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STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD  
LONG TERM CARE ADVISORY SUBCOMMITTEE  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

MEETING OF THE LONG TERM CARE ADVISORY SUBCOMMITTEE

The meeting of the Subcommittee was held by  
video and teleconference on January 14, 2015,  
scheduled to begin at 10:00 a.m.

1 MEMBERS PRESENT:

2 Chairman William Bell, Member

3 Alan Gaffner, Member

4 Charles Foley, Member

5 Timothy Phillippe, Member

6 Cecilia Credille, Member

7 Judy Amiano, Member

8 Steven Lavenda, Member

9 John Florina, Member

10 William Casper, Member

11 Kelly Cunningham, Member

12 Patricia O'Dea-Evans, Member

13 Paul Corpstein, Member

14 David Raikes, Member

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1 ALSO PRESENT:

2 Dale Galassi - HFSRB Member

3 Juan Morado - HFSRB Counsel

4 Claire Burman - HFSRB Staff

5 Jeannie Mitchell - HFSRB Staff

6 Anne Guild - HFSRB Staff

7 George Roate - IDPH Staff

8 Michael Constantino - IDPH Staff

9 Bill Dart - IDPH Staff

10 Jason Speaks - LeadingAge

11 John Kniery - Foley & Associates

12 Charles Sheets - HCCI

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20 Court Reporter:

Jennifer L. Crowe, CSR

21 Illinois CSR #084-003786

Midwest Litigation Services

22 15 S. Old State Capitol Plaza

Springfield, Illinois 62701

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24



1 (Start time 10:17 a.m.)

2 CHAIRMAN BELL: Well, at the last minute  
3 Mr. Waxman sent a note that he was not going to be  
4 able to attend today. So I guess the gavel falls  
5 on me to be able to run this meeting today. So we  
6 will do the best we can.

7 Welcome, everyone. I'm glad that you are  
8 all able to come here today, either in Springfield  
9 or in Chicago. A little cold, but otherwise the  
10 weather wasn't too bad, at least hopefully for  
11 traveling.

12 We will go ahead and start with a roll call,  
13 and we will go ahead and start the introductions up  
14 in Chicago, and then we will do Springfield.

15 Do you want to go ahead and start, John?

16 MR. FLORINA: John Florina, nursing home  
17 administrator.

18 MR. LAVENDA: Steve Lavenda, reimbursement  
19 consultant, Frost, Ruttenberg & Rothblatt.

20 MR. SHEETS: Chuck Sheets. I'm crashing the  
21 meeting on behalf of the Health Care Council of  
22 Illinois.

23 MS. MITCHELL: Jeannie Mitchell here for the  
24 Board, general counsel for the Board.

1 MS. BURMAN: Claire Burman, board staff.

2 MR. MORADO: Juan Morado, general counsel  
3 for the Board.

4 MS. GUILD: Anne Guild, board staff.

5 MS. AMIANO: Judy Amiano.

6 MS. CREDILLE: Cece Credille, IHCA  
7 representative.

8 MR. GAFFNER: Alan Gaffner, HCCI  
9 representative.

10 CHAIRMAN BELL: Is that everyone in Chicago  
11 then?

12 MR. GAFFNER: Yes, sir.

13 CHAIRMAN BELL: Okay.

14 MR. CONSTANTINO: Mike Constantino, IDPH  
15 staff.

16 MS. CUNNINGHAM: Good morning. Kelly  
17 Cunningham, Deputy Medicaid Administrator, Health  
18 Care and Family Services.

