow people to move forward with a
 6 variety of different projects and programs that
 7 they have in mind. So I really think that there
 8 is not a need to link the two.
 9 And that, particularly since the
 10 recommendation on the bed need formula may not be
 11 going to the Board until January '17, to just
 12 take a big giant step backwards and take this off
 13 the table for now would be a mistake.
 14 MR. GAFFNER: Alan Gaffner.
 15 I would just add, again, that at
 16 least everything that I've heard about the bed
 17 buy/sell was tied to access, and the bed need
 18 formula, the whole purpose is to talk about
 19 access. I agree with John that the primary focus
 20 should be addressing a methodology that is key to
 21 what the Planning Board uses before there's an
 22 auxiliary program in place to deal with access
 23 issues, especially when we've already identified
 24 and had staff point out some things that could

Page 142

1 make a key difference in finding those there. I
 2 don't believe there's any need to be using dual
 3 tracks because everything that's done right here
 4 can be picked up immediately, whether it's next
 5 month or six months from now.
 6 MS. CREDILLE: This is Cece Credille.
 7 With all due respect, the folks that
 8 are supporting -- which I would support
 9 continuing to explore buy/sell -- have been on
 10 the committee the longest. So we have been
 11 working on this for three years. So to put this
 12 on the side till January 1, 2017, when we can
 13 come to some consensus on the bed need formula,
 14 flies in the face of what we wanted to do and all
 15 the work we have done.
 16 And, again, I would say, as I have
 17 said probably in the last number of months of
 18 minutes, other states have buy/sell. It's a
 19 transfer. It's a voluntary program. And other
 20 states are functioning quite well with a buy/sell
 21 as a component of the long-term care -- level of
 22 care.
 23 MR. CASPER: Bill Casper again.
 24 I guess I would challenge Alan on the

Page 143

1 concept that access is the only issue that's on
 2 the table in relation to the buy/sell program.
 3 There's the issue of being able to
 4 upgrade programs, upgrade buildings, upgrade
 5 facilities without adding to the bed supply, and
 6 so I think that's -- I don't know that anywhere
 7 in either our charter or legislation or the
 8 discussion has access -- in my history of this
 9 issue has access been the only issue.
 10 UNIDENTIFIED: I agree with you,
 11 Bill.
 12 CHAIRMAN WAXMAN: I guess I keep
 13 thinking about something Judy said earlier, which
 14 is we, as any good committee, need to focus and
 15 move forward. And I think this committee is very
 16 talented and deep in abilities and people to
 17 work. We can do two things and stay focused on
 18 two different things and keep moving forward on
 19 both issues.
 20 MS. AMIANO: This is Judy Amiano.
 21 You know, how I would see it -- maybe
 22 it will give comfort to some folks around the
 23 room -- is, as we're thinking about, you know,
 24 this group will work on how to implement, what

Page 144

1 does it look like. So all you simply have to do
 2 is say we have too many beds in Section A and not
 3 enough in Section B. How do we make it work
 4 without worrying ourselves with the bed need
 5 formula. Because really what we're talking about
 6 is functionally, operationally how do we
 7 transition to a program which will take a long
 8 time for the various groups to come to some
 9 consensus on; so --
 10 You know, I -- candidly, if we take a
 11 pause for six months, I would agree with whoever
 12 said it. It will be like starting all over
 13 again, and I'm not sure that some folks in the
 14 room have the energy to do that yet one more
 15 time.
 16 CHAIRMAN WAXMAN: I agree. Tim said
 17 it, but I think we all kind of have been there.
 18 MS. AVERY: So how about --
 19 This is Courtney.
 20 -- that staff will go back and look
 21 at everything, make some concrete goals,
 22 hopefully, with some deadlines, and what we need
 23 to do and how we need to do it, bring it back to
 24 you all for consensus on it and start. Or we

Page 145

1 could e-mail it or whatever. But as you said
 2 earlier, lay it out with the purpose of the
 3 subcommittee, the ad hoc groups, what are the
 4 objectives, and some dates and targets that we
 5 need to hit.
 6 MS. AMIANO: If I could add one
 7 thing.
 8 This is Judy Amiano.
 9 If you could have a conversation
 10 with the chair of the Motherboard and just get a
 11 sense -- because there's some new players there.
 12 You know, what is it you want from this group.
 13 CHAIRMAN WAXMAN: We -- we -- I'm
 14 sorry, Judy. We did talk about inviting Kathy to
 15 join us at our next meeting.
 16 MS. AMIANO: Well, I think even
 17 preparing kind of the overall objectives from --
 18 that would be helpful if staff would take --
 19 MS. AVERY: And we do get that
 20 question: Are there any recommendations from the
 21 subcommittee yet? So we have gotten that
 22 question.
 23 MR. GAFFNER: This is Allen Gaffner.
 24 I'm a little uneasy -- although I

Page 146

1 welcome the Planning Board's direction. That
 2 Board has a completely different face right now
 3 with many new individuals. I have to question
 4 how up to speed or informed they will be in
 5 providing direction for us as a group that's been
 6 intimately involved. I welcome what they --
 7 MS. AVERY: It won't be -- it won't
 8 be --
 9 MR. GAFFNER: No. No. I welcome
 10 what they --
 11 MS. AVERY: -- anything outside of
 12 what you were charged to do. They won't come up
 13 with any new --
 14 CHAIRMAN WAXMAN: I think it's a
 15 matter of -- and, again, to be honest, when Dale
 16 Galassie was chair, Dale and I go back a million
 17 years, and we had access -- I had access to that,
 18 to the feelings and thoughts of the Motherboard.
 19 With Kathy Olson now in charge, I
 20 don't have that. So I haven't been able to sit
 21 with anybody and feel where they're at. So I
 22 think it's a matter of open discussions, both
 23 sides hearing where we're -- what they're
 24 thinking and what we're thinking. Let's make

Page 147

1 sure there's some agreement.
 2 MS. AVERY: And the staff -- I
 3 couldn't have done a better job with at least --
 4 I know we've only had, like, two reports that
 5 have gone to the -- to the Board, but new members
 6 are up to speed. Again, I know everything is on
 7 the website. Not everyone reads them. But when
 8 we go through orientation, we spend time on the
 9 subcommittees and the discussion. So they may
 10 not be minute by minute, second by second, but
 11 they know what your charge is. And I don't think
 12 there will be any additional charges outside of
 13 what Senate Bill 1905 required you to do and now
 14 what House Bill 3510 is requiring us to do.
 15 MS. AMIANO: If I could ask that you
 16 pull out those items, you know, so that we have
 17 them as a list in front of us always, you know --
 18 MS. AVERY: From the legislation.
 19 MS. AMIANO: From the legislation.
 20 That would be super helpful.
 21 CHAIRMAN WAXMAN: Since we're hitting
 22 the deadline of whatever is going to happen in
 23 this room -- and we may not want to be here when
 24 that happens, whatever that may be -- let me just

Page 148

1 kind of summarize, if I can.
 2 We do have a date of August --
 3 MS. AVERY: Yeah. And I was waiting.
 4 We don't have confirmation of the rooms yet, but
 5 August 13th.
 6 CHAIRMAN WAXMAN: Okay. August 13th
 7 is our next meeting.
 8 We have a new ad hoc working group,
 9 subcommittee, special people with math
 10 backgrounds -- God bless them -- under Steve's
 11 direction to continue the discussion on the bed
 12 formula.
 13 We are going to move forward with
 14 looking at buy/sell. Judy, do you think your
 15 group needs to have a discussion before the next
 16 board meeting, or you want to wait for Courtney
 17 to put stuff together?
 18 MS. AMIANO: Well, I think it's a
 19 matter of we only work through the work that this
 20 committee would charge us with and so --
 21 CHAIRMAN WAXMAN: We'll determine
 22 that at the next board meeting?
 23 MS. AMIANO: I'm -- that's not for me
 24 to decide.

Page 149

1 MR. FOLEY: Let me go ahead and
 2 suggest, if I may, Judy. Since it sounds like
 3 it's a consensus that we want to move along with
 4 this, if you guys have the time, to come back at
 5 the next meeting and a little bit more detail on
 6 your nine points as to how you would envision
 7 such a program, you know, to take place and your
 8 timeline, you know, for a program to take place,
 9 that would be helpful so we could, you know, look
 10 at it and have some meaningful discussions with
 11 you then.

12 MS. AVERY: This is Courtney.
 13 Is it okay if we look at it and maybe
 14 take four of them? And then take the next four?
 15 Or do all nine? Present them to you and what we
 16 would need to do in order to, like, pan out the
 17 geographical areas, what that would mean, how it
 18 would look, how it would work within the
 19 agencies.

20 MR. PHILLIPPE: If I could suggest, I
 21 think that's a great idea because I remember from
 22 the past, when we try to do all nine points at
 23 one time, people bounce around and we don't get a
 24 focus. So starting with a small list and work

Page 150

1 through those and get those done and then move on
 2 would make more sense. And it'd help the staff
 3 probably to be focused in their time also.

4 CHAIRMAN WAXMAN: Thanks, Tim.
 5 The other two things I'd like to
 6 address, again, as chair of the committee and
 7 representing the entire committee, to thank
 8 Nelson and everyone else that participated in the
 9 drawing of -- development of the document and the
 10 explanation. Our sincere thanks. There's no
 11 question about how much time and effort and work
 12 has gone into that. So thank you.

13 (Applause.)
 14 UNIDENTIFIED: Can I ask a clarifying
 15 question? On January 1, 2016, what -- what is
 16 this group supposed to have decided or is this
 17 group dissolving, and there's a new group? I
 18 don't --

19 MS. AVERY: I'll go to the sentence
 20 before in the legislation. It says "The
 21 subcommittee shall also provide continuous review
 22 and commentary on policies and procedures
 23 relative to long-term care and the review of
 24 related projects. The subcommittee shall make

Page 151

1 recommendations to the Board no later than
 2 January 1, 2016, and every January after pursuant
 3 to the subcommittee's responsibility for the
 4 continuous review and commentary on policies and
 5 procedures relative to long-term care."

6 So at some point we also got to go
 7 back and look at rules, and if you guys say it's
 8 okay, we don't need any rule changes, that's what
 9 we can report. If you say we need to redo our
 10 application, which we did -- so we're pretty --
 11 we're making some progress. It's just not right
 12 here in our face. If we need to make changes to
 13 the applications, if we need to change
 14 definitions, add services, which you all
 15 discussed today and agreed that we don't need to
 16 do that, or put other additional services related
 17 to long-term care under the purview of the Board,
 18 things of that nature. So it's widespread.

19 UNIDENTIFIED: And it formalizes
 20 where you are at that time. A report will be
 21 made. You may not have every recommendation that
 22 you have in the back of your head, but there are
 23 certain -- even from what Judy's report was,
 24 there's certain things that are consensus on.

Page 152

1 Those could be recommendations that go to the
 2 board. It may not be all the recommendations
 3 but --

4 MS. AVERY: And we probably should
 5 come up with some kind of working chart to show
 6 our progress.

7 MS. CREDILLE: Well, yeah, because
 8 we're meeting in August. So think about it.
 9 Back into this. We'll meet again in October.
 10 October's task --

11 This is Cece Credille, by the way.
 12 October's task will be that we have
 13 to have a list because we won't meet in November
 14 and December. Right?

15 MS. AVERY: Okay. We'll keep that
 16 mind.

17 MS. CREDILLE: So if we sort of back
 18 into this, we will have two more meetings to have
 19 a list of recommendations -- or a report, I
 20 should say.

21 MS. AVERY: A report.
 22 MS. CREDILLE: A report.
 23 CHAIRMAN WAXMAN: A report, not a set
 24 of recommendations.

Page 153

1 Thank you, Cece.
 2 The last thing I'd like to do, again,
 3 on behalf of the entire board, is to express our
 4 condolences to Alan on his recent loss. So,
 5 again --
 6 MR. GAFFNER: Thank you, Mr.
 7 Chairman. That's very kind of you. Thank you.
 8 CHAIRMAN WAXMAN: I hate to end on
 9 such a note but -- you going to help me get out
 10 of this?
 11 MS. AVERY: No. We have one more.
 12 CHAIRMAN WAXMAN: Okay.
 13 MS. AMIANO: Mr. Chairman, I still
 14 have -- I need clarification. So does the group
 15 want us to move forward or not?
 16 And I think to -- to John's point,
 17 these are just the group of associations who met
 18 and discussed it. It hasn't -- those nine points
 19 aren't necessarily what this committee believes.
 20 So if we're to move forward, I'd like, you know,
 21 kind of what are the two or three things -- no
 22 more than three -- to work on first.
 23 MS. AVERY: Three things?
 24 MS. AMIANO: No more than three.

Page 154

1 MS. AVERY: Can we -- can you charge
 2 us with looking at it and doing that? Making
 3 those --
 4 MS. AMIANO: Okay. So do you need a
 5 motion? What do you need? No? Yes? No?
 6 CHAIRMAN WAXMAN: No. It's just a
 7 charge to staff to do that. What else -- what
 8 else do you have on the --
 9 MS. AVERY: Claire.
 10 CHAIRMAN WAXMAN: What about Claire?
 11 MS. BURMAN: The list of people and
 12 how they're represented.
 13 MS. AVERY: Okay. According to the
 14 statute -- in the statute, we had to -- we agreed
 15 with HCCI that somewhere on our list that's
 16 posted on the website that it would identify
 17 who's representing who. That was one of the
 18 compromises. So we want to do that.
 19 So I would ask, like, I know -- I
 20 forget what you (inaudible), Cece, but in some
 21 places we put the association that you're
 22 affiliated with.
 23 MS. CREDILLE: I could give a rip.
 24 I'm here for Illinois Health Care. You don't

Page 155

1 have to put that in the minutes, but I'm here for
 2 Illinois Health Care.
 3 MS. AVERY: That was not of ours.
 4 That was a compromise that we made with Donna so
 5 that we can see it at a glance and a snapshot
 6 because, again, it was confusing to us, confusing
 7 to her, and everybody else. So we just wanted to
 8 know if it was okay to put -- Judy, we made you
 9 HCCI.
 10 MS. CREDILLE: No, don't put me HCCI.
 11 (Discussion in Chicago
 12 amongst themselves.)
 13 COURT REPORTER: I'm done. I'm done.
 14 I'm done.
 15 MS. AVERY: Okay.
 16 COURT REPORTER: I'm done.
 17 MS. AVERY: Well, you can't stop yet
 18 because we're not done.
 19 COURT REPORTER: We'll you're
 20 talking -- you're just talking back and forth and
 21 I did not get any of that; so I'm done.
 22 MS. AVERY: Okay. We will clarify
 23 it. You don't have to have that in the record.
 24 COURT REPORTER: Thank you.

Page 156

1 MS. AVERY: So I would ask Ann to
 2 look at the different people that's on here and
 3 ask how we want -- how you would like us to
 4 represent you because that was part of the
 5 agreement that we made as a result of 3510.
 6 MS. GUILD: So am I supposed to go
 7 through the list?
 8 MS. AVERY: Just the ones that we
 9 know. Judy.
 10 MS. GUILD: Judy is LeadingAge.
 11 Cece, IHCA.
 12 UNIDENTIFIED: See can't hear you.
 13 MS. GUILD: Or sorry. Alan.
 14 MR. GAFFNER: HCCI, Ann.
 15 MS. GUILD: Pat.
 16 MS. O'DEA EVANS: I'm with the
 17 Illinois Continuity of Care Association.
 18 CHAIRMAN WAXMAN: I haven't heard
 19 that name in a long time.
 20 MS. GUILD: Okay. Steve.
 21 MR. LAVENDA: I'm neutral. I'm not
 22 representing any association.
 23 MS. GUILD: Okay. Frank isn't here.
 24 Bill?

Page 157

1 MR. CASPER: LeadingAge.
2 MR. FLORINA: I'm with him. I'm
3 neutral.
4 MS. GUILD: Okay.
5 CHAIRMAN WAXMAN: Tim, are you
6 representing LeadingAge?
7 MR. PHILLIPPE: I believe so.
8 CHAIRMAN WAXMAN: Or are you neutral?
9 MR. PHILLIPPE: I don't think people
10 would say I'm neutral.
11 MS. GUILD: Anybody know Carolyn?
12 UNIDENTIFIED: No. Just nothing.
13 Long-term care industry.
14 MS. GUILD: Okay.
15 COURT REPORTER: Who -- what? what
16 did Carolyn say?
17 UNIDENTIFIED: Nothing.
18 UNIDENTIFIED: She's not here.
19 UNIDENTIFIED: Neutral. Neutral.
20 MS. GUILD: Okay. Who else don't I
21 have?
22 MR. FOLEY: Consumer.
23 MS. GUILD: No. Neutral?
24 MR. FOLEY: Independent. Whatever

Page 158

1 you want to call it.
2 COURT REPORTER: I don't know who's
3 talking again.
4 MR. FOLEY: Charles Foley.
5 COURT REPORTER: Are you neutral?
6 MR. FOLEY: Yes. I am neutral.
7 COURT REPORTER: Thank you.
8 MS. AVERY: All right. That's it.
9 CHAIRMAN WAXMAN: Need a motion to
10 adjourn.
11 UNIDENTIFIED: How do you have Bill
12 Bell?
13 MS. GUILD: You know what? I must
14 have an old list.
15 MS. AVERY: Yeah. We have Bill on
16 the new list as --
17 MS. GUILD: Yeah. Yeah.
18 MS. AVERY: We do.
19 CHAIRMAN WAXMAN: Can I have a motion
20 to adjourn?
21 MR. FOLEY: So moved.
22 CHAIRMAN WAXMAN: Second.
23 UNIDENTIFIED: Second.
24 CHAIRMAN WAXMAN: Have a motion.

Page 159

1 Have a second.
2 All in favor?
3 (Ayes heard.)
4 CHAIRMAN WAXMAN: Anyone opposed?
5 (No response.)
6 CHAIRMAN WAXMAN: Motion is approved.
7 Thank you all.
8 (Adjourned at 1:30 P.M.)
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

Page 160

1 CERTIFICATE OF REPORTER
2
3 STATE OF ILLINOIS)
4) ss.
5 COUNTY OF SANGAMON)
6 I, ROBIN A. ENSTROM, a Registered
7 Professional Reporter and Certified Shorthand
8 Reporter within and for the State of Illinois, do
9 hereby certify that the foregoing proceedings
10 were taken by me to the best of my ability and
11 thereafter reduced to typewriting under my
12 direction; that I am neither counsel for, related
13 to, nor employed by any of the parties to the
14 action in which these proceedings were taken; and
15 further that I am not a relative or employee of
16 any attorney or counsel employed by the parties
17 thereto, nor financially or otherwise interested
18 in the outcome of the action.
19
20
21 _____
22 ROBIN A. ENSTROM
23 Illinois CSR No. 084-002046
24

A			
abbreviation 12:12	acknowledging 71:22	19:16 109:4 147:12 151:16	advisory 1:3,15 103:1
abilities 143:16	ACO 123:9	additions 83:2	affect 42:20 63:3 68:14
ability 88:10 97:12 160:9	ACOs 123:14,17	address 50:10 66:13 73:12 80:20 82:10 100:20 135:1 136:4 150:6	affiliated 154:22
able 64:12 82:7 88:24 95:17 117:2 126:9,15 143:3 146:20	Act 33:15,16 78:6 122:15 136:10	addressed 62:7 72:8,23 93:15 96:24 128:16 128:20 134:18 136:3	Agbodo 3:10 4:9 11:24 12:4 18:14,16,22 19:1 25:9,18 27:8,15 28:5 29:6,19,22,24 30:3,17,22 31:9 31:22 33:4,7,10 37:5,11 38:5,15 38:18 39:15,20 39:23 40:1,13 40:19,24 41:17 41:24 42:8 43:16 47:9 51:15,18 60:19 61:7 63:8,12 74:14 85:6,9 108:3 125:3
abnormality 58:5	acting 66:8	addressing 141:20	age 14:23,24 15:2 16:22 18:1 20:16,16 21:7 21:12,18 22:1,5 35:15 51:1 54:12,19,23,23 56:6,14 70:24
absent 128:13	action 160:13,17	adds 129:22	agencies 112:20 113:14,23 115:3,5 149:19
absolutely 11:7 69:4 89:17 126:11	actual 13:7,9 14:20 34:10,19 34:24 35:19,23 36:1,3,6,14 37:3,21 41:7 45:24 46:1 47:22 48:7,12 52:14,20 53:2 53:15,16,20 54:5,12,14,16 54:18,22 55:2,4 55:8 56:6,8,12 56:20 58:14,16 59:6 71:4 120:19 124:23 125:14,17	adequate 88:2	agency 7:8 33:7 101:15 113:6
absorption 56:4	acute 72:20 73:10 79:1 120:8,23 122:17,19 123:15	adequately 68:8	agenda 4:1,4 5:9 6:9 73:20 79:18 105:16 110:20 111:1,19 127:12
acceptable 128:14	ad 4:13 95:5,6 96:9 127:16 131:5,7 133:12 135:15 145:3 148:8	adjoin 140:9 158:10,20	aging 10:2
access 135:1 141:17,19,22 143:1,8,9 146:17,17	admitted 72:21	adjoined 110:12 159:8	ago 68:1 77:14 127:17 132:10 132:14
accomplish 80:5 82:14,23 88:8 88:21 131:15 131:19	admission 58:3 81:10	Adjournment 4:17	agree 23:1 60:20 65:5,10 67:11 68:10 69:2,7
accomplished 77:12 132:10 132:14	admissions 26:5	adjust 47:14	
account 43:8 44:3 84:17 124:12	Administration 1:5	adjusted 74:8	
accountable 78:23	administrative 13:20 57:10,11 77:15	adjustment 13:24 16:21 23:18 24:10 56:22 59:9 60:5	
accounting 45:4	ad 4:13 95:5,6 96:9 127:16 131:5,7 133:12 135:15 145:3 148:8	adjustments 26:5	
accuracy 31:8,10 31:17,20	ad 4:13 95:5,6 96:9 127:16 131:5,7 133:12 135:15 145:3 148:8	Administration 1:5	
accurate 32:10 71:7 78:9 80:1 80:1 93:16 119:15 120:19 125:7 138:8	add 32:13 42:9 63:16 73:18 75:18 84:5 103:8 141:15 145:6 151:14	admission 58:3 81:10	
accurately 74:11	adding 81:3 135:21 143:5	admissions 81:9	
achieve 90:19	addition 90:9 122:14	admit 73:3	
acknowledged 109:21	additional 19:16	admitted 72:21	
		advantage 122:24	
		advantages 132:5	
		advising 12:17	
		advisors 66:8	
			agreed 7:15 138:12 151:15 154:14
			agreement 128:6 128:10,14,15 129:5 147:1 156:5
			agreements 7:5
			ahead 61:16 67:2 67:3 85:23 133:16 149:1
			AL 72:19 73:1,6 126:6
			Alan 2:8 5:10 30:10 32:23 72:10 96:2,11 103:7 106:13 108:21 126:1 134:12 141:14 142:24 153:4 156:13
			Allen 145:23
			allocate 13:11 56:1
			allocated 12:3
			allocation 13:13 19:23 50:2,12 52:6,9 55:19 58:12 75:3
			allocations 51:20
			allow 48:10 52:8 74:5 89:11 141:5
			allowing 141:4
			alluded 64:2
			alternative 118:17
			altogether

133:23 AL/SL 72:23 Amanda 3:18 ambiguity 107:14 Amiano 2:3 4:14 9:22,22 10:6 25:12 27:2 28:3 28:6 37:4,6,6 75:20,20 77:17 77:19,24 79:8 80:7 81:5 94:9 94:9,20 95:5,10 97:21 99:13,13 100:12 102:5 127:13,14 130:19 131:7 133:1,1 134:5 135:5 143:20 143:20 145:6,8 145:16 147:15 147:19 148:18 148:23 153:13 153:24 154:4 amount 45:22 122:8 139:23 analysis 34:13 55:15 58:4,21 59:10 70:19 80:16 120:17 analyze 58:13,15 analyzed 104:22 analyzing 12:16 49:6 and/or 141:4 Ann 3:6 8:1,9 156:1,14 annual 34:14,21 58:7 annually 8:6 answer 27:1 34:6 46:5 60:12 84:23 108:8 117:3 answered 73:21 answers 91:10 116:22	anticipate 10:24 anybody 32:11 57:22 88:5 120:22 124:17 146:21 157:11 anytime 108:19 anyway 20:1 45:12 65:19 114:5 137:8 apart 95:18 appears 71:19 applaud 104:23 Applause 150:13 application 23:8 83:6 151:10 applications 151:13 applied 21:18 52:4 85:4 apply 23:4 applying 23:19 appointed 98:22 appointing 99:5 appreciate 60:19 73:19 96:17 103:9 109:6 appreciated 75:24 apprised 109:1 appropriate 44:15 68:1 72:17 73:5 103:3,6 119:4 approval 4:4,5 130:7 approve 5:8,19 approved 74:13 128:23 129:19 140:20 141:1 159:6 approving 65:19 66:5 113:22 ArcGIS 35:17 area 13:4,14 15:18,19,22,23 16:1,2,20,23,24 17:1,4,5,7,8,9	17:10,11,12,13 17:14,16,23 18:3 19:4 20:8 21:1,1,5,11,15 21:16,20 22:5 22:11,15 23:3 36:19,22 49:7,9 49:24 50:7,7,8 50:13,17 51:21 52:10 54:4 55:20,21 58:24 60:7 75:1,2,4,8 75:13,16 85:13 85:17 87:9 91:8 101:21 129:13 areas 13:5,12 36:21 37:1 49:11,22 50:3,3 53:14 56:2,15 56:16 62:5,10 65:20 74:12 75:2,13 85:4 96:22 134:20 149:17 arena 129:21 argue 138:20 argument 116:10 arrive 71:16 aside 94:14 112:19 134:2 asked 104:13 127:15 asking 113:13 assess 126:10 assessed 31:17 assessment 122:16 assistance 109:5 assistant 127:3 assisted 61:6 62:23 63:5 64:7 64:13 67:12,15 68:2,22 69:9,16 70:3 72:1,16 87:1,19 112:8 112:10 116:1,5 associated	128:11 association 100:9 100:13 154:21 156:17,22 associations 7:10 8:16,17 100:9 103:15 105:13 127:22 139:1 153:17 assume 125:1 assumes 46:6 86:11 assuming 9:15 25:19 43:5,13 104:4 assump 59:22 assumption 15:13 19:8,23 20:1,2 21:3 36:6 48:1 50:15 56:21 75:11 assumptions 13:15,23 15:8 15:12 19:21 26:7,8 59:22 attached 69:5 attack 102:12 attend 101:8 attention 60:11 132:18 attorney 160:15 at-risk 14:3 23:4 August 111:11 148:2,5,6 152:8 authored 103:3 authors 97:10 automatically 119:6 auxiliary 141:22 availability 45:8 available 42:1 43:9 45:5 57:21 68:15 90:8 116:21 120:24 122:11,20 123:21 134:22 average 18:5,10	18:17 19:5 24:3 43:19 48:14,20 48:21 51:3 53:14,20,22 57:14,14,17 106:20 Avery 3:5 6:12 6:14,21 7:18 8:3 9:1,5 10:2,5 10:8,11,15 11:8 11:16,19 12:1 12:18 18:12,15 18:18,21,24 25:8,10 29:11 29:15,18,21,23 61:8,15 66:21 67:1 77:2,18,23 78:1,20 79:20 80:19 91:16,21 95:1,6,22 98:4 98:17 100:3,14 100:17,22 101:3 102:1,7 102:12,17,21 102:24 103:17 104:2,6,9 105:7 105:11,17 108:16,20 109:14,18,21 110:1,9,21 111:8,11 113:2 113:7 130:22 133:17 136:11 136:15,17,22 137:1,4 144:18 145:19 146:7 146:11 147:2 147:18 148:3 149:12 150:19 152:4,15,21 153:11,23 154:1,9,13 155:3,15,17,22 156:1,8 158:8 158:15,18 Avery/Jeannie 4:8
--	---	--	---	--

<p>aware 64:7 68:19 122:3 awful 97:20 131:16 axis 36:20,20 Ayes 5:15 6:5 96:5 99:17 159:3 A.M 1:21 5:1</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B 144:3 back 16:1,3 26:3 26:9 35:5 37:7 37:15 39:12,14 43:2 46:6 47:10 52:7 58:19 67:6 70:14 73:23 76:13 80:20 81:16 90:23 91:1,11 92:5,22 94:14 95:19 96:2,18 97:17 110:18 115:14 122:8 125:12 134:4 139:8 144:20,23 146:16 149:4 151:7,22 152:9 152:17 155:20 background 100:23 backgrounds 148:10 backlash 101:5 backwards 141:12 bad 56:24 61:22 112:3 Band-Aid 136:1 bang 114:24 bar 35:22 base 16:11,11,12 16:12,13,14,17 16:19 17:4,8,12 17:15 20:18,22 20:24 21:6 31:4</p>	<p>31:4 32:20 38:23,24 41:18 44:16 47:13,13 58:15 based 15:3,7 26:10 37:23 39:18,22 40:1,2 42:14 46:14 48:15 58:2 68:5 86:13 106:15 120:19 123:3 123:20 124:23 125:11,19 128:21 133:7 138:1,2 basic 94:4 basically 33:18 34:6 77:3 106:8 106:10 118:8 118:11 basing 45:23 basis 24:12 53:11 basket 132:22 beautiful 84:5 bed 4:9,11 7:19 8:10 12:21 13:3 13:17,18 14:2 16:5,10,10 19:4 19:10,18,18 21:22 22:11,14 22:17,17,24 23:10,18 24:20 31:2 34:5,18,23 36:9,10 37:2 40:8,9 41:15,19 41:20,22 42:1 42:13 43:3,18 46:24 48:1,16 48:24 50:12 52:9 53:21,23 54:9 55:16 56:1 59:11 62:12 63:3,9,21 65:18 65:20 66:5 74:16 77:9,17 77:19 80:14 81:19 83:24</p>	<p>84:11 85:3 86:9 86:11,20,20 103:13 104:16 108:2 109:1 115:18,18 118:18 119:6,6 119:7 124:7 125:16 128:15 129:3 131:22 132:16,23 134:3,17,23,24 134:24 135:4,6 135:7 136:4,13 136:18 137:15 138:10 139:22 140:22 141:10 141:16,17 142:13 143:5 144:4 148:11 bedrock 108:2 beds 13:11 15:1 15:10 17:18 19:17 20:4 21:12 25:4 35:13 36:12,15 36:16,17 39:19 39:22 40:2,4,9 40:12,16,17,22 40:23 41:14 42:3,17,20 43:6 43:8,24 44:2 45:5,6,10,17,18 45:20 46:1,7,11 46:12,17 47:2 47:21,24 48:18 48:21 49:22 50:16 51:20 53:21 55:5,17 55:24 57:23 59:19 60:3,6 62:15 67:13 71:3,3,10,16,20 74:12 75:12 78:5,10 80:3 81:1,3,23 82:2 83:21,23 84:1 84:17,20 85:11</p>	<p>85:13,15 86:10 88:23 90:20 93:10,10 94:4,5 104:18 106:16 107:1 114:16 115:17 125:16 125:16 127:2 129:18 134:21 135:23,23 140:18,18,24 141:5 144:2 began 5:1 beginning 76:12 behalf 153:3 believe 60:23 68:7 72:13 73:11,24 74:7 74:10 87:9 90:17,19 97:5 97:11 110:16 134:15 135:2 142:2 157:7 believes 153:19 Bell 2:15 51:24 100:7 102:6,8,9 102:14 106:5 106:19 108:9 108:13 158:12 best 24:8 25:14 25:20 27:18,18 57:17 92:15 119:12 125:9 160:9 bet 86:22 better 24:4 26:12 51:20 52:9 53:9 70:20 95:2 96:9 117:7 124:1 147:3 beyond 54:5 be/could 133:24 bias 24:11 34:22 52:18,22 53:4 59:5 biased 59:17 big 25:1 36:24 37:1 52:21 53:1</p>	<p>53:19 59:21 114:24 123:2 126:7 141:12 bigger 53:3 133:13 biggest 64:24 80:7 bill 6:1,15,17 9:21 10:24 11:5 12:16 32:14,23 37:14 39:10 51:24 77:4 78:21 100:5,7 102:5,7,8 106:2 106:14,15 107:19 115:9 120:20 140:13 142:23 143:11 147:13,14 156:24 158:11 158:15 billing 120:19 birth 26:11 31:11 32:2,4 births 32:21 bit 20:6 62:1 67:7 117:19 133:18 149:5 black 55:6 bles 148:10 blessed 84:2,3 blocks 79:22 board 1:2 8:5 9:11,16 11:2,12 26:23 65:18,22 65:24 66:12,13 74:13 76:18,19 78:7 97:13 100:18 129:19 133:4,9 136:8 137:5 141:11 141:21 146:2 147:5 148:16 148:22 151:1 151:17 152:2 153:3 Board's 29:1</p>
--	--	---	---	---