19 CHAIRMAN BELL: Bill Bell.

20 MR. ROATE: George Roate, IDPH staff.

21 MR. CORPSTEIN: Paul Corpstein, IDPH staff.

22 MR. DART: Bill Dart, IDPH.

23 MR. FOLEY: Charles Foley, Foley &  
24 associates.

1 MR. PHILLIPPE: Tim Phillippe. I'm with  
2 Christian Homes.

3 MR. KNIERY: John Kniery, CON consultant.

4 MR. SPEAKS: Jason Speaks, LeadingAge  
5 Illinois.

6 MR. ROATE: Dale Galassi, do we still have  
7 you on the line, sir?

8 MR. GALASSI: You do. Good morning, all.  
9 Thank you.

10 MR. ROATE: Is there anyone else on the  
11 phone?

12 CHAIRMAN BELL: Okay. That's it.

13 UNIDENTIFIED: Good morning. I'm going to  
14 try and set up a teleconference to be connected  
15 with us. Is that okay with everybody?

16 CHAIRMAN BELL: Okay.

17 MR. GALASSI: I used that number, just -- it  
18 connected but never went through.

19 CHAIRMAN BELL: Are you expecting someone on  
20 that line?

21 (A break was taken.)

22 CHAIRMAN BELL: Again, whoever is on the  
23 phone, identify themselves, please.

24 MR. RAIKES: Good morning. This is David

1 Raikes. Happy New Year, everybody.

2 CHAIRMAN BELL: Good morning. Just a  
3 reminder to everyone, the court reporter is down  
4 here. And so please identify yourself when you  
5 speak and try to speak slowly and clearly so that  
6 she can get the information for the record.

7 Claire, do we have a quorum based upon the  
8 roll call?

9 MS. BURMAN: Yes, we do.

10 CHAIRMAN BELL: Okay. Very good. Then we  
11 will move forward with business for today. The  
12 first item on the agenda is the approval of the  
13 agenda.

14 Is there any comments or additions to the  
15 agenda from any of the Board or subcommittee  
16 members?

17 (No response.)

18 CHAIRMAN BELL: Thank you, Chuck. Not  
19 hearing any, then we will move forward with the  
20 agenda as it is laid out.

21 The next item on the agenda is the approval  
22 of the November 5th, 2014 meeting transcript.

23 Do I have a motion on that agenda or on that  
24 transcript?

1 MR. PHILLIPPE: So moved.

2 CHAIRMAN BELL: Is there a second?

3 MR. RAIKES: David Raikes, I second it.

4 CHAIRMAN BELL: Okay. Very good.

5 Is there any discussion on anything in the  
6 transcript?

7 Is there any corrections or additions?

8 (No response.)

9 CHAIRMAN BELL: Not hearing any, I will --

10 MR. FOLEY: Make a motion to approve.

11 CHAIRMAN BELL: We have a motion to approve  
12 from Mr. Foley. Is there a second?

13 MR. PHILLIPPE: Second.

14 CHAIRMAN BELL: A second. All in favor,  
15 aye?

16 (Ayes heard.)

17 CHAIRMAN BELL: Opposed?

18 (No response.)

19 CHAIRMAN BELL: Very good. The meeting  
20 stands as transcribed.

21 The next item on the agenda is the proposed  
22 amendments to the Long-Term Care Advisory  
23 Subcommittee Bylaws. You all should have received  
24 a copy. I think there was some new additions this

1 morning, and I believe there was new comment or a  
2 new document to look at this morning.

3 MR. CONSTANTINO: Yes.

4 CHAIRMAN BELL: Up in Chicago also did they  
5 get the same?

6 MR. CONSTANTINO: Yeah, I got it from  
7 Jeannie.

8 CHAIRMAN BELL: Okay. So I will let you,  
9 Jeannie, take it over from here and let us  
10 understand what the changes are.

11 MS. MITCHELL: Give me a few seconds so  
12 everybody here can get a copy.

13 CHAIRMAN BELL: Okay.

14 MS. MITCHELL: Okay. I will just go through  
15 section by section.

16 Section 1-2 just makes clear that the  
17 department members are going to be non-voting  
18 members, perpetual members, and it also designates  
19 five members for each term, and it makes clear the  
20 board chair will appoint new members, and that the  
21 new member will take the place of the term of the  
22 old member that they are replacing.