146:1	bureau 26:18	93:3 99:22	41:4 100:11	ceutilization
Bonnie 61:10	33:5	125:17 128:2	102:3 157:11	125:22
book 70:7	Burman 3:4	158:1	157:16	chair 5:6 7:15
bothers 69:1,7	154:11	called 5:3 34:16	carrying 46:16	91:19 96:13
bottom 19:14	business 4:15	57:10	Cars 86:15	98:11,13,22
125:7	69:11 70:7 93:1	calling 128:7	carved 139:15	99:12,21
bought 30:4	111:14,16,19	calls 103:24	cases 68:22 72:19	137:10 140:7
bounce 149:23	buy 25:19 27:9	camera 32:15	Casper 2:4 6:1,1	140:12 145:10
boundaries	buyer 129:24	candidly 144:10	37:14,15 38:11	146:16 150:6
76:18 136:21	130:3,11,13	capacity 48:5	38:16 107:19	chairman 2:2 5:3
boundary 129:9	buying 25:21	capital 115:16	107:20 108:5	5:6,12,14,16,18
brain 127:18	53:9 140:18	116:6	108:12,15	5:23 6:2,6,8,13
break 110:3	buy/sell 4:11	cardiac 123:5	115:8,9 116:4	9:10,18 10:17
111:23 126:5	103:13 128:8	care 1:3,15 13:21	120:20,20	11:15,17,20
breakdown	133:10,11	34:21 35:1	121:2 122:14	12:2 26:24 28:8
96:24	134:23,24	62:16,18,21	140:13,13	28:14,16 39:16
bring 11:6 74:8	135:11,21	63:2,5 64:8	142:23,23	39:21 40:10,14
100:18 111:15	141:17 142:9	65:16 66:8	157:1	42:7,22 62:8
112:3 113:2	142:18,20	67:14,17,24	Cece 40:20 41:9	63:23 64:18,22
114:13 117:18	143:2 148:14	68:1,8,9,19	41:12 104:11	65:5,9,13 66:18
124:17 128:4	buy/sell/transfer	69:17,23,24	106:5 125:10	66:23 67:3,9
144:23	4:13 128:8,12	71:1,5,14 72:2	142:6 152:11	68:17 70:12
bringing 39:12	128:20 129:4	72:17,20,22	153:1 154:20	72:10,12 75:19
75:23 109:4	129:10 132:4,8	73:7,8,10,13	156:11	78:11 79:6
111:24 112:22	132:19 133:6	76:4 77:7 78:22	Cecilia 2:5	82:17 84:24
115:2	133:11 135:8	79:1,1,3 82:2	census 18:5,6,10	85:7,22 89:13
brought 39:3	138:10	84:4 87:4 88:2	18:17 19:6,11	91:13,18 92:19
buck 115:1	bylaws 10:18	90:3,5,12 92:16	23:23 24:6,19	94:2,18,23
bucket 33:3	11:4 98:15	97:14 109:12	24:21 26:2,18	95:23 96:6,8,13
budget 109:3		111:13,24	27:17,23 30:20	97:17 98:10,14
build 32:22	C	112:21 118:5	32:3,20 33:1,4	98:19,23 99:5
88:11	calculate 16:10	118:10,19	33:5 43:20 44:4	99:10,15,18,20
building 81:3	16:19 17:3,16	119:24 120:9	45:9 57:1,2,5	102:2,19
87:5,14 88:3,13	17:20 18:4 19:2	120:10,23	57:12,15 58:20	103:19 104:7
115:17	21:4 47:11	121:16 122:19	88:14	105:20 106:1
buildings 69:9	calculated 15:21	123:18,23	certain 26:8 68:9	107:6,11,17
87:10 88:14,18	21:20 34:18	125:23 127:4	74:12 118:18	108:22 109:11
143:4	35:12 51:3	128:18 142:21	151:23,24	109:23 110:2
built 56:21 85:11	calculating 40:8	142:22 150:23	certainly 67:19	110:11,16
86:24 87:10,13	calculation 20:23	151:5,17	117:6,10 140:2	111:1,12,18
90:9 115:18	47:1,3 65:3	154:24 155:2	certainty 126:13	112:7 116:13
126:24	124:13	156:17 157:13	certificate	116:18 117:8
bullet 25:14	calendar 15:4,5,6	cared 67:24	115:12,13	117:12 124:16
bund 123:16	24:15 58:3	126:8	160:1	126:19 127:8
bundled 123:5	call 4:2,3 13:24	careful 91:6	Certified 160:6	130:18,20
123:14,15	18:13 31:7,16	care's 67:19	certify 160:8	131:20 136:7
bundling 123:17	34:22 85:15	Carolyn 2:9 5:21	cetera 104:14	136:14,16,23

137:11 139:14 143:12 144:16 145:13 146:14 147:21 148:6 148:21 150:4 152:23 153:7,8 153:12,13 154:6,10 156:18 157:5,8 158:9,19,22,24 159:4,6 challenge 126:15 142:24 chance 7:2 change 7:4 27:5 29:22 30:23 59:15 72:5 74:22 85:17 108:17,18 112:13,13 128:7 136:12 137:5 151:13 changed 29:21 83:1 137:19 140:1 changes 11:3 29:23 50:20,23 77:7,13 88:24 108:7 151:8,12 changing 29:12 29:15 65:2 67:18,19 75:10 84:12 93:14 124:24 charge 146:19 147:11 148:20 154:1,7 charged 76:15 77:5 146:12 charges 147:12 Charles 2:7 5:13 60:13 64:19 83:19 100:11 102:16,19 122:6 158:4 chart 43:11 152:5	charter 143:7 Chicago 1:11 2:1 3:1 28:12 36:23 75:8 155:11 choice 92:11 choose 87:19 Christian 90:1 Chuck 64:4 91:22 111:20 113:13 117:12 126:19 132:2 133:3 Cichon 116:24 circumstances 60:4 citizens 68:7 Claire 3:4 10:23 12:16 76:20 108:23 109:7 127:22 154:9 154:10 clarification 7:10 29:8 72:9 78:2 135:12 153:14 clarify 28:4 61:24 136:7 155:22 clarifying 150:14 classes 86:8 classified 62:22 cleaned 83:4 clear 35:6 88:7 88:21 clearly 22:23 50:2 67:16 68:23 clinical 72:19 close 25:3 53:23 74:19 closely 32:19 74:9 closer 117:13,19 CMS 113:18 118:8 122:16 Code 13:19,20 77:15 108:9,10 108:11,13	colleagues 72:18 73:4 collected 24:14 24:22 58:6 60:8 come 16:1,2 33:5 35:5 47:9 50:5 57:6 59:24 64:16 89:7 94:3 94:14 96:2,18 107:23 110:22 116:19 117:11 134:4,16 137:5 139:2 142:13 144:8 146:12 149:4 152:5 comes 8:21,22 34:13 57:1 comfort 90:16 95:16 143:22 coming 26:4 39:10 66:14 67:20 77:5 92:13 109:24 comment 13:1 23:11 25:17 33:13 34:5 46:6 48:17 74:14 85:21 89:20 124:4 commentary 150:22 151:4 comments 22:22 65:17 101:8 107:12 108:24 112:23 114:11 127:10 130:21 commingling 74:6 committee 6:11 64:6,12 101:10 131:24 133:7 133:12 139:18 142:10 143:14 143:15 148:20 150:6,7 153:19 commodity 86:12 86:13	common 40:14 75:24 communicate 92:10 communicated 133:9 communication 52:1 communities 80:24 community 46:10 66:11 82:9 83:3 97:15 company's 81:6 compare 13:7 24:2,6,24 26:17 35:20 42:17 53:2 compared 24:6 27:23 52:20 56:12 57:3 74:17 118:15 compares 55:3 comparing 34:9 comparison 24:1 47:18 57:6 121:18 competencies 97:23 competency 27:13 95:11 98:2 complete 70:1 completed 110:17 completely 146:2 complex 52:18 component 12:23 112:16 142:21 components 13:22 59:11 composition 7:4 comprises 93:2 compromise 6:16 11:11 155:4 compromises 6:23 11:12	154:18 computation 16:6 20:6 24:10 25:16,23 computational 12:24 compute 16:9,10 20:21 24:24 25:24 27:11 computed 26:21 computing 26:16 Comstock 3:15 6:17,22 28:19 28:19 CON 60:9 111:24 112:11,23 113:3 concentrate 131:23 132:22 134:3 concept 67:14 132:5,8,19 143:1 concepts 34:11 35:5 concern 40:10 concerned 14:9 concerns 7:11 62:10 conclusion 36:4 59:10 94:3 concrete 144:21 concurrence 39:7 concurrently 131:4 conditions 138:14 condolences 153:4 conducted 58:12 conference 61:11 confirmation 148:4 confusing 155:6 155:6 consecutively
--	--	--	--	---

30:21	continuous	57:12	152:7,11,17,22	35:4,9 46:14
consensus 4:14	150:21 151:4	county 20:9	154:23 155:10	49:7 53:9 54:20
128:5,18	continuum 127:4	36:23 57:13	criteria 87:18	56:23 57:7 58:4
130:10,17	contract 129:21	160:4	91:5	58:6,7,17,17
134:16,17	129:23	couple 38:21	critical 128:19	59:16,17,21
135:6,9,15	contrast 49:4	76:2 77:14	135:7	60:8 63:15,17
139:2,5 140:8	contribute	116:15 127:23	critically 97:1	65:3 70:23 71:4
142:13 144:9	102:21	137:7	135:10	71:8 72:5 80:2
144:24 149:3	control 24:9	course 7:4 64:17	crucial 61:21	85:19 93:4
151:24	25:15,23 53:6	69:4 91:16	CSR 160:21	94:13 95:12,14
consequences	59:8,20 64:21	100:4 128:23	Cunningham	97:23 98:1,3
25:22	65:1 115:11	court 5:5 6:19	2:17 101:14,15	101:19,20
consider 14:7	conversation	8:7,22 9:12,15	current 27:6 29:3	103:4 120:7,15
17:15 52:14	88:20 106:9	9:19 28:10,13	30:2 42:18,20	120:18 121:2
74:16 105:6	117:16 128:22	99:1 109:19	44:16 120:15	122:19,23
118:17 129:6	145:9	111:6 113:10	140:17	128:24 137:18
consideration	conversations	116:2 119:20	currently 113:22	database 34:14
125:5	80:23 83:8	120:2 155:13	130:5 140:23	37:12 64:14
considered 14:12	Cook 20:9 36:23	155:16,19,24	cushion 74:5	datas 30:19
15:21 74:13	core 97:23 98:2	157:15 158:2,5	customer-orie...	date 110:22
considering	Corpstein 2:16	158:7	89:12	111:4,8,9 134:4
138:11	45:15,15 46:12	Courtney 3:5 4:8		134:9 148:2
consistently 47:5	46:19 107:9,12	6:10 9:7,20,23	D	dates 79:17
47:7 124:8	correct 27:7 29:5	10:12 12:18	daily 18:5,6,10	110:23 145:4
Constantino 3:9	30:16,17 39:19	67:1 76:21 77:2	18:17 19:6,11	David 2:12 28:15
12:18	64:22 68:4 85:2	78:20 79:20	Dale 66:19	day 15:3 18:8
constantly 71:19	89:17 116:17	83:22 84:18	146:15,16	22:13 34:17
constituents	126:11	91:13 95:1 98:5	dam 126:5	36:5,6 58:16
129:24	correcting 47:20	99:23 103:8	dance 11:18	64:5 66:22,24
construction	correction 78:3	108:23 109:6	Dart 12:16 32:13	81:22 82:19
130:4	correctly 30:12	109:20,24	32:14 51:12	120:17
consumer 72:24	110:7 139:22	130:22 131:20	61:11,14	days 13:7,8 14:23
157:22	correlation 50:19	133:17 144:19	data 12:15,16	16:13 17:20,21
containers 120:4	50:23 51:3	148:16 149:12	13:16,23 14:19	18:1,2,7,7 19:3
continual 72:19	cost 69:4 118:9	cover 15:8 100:8	14:22 15:5	20:14 22:3,12
continue 18:13	118:19	covered 70:16	20:10,13,16	24:14 34:16,17
33:11 48:10	costs 73:9 118:23	covers 78:7	22:7 23:9,12,22	34:19,20 35:8
68:14 71:18	cost-based	create 96:9	23:23,23,24	35:10,12,20,23
73:1 76:24	115:14	129:21	24:1,5,5,7,16	35:24 36:3,15
121:23 125:2	Council 109:12	created 71:22	24:18,19,22,24	37:10 40:5 41:3
125:23 130:24	117:1	77:4 79:2 83:5	25:13,19,21	41:3,6,7,21
138:10 148:11	counsel 160:11	Credille 2:5	26:10,11,11,17	42:15 44:16
continuing 83:18	160:15	40:20 41:10,12	27:9,17 30:4,13	48:12 49:7,23
83:20 84:16,20	count 45:20	104:11,11	31:5,8,16,24	50:21,24 51:7
142:9	57:15 78:9	106:17,21,24	32:2,2,3,3,4,5,9	55:17,20 56:3
Continuity	counties 36:24	107:3 125:10	32:10,22 33:1,3	56:12,13 58:2
156:17	counts 15:4 57:5	125:10 142:6,6	33:4 34:5,12	59:18 62:20

81:12,12 90:15 101:20 118:13 125:15 dead 125:16 deadline 147:22 deadlines 8:2 144:22 deal 62:4 89:18 93:18,20 100:21 129:2 141:22 dealing 93:14 135:21 136:5 140:20,20 dealt 78:2 dear 89:23 death 26:11 31:11 32:3,5 deaths 32:21 debate 62:1,2 68:4 December 152:14 decide 148:24 decided 150:16 decision 119:13 119:15 121:7 131:24 decisions 66:3 97:13 declined 92:5 declining 71:3 decrease 49:2,3 52:23 decreased 49:1 decreasing 56:4 deemed 96:15 deep 143:16 defense 65:22 deficiency 25:6 59:12 define 8:18 34:12 defined 129:9 defining 138:14 definite 134:17 definitions 12:12 151:14	degree 115:18 delicate 66:3 demanding 8:20 demographer 27:22 32:17 57:20 demographic 15:9 28:24 demographics 29:14,16 demography 23:2 26:19 denominator 41:18 42:3 47:17 department 30:14 61:5 departmental 13:1 departments 10:2 depending 35:8 describe 91:22 described 41:8 describing 95:9 designed 71:8 129:16 desire 114:13 desired 76:23 detail 12:23 93:4 104:23 149:5 detailed 60:15 70:19 determine 31:19 46:15 119:4 148:21 determining 114:3 develop 122:16 developing 129:7 development 150:9 deviancies 54:3 DHS 10:3 diagnosis 121:14 dictating 81:1 130:14	difference 25:1,2 34:23 36:13,13 52:13,24 53:3 71:9 97:4 142:1 different 14:6,20 23:12,12 24:2 24:21 29:20 30:1,7 38:21 47:2 48:16 52:21,24 59:7 65:24 66:1 82:23 86:20 87:20 88:6 93:4 116:14 122:9 141:6 143:18 146:2 156:2 difficulty 85:5 direction 122:2 138:13 146:1,5 148:11 160:11 directly 40:4 72:21 89:21 134:22 disadvantages 132:6 disagree 68:17 76:7 134:14 disappear 139:12 discharge 118:23 119:5,8 120:21 120:22 121:5 discrepancy 72:3 discuss 105:4 107:7 discussed 140:17 151:15 153:18 discussing 135:18 discussion 10:23 11:10 96:21 111:10 120:5 128:2 135:16 143:8 147:9 148:11,15 155:11 discussions 78:13 134:11 146:22	149:10 disposition 121:5 121:8 dispute 67:8 dissolving 150:17 distribute 50:16 distributed 49:21 distributing 50:6 distribution 135:23 district 115:6 divide 18:7,9,16 40:6 divided 16:13 35:10 dividing 19:5 22:13 document 12:17 12:19 35:11 58:9 75:22 104:22 107:7 109:12 150:9 documents 96:20 doing 6:10 13:6 16:20 17:17 19:9,20,23 34:8 46:5 47:19,20 54:7,10 55:15 57:5 58:13 62:15 63:4 82:21,22 89:1 91:12 92:2 93:9 131:10 154:2 dollars 116:5,7 130:2 Donna 6:17,21 155:4 downs 53:19 55:10 Dr 32:18 draft 129:23 dramatically 81:11 drawing 150:9 drill 139:24 driven 125:13 drives 86:21	driving 82:20 93:9 drop 101:3 123:8 dual 123:18 142:2 due 33:23 34:2 52:18 58:16 139:22 142:7 duly 99:21 dumb 9:4 <hr/> E <hr/> earlier 43:2 64:4 91:1 111:22 138:4 143:13 145:2 early 38:24 78:14 easier 20:6 22:18 easy 129:17 echo 140:14 effect 8:21,24 9:1 99:7 effective 9:2 75:4 efficient 88:15,17 effort 60:17 150:11 efforts 61:4 eggs 132:22 eight 49:17,18 138:17 either 31:17 39:5 44:3 143:7 elaborate 25:16 elected 99:21 elements 94:13 95:12,14 eligible 115:19 123:18 eliminate 131:1 eliminating 71:23 employed 160:12 160:15 employee 160:14 empty 62:14 83:21 84:17,20 85:10,15 90:20
--	---	---	---	---

<p>125:16 encouraging 118:9 ends 118:12 energy 144:14 ENSTROM 160:5,21 ensure 20:3 60:3 60:5 entire 15:5 24:15 58:3 150:7 153:3 entities 69:17 environment 68:20 69:6 82:5 84:9 90:17 127:6 environments 82:8 envision 149:6 epidemiology 23:2 episodes 122:19 equal 8:16,19 14:2 16:12 17:21 43:12,13 equation 85:17 equilibrated 60:5 error 52:12,18 57:14,14 58:22 especially 31:10 32:4 56:22 65:19 141:23 essence 134:10 establish 113:5,6 establishment 113:4 estimate 14:6,7 14:17,24 15:7 16:15 24:20 31:12,13 32:1 54:17 57:1 58:23 estimates 14:2,3 14:12 57:9 et 104:14 evaluate 26:1</p>	<p>evaluated 27:17 31:10 38:6,9 56:11 58:18 evaluating 120:9 evaluation 58:19 133:20 134:20 Evans 2:11 61:17 61:18 69:14 113:8,12,12,17 113:20 114:2,5 117:22,23 119:14 120:12 121:10,11 122:10 156:16 events 123:6 everybody 12:6 70:11 84:13 90:18 155:7 everybody's 15:16 112:5 evidence 85:19 evolve 108:1 evolving 77:16 79:4 81:19 ex 7:22 9:24,24 exact 15:10 25:5 57:24 exactly 26:16 120:15 example 16:3,15 20:17 21:12 54:4 57:2 90:2 Excel 35:17 excellent 84:3,4 90:5 exception 68:24 excess 19:16 42:19 71:20 84:1 135:22 exchange 77:9 exclude 71:11 exercise 97:6 exist 40:17 existence 60:9 existing 19:17 22:16 40:22 91:4 141:1</p>	<p>exists 74:11 expand 88:11 expect 123:8 expecting 87:16 expediency 129:15 expense 129:22 experience 81:6 86:22 87:12,13 89:22 92:1,8 100:8 experienced 17:1 expert 117:2 expertise 101:21 explain 16:4 37:19 56:11 117:6 explained 106:6 explaining 17:3 explanation 97:2 109:11 150:10 explore 142:9 express 153:3 extra 20:4 46:17 60:3 85:12 e-mail 145:1</p> <hr/> <p style="text-align: center;">F</p> <p>fabulous 104:24 face 142:14 146:2 151:12 Facebook 90:4 facilities 1:2 34:21 35:1 62:19,24 63:1 67:17 78:9 79:1 81:3 84:4,5,7 84:11,12 90:21 91:4 97:14 143:5 facility 48:5 67:24 68:9,16 89:24 90:1,2,6 90:10,13 91:24 126:23 fact 43:8 61:2 62:4,13 66:4</p>	<p>86:20 109:3 132:8 138:12 factor 52:6 58:12 factored 38:3 124:11 factors 63:3 70:20 71:12 93:15 facts 138:2 fact/will 61:2 falls 134:8,9 familiar 15:17 118:10 families 92:13 family 90:3,6 91:23 family-centered 92:15 far 7:9 116:9,11 favor 5:14 6:4 96:1,4 99:16 159:2 fear 40:15 federal 33:2,5 68:10 73:9 114:7 118:8 feedback 11:13 101:8 102:8,13 104:14 105:12 feel 79:13 146:21 feeling 67:22 79:7,9 82:15 83:10 feelings 112:5 137:17 146:18 feet 84:11 ferret 94:16 field 121:5 fields 26:20 figure 37:16 49:20 64:15 79:10 95:20 114:15 139:24 figured 6:23 figures 32:20 35:14 110:13 filled 115:18</p>	<p>final 23:18 90:15 93:8 finally 21:23 22:15 financial 122:1 financially 160:16 find 26:3 52:5 61:10 72:20 87:14 88:14 finding 142:1 findings 55:14 97:2 finds 23:7 fine 18:15,24 87:17 103:24 106:1 117:14 finish 110:9,11 111:3 127:12 finished 83:12 93:13 first 12:14,21 16:8,9,21 19:22 20:12,21 23:9 33:3 34:12 35:18 50:13,18 51:23 60:14 70:18 77:12 86:2,9 89:21 128:6 134:16 137:12 153:22 five 12:3 20:19 22:10 30:24 31:2,13 33:19 33:20 39:1,2,5 103:18 105:8 110:21 128:24 139:16 five-member 101:10 five-year 30:23 33:23 34:2 39:12 fixed 51:23 55:5 55:7,8,11 56:17 86:13 fixing 95:18</p>
--	--	---	---	---

flexibility 51:9	food 111:21	42:16 43:10	106:12,13,22	glad 86:4 98:9
flexible 51:19	126:22 127:7,8	44:17 47:4	107:2,4 108:21	100:24 102:23
flies 142:14	force 138:5,16	79:14 95:17,21	108:21 109:16	glance 155:5
floor 1:6 31:16	Ford 54:4,5	104:15 129:14	126:1,2 134:12	go 6:13 12:3,5,7
61:12,14	foregoing 160:8	130:8 131:11	134:13 141:14	16:8 21:2 26:3
Florina 2:6 70:15	forget 133:23	131:13,17	141:14 145:23	26:9 43:2 49:2
92:20,21 94:17	154:20	133:5,10 135:7	145:23 146:9	49:16 58:19
100:24 104:3,3	forgot 109:18,22	139:3,7 140:3	153:6 156:14	60:21 61:15
104:8 119:17	formal 133:5	140:11 141:5	gain 17:17	63:10,22 67:2,3
119:17,22	formalizes	143:15,18	Galassie 66:19	67:6 70:20
120:6 135:13	151:19	148:13 153:15	146:16	73:23 74:24
135:13 157:2	formed 133:12	153:20	gallon 86:16	75:1 76:13
Flotow 57:20	formula 4:9,11	found 55:15	gap 27:20,24	84:15 85:16,22
focus 12:20	7:19 8:10 13:23	57:15 134:19	52:21 54:14	87:1,11,15,16
92:22 131:3	14:1,16,23	four 103:18	57:4 74:20	87:19 88:4
132:17 134:18	22:24 23:8,11	139:16 149:14	gas 86:15,15,15	92:11 94:13
137:14 141:19	24:3 30:14	149:14	gasoline 86:11,14	96:11 97:17
143:14 149:24	37:22 38:4	fourth 61:12,14	Gee 118:16	105:12 110:18
focused 76:17	40:22 41:7,14	four-bed 84:14	general 38:11	116:9,13
83:2,8 109:3	43:14 44:24	frame 76:8	128:5,6 130:16	121:15,15,16
143:17 150:3	46:10 47:10	Frank 156:23	135:20 137:2	121:17,21
focusing 76:22	48:9 54:7,9	front 147:17	geographical	125:12,23
97:9	59:13,13,15	frustrating 70:5	149:17	128:21 133:16
Foley 2:7 5:13,13	63:16,20 71:15	frustration 70:9	geography 129:7	144:20 146:16
60:13,13,20	77:19 80:9,15	79:24 83:15	George 3:11	147:8 149:1
62:8,9 64:17,19	85:3 86:4,9	full 88:18	12:18	150:19 151:6
64:24 65:7,12	93:3,4 97:7	functionally	getting 39:14	152:1 156:6
70:17 83:16,17	104:16 108:2	144:6	61:22 63:2 64:9	goal 77:12 89:8
83:19 89:15,16	109:1 118:11	functioning	68:24 72:7	89:10
100:11 102:22	124:7 125:12	142:20	79:13 99:2	goals 80:6 88:5,6
111:21 112:9	125:14 128:16	funded 114:8	103:12 116:11	144:21
113:5,16,19	131:22 132:16	funds 130:11,15	138:7	God 148:10
114:1,4,10,17	134:18 135:1,4	further 94:16	giant 141:12	goes 37:20,24
117:14 122:4,6	135:6 136:13	133:18 160:14	Ginther 3:18	38:2 74:18
122:13 126:20	136:19 137:15	future 14:9 26:2	6:17,21	85:14 87:2,6
132:3 133:15	137:19 138:3	34:8 61:2 63:7	gist 7:24	90:24 115:14
133:21 149:1	139:17,22	66:7,16 124:19	give 13:12,15	going 7:19 10:24
157:22,24	140:22 141:10	132:21	26:13,14,15	11:3,20 14:11
158:4,4,6,21	141:18 142:13	futurists 126:4	77:6 101:8	15:8 16:8 24:4
folks 82:1,3	144:5 148:12		111:2 143:22	24:12 29:4,4
126:6 142:7	formulas 124:22	G	154:23	32:8,14 38:1,12
143:22 144:13	formulation 16:7	Gaffner 2:8 5:10	given 11:14	38:22 43:9
follow 19:24 58:8	19:13	5:11 30:10,10	76:18 81:22	44:24 46:5 47:4
63:13 78:16	forth 128:4	30:18 31:6,15	125:23	53:10 55:13
following 44:18	155:20	32:23 33:6,8	gives 48:2 85:12	63:14,19 64:14
44:18	forum 141:2	72:11 96:12,15	giving 14:13 35:4	68:13 69:22
fond 86:7	forward 29:4	102:15 103:2,7	58:22	70:4 71:9 72:2

73:1,2,15 78:17	14:24 15:2	156:20,23	20:24 21:1,5,11	helped 28:3
82:23 84:8 87:8	16:22 18:1	157:4,11,14,20	21:15,16,20	61:20 104:24
89:3 95:16	20:16,16 21:8	157:23 158:13	22:4,11 36:19	helpful 64:3
99:22 103:21	21:12,19 22:1,6	158:17	36:21,21 49:7,9	96:16 145:18
105:1 108:6,22	35:15 51:1	guy 81:20	49:11 50:3,7,13	147:20 149:9
111:6 112:18	54:12,19,23,23	guys 19:14 61:8	50:16 51:21	helps 61:24
115:19 116:1	56:14 76:6,22	110:23 149:4	52:9 53:14 54:3	HFS 10:4,5 24:19
118:2 120:22	77:5 83:1 88:19	151:7	55:20 56:1,15	46:14
121:20 125:2	92:24 94:11,14		58:24 60:6 63:5	HFSRB 1:9
125:22 128:17	95:5,6,14 107:8	H	69:17 74:24	23:17 34:14,20
131:1,8 134:6	110:22 111:15	hand 70:13 99:2	75:1,2,3,15	58:7
138:7 139:4	111:16 116:20	handle 70:6 94:6	78:6 85:16	hiding 12:1
141:11 147:22	127:16 128:17	138:5	109:12 111:24	higher 36:1,2,5
148:13 153:9	129:5 131:6,7,9	Handler 2:9 5:21	112:8,19 113:6	37:2 44:11
gold 23:24 26:19	131:13,14,15	5:22 41:1,4	113:15,16,18	45:10 51:4
27:6 57:6	133:2,13,14	98:8	113:23 115:3	54:18,22 55:2
good 10:20 11:11	135:15 139:16	happen 48:3,7	116:16,21	55:17 56:5,8,9
27:19 28:1,6	140:5,17	138:18 147:22	117:24 118:17	56:11 67:18
39:5 50:5 56:24	143:24 145:12	happened 89:3	119:2 121:9	124:2
57:5 70:10	146:5 148:8,15	112:1,12	124:3 125:23	highest 49:3
75:23 84:7 91:9	150:16,17,17	happening 44:6	136:20 154:24	historical 19:24
94:11 97:13	153:14,17	happens 11:5	155:2	52:3
100:6 112:2	grouped 105:17	100:19 147:24	hear 18:22 51:13	historically
124:15 131:21	groups 56:6	happy 101:22	51:15,17 104:8	115:10
143:14	103:10 123:4	119:7 130:1	109:20 112:23	history 38:23
gosh 66:10	144:8 145:3	hard 67:7 71:11	116:3 119:21	143:8
gotten 145:21	grow 44:5 70:4	114:21,23	132:1 140:5	hit 90:22 145:5
government 73:9	growing 38:12	115:7	156:12	hitting 71:19
114:7 118:8	70:23 91:8	hate 95:3 153:8	heard 5:15 6:5	147:21
Governor 9:9	118:3	HCCI 6:22,22	30:3 65:16 85:1	hoc 4:13 95:5,6
graduate 86:6	growth 38:8	11:14 28:20	96:5 99:17	96:9 127:16
grandmother	56:10	108:24 154:15	128:24 138:22	131:5,7 133:12
92:2	guess 38:17	155:9,10	139:21 141:16	135:15 145:3
graph 35:19	44:17 47:6 62:9	156:14	156:18 159:3	148:8
49:19 52:11	65:12 68:21,24	head 6:13 82:13	hearing 80:16	hold 28:8 129:2
55:3 74:9,9	76:1 79:10	100:14 117:1	120:3 146:23	131:1
125:20	82:12 86:2	151:22	heartburn 80:10	holds 100:18
graphic 48:16	112:3 126:12	heading 25:13	hearty 128:2	home 63:2,5
graphs 35:18	126:21 127:13	heads 71:19	heavy 98:7 101:5	67:15 68:2,20
gray 49:24 75:12	127:15 128:1	81:21	101:5	71:1,3,3,12,24
great 66:11 86:4	132:7 134:1	health 1:2 10:3	held 1:19 78:23	72:2 87:15,16
86:4,10 102:1	140:14 142:24	13:4,5,12,14	help 12:9 53:8	87:19 90:1
122:24 149:21	143:12	15:18,23 16:2	66:16 69:12	111:24 112:8
greater 43:7	GUESTS 3:14	16:19 17:1,4,5	71:9 74:6 79:7	112:19 113:6,9
green 35:22	Guild 3:6 4:8 8:2	17:7,10,11,12	101:23 102:10	113:14,14,16
53:15 54:16	8:4,9,9 156:6	17:13,14,16,23	102:22 150:2	113:18,22
group 4:13 14:23	156:10,13,15	18:3 19:3 20:8	153:9	115:3,11,17