23 Section 1-3 indicates that the proxies get  
24 to vote on the -- just as they would if -- in place

1 of the voting member.

2 And then from there the next change is  
3 Section 2-7 changes the frequency that the  
4 subcommittee makes a report to the Mother Board  
5 from quarterly to twice a year.

6 And 5-2 makes clear that, well, since the  
7 number of members are changing it basically changes  
8 -- it also changes the number of voting members for  
9 a quorum.

10 And let's see, we just made some basically  
11 language changes there. Instead of saying audio we  
12 put telephonic conference.

13 Section 5-6 just cleans up some language  
14 there also, nothing substantive.

15 Section 5-7 makes clear that each voting  
16 member gets a vote.

17 Section 6-1 on page 5 basically says that if  
18 there is an ad hoc committee or task force formed,  
19 that one member from board staff shall be on the  
20 committee or task force.

21 And Section 6-2 includes language voting in  
22 there to make clear that it's voting members, not  
23 the entire Board reference there. And since again  
24 the number of members are changing, the number of

1 votes required changed also from eight to six.

2 And then page 6, Section 8-1, if there is an  
3 amendment it requires 9 votes. The number is  
4 changing to 9 instead of 12. That's it.

5 MR. FOLEY: I will make a motion to approve  
6 the modified subcommittee bylaws.

7 CHAIRMAN BELL: We have a motion from  
8 Mr. Foley to accept the amended changes to the  
9 bylaws. Is there a second?

10 MS. CREDILLE: Are we going to allow  
11 discussion?

12 CHAIRMAN BELL: Yes, after the motion.

13 MR. FLORINA: I will second the motion.

14 CHAIRMAN BELL: All right. We are open for  
15 discussion.

16 MS. AMIANO: I guess I would ask a question  
17 on Section 6-1, ad hoc committees and review board  
18 staff on it, just the thought process behind that.

19 MR. MORADO: Well, I would imagine it is to  
20 ensure that as we have these meetings with a little  
21 more frequency that board staff are involved on the  
22 front end so that we can help present a more fully  
23 baked product to the entire group.

24 I don't think board staff is going to change

1 what the committees, the ad hoc committees or task  
2 forces are going to present. They are just going  
3 to be there in a supporting role.

4 CHAIRMAN BELL: If somebody is on the phone,  
5 can you put your phone on mute?

6 MS. GUILD: This is Anne Guild. It looks  
7 like in Section 1-3 is not -- proxy, proxies can  
8 receive reimbursement, but the section on  
9 reimbursement at the end -- it would be article 7-1  
10 -- seems to conflict with that.

11 MS. MITCHELL: I think it is just there was  
12 redundancy there. It is not that we are not  
13 allowing the reimbursement, it doesn't need to be  
14 mentioned twice.

15 MS. GUILD: Okay. Thank you.

16 MS. MITCHELL: No problem.

17 MR. FOLEY: What was the section where the  
18 subcommittee reported back to the Board twice a  
19 year now? What section was that?

20 CHAIRMAN BELL: Section 2 point or 2-7.

21 MR. FOLEY: I guess what was the -- I don't  
22 recall the -- this is Charles Foley. Under Section  
23 2-7, I guess I'm just -- for a point of  
24 clarification, I'm trying to recall some of the

1 discussion that we had -- I don't recall it myself  
2 -- as to why we are now reporting back to the  
3 Mother Board twice a year rather than quarterly.

4 Can anybody enlighten me on that subject?

5 MS. CREDILLE: Well, this is Cece Credille.  
6 2-7 we never talked about before, and 6-1 we never  
7 talked about before. That has been added by, I'm  
8 not sure who or why. We didn't discuss either of  
9 those items at the last meeting.