116:16,20 117:20,24 118:5,17 119:2 120:9,11 121:9 121:15,16,16 124:3 126:7 Homecare 117:1 homes 73:6 83:6 115:23 honest 146:15 hook 18:13 Hooray 82:6 hope 11:6 22:18 hopefully 47:3,7 60:24 72:8 93:17 144:22 hoping 75:12 hospital 72:21 83:7 118:13,22 120:17,21 122:8 123:9 hospitals 118:9 118:14,20 119:3 hospital-based 78:24 hour 110:6 hours 12:3 82:20 House 6:15 9:21 147:14 Housekeeping 109:23 houses 9:6,8 HPAs 49:12 HSA 49:3,4,8 129:8 HSAs 49:3 huge 55:8 hundred 45:18 139:5,7	107:22 137:20 141:23 identify 83:22 84:20 154:16 IDPH 1:5 15:11 25:5 32:3 42:11 58:1 100:6 ignore 124:22 ignores 125:15 IHCA 104:12,15 156:11 IHDA 106:2 Illinois 1:1,7,11 48:14 55:12 57:13 84:2 105:2 106:11 107:1 109:13 117:1 126:24 154:24 155:2 156:17 160:3,7 160:21 illustration 20:8 imagine 87:12 immediately 8:21 142:4 immensely 60:15 impact 4:11 38:10 72:15 105:13 112:20 115:21 117:19 119:24 impacts 73:16 implement 129:4 129:16 135:8 136:1 143:24 implementation 129:10 133:6 implemented 82:10 129:12 important 60:23 72:15 94:1 103:10 112:16 121:22 128:4 135:10 improve 24:20 improved 97:8 improving 13:13	inappropriate 73:8 inaudible 103:19 111:17 136:17 154:20 incentive 121:24 incentives 122:1 122:1 include 15:12 20:9 63:9 65:2 72:4 116:12 included 115:16 inconsistency 23:10,15 incorporate 42:13 63:5,15 63:20 increase 45:21,22 49:5 51:8 52:18 52:22 59:5,7 119:1 126:17 increased 48:24 increases 126:14 increasing 19:10 73:8 independence 91:24 independent 80:21 92:16 157:24 indicate 28:11 97:3,7 126:4 indicated 83:22 indicating 30:13 individual 85:4 individuals 82:7 146:3 industry 36:11 42:2 78:17 79:3 80:20 90:19 132:11,12 138:21 157:13 inertia 79:15 infor 120:21 information 61:21 62:11 64:2 70:19 93:5	114:14 119:19 119:23 120:22 121:21 122:11 informed 108:24 146:4 ingredient 31:12 initially 93:20 initiatives 4:7 6:9 82:4 122:20 125:24 innovation 89:9 90:23 91:3 innovative 89:11 input 20:12 23:9 23:22 32:21 59:16 94:12 135:17 inputs 71:16 101:20 institutional 123:23 integration 70:10 intelligent 83:9 interest 119:13 interested 160:16 interesting 65:13 65:14 66:6,10 interject 89:20 122:22 intermittent 118:2 intimately 146:6 intrigue 117:17 introduce 52:16 59:3 introduced 77:9 introductions 101:17 inventories 33:13 inventory 16:16 20:11 29:3,5 31:3 32:9 33:12 33:19,23 34:2 34:16 78:3 79:24 81:1 invest 89:4 investigate 50:19	invite 91:14 inviting 145:14 involved 11:3 109:4 146:6 involvement 93:20 103:14 issue 7:14 13:11 23:8,21 26:3 46:23,24 50:9 53:8 55:23,23 58:9 62:18 64:1 64:4,15 87:7,21 89:18 104:18 107:23 109:3 113:3 115:21 125:15 128:9 131:2 135:1,22 136:3,5 137:16 139:19 140:3 140:16,21 143:1,3,9,9 issued 107:6 issues 50:2 61:1 62:2 73:12 93:19 100:15 131:17 132:15 139:20 140:8 141:23 143:19 item 11:22 63:15 110:17,20 111:19,19 127:12 items 39:10 128:5 135:18 147:16 it'd 150:2 i.e 132:16
I				J
ICF 62:23 idea 13:13 117:17 149:21 ideas 12:15 80:10 identified 61:1				January 8:5,11 77:21 134:7,7 136:8 141:11 142:12 150:15 151:2,2 Jeannie 3:2 8:1 8:14 10:22 12:19

Jefferson 1:6 61:13	110:24	54:17,19 55:9	131:8,12,16	legislative 4:7 6:9 77:18
job 24:17 57:5 75:23 124:1 147:3	kept 108:23	55:14 57:4	137:22 138:9	legislatively 64:21 112:12
John 2:6 3:16 28:23 38:20 44:7 70:13 73:23 92:19,20 96:18 100:10 100:10,22 102:3 105:2 124:5,15 135:13 141:19	key 97:12 141:20 142:1	58:11 59:5,7,19 59:24 60:2 61:22 62:3,6,6 62:13 63:3,14 63:16,17,18 64:3 65:7,13,14 65:21 66:3,6,10 66:12,16 67:9 69:11,15,21,22 70:2,6 74:2,20 74:20,23 75:11 75:16,17 76:23 76:23 78:13 79:5,8,14,16,17 80:3,11 81:7,12 81:18,21,22 82:1,2,3,8,12 82:14,15,19 83:22 84:12,13 84:18,22 85:15 85:18 86:14,21 86:21 87:16 88:8,22 89:4,16 89:17,19 91:10 91:19 93:11 94:15 95:12,13 97:24 98:1,8 100:7,19,22 101:8,19 102:11 104:13 105:21 106:6 108:23 112:13 114:2,6,13,14 114:15,21,24 115:3,8,23 116:11 117:5 117:15,20,21 117:24 118:4 118:21 119:23 120:6,14 121:6 123:3,4,8,16 124:10 126:3 127:1,6,20 128:1,7 129:1 129:21,22	140:16 143:6 143:21,23 144:10 145:12 147:4,6,11,16 147:17 149:7,8 149:9 153:20 154:19 155:8 156:9 157:11 158:2,13	legislator 115:5 length 81:10 lengths 81:17 let's 13:17 52:15 73:3,13 76:24 95:20 111:4 129:21,23 132:22 134:2 146:24
John's 153:16	kind 35:9 54:19 67:8 70:9 77:7 77:10,16 78:5 78:16,17 81:7 86:6 89:4 94:2 98:4,6 105:14 105:17 106:5 117:17 128:4 132:3 139:3,10 139:11 144:17 145:17 148:1 152:5 153:7,21	76:23 78:13	knowledge 40:15	level 36:19 48:13 48:20 49:8,8,9 53:24 54:6,10 55:18 62:23 67:18 73:7 74:1 74:6,15,18 82:9 85:3,16 95:16 104:23 123:2 142:21
join 145:15	kinds 76:4 108:7 128:5	81:18,21,22	known 117:2	levels 73:13 76:4
joined 28:11	Kingdom 64:16	82:1,2,3,8,12	<hr/> L <hr/>	license 41:20 45:18,19 69:20
joining 133:3	Kirk 3:17	82:14,15,19	lack 78:8 95:2 96:9	licensed 14:24 15:10 19:18 22:16 25:4 35:13 39:19,22 40:2,9,11,16,23 41:14,19,20,21 41:24 42:3,13 42:18,20 47:21 48:15,18,21,24 57:23 59:18 69:17 73:6,7 74:16 94:4 104:18 140:19 141:1
Juan 3:3 10:21 99:4 103:22	Kniery 3:16 27:14 28:21,23 29:7,13,16,20 30:1,5 38:20,20 44:7,8 45:2 46:22 124:4,5	83:22 84:12,13 84:18,22 85:15 85:18 86:14,21 86:21 87:16 88:8,22 89:4,16 89:17,19 91:10 91:19 93:11 94:15 95:12,13 97:24 98:1,8 100:7,19,22 101:8,19 102:11 104:13 105:21 106:6 108:23 112:13 114:2,6,13,14 114:15,21,24 115:3,8,23 116:11 117:5 117:15,20,21 117:24 118:4 118:21 119:23 120:6,14 121:6 123:3,4,8,16 124:10 126:3 127:1,6,20 128:1,7 129:1 129:21,22	lady 100:15	limit 7:14 101:12
Judy 2:3 4:14 9:22 25:10 26:24 37:6 75:19,20 78:11 79:6 94:8,9,18 97:19 99:13 101:9 111:2 127:11,14 133:1 138:3 139:11 143:13 143:20 145:8 145:14 148:14 149:2 155:8 156:9,10	know 6:14 7:1 11:9 12:24 14:18 15:20 19:12 20:1,5 21:24 22:7 23:1 23:2,14 24:5,20 25:21,22,24 26:4,10,16 27:10,21 28:2 31:4 32:1 35:9 35:16 36:20,23 36:24 38:7,9,9 38:10,18,18,23 40:11 41:21 44:14 47:6,17 48:3,4,7,8,9,17 48:20 49:10 51:20 52:7,12 52:13,19 53:4 53:19,19 54:6	91:19 93:11 94:15 95:12,13 97:24 98:1,8 100:7,19,22 101:8,19 102:11 104:13 105:21 106:6 108:23 112:13 114:2,6,13,14 114:15,21,24 115:3,8,23 116:11 117:5 117:15,20,21 117:24 118:4 118:21 119:23 120:6,14 121:6 123:3,4,8,16 124:10 126:3 127:1,6,20 128:1,7 129:1 129:21,22	lands 107:3	limited 118:1 121:3
Judy's 88:4 92:22 151:23	June 1:20	91:19 93:11 94:15 95:12,13 97:24 98:1,8 100:7,19,22 101:8,19 102:11 104:13 105:21 106:6 108:23 112:13 114:2,6,13,14 114:15,21,24 115:3,8,23 116:11 117:5 117:15,20,21 117:24 118:4 118:21 119:23 120:6,14 121:6 123:3,4,8,16 124:10 126:3 127:1,6,20 128:1,7 129:1 129:21,22	language 78:4 108:4	line 48:14 53:15 54:17 55:6,6,9 74:9 124:23 125:7 126:12
<hr/> K <hr/>			larger 80:21 131:15	
Kathy 91:14,19 145:14 146:19			laser 76:17	
keep 47:6 73:11 95:21 136:12 143:12,18 152:15			late 101:16	
Kelly 2:17 101:14 102:3			Laughter 138:22	
			Lavenda 2:10 98:12 116:17 116:23,23 117:10 156:21	
			law 8:20 9:1 10:9 112:13	
			lay 145:2	
			layouts 12:17	
			LeadingAge 105:21,22 156:10 157:1,6	
			leaving 71:23	
			left 21:22	
			legal 130:2	
			legislation 39:3 65:2 77:8,15 108:7 116:12 133:19 143:7 147:18,19 150:20	

linear 54:17 56:17	112:21 119:24 120:10 142:21	132:18 138:15	material 12:6,8 12:13 26:3	Medicaid 24:23 68:2 87:21
link 141:8	150:23 151:5	love 126:3	materials 105:18	88:17 101:15
list 98:6 147:17 149:24 152:13 152:19 154:11 154:15 156:7 158:14,16	151:17 157:13 look 7:19 13:9,21 19:14 33:17 43:3 57:22 62:4 69:9 75:2 78:5 86:16 87:1 94:12,16 104:21 111:4 118:9 121:13 121:14 124:23 125:8 131:21 135:9 144:1,20 149:9,13,18 151:7 156:2	lower 39:11 44:4 47:4 51:4 LTC 4:9 lunch 109:24 110:4,5,6,14,15 111:3 120:3 140:9	math 138:5 148:9 mathematical 13:23 14:1,16 16:7 19:13 137:16 mathematically 22:24 mathematician 43:1 102:9 mathematicians 86:5 matter 118:22 130:13 138:14 146:15,22 148:19 maximum 16:23 21:4,7,10 41:23 41:24 58:23 MDS 101:19 mean 14:18 17:2 25:22 27:18,24 32:4,6 41:20 42:2 43:7,17 46:19 47:13 49:20 52:19,21 57:14,14,16,16 57:17 62:23 65:16 69:19 75:1 80:10,11 81:5 85:14 89:17 97:1 98:1 109:17 112:10 123:16 126:10 132:5 139:15 149:17 meaning 14:17 52:23 71:12 85:12 meaningful 149:10 means 25:17 139:17 mechanism 141:3	101:22 109:3 115:15,19 medical 113:14 113:16,18 Medicare 69:24 81:8 90:11 114:7 118:20 118:23 120:13 120:23 Medicare-reim... 120:23 meet 49:13 94:14 110:23 131:5 152:9,13 meeting 1:14,19 4:5,16 5:1,20 6:15 11:7,10 66:12,24 76:12 91:15 103:20 104:14 111:5 127:23 131:10 145:15 148:7 148:16,22 149:5 152:8 meetings 127:23 152:18 meets 93:23 member 7:8 28:15 91:23 members 2:1,14 7:22 8:16 10:7 10:10 66:13 103:23 147:5 membership 8:15 memories 86:7 merit 132:20 133:24 met 11:11 87:17 127:16,19 153:17 method 13:18 methodologies 105:4
listed 7:7				
listening 18:11				
little 20:6 67:7 70:5 72:8 101:16 105:15 115:24 116:5 117:19 125:7 133:18 145:24 149:5				
live 6:23	looked 6:15 78:24 118:2,4	magic 74:3 90:22		
living 62:24,24 63:5,6 64:7,13 64:13 67:12,16 67:16 68:3,3,22 69:9,16,16 70:3 70:3 72:1,16,16 87:1,19 112:8 112:10 116:1,6 127:3,3	looking 11:17 22:20 62:15 111:24 112:17 112:22 117:13 122:18 123:1 124:6,19 135:20 148:14 154:2	main 12:21 13:11 50:9 55:23 mainstream 78:19 major 84:21 majority 87:24 making 27:4,9 66:2 77:21 79:12 82:24 94:19,20 118:20 151:11 154:2 male 98:7 manage 123:17 managed 67:19 123:18 mandate 137:7 manipulate 75:17 manner 82:15 map 20:10 35:17 49:20,20 75:7,8 March 4:5 5:19 127:16,18 mark 30:20 57:20 market 42:2 116:8 123:12 123:20 markets 123:3 match 47:23 57:18 matchbox-type 84:10		
loaned 109:5	looks 8:18 41:14 54:7 62:16 87:5 125:17			
located 87:6	lose 139:9			
locations 73:4 86:23 87:3,10	loss 17:18 153:4			
logic 106:22	lost 89:23 103:12 116:2			
logical 80:11	lot 11:9 39:6 46:11 60:16 61:23 62:11,14 63:11 67:12 69:11 76:16 80:5,12 81:14 83:2,8 84:3,6 90:20,20 97:20 106:8 115:4 117:6 120:18 121:18 122:19 124:22 128:22 131:16 132:5			
long 11:10 79:5 80:14 89:19 132:10,14 144:7 156:19				
longer 120:11				
longest 142:10				
long-term 1:3,15 13:21 34:20 35:1 62:16,18 65:16 66:8 67:17,24 68:9 71:14 72:22 77:7 78:22 79:1 79:3 82:2 90:12				