10 MR. FOLEY: I didn't think so. Thank you,  
11 Cece.

12 I guess my concern is as we move forward  
13 with this subcommittee, I think there is going to  
14 be a lot of important issues, and I think the  
15 Mother Board needs to be fully advised of any  
16 progress that we do make or do not make for that  
17 matter. And I think, I think at least that we  
18 should be reporting back to the Mother Board quite  
19 frequently if at all possible.

20 MS. MITCHELL: This doesn't, this doesn't  
21 preclude you from reporting to the Mother Board  
22 more frequently, it just says that you only are  
23 obligated do so twice a year.

24 MR. FOLEY: I understand that also, but I

1 think if we had the language in here that says -- I  
2 don't know, I guess I just feel that, that we have  
3 an obligation to the Mother Board to report to them  
4 on a regular basis as to the outcome of the  
5 subcommittee meetings. I think they have a right  
6 to know what is going on in the long-term care  
7 industry more frequently.

8           Again, I understand and recognize that it  
9 can still be done, but I think the language may be  
10 changed to indicate that we should or must or  
11 something along those lines.

12           MR. PHILLIPPE: This is Tim Phillippe. I  
13 have a question. Has it been occurring quarterly  
14 at the Mother Board meetings already in the past or  
15 not?

16           MR. MORADO: It doesn't sound like it, Tim,  
17 no.

18           MR. PHILLIPPE: So to me it is partly a  
19 practical issue for a variety of reasons. Maybe it  
20 is difficult to find time on the agenda or to get  
21 it done quarterly.

22           Is that what we are doing, trying to be more  
23 consistent with practice, even though I agree with  
24 Mr. Foley that it would be wise when we make

1 changes or things are happening to be able to have  
2 an opportunity to give an update?

3 MS. BURMAN: This is Claire Burman. That's  
4 a good point. I think the point at which you are  
5 going to prepare something to present to the Mother  
6 Board is when you have something solid to report,  
7 and we have been in a lot of discussions over the  
8 last, at least the last year where not many motions  
9 have been made, not many decisions have been made  
10 or recommendations of any kind.

11 So I think that's part of why this is  
12 something we are discussing. There is no point in  
13 giving a presentation if there is really nothing to  
14 report.

15 MR. GALASSI: Claire, this is Dale. I mean,  
16 we have given, you know, a two or three minute  
17 update to the Board, if not every meeting, every  
18 other meeting just giving them a perspective of  
19 what this committee has been doing and what the, I  
20 guess, the hot items are that are going to be  
21 coming forward just to give them a sense of how  
22 much activity has been taking place.

23 Specificity I agree, you know, the Board has  
24 not received that as Claire suggested, but they do

1 have a sense that a great deal of energy has been  
2 going forward here.

3 MR. FOLEY: Thank you, Mr. Galassi.

4 MR. GAFFNER: This is Alan Gaffner. I would  
5 like to see the planning board to continue to  
6 receive a quarterly update from us even if it be  
7 just simply impressed upon them the deliberations  
8 that the group has been having just specifically,  
9 for instance, the challenges associated with  
10 reaching some final recommendation regarding  
11 moratorium or bed buy/sell.

12 I think that a progress report, even if it  
13 did not have with it an accompanying motion or  
14 second or action, gives them a good snapshot of the  
15 challenging issues that we're experiencing.

16 Regarding the staff participation on an ad  
17 hoc group or subcommittee, I'm comfortable with a  
18 staff member participating. I believe the size of  
19 the ad hoc and work groups would allow this  
20 committee to be very much setting the tone and  
21 directing that conversation. But it would provide  
22 a touch point if we needed to access information or  
23 have staff involved.

24 Short of that, it would have been helpful to

1 knows about these changes ahead of today's meeting.

2 Thank you.

3 MR. MORADO: Mr. Chair, you may, at this  
4 time, want to see if anyone on the committee would  
5 want to present the motion to -- a friendly  
6 amendment to the standing motion so that they would  
7 remove the quarterly and, sorry, remove the year  
8 change and put back in the quarterly and we can see  
9 if --

10 MR. GALASSI: I apologize for interrupting.  
11 The Board meets probably nine times a year. So we  
12 are talking about giving the Board an update every  
13 other meeting.

14 As a board member who tries to participate,  
15 I'm not sure that's really necessary. I understand  
16 the purpose, and I support that because one of my  
17 concerns is, again, all of the energy that's taken  
18 place here, you know, after much more than a year  
19 as we know, when we do go to the Board, this group  
20 is in the ninth inning of the game, and the Board  
21 is in the first.

22 So if you feel it necessary quarterly, then  
23 do so, but I would just say we are committed to try  
24 and have routine updates with the Board. I would

1 even encourage -- we have a meeting coming up in  
2 the next couple of weeks and other than our  
3 traditional verbal at the end of this meeting, if  
4 you could just hit some dot points that we  
5 generally agree want the Board to hear, we would do  
6 that. Thank you.

7 CHAIRMAN BELL: Yes, Mr. Foley?

8 MR. FOLEY: I would like to take the  
9 opportunity at this point also since we do have a  
10 few new committee members, that if you have not  
11 attended a Board meeting, it might be to your  
12 advantage to go to the next meeting which is on  
13 January 27th up in Bolingbrook at the golf club.

14 CHAIRMAN BELL: Mr. Gaffner?

15 MR. GAFFNER: Mr. Chairman, I would move  
16 that the quarterly reporting process be reinstated  
17 into the bylaws.

18 CHAIRMAN BELL: Okay. We have a motion. Is  
19 there a second on that motion? A second?

20 (No response.)

21 CHAIRMAN BELL: The motion dies without a  
22 second.

23 Is there any other discussion from any of  
24 the board members about any of the other provisions

1 of the bylaws as presented today?

2 MR. CASPER: Yeah, this is Bill Casper. For  
3 the reporter I came in a little bit late up here.

4 I had a question on the ad hoc meeting. I  
5 guess I don't have any issue with a staff person  
6 being present at those meetings, and I think it is  
7 in terms it even states as a recording member for  
8 that work.

9 The one question that I have is when this  
10 last ad hoc committee was appointed, it was  
11 appointed with a certain number of members so that  
12 it would not be subject to an open meeting rule.

13 I'm wondering if the addition of a ex  
14 officio member creates a number that forces it to  
15 be an open meeting, because clearly in the  
16 discussion of that meeting and setting up that  
17 committee, one of the key issues we discussed was  
18 the ability of a small ad hoc group to get together  
19 and present something without it being an open  
20 meeting. Not to be with any lack of transparency  
21 but just to be able to move an issue forward  
22 without total inability to control the number of  
23 people speaking on any one topic.

24 I think I'm trying to be diplomatic.

1 Hopefully I achieved that.

2 MS. MITCHELL: As long as it is a staff  
3 member, not a member of the Board, it doesn't  
4 affect that.

5 MR. CASPER: Okay.

6 CHAIRMAN BELL: Okay.

7 MS. MITCHELL: Sorry, a member of the  
8 committee.

9 MR. CASPER: Well, if it is ex officio, if  
10 the staff member is an ex officio, that's my  
11 question.

12 MS. MITCHELL: If it is one of the four  
13 perpetual members, then it would because that's  
14 clearly --

15 MS. BURMAN: Then it does count.

16 MS. MITCHELL: It does. But if it -- this  
17 provision, 6-1, indicates that a board staff  
18 member, not an ex officio member. Must be a member  
19 of the ad hoc committee or task force.

20 MS. AMIANO: That just got confusing for me  
21 because I'm not sure of who is sitting around the  
22 table of all the myriad of department staff who is  
23 on the committee versus just staff attending the  
24 meeting. Does that make sense?

1 MS. MITCHELL: Yes.

2 MS. AMIANO: I would agree with Bill. I  
3 have absolutely no heartburn with having staff at  
4 those ad hoc committees, but if it throws it into a  
5 situation where the numbers count from an open  
6 meeting perspective, that becomes a problem.