<p>methodology 12:17,22,23 13:18,22 16:5 23:20 24:9 25:15,20 26:1,7 26:14,15,18,18 27:6,7,16,19,24 28:1 29:10,13 32:19 34:7,19 34:24 35:3 36:10 41:16 51:9,19 52:15 52:17 53:7 55:16 56:21 57:4,9 58:21 59:4,9,11 62:12 63:6 65:18 71:7 75:18 93:1,2,8 93:14,16,22 94:13 95:7 117:21 124:8 129:3 132:16 132:23 134:3 136:4 141:20</p> <p>Michael 2:2 Michael's 41:11 41:13 migrate 77:1 migrating 75:12 migration 26:11 32:2,22 Mike 3:9,12 5:6 9:14 10:17 12:9 12:14,18 39:17 42:9,10 44:7 46:23,23 47:11 60:11 63:16,23 67:8 75:17 100:5,5 104:9 Mike's 42:6 43:2 46:6 miles 86:16 million 37:10 146:16 mind 136:4 141:7 152:16 mindful 79:18</p>	<p>minds 66:2 minimize 24:10 minimum 16:22 21:4,7,10 58:24 101:19 minute 12:7 147:10,10 minutes 110:13 142:18 155:1 missed 101:16 mission 70:8 mistake 141:13 Mitchell 3:2,12 8:12,14,24 12:9 12:15,19 42:10 42:10 43:22 46:23 100:5,6 104:10 Mitchell/Ann 4:8 model 24:11 32:22 56:18 72:24 104:21 modeling 52:6 58:11 modernization 91:5 modernize 91:6,7 91:9 modernized 91:4 Mohammed 32:18 57:20 moment 113:21 money 53:11 91:9 116:1 130:11 monitor 53:8 month 109:6 142:5 months 120:14 130:3,9 137:23 138:17 142:5 142:17 144:11 moot 107:15 Morado 3:3 10:21,21 98:21 99:4,4 103:21 103:22</p>	<p>moratorium 128:10,11,13 morning 101:16 Motherboard 9:11,16 64:12 65:14 66:9 91:2 91:20 140:4 145:10 146:18 mother-in-law 89:24 90:15 motion 5:8,18,23 6:2 94:19,21,24 95:24 97:11 99:7,11,11 133:5 154:5 158:9,19,24 159:6 move 18:4 95:17 110:19 122:1 127:5 130:8 131:13,17 133:5 134:10 138:13 140:2 140:23 141:5 143:15 148:13 149:3 150:1 153:15,20 moved 5:10,21 92:2,4,5 99:9 105:8 158:21 moves 79:19 moving 79:14 95:21 111:18 129:14 131:10 133:9 135:7 139:6,19 140:10 143:18 multiply 21:6 22:3 41:19 47:16 multiplying 19:11 22:12 35:13,15 mute 51:11,17 muted 51:12</p> <hr/> <p style="text-align: center;">N</p> <hr/>	<p>name 98:20 104:8 156:19 names 6:20 national 106:19 nationally 67:10 67:21 123:2 nature 137:6 151:18 necessarily 121:6 140:12 153:19 need 4:9,11 5:8 5:12,18,24 7:19 8:10 12:22 13:3 13:17,18 14:2 16:5 19:16 22:24 24:20 31:2,23,24 32:11 34:1,5,18 34:24 36:9 37:20 38:2,16 41:16 42:19 43:8 44:5,13 46:9,11,24 50:9 50:11,12 55:16 55:21,22 59:11 59:23 60:14 61:9 62:3,5,12 63:3,9,21 64:8 65:18,20 66:5 68:5,23 74:5,11 74:22 75:5 76:5 76:16 77:19,21 80:15,24 81:1,2 83:14,24 86:9 86:13,15 88:23 90:23 91:5,11 93:10,15,19 96:8 98:22 99:5 99:11 103:24 104:16 107:17 108:2 109:1 114:3,15 115:12,13 120:10 121:21 124:7 128:16 129:1,3,6 131:22 132:16</p>	<p>132:17,18,21 132:23 134:3 134:18,21,23 134:24 135:2,4 135:6 136:4,13 136:18 137:15 138:5 140:22 141:8,10,17 142:2,13 143:14 144:4 144:22,23 145:5 149:16 151:8,9,12,13 151:15 153:14 154:4,5 158:9 needed 22:14 42:17 71:17 119:9 120:11 128:19 134:18 needs 16:10 19:4 19:4,10,19 22:11,17 23:10 23:18 50:8,8 67:23 77:20 82:11 93:23 99:6 100:20 131:24 137:5 139:24 148:15 neither 160:11 Nelson 3:10 4:9 11:22,23 12:2 18:18 25:8 27:4 28:8 30:10 32:14,19 37:4 37:14 39:16 42:7 60:14 61:19 62:9 70:18 73:18,19 74:7 75:21 80:8 85:1,1 93:6 95:13,13 100:4 104:4,9,22 107:22 110:18 150:8 Nelson's 97:2 105:19 124:20 137:20</p>
--	--	---	--	---

121:10,10 122:10 156:16	28:11,19 61:17 64:2 69:13 113:12 117:22 119:18 121:10 156:15	123:5	125:19 139:5,7	100:15
P		peeves 101:9	percentage	phrase 72:14
page 12:11 16:18 20:10 33:11,16 41:8,9,16 43:4 48:11 49:6 52:11 53:13 54:11,21 55:3 73:21,21 124:20,21	path 76:24	penalized 119:12	121:15,15,16 121:17 127:2	physical 84:9
pages 97:7	paths 76:16	pendulum	121:17 127:2	physician 123:4 123:16
pan 149:16	patient 13:7,7 14:23 15:3 16:13 17:20,21 18:1,2,7 19:3 20:14 22:3,12 22:13 24:14 34:15,17,17,19 34:20 35:8,10 35:12,20,23,24 36:3,5,6,15 37:10 40:5 41:1 41:3,3,6,7,21 42:15 44:16 48:12 49:7,23 50:21,24 51:7 52:16 55:16,19 56:3,12,13 58:2 58:16 59:3,17 62:20 63:19 75:9 92:16 101:20 118:12 118:24 119:5 119:10 120:16 120:16 121:7 125:15	126:17	percentages 72:6	pick 98:15 112:7
paper 4:10 13:2 22:21,23 23:7 23:15,22 103:5 106:2 110:19	payment 123:14 123:15	people 7:1 63:1 67:11,12,23 68:15,19 69:9 80:13 82:4 83:9 84:15 86:19 87:2,4,14,24,24 88:1,9 89:1,9 92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	percent/160 107:22	picked 142:4
papers 120:3	payments 122:18	87:2,4,14,24,24 88:1,9 89:1,9 92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	perfect 44:10 47:22 57:18 97:8	picture 62:16 65:4 71:23 112:17 120:1 123:2
parallel 135:2		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	perfectly 43:14 85:3 96:19	piece 70:10 77:15 78:6,21 95:18 95:18
parameters 52:8 63:9		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	period 15:15 26:9 36:8 37:22 38:3 79:16 130:6	place 76:6,13,20 77:11 79:19 128:13,21 130:5 141:22 149:7,8
part 15:9 24:16 62:17 64:14 65:8 67:19 83:15 95:13,21 97:19,22 101:4 104:4 112:18 114:8 115:10 135:16 156:4		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	periods 30:24	placements 71:24
Partially 39:24		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	person 68:4 90:14 91:23 103:4	places 87:1 88:11 126:8 154:21
participate 98:9 101:1,11,19		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	personal 79:9 89:21 92:1,8 132:7,23 140:11	plain 107:13
participated 150:8		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	personally 60:18 87:9	plan 140:3
particular 101:2 125:13		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	perspective 81:22 88:16 116:6,7	planned 34:16
particularly 138:11 141:9		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	pertaining 13:20	planning 13:5,12 13:14 15:19 16:20,23 17:3,4 17:7,9,12,16,23 21:1,11,15,20 22:4,11 33:15 33:16 49:7,9,11 50:3,7,13,16 51:21 52:10 53:14 54:3 55:20 56:2,15 56:16 58:24 65:23 66:16 74:12,13 75:1,2 75:3,15 78:6 85:4,17 97:12 119:8 131:5 141:21 146:1
parties 160:12,15		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	pet 101:9	platform 75:24
partly 137:14		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	Phillipee 2:18	play 106:10
party 31:23		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	Phillippe 42:23 42:24 43:17,23 44:20,21 45:3 46:2,18 67:2,4 67:5 85:20,24 86:1 99:9 122:21 124:18 125:4 137:9,12 138:23 149:20 157:7,9	players 83:3
pass 9:3		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	philosophy 69:2 69:3	
passage 107:15		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9	phone 2:12 3:15 3:18 66:20	
passed 9:5,8 116:12		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9		
Pat 3:15 6:17,21		92:12 93:23 94:11 95:11,15 95:20 97:18,24 98:16 100:20 101:11 109:4 114:13 116:15 118:5 138:4,5 138:19 139:16 139:18 141:5 143:16 148:9 149:23 154:11 156:2 157:9		

<p>145:11 please 28:9,11 89:22 105:5 113:11 plus 20:17 21:19 54:24 56:7 119:11 point 25:14 28:22 60:23 93:18,22 103:13 106:17 124:15 126:7 135:12 141:24 151:6 153:16 pointed 80:13 points 4:13 35:4 93:5 94:12,16 107:15 130:15 130:16,21,23 135:15 138:20 149:6,22 153:18 policies 78:16 150:22 151:4 policy 67:10,18 88:16 89:10,11 114:13 policymakers 68:10 politically 114:20 114:23 population 14:3 14:7,9,13,24 15:1,7 16:13,15 17:22,23 20:14 20:15 22:5 23:5 23:23,24 24:1,5 25:13,15 27:9 30:9,13,19 31:4 31:7,12,16,20 33:14 35:15 37:24 38:8,12 39:1 40:7 44:17 47:16 53:7,21 53:22 55:6 56:10 57:1,7,8 57:13 58:17</p>	<p>59:17 68:6 70:23 91:7 126:8 populations 42:15 86:16 position 140:14 positions 137:17 138:1 possibilities 97:3 possibility 101:7 111:23 112:22 126:21 possible 35:10,11 43:9 48:3 91:14 112:24 118:6 127:1,6 post 104:1 118:13,14 120:23 122:17 122:18 123:15 posted 26:22 154:16 potentially 140:21 power 100:19 powerful 124:20 PowerPoint 124:21 practical 42:24 practically 44:1 practice 23:5 59:14 precise 119:9 predict 43:7 88:24 89:3 126:10 predictable 88:23 predicted 58:16 predicting 34:8 predictive 14:17 14:21 58:11 predictor 125:9 138:8 predominant 87:23 preempt 109:17</p>	<p>prefer 88:22 preferred 118:4 preparation 96:20 prepared 105:4 preparing 145:17 present 2:1,14 53:13 140:4 149:15 presentation 12:20 14:15 48:11 80:8 105:19 116:20 presented 26:6 77:13 presenting 13:19 pressures 88:12 pretty 106:7,7 107:13 117:4 120:14,15,17 120:18 121:12 129:17 134:17 136:12 151:10 prevent 69:18 previous 47:12 price 130:14 primary 141:19 prime 90:2 prior 38:3 118:13 133:3 private 84:13 90:10,17 130:13 probably 38:13 60:20 65:21 69:12 74:3 80:4 103:24 125:22 142:17 150:3 152:4 problem 26:4 62:14,17 64:17 64:20 65:1,8 75:14,15 79:11 80:9,15,17 83:18,20 84:17 84:21,21 88:14</p>	<p>90:6 92:14 94:4 100:21 problems 86:18 95:20 136:6 procedures 150:22 151:5 proceedings 160:8,13 process 31:22 58:8 60:17 61:6 70:21 72:5 82:24 114:3 processed 47:6 produce 27:11,12 35:17 120:13 producing 57:12 product 83:12 84:10 89:5,9 93:8 products 86:24 Professional 160:6 program 4:12 60:9 68:2 77:10 103:14 106:9 124:13,13 128:8,8,12,13 128:20 129:7 129:11,15 133:7,11,11 134:23,24 135:11 141:22 142:19 143:2 144:7 149:7,8 programs 82:9 89:12 123:19 141:6 143:4 progress 151:11 152:6 project 14:19 18:6,16 19:4 23:3 31:1,1,13 33:20 36:5 41:2 44:15 47:4 48:6 50:4 52:24 65:23 121:19 130:4</p>	<p>projected 13:7 15:13 16:20 17:6,20,21,21 17:22,22 18:1,2 18:5,5,10 19:3 19:5,18 21:10 21:15,23,24 22:3,4,5,11,12 22:13,17 23:10 34:9,15,23 35:8 35:19,23 36:1,2 36:14 37:2,20 38:2,7 39:1 41:6 42:16,17 44:11 47:15,23 49:13,14,15,17 49:18,23,24 50:1,20,24 51:7 52:13,19 53:2 53:14,16,22 54:6,11,14,15 54:18,22 55:1,4 55:19,24 56:1,5 56:8,9,12,17,20 59:6 71:6 75:9 projecting 20:18 22:6 36:9,10,12 41:3,5 projection 13:4 14:2,4,6,8,14 14:18 15:2,15 20:19 24:9,11 25:24 26:2,12 27:20,23 30:22 30:23,24 32:11 34:6,18 35:3 36:8 38:14 39:4 39:5,12,13 40:17 42:21 47:16 53:7 57:3 57:9,13,15 63:10,21 74:8 projections 20:15 25:15 26:22 27:12 33:14 39:18,20 39:21 42:12</p>
--	---	---	--	---

63:21 72:4 projection's 44:24 projects 55:16 65:19 66:5 125:18 128:23 141:6 150:24 proofreading 12:19 properly 72:23 proposal 51:22 proposing 46:4 proven 57:12 proverbial 126:5 provide 12:22 16:7 20:7 31:23 48:12 49:19 71:13 97:14 104:24 127:4 150:21 provided 12:11 19:13 20:22 67:15 71:5,11 109:8 provider 81:21 123:15 providers 80:23 89:2 139:1 providing 12:15 146:5 public 10:3 67:10 67:17 88:15 89:11 121:2 publication 31:11 57:21 publicly 90:4 publish 23:20 32:3,5,7,9 published 57:19 59:19 pull 132:12 147:16 purchased 30:15 purchaser 129:18 purpose 24:23 76:14 141:18	145:2 purposes 129:15 pursuant 151:2 purview 151:17 push 139:3 pushing 68:11 69:24 70:1,2 put 28:24 32:15 52:7 60:16 76:8 90:3 95:2 98:20 104:15 126:6 129:2 132:21 134:2 138:17 139:11,12 142:11 148:17 151:16 154:21 155:1,8,10 putting 71:8 95:18 128:12 P.M 159:8	60:12 61:16,23 73:22 92:23 101:24 110:18 116:21 130:20 135:17 quick 25:11,12 34:5 37:7 56:23 73:17 91:22 quickly 12:7 14:5 55:13 quite 44:18 62:1 121:19 142:20 quivers 80:14 quo 136:12 quorum 5:4 10:19	21:17,23 22:4 23:4 36:7 38:8 40:3,7,8 41:18 47:11,12,13,15 48:13 50:20 51:4,5 52:3 53:15,16,17,17 53:18,20,23 54:12,15 55:4,4 55:5,8 56:5,6,9 56:14,16,20 59:1 60:3 63:19 71:1 74:15 124:2 ratio 51:24 56:17 rationale 115:11 115:13,20 116:8 rattling 120:3 raw 31:7,7,15 reach 40:16 reached 6:22 read 96:19 readily 120:24 readjust 26:12 readmission 119:12 124:2 readmits 122:8 readmitted 73:10 reads 147:7 ready 32:7 real 25:11 91:21 115:23 116:7 126:15 reality 40:18 realize 13:10 65:22 121:22 realizing 118:16 really 23:14 37:9 41:2 43:5 45:7 46:6 59:14 62:7 64:8 70:6,9 76:16 78:8 91:2 91:7 96:17 98:15 112:20 114:21 115:7 119:4,9 120:15	125:9 130:24 132:11,17 138:2,4,7 141:7 144:5 reason 37:19 64:10 115:16 117:5 137:13 reasons 88:12 recall 32:5 received 90:5 receives 65:24 recess 110:15 recognize 83:14 recommend 58:10 recommendation 8:11 27:5,8 58:10 77:21 94:10,21 139:21 141:10 151:21 recommendati... 8:5 77:6 94:15 100:18 134:6 136:11 137:3 145:20 151:1 152:1,2,19,24 recommending 27:3 95:19 reconvene 110:4 110:4 record 18:20 57:10 76:2,10 111:7,10 120:5 155:23 records 32:21 57:11 rectify 48:9 red 35:23 49:22 53:16 54:16 75:13 redefine 58:11 redo 151:9 reduce 118:19 reduced 81:11 123:6,10 160:10	
	Q	R			
	quality 13:16 56:23 84:8 87:4 88:2,2 quarterly 24:19 question 25:11 25:12 27:1 30:11 34:7 37:7 37:15 41:13 42:24 43:3 45:14 46:5 59:21 70:16,22 73:17 80:7 88:4 104:3 106:12 107:21,23 108:6 117:3 131:21 145:20 145:22 146:3 150:11,15 questionable 57:24 questioning 135:24 questions 7:3 9:20 10:16 12:8 12:10 50:18	radar 73:11 Raikes 2:12 28:14,15,18 raised 130:11 131:21 raising 64:5 range 15:18 21:14 53:20 rapidly 81:18 rate 13:14 14:3 15:16,19 17:4,6 17:9,12,14,15 20:3,24 21:11 21:12,19,22,24 24:24 25:1 35:7 38:12,13 39:11 47:4,15 48:23 50:23 53:23 54:15 55:7,8,11 58:12,14,15 63:13 74:18 88:17 115:15 127:21 rates 13:9 15:13 15:18 16:2,11 16:12,12,19,20 16:23 17:1,8,11 17:15,22 19:24 20:22 21:4,6,15			