7 MR. MORADO: We don't believe it would count  
8 towards the Open Meetings Act requirement. The  
9 staff, kind of like I was saying before, they are  
10 kind of more there to support. It is almost if you  
11 guys have an on-call staff person for your ad hoc  
12 committee.

13 MS. AMIANO: Which we had previously. So I  
14 don't see a need to add language because we had  
15 that, and it was afforded to the group. That was  
16 only from one experience from working on this.

17 So I'm not sure the bylaws would really  
18 require additional language because, you know, we  
19 had that made available to us in that one  
20 experience.

21 MS. CREDILLE: I agree. I mean, to me the  
22 language, instead of perhaps the word, just for  
23 discussion not for a vote, instead of the word  
24 "will", it is may. But it goes back to I don't

1 even know if it needs to be in here, but we had it  
2 available to us, and we could ask a staff member to  
3 come to any meeting.

4 This is Cece again. This is obviously  
5 language that was put in here by staff members  
6 because this was not a discussion of the committee.

7 CHAIRMAN BELL: Is there any discussion,  
8 further discussion on this, or is there a motion to  
9 amend this section?

10 MS. CREDILLE: I'd do a motion to change the  
11 word "will" to "may".

12 ACTING CHAIRMAN BELL: Okay. Is there a  
13 second to that motion?

14 MS. AMIANO: This is Judy Amiano. I would  
15 second it.

16 CHAIRMAN BELL: A second to that motion.  
17 All right. We have a second. We will take a vote.

18 All in favor probably -- well, we will try  
19 an aye. Yes, Mr. Gaffner?

20 MR. GAFFNER: I just wanted to pose a  
21 question, if I could, to the sponsor of the motion.

22 With inserting "may", then would that  
23 respective committee or ad hoc work group be the  
24 gatekeeper of whether staff would participate in

1 those meetings or not?

2 MS. CREDILLE: Right. They have always been  
3 accessible to us, so they continue to be accessible  
4 to us. So if we needed them, yes. If we needed to  
5 have a 30-minute discussion without them, no. I  
6 mean, they are always accessible to us.

7 MR. GAFFNER: All right. I guess the only  
8 thing I would add to that is I believe there is  
9 value and merit and I think it builds a greater  
10 sense of trust if we do have staff at least  
11 attending and participating rather than the "may".

12 I guess I'm fearful that the "may" could,  
13 many times, result in them not being present or  
14 involved, and I'm still very comfortable with what  
15 I mentioned that the size of the work group or ad  
16 hoc committee will allow that group to be directing  
17 what takes place.

18 Thank you for allowing me to pose a  
19 question. Thank you, Cece, for your clarification.

20 CHAIRMAN BELL: All right. We have a motion  
21 on the table to change the word "will" to "may" and  
22 it's been seconded. We will take a vote, probably  
23 a hand vote on this one.

24 All in favor raise their hand.

1 I believe there is five.

2 Opposed raise their hand.

3 CHAIRMAN BELL: Three, four. Paul, are you  
4 able to vote?

5 MR. CORPSTEIN: Until this is adopted I am.

6 MS. CUNNINGHAM: I thought we were not.

7 CHAIRMAN BELL: Please, whoever is on the  
8 phone put your phone on mute.

9 Okay. We will try it again. If we continue  
10 to have problems we may have to discontinue the  
11 phone operation to be able to conduct the meeting.  
12 So hopefully whoever is on the phone, if you can  
13 put your phone on mute, that would help us out  
14 tremendously.

15 There is a question that's come up as to who  
16 can vote on this motion. Members of the committee,  
17 but is Paul, is Paul and Kelly non-voting?