refer 40:21	remind 69:15	100:10	112:1,12,23	76:3 83:10 88:6
referenced 96:23	133:2	require 108:6	113:3 137:7	90:7,14,17 92:4
referrals 123:7	reminder 133:14	126:24	150:21,23	92:5,8,9,14
123:10	reminds 86:6	required 147:13	151:4	92:15,17 110:8
referring 9:10	remote 32:16	requirement	reviewed 93:7	143:23 144:14
41:11 107:10	removal 9:23	108:1,4	reviewing 71:2	147:23
reflect 134:21	remove 7:21	requirements	97:6	rooms 84:13
reflecting 74:11	90:13	69:18,20	revision 33:24	90:10 92:13
reform 125:24	removing 10:13	requires 122:16	34:3	148:4
refresh 127:18	rendered 62:21	requiring 147:14	re-adjust 32:10	rule 19:22 50:15
regard 140:1	repartition 60:6	resident 15:4	re-based 31:8	51:6 56:22 60:5
regarding 7:3	repercussions	residents 64:8	re-calibrated	77:6 81:4 85:11
9:21 103:12	136:6	72:20 81:16	31:17	85:12 130:8
109:2 120:7	rephrase 41:17	127:5	re-evaluate 52:8	137:4 151:8
136:13	report 72:19	residing 63:2	re-evaluated	rules 13:24 16:21
regards 140:11	120:13 122:4,7	89:24	31:8 59:1,24	47:14 50:14
Registered 160:5	122:11 127:15	resources 78:8	60:7 74:21 75:6	52:4 60:2 75:5
regs 78:15	128:1 131:9	respect 50:24	rid 131:2	77:13 78:15
regulate 71:10	151:9,20,23	142:7	right 10:14,14	79:2 85:18
regulated 113:18	152:19,21,22	respectfully	19:1 22:14	108:14,15,19
regulating 116:8	152:23	134:5,14	25:20 29:19,22	130:5 137:7
116:9	reported 34:20	respond 68:21	30:3 31:22 32:6	151:7
regulatory 141:2	34:24	response 5:17 6:7	33:4,8,22 34:1	rumors 6:10
rehab-type 90:12	reporter 5:5 6:19	96:7 99:19	37:9,13 38:17	running 43:19
reimbursement	8:7,22 9:12,15	159:5	40:12,19 43:15	44:1,2 45:10
24:18,23	9:19 28:10,13	responsibility	43:21 45:1,8	81:7
115:14	99:1 109:19	130:12 131:8	46:2,12 52:14	R-a-i-k-e-s 28:15
reiterate 70:16	111:6 113:10	151:3	54:16 61:15	
relate 114:15	116:2 119:20	responsible	76:13 85:9,10	S
related 40:22	120:2 155:13	118:20	86:12 89:14	sad 139:10
56:20 150:24	155:16,19,24	rest 14:14 98:16	93:21 99:1	sale 140:18 141:4
151:16 160:11	157:15 158:2,5	129:17	105:9 107:4	SANGAMON
relates 70:8	158:7 160:1,6,7	restrict 113:21	113:19 114:4	160:4
relation 143:2	reports 147:4	restrictions	119:13 124:8	sat 140:15
relative 72:15	represent 7:9	114:8	125:2 137:4	satisfied 106:3
138:1 150:23	105:22 156:4	restrictive 68:20	138:23 142:3	saves 130:2
151:5 160:14	representation	69:5 82:5,8	146:2 151:11	saw 70:13
relatively 134:10	7:12 100:7	result 22:8 23:13	152:14 158:8	saying 27:5
reliability 23:22	101:6 103:10	39:2 156:5	rights 7:22 9:24	44:22 45:16
reliable 57:12	represented	results 22:14	rip 154:23	71:20 73:24
relief 136:2	101:23 154:12	23:13 26:12	risks 123:4	114:22 133:22
rely 104:17	representing	retool 119:7	Riva 3:17	134:1
remain 15:14	11:13 101:1	return 89:5	Roate 3:11 12:18	says 8:18 14:1
36:5,7 73:14	139:1 150:7	119:16	ROBIN 160:5,21	15:19 77:20
remember 72:14	154:17 156:22	review 1:2 7:2	role 130:14	121:5 150:20
78:14 110:7	157:6	13:14 22:21	roll 4:3 5:4	scheduled 1:21
149:21	represents 35:22	26:9 31:3 91:5	room 61:8,12	131:10

school 86:6	78:21 147:13	set-up 45:9 47:2	125:14	SNF 121:15
scientific 23:3 137:15	send 61:9	Shahidulla 57:20	simply 144:1	SNFs 116:9
screen 73:12	sense 44:6 80:12 88:18 135:24	Shahidullah 32:18,18	simultaneously 139:20	software 35:16
se 70:7	145:11 150:2	shaking 81:20	sincere 150:10	solely 83:6 130:12
second 5:12,13 5:24 6:1,3 18:18 20:23 25:13 28:9 89:22 94:17,24 95:24 96:3 97:11 99:8,11 99:14 128:9 147:10,10 158:22,23 159:1	sensitivity 103:9 103:16	share 90:7	single 65:23 92:5 92:8,9,9,17	solve 75:13,14 79:12
Section 144:2,3	sent 12:6 105:14 105:18	sheet 61:9	single-room 91:24	solved 84:22
see 22:8 26:4 35:24 36:14,21 38:10 39:8 42:18 44:11,12 48:14 53:17 54:2,13 55:9 57:3 58:13,21 59:14 66:7,14 68:22 75:12,15 81:20 87:11 88:10 91:3,3 112:4 126:20 132:5 143:21 155:5 156:12	sentence 150:19	shelter 112:10	sit 66:12,13 92:12 146:20	somebody 111:22
seeing 81:14,15 129:13	separate 46:22 46:24 79:2 124:12	sheltered 112:8	site 122:18	song 11:18
seen 48:8 54:8 56:4,7 122:23 124:1 135:3	separated 83:7	short 10:23 118:1	sites 69:19	sooner 47:8 124:10
selected 51:4	seriously 132:9	shorter 81:17	sitting 66:2 82:19 140:6	sophisticated 119:3 121:13
selecting 129:13	served 82:7	Shorthand 160:6	situation 49:21 136:2	sorry 6:19 8:7,9 9:7,13 16:11 18:19 49:1,13 64:19 67:6 83:19 101:15 107:9 109:16 109:19 116:2,3 119:20 120:2 122:6 133:15 145:14 156:13
self-explanatory 105:24 106:4,7	service 13:4 15:18,23,23 16:2,24 17:1,5 17:8,10,11,13 17:14 18:3 19:3 20:8 21:1,5,16 36:19,21,22 43:6,18,24 45:6 45:17 46:7,11 46:13 60:6 75:1 118:14 136:20	show 37:23 44:13 46:10 49:21 52:11 58:4 63:19 81:2 85:19 122:7 152:5	six 120:13 137:23 138:17 142:5 144:11	sort 152:17
self-reporting 80:2	services 1:2 69:12 71:14 113:9,14 115:12,22 117:20 120:10 121:17 151:14 151:16	showed 54:20 70:23,24	size 14:7	sound 23:1 104:24
sell 77:9 114:21 115:7	set 15:7 16:14 24:5,5,18 33:15 34:4 44:3,9 46:21 73:20 79:2 101:19 112:18 152:23	showing 41:2,6 62:14 80:24 126:12	skew 74:1	sounds 149:2
seller 129:24 130:12,13,15	setting 68:16 72:17,21,22,23 73:10 118:4 119:5 120:8,11	shown 27:17	skews 87:22	source 30:2,7 34:12
Senate 77:4	settings 73:8,15 87:18 89:12 122:9,17	shows 49:4 50:2 54:17 59:11 71:4 75:8	skilled 64:8 67:13 68:23 69:11,19,23 73:7,15 114:16 118:18 119:6,6 119:7 121:8 123:7,10,24 124:2	speaking 66:2,9 76:5 76:6 84:8 126:5
		side 78:7 123:24 142:12	skimmed 96:21	special 66:22,23 148:9
		sidebar 80:23	skip 11:21	specialize 116:16
		sides 146:23	SL 72:19 73:1,6 126:6	specific 69:18,20 79:11,17 123:13 131:14 131:18
		signature 9:9	slash 127:3	specifically 77:20
		signed 11:1,5	Slide 37:7 40:21 40:21,24 41:5 41:15 125:11	specify 10:19
		significant 7:3 54:2,13,14 59:12 97:4	slowly 134:10	speed 146:4 147:6
		significantly 56:15	small 27:24 84:11 92:14 149:24	
		sign-in 61:9	smaller 45:7 80:21	
		silos 118:22	Smart 122:15	
		similar 19:11 130:5	snapshot 155:5	
		simple 106:7 130:1		
		simplified 104:17		
		simplifies 104:19		

spell 10:9 102:10	82:4 83:21 84:1	156:20	109:8	survey 34:14
spend 118:12,15	84:4 85:2,15	Steven 2:10	subsequently	58:7
120:16 147:8	86:23 88:13	Steve's 148:10	90:13	surveys 34:21
spikes 53:19	89:10 93:24	stop 155:17	subtracting	sweet 89:23
spoke 70:17	105:2 114:6	stopped 92:3	19:17 22:16	swing 126:16
Springfield 1:7	115:4,15,24	stopping 28:22	successful 82:6	symptoms
2:14 3:8 9:21	116:5,7,20	stops 81:2	115:1	135:22
90:1	125:13,18	straight 55:6	succinct 82:15	system 71:15
SPSS 35:17	130:1,14	strange 54:20	sudden 38:1	81:19
square 84:11	134:21 135:24	55:11	suffer 25:6	
ss 160:3	160:3,7	stray 76:15	sufficient 139:23	T
staff 3:1,8 11:12	stated 41:15	Street 1:6,10	suggest 64:12	table 20:23 21:2
23:17 39:6	109:14	strictly 19:24	110:3 149:2,20	21:9 35:11
42:11 79:23	statement 27:7	42:14	suggested 53:8	48:19 66:2
100:4 109:2	42:6 47:20 76:9	strong 26:8	93:7	80:22 104:19
112:24 114:10	105:21	structure 14:8	suggesting 92:24	112:4 141:13
127:22 134:20	statements 65:17	59:13	95:10 100:12	143:2
141:24 144:20	76:3 105:14	struggle 80:5	suggestions	tackle 139:18
145:18 147:2	states 49:22	struggled 83:11	98:17 99:23	take 13:1,8 33:17
150:2 154:7	115:11 142:18	stuck 133:13	Suite 1:10	38:16 43:6
stage 74:22	142:20	study 57:19	sum 17:24 18:1	57:22 76:21
stakeholders	statewide 129:8	60:15	summarize 55:10	94:12 99:5
11:2	129:12,16	stuff 10:20 46:14	55:14 148:1	110:3 123:4
stand 107:16	state's 35:19 41:7	46:15 148:17	super 147:20	128:18 141:12
110:12	115:19	stumbling 79:22	superb 90:3	141:12 144:7
standard 23:5,24	statistics 86:8	subcommittee	supply 116:8,9	144:10 145:18
26:19 27:6 57:6	102:11	1:3,15,19 7:5,8	143:5	149:7,8,14,14
59:14 129:20	status 136:12	7:23 11:7 28:15	support 11:1	taken 45:21 68:8
129:23	statute 77:20	76:14,19 77:3	82:9 142:8	111:23 124:11
standardized	108:14 154:14	93:19 95:3	supported 62:24	160:9,13
122:16	154:14	96:10 99:6	63:6 64:13	takes 81:8 104:19
start 7:20 13:17	statutory 107:24	123:1 131:4	67:16 68:3	111:12 125:4
76:20 93:16	108:3,9	133:4,8 135:17	69:16 70:3	talented 143:16
130:3 138:19	stay 26:8 76:17	135:19 138:12	72:16 127:3	talk 13:3 23:15
144:24	76:24 81:10,17	145:3,21 148:9	supporting 142:8	72:18 87:22
started 64:6 92:6	87:2 143:17	150:21,24	supposed 66:19	95:14 100:4
starting 93:18,21	staying 87:17	subcommittees	76:22 78:14	101:23 106:3
144:12 149:24	step 17:19,20	7:13 147:9	150:16 156:6	110:19 111:3
state 1:1 13:4	22:2,10 141:12	subcommittee's	sure 11:4 27:2	141:18 145:14
27:22 31:20	steps 12:24 79:12	151:3	37:8,16,17	talked 39:6 112:9
32:17 43:20	130:24	subgroup 128:17	38:19 78:15,22	talking 9:13
48:13,20 49:8	step-by-step 16:6	140:15	85:22 93:21	29:14 47:1 59:1
49:11,20 50:5	20:5	subjects 12:21	98:13 100:9	64:5 69:3 99:3
53:24 54:6,9,10	Steve 97:24	submit 101:7	101:22 117:3,4	104:16 111:22
55:12,18,24	98:10 99:11,20	104:13	118:10 121:19	113:9 124:7
57:19 67:20	100:11 102:3	submitted 22:21	122:24 134:8	131:16 141:3
74:15,18 75:7	116:15,23	96:23 108:24	144:13 147:1	144:5 155:20

<p>155:20 158:3 target 43:15 44:4 targeting 50:14 targets 145:4 task 131:18 138:4,16 152:10,12 team 61:20 tell 81:6 123:6,9 telling 48:19 93:12 temporary 136:2 136:2 ten 30:24 67:24 85:12 139:17 tend 76:15 139:14 ten-year 30:20 39:4,13 term 7:14 36:15 73:2,5 79:5 96:9 118:1 terms 45:9 62:12 62:15 65:16 81:19 84:7,9 91:11 97:23 112:16 116:11 124:19 126:22 140:22 Terry 116:24 test 37:17 tested 57:11 thank 9:19 12:4 12:14 18:14,21 28:3,6,16,18 33:8,10 42:7,22 60:10,15,18 61:3,7,16 70:18 72:11 75:21 92:20 97:10,16 102:1 103:15 107:5,16 109:15 130:18 150:7,12 153:1 153:6,7 155:24 158:7 159:7 thanks 10:6</p>	<p>73:18,19 150:4 150:10 theirs 106:10 theory 138:2 thereto 160:16 thing 8:12,15 16:8,9 20:12,21 21:18 50:13 55:1 67:9 90:8 117:5 124:6 128:4 132:4 137:14 145:7 153:2 things 38:22 47:2 47:6 76:4,7 78:18 83:4,13 85:1 89:10 114:9 134:10 137:6,18 138:11 139:2 141:24 143:17 143:18 150:5 151:18,24 153:21,23 think 7:15,24 15:16 25:1 32:6 36:22 37:13 38:24 39:5,6,7 39:7,9,13 41:8 44:13,14,15 50:9,11 51:24 54:4 60:14,22 61:20,21,23,24 62:3,7 64:1 65:9,13,21 66:9 67:10,11,14,17 68:4,18 70:2,3 70:5,8 75:3,16 75:22 76:5,11 77:4 78:11,17 80:22 82:17,18 82:24 83:1,4,7 83:11,15,17 84:2,24 85:10 87:20 88:5,6,9 88:12,19 89:1,6 89:13 90:23,24</p>	<p>91:10 92:7 93:1 94:1,2,5,24 95:15 96:22 97:22,24 100:20 102:15 103:2,5,12 105:1,8 106:5 106:15,19 107:12,13,14 112:11,15 113:22 114:20 115:6,8,10 116:10 119:6,8 121:22 122:15 123:12,17,22 124:1,6,20 126:9,15 127:11 128:3 128:21 129:3 129:15 131:20 131:24 132:15 132:18,21 133:3,21,23 137:6,19 138:6 139:3,4,7,8,19 140:2,10 141:7 143:6,15 144:17 145:16 146:14,22 147:11 148:14 148:18 149:21 152:8 153:16 157:9 thinking 52:2 65:15 66:7,15 82:21 112:1,19 114:18 117:9 117:16 140:5 143:13,23 146:24,24 third 17:19,19 21:2 31:23 51:2 52:5 third-party 31:21 thorough 24:15 58:7 80:16</p>	<p>thought 60:16 87:15 100:10 102:5 105:7 111:22 117:18 126:22 127:7,9 thoughts 80:17 102:18 112:5 113:1 146:18 thousand 53:21 53:22 55:5 106:16 three 7:9,16,17 7:18 12:21 13:22 51:21 84:14 103:18 118:13 127:22 138:24 142:11 153:21,22,23 153:24 three-bed 92:4 thrive 92:6 thriving 92:3 throughput 81:15 throw 91:9 92:17 132:19 tied 141:17 till 142:12 Tim 42:23 44:21 46:3 67:3,4 73:23 85:22,24 89:21 90:22 122:21 124:18 125:21 126:11 144:16 150:4 157:5 time 8:19 26:9 37:22 38:22 60:16,23 61:4 70:24 71:14 78:19 79:16 80:2,2,14 89:19 90:16 98:1 103:12 110:10 110:12 118:1 127:11,17,24 132:10,14</p>	<p>133:10 134:1,9 139:9,23 140:9 140:9 144:8,15 147:8 149:4,23 150:3,11 151:20 156:19 timeline 25:7 33:15 34:4 81:14 149:8 timeliness 33:12 times 14:3 16:1 17:5,7,10,11,13 17:14,22 21:16 Timothy 2:18 Tim's 89:24 90:2 today 7:7,20 26:21 60:21 66:22 68:1 81:12 82:23 84:14 131:10 134:19 151:15 tool 122:17 tools 121:14 topics 128:3 torn 132:3 total 18:2,6 35:10 35:11,13 50:4,6 52:12,12 53:24 55:19,23 56:3 62:16 65:4 118:9,19 119:24 127:2 totally 65:5 140:7 touches 134:22 track 39:14 90:24 91:11 105:15 135:3 tracked 119:19 119:23 tracks 142:3 trade 53:4 traffic 82:20 trail 71:18 Transcript 4:6 transcripts 5:19 transfer 130:11 135:21 140:17</p>
---	---	--	---	--