18 MS. MITCHELL: The Board -- the department  
19 members are still voting members, if that's the  
20 question.

21 MR. MORADO: Because we haven't voted on  
22 these rules, correct.

23 MS. CUNNINGHAM: Okay.

24 CHAIRMAN BELL: Then we probably need to

1     revote because there was a question on that.

2             So all in favor of changing the word "will"  
3     to may, please raise their hands.

4             Six yes's.

5             And no's, raise their hand.

6             One, two, three, four.

7             So we have six yea's and four no's. Based  
8     on the current bylaws that we are operating under,  
9     does that give us -- does that pass?

10            MR. PHILLIPPE: Is somebody on the phone who  
11     is a voting member?

12            CHAIRMAN BELL: I don't know.

13            MR. PHILLIPPE: I think there is somebody on  
14     the phone.

15            MS. AMIANO: Are we going to take the vote  
16     of the persons on the phone?

17            Can -- yes, can you identify yourself and  
18     your vote, please?

19            MS. O'DEA-EVANS: Pat O'Dea-Evans. I oppose  
20     the motion, but there is also two other persons on  
21     the phone. I don't know who they are.

22            MR. RAIKES: This is David Raikes. I vote  
23     in favor of the motion.

24            MR. GALASSI: This is Dale Galassi. I am

1 not a voting member, I'm a board member.

2 CHAIRMAN BELL: Okay. Thank you for  
3 correcting that error on my part with the phone. I  
4 apologize for that.

5 So now we are at a vote of seven ayes and  
6 five nays. Does that pass?

7 MS. MITCHELL: That does pass.

8 CHAIRMAN BELL: Okay. So therefore the  
9 motion was adopted, and the word "will" will be  
10 changed to "may".

11 Are there any other changes or suggestions  
12 or discussion with respect to the bylaw amendments  
13 that have been proposed today?

14 MR. GAFFNER: Mr. Chairman, regarding the  
15 reporting mechanism, then, as I understand now it  
16 has moved to twice a year reporting.

17 Was it the consensus or did someone say that  
18 if there are other progress status to report, that  
19 that would be done -- sorry, this is Alan Gaffner  
20 -- or was it going to be just a twice annual  
21 report?

22 CHAIRMAN BELL: I believe the way that it  
23 was discussed or the language, because it says as  
24 needed but at least twice a year, that the idea or

1 the background was that if there was additional  
2 information or there was information to move  
3 forward, that it would as needed but at least be  
4 done twice a year.

5 MR. GAFFNER: And would the subcommittee  
6 make that determination of when other mid-year  
7 reports were done or would that be staff or would  
8 the Planning Board be reaching out and asking?

9 Just wondered, just wondering what will  
10 trigger more frequent reporting?

11 MR. MORADO: Mr. Chair, I would argue it  
12 would be almost all those scenarios except for  
13 probably the Board. I mean, you couldn't compel  
14 someone to report, but if this committee wanted to,  
15 you know, say let's go talk to the Mother Board,  
16 then I think that would be just fine. And if  
17 Mother Board reached out, I can't see this Board  
18 not wanting to go and speak with them.

19 MR. GAFFNER: All right. Thank you for that  
20 clarification.

21 MR. FOLEY: I think --

22 CHAIRMAN BELL: Mr. Foley?

23 MR. FOLEY: Charles Foley. I think, in all  
24 fairness, I think we need to have that motion again

1 because there could have been some of the ex  
2 officio members so to speak, department heads, that  
3 did not vote that first go around on this  
4 particular motion that failed.

5 MR. PHILLIPPE: I don't think we had --

6 MR. FOLEY: It failed for lack of a second,  
7 that is right. Okay.

8 CHAIRMAN BELL: Okay. Not hearing any other  
9 changes or discussion on --

10 MR. MORADO: Mr. Chair?

11 CHAIRMAN BELL: Yes, Judy.

12 MS. AMIANO: This is Judy Amiano. Just a  
13 question for clarification. You said the chairman  
14 of the subcommittee's responsibility is to report  
15 to the Board, or is it the department staff's  
16 responsibility to report up to the Mother Board?