<p>141:4 142:19 transfers 120:8 transition 144:7 trend 36:18 56:5 58:3 68:11,19 69:23 84:12 119:1 121:23 123:23 124:23 125:1,8 126:12 trends 77:7 78:12 78:16 124:11 trial 129:13 true 45:5,8 69:4 86:22 87:12 121:1 truer 65:4 truly 64:8 84:3 91:2 112:20 132:11,12 try 52:7 60:12 63:4 101:12 102:11 149:22 trying 18:12 27:3 31:19 44:19 45:11 64:14 79:10,12 80:5 82:12,14 83:12 84:18 88:9,21 89:18 90:18 100:14 119:3 131:17 two 7:16 19:21 31:2,5,6 33:18 33:24 47:1,7 52:24 53:1 56:11 59:8 92:3 97:18 103:18 124:9 141:8 143:17,18 147:4 150:5 152:18 153:21 two-and-a-half 81:8,9 82:20,22 two-bed 90:7 two-hour 11:18 type 46:15 117:4 120:8 129:9</p>	<p>typewriting 160:10</p> <hr/> <p style="text-align: center;">U</p> <hr/> <p>ultimately 121:20 undergo 24:15 58:7 underlying 136:3 136:5 underserved 62:6 understand 14:14 20:7 22:19 23:15 27:3 45:13 70:20 114:12 114:19 115:21 understanding 37:17 66:18 95:12 98:3 105:1 109:7 135:14 137:18 understood 30:12 underutilization 74:2 underway 96:22 uneasy 145:24 unfortunately 84:6 UNIDENTIFI... 7:17 9:3,14 10:4,9,14 29:9 30:6,8,9 39:24 41:23 43:21 51:13,16 61:13 63:11 105:10 105:16,23 108:10,18 113:24 114:12 114:19 119:11 121:1,3 124:15 136:18,20 137:2 143:10 150:14 151:19 156:12 157:12</p>	<p>157:17,18,19 158:11,23 unified 88:7 unlicensed 73:5 104:18 unnecessary 62:2 unpredicted 60:4 unused 78:5,10 80:3 83:23 update 4:7 6:9 updated 47:7 upgrade 143:4,4 143:4 usable 93:23 usage 125:13 use 12:7 13:9,14 14:2,22 15:1,13 15:18,19 16:1,2 16:10,11,12,12 16:19,20,21,23 17:1,4,6,8,8,11 17:11,12,13,14 17:15,21 19:6 19:20,24 20:10 20:13,22,24 21:3,4,5,5,6,9 21:10,12,15,16 21:19,22,23,24 22:4,7 23:4,4 24:3,19,23,24 25:1 30:1 31:21 32:8 35:7,16 36:7 37:21 38:8 38:12,13 39:11 40:3,7,8,12 41:18 43:3 44:4 46:20 47:4,11 47:12,12,13,14 47:15,21 48:7 48:12,23 49:22 50:20,23 51:4,5 51:5,23 52:3,3 53:15,16,17,17 53:18,20,23,23 54:12,14,15 55:4,4,5,7,8,8 55:11,11 56:5,6</p>	<p>56:9,14,16,20 57:11 58:12,14 58:15,24 63:13 63:18 68:12,13 68:14 72:3,6,6 74:9,15,18 78:4 86:15,21 87:2,6 87:11 94:5 102:24 120:9 124:23 useful 89:6 usefulness 121:4 uses 125:14 141:21 use-or-lose 130:8 Usually 18:8 91:22 utilization 37:24 38:3 42:14 71:1 81:19 115:22 119:2 125:18 125:19 126:14 126:18 utilized 71:13 107:1 utilizes 93:4</p> <hr/> <p style="text-align: center;">V</p> <hr/> <p>vacate 110:8 vague 77:8 136:13 137:1 valid 39:4 validation 24:16 58:8 value 14:13,19 14:20 34:23,24 35:14 52:19,20 53:3 58:24 123:2 values 38:7 59:8 variability 35:3 56:19 58:14,15 variable 52:15,17 59:4 variables 34:15 variance 35:2 52:22 53:5 55:7</p>	<p>variances 24:11 variant 76:16 varies 87:20 88:20 variety 80:21 88:11 141:6 various 144:8 vary 53:18,18 56:14 87:8 123:3,20 vendor 26:13 31:19 53:10 vendors 24:2 25:19 27:10 30:16 31:21 verified 58:1 verify 15:11 25:5 versa 134:22 versus 35:19 39:13 41:6 72:3 112:8 118:21 136:9,9 vice 134:22 Vice-Chairman 2:15 videoconference 1:20 view 103:9 vital 32:21 volume 81:8 voluntary 142:19 volunteer 98:20 100:2 101:18 vote 98:22 99:5,6 133:5,5,8,19 139:6 voted 98:23 voting 7:21 9:24 10:1,7,10</p> <hr/> <p style="text-align: center;">W</p> <hr/> <p>wait 148:16 waiting 9:9 148:3 waiver 68:2 walk 68:22 69:8 73:20 walk-through</p>
---	---	--	--	--

MEETING 6/17/2015

75:22	6:13 9:10,14,18	48:16 51:8 54:5	141:3 143:23	143:24 144:3
wall 71:20	10:17 11:15,17	71:21 87:5 93:5	144:5 146:23	148:19,19
want 8:16 14:10	11:20 12:2	95:2 102:10	146:24 147:21	149:18,24
19:21 23:3 24:2	26:24 28:8,14	115:14 116:14	151:10,11	150:11 153:22
26:9 37:8 52:16	28:16 39:16,21	119:18,22	152:8 153:20	worked 37:21
57:22 61:3	40:10,14 42:7	120:7 126:17	155:18	43:14 61:2
63:20 67:6	42:22 62:8	126:22 152:11	we've 12:3 39:6	workgroup 95:3
69:14,15 70:15	63:23,24 64:22	ways 138:6	62:7 64:5 65:10	95:7 96:10
73:1,18 78:4,23	65:5,9 66:18,23	website 26:23,23	65:16 79:9,15	100:17 101:11
79:18 84:15	67:3 68:17	29:1 33:2 147:7	79:23 83:11	104:20 131:5
87:14 88:24	70:12 72:10	154:16	89:17 94:7	131:19 138:16
89:2,8,9 91:3,3	75:19 78:11	Wednesday 1:20	104:21 106:8	139:11
91:6 92:11	79:6 82:17	welcome 28:17	126:7 127:23	working 60:24
94:21 96:11,13	84:24 85:7,22	42:8 103:17	128:7,24	86:14 110:4
97:19 98:12	89:13 91:13,18	130:19 146:1,6	134:19 135:3	140:16 142:11
102:20 103:8	92:19 94:2,18	146:9	135:22 141:23	148:8 152:5
106:2 107:7	94:23 95:23	welcomed 109:9	147:4	works 32:18 85:3
110:18 111:15	96:6,8,13 97:17	went 87:9 93:3	whatnot 129:22	97:24 98:3
118:16 120:6	98:10,14,19,23	96:24 97:6	whichever 134:7	world 44:10
121:20 125:17	99:10,15,18,20	133:18	white 4:10 13:2	47:22 83:7
130:24 131:2,3	102:2,19	West 1:6,10	22:20,23 23:22	worrying 144:4
131:13,14,21	103:19 104:7	we'll 7:6 16:2	103:5 110:19	worth 115:2
131:23 145:12	105:20 106:1	29:24 48:15	wholeheartedly	wouldn't 46:10
147:23 148:16	107:6,11,17	59:19 80:4	125:21	wrap 19:21
149:3 153:15	109:23 110:2	101:12 102:12	widely 53:18	55:13 82:13
154:18 156:3	110:11,16	102:24 110:11	117:2	written 101:7
158:1	111:1,12,18	110:12,22	widespread	wrong 23:6 78:4
wanted 92:17	112:7 116:13	111:2 148:21	151:18	85:2
96:18 101:18	116:18 117:8	152:9,15	William 2:4,15	wrote 91:16
109:10 132:12	117:12 124:16	155:19	wish 60:18	
137:12 138:13	126:19 127:8	we're 7:19 10:24	wonder 112:2	X
142:14 155:7	130:18,20	11:3,20 14:12	wondering	X 39:1,2
wanting 89:8	131:20 136:7	18:12,15 39:13	116:18	Y
92:10	136:14,16,23	44:1 46:7,15	word 78:12	yardstick 31:18
wants 25:10	137:11 139:14	47:1 51:17	90:22	yeah 6:12 8:3 9:5
84:13 90:18	143:12 144:16	61:11,22 64:14	words 37:23	18:12,24 29:11
91:2,24 98:19	145:13 146:14	66:24 71:2,8,19	work 15:9 27:22	29:15 30:5,8
99:7 100:1	147:21 148:6	71:21 72:2 76:5	30:18 32:12	37:11 38:5
105:22 124:17	148:21 150:4	78:14 79:7,11	53:10 73:19	39:15 41:10
wards 84:14	152:23 153:8	79:14 80:15	86:5,10 93:13	43:22 45:2
Washington 1:10	153:12 154:6	86:14 88:20,21	95:12 97:20	51:12 66:21
wasn't 39:2,4	154:10 156:18	90:18 91:12	110:5 112:16	67:4 74:14 81:5
78:22,24	157:5,8 158:9	93:9,21 95:16	128:16 129:14	95:10 101:14
watered 11:9	158:19,22,24	99:1,22 101:23	133:7 137:24	105:23 107:11
Waxman 2:2 5:3	159:4,6	124:6 131:1,9	138:15 139:10	108:20 116:4
5:6,7,12,14,16	way 6:23 26:17	131:17 135:18	139:10,16	117:10,14
5:18,23 6:2,6,8	40:16 44:9 46:7	139:4 140:5,20	142:15 143:17	

119:17 126:20 135:5 136:22 148:3 152:7 158:15,17,17 year 15:4,5,6,14 16:14,15,17 18:8 20:18 23:14 24:15 31:4 34:15,18 38:23,24 40:6 43:3 44:16 47:13 52:24 53:1 57:2 58:3 59:18 125:6 138:18 139:13 yearly 53:11 years 7:18 20:19 30:20,24,24 31:2,3,5,6,14 33:18,20,21,24 39:1,2,5 47:7 58:20 60:8 67:24 69:11 77:14 79:10 82:10,22 84:19 124:9 128:24 129:2 137:8 140:7 142:11 146:17	1 4:3 8:5,11 25:2 36:19,20 77:22 136:8 142:12 150:15 151:2 1.1 19:12 1.2 53:21 1.2124 21:14 1.6 16:1 17:9,11 17:14 21:7 1.92 57:16,18 1:30 110:8 159:8 10 19:10 20:3,10 44:11 45:4,23 47:23,24,24 60:3,22 10-10 81:4 11 35:14,17 36:20 49:3 110 19:12 12 140:7 12:00 110:3 13 49:3 13th 111:11 148:5,6 15 10:8 45:20 81:12 16 33:11,16 134:7 160 15:17,20,24 16:24 19:22 21:3 47:14 50:14 51:5 52:4 56:22 59:2 60:1 60:4 75:5,10 85:18 93:6 17 1:20 134:7 141:11 17,350 36:16 18 37:8 41:5 43:4 81:12 124:21 125:11 130:3,9 18-month 130:6 19 10:13 1905 77:5 78:22 147:13 1990 58:19	2 2 4:4 12:11 35:11 37:16 20 30:2 48:11 123:8 200 84:11 2000 13:8 14:11 27:20,22,23 35:20,24 36:15 38:24 49:12 58:17 81:13 2002 35:20,24 2003 13:9 48:13 48:23 2005 35:21 36:2 36:6 37:1 57:21 2008 35:21 37:20 49:10,16 81:13 2010 13:8 20:14 20:14,18 35:21 36:2,15 37:10 37:20 38:1 43:4 43:11 49:12 53:15 57:2,3,16 58:18 81:13 2012 32:7 58:6 2013 13:9 14:11 16:16 20:11,19 32:7 33:23 48:13,23 2015 1:20 4:5 5:19 14:10,11 20:14,20 22:7 33:24 34:1 81:14 136:8 2016 8:5 14:13 136:9,14,15,24 137:1 150:15 151:2 2017 8:11 34:3 77:22 136:9,16 136:18 139:23 142:12 21 49:6 21.2341 21:21 24 4:5 5:19 52:11 24th 127:18	25 53:13 81:12 26 54:11 26.4 53:20 27 54:21 29 37:9 55:3 3 3 4:5 3.4833 21:21 30 101:11 123:7 123:10 300 84:11 32 97:7 35 9:6 81:12 35.9555 21:21 3500 1:10 3510 6:15,24 9:21 11:10 79:17 107:15 147:14 156:5 36 49:15 365 18:8 35:13 35:15 41:20 4 4 4:7 48:24 49:2 4th 1:6 4.7 49:5 40 60:8 81:12 106:16,20 446 22:15 5 5 4:9 11:21,22 41:16 43:5,23 45:6 110:17 50 55:5 106:17 51 106:17,21 107:3 535 1:6 61:13,14 59 49:12,13 6 6 4:13 36:22 60 15:17,20,22,22 16:23 19:22 21:3 47:14 50:14 51:5 52:4	56:22 59:2 60:1 60:4 70:24 75:5 75:10 85:18 93:6 107:22 60602 1:11 62761 1:7 64 20:16 21:12 54:12 56:7 65 20:17 21:19 54:23 65-74 56:6 69 1:10 7 7 4:15 16:18 20:9 35:14 36:22 111:19 70 74:3 72 46:13 74 20:17 21:19 54:23 75 20:17 21:19 46:13,16 54:24 56:6 74:4 78 48:15,18,21 74:16 8 8 4:16 41:9 80 45:19 85 45:20 74:4 87 49:16 9 9 4:17 40:21,21 40:24 41:15 49:4 9th 127:16 9:30 1:21 9:47 5:1 90 15:15 19:7 20:2 43:15,19 44:4,23 46:16 48:1 60:1,2,20 73:24 74:5,17 74:19,21,22 75:14 85:11,12
Z zero 20:16 21:12 52:7 54:12 56:7 57:17 0 0.0969 21:13 0.4546 21:17 0.456 21:13 0.6 17:5,7,13 21:6,16 0.9 19:6 22:13 0.90 18:17 084-002046 160:21 1				

MEETING 6/17/2015

106:24,24 125:19 95 44:2 49:10,12 49:12				
---	--	--	--	--