17 MR. MORADO: This is Juan Morado. As  
18 written it would require the chairman of the  
19 subcommittee to report at least twice a year.

20 MS. AMIANO: Okay. Thank you for that.

21 CHAIRMAN BELL: Thank you for that  
22 clarification.

23 All right. Based on the amended change to  
24 the bylaws, do we have a motion to adopt them as

1 amended?

2 MR. FOLEY: So moved.

3 CHAIRMAN BELL: Mr. Foley moves. Is there a  
4 second?

5 MR. PHILLIPPE: Second.

6 MS. AMIANO: This is Judy Amiano. I will  
7 second.

8 CHAIRMAN BELL: Okay. All in favor, aye.

9 (Ayes heard.)

10 CHAIRMAN BELL: Opposed?

11 MR. CORPSTEIN: Nay.

12 MR. GAFFNER: Nay.

13 CHAIRMAN BELL: And Mr. Corpstein.

14 Any other nays?

15 (No response.)

16 CHAIRMAN BELL: Not hearing any, then the  
17 motion has passed, and the board bylaws are adopted  
18 as presented with the amendment.

19 Okay. The next item on the agenda is the  
20 update on the revisions to the long-term care CON  
21 rules.

22 Who is presenting that? Is that you,  
23 Claire, or --

24 MS. BURMAN: Yes, just a very short

1 statement to make. You may have noticed that there  
2 were no documents that were sent to you that  
3 included amendments to the rules. We found that  
4 once we were getting into the issues discussed at  
5 the last long-term care subcommittee meeting, we do  
6 require more time to make sure that we are crafting  
7 something that is truly usable and will give needed  
8 information.

9 So we are going to take a little bit more  
10 time to do that. We hope to make a presentation at  
11 the next meeting.

12 CHAIRMAN BELL: Is that the rules and the  
13 changes or discussion that we had at the last  
14 meeting on those two points?

15 MS. BURMAN: Yes.

16 CHAIRMAN BELL: Okay. Any other comments or  
17 discussion from the Board on that issue?

18 MS. AMIANO: This is Judy Amiano. Could I  
19 have a reminder of what the two points were?

20 MS. BURMAN: One was developing a market  
21 study as a requirement, and the other was doing  
22 something with the travel time requirement.

23 MS. AMIANO: Thank you.

24 MS. BURMAN: You are welcome.

1 CHAIRMAN BELL: Any other comments?

2 (No response.)

3 CHAIRMAN BELL: Hearing none, we will move  
4 onto the next item on the agenda. The buyer/seller  
5 program requirements, the focal point being the  
6 moratorium.

7 Claire, are you leading discussion on this  
8 or --

9 MS. BURMAN: Well, I just have, you know, a  
10 brief statement to make on this. The reason that  
11 we're taking this approach was because of the  
12 recommendation made by one of the members at the  
13 last meeting that what we need to do is, as a total  
14 subcommittee, not an ad hoc group, take an issue  
15 and focus on it and make a decision, make a  
16 decision.

17 Everybody wants this to move along. The  
18 only way you can do that is to start making  
19 decisions, even difficult decisions. There is no  
20 alternative to doing that. So that is why we chose  
21 to go this way.

22 One of the hot potatoes in our previous  
23 discussions is moratorium, and for those who have  
24 been members for awhile, if you remember, maybe

1 almost three years ago we tried to address this,  
2 this topic.

3 There was a line-up of suggested ways to  
4 handling the excess beds. That's where it was  
5 coming from. Nobody even wanted to discuss  
6 moratorium. There was zero discussion. Now we  
7 have come to the point we are talking about more  
8 and more a buy/sell program.

9 I think many people will acknowledge that  
10 many of the programs that exist in other states  
11 include a moratorium. There are states that don't  
12 have buy/sell that have a moratorium just to put a  
13 cap on the growth of long-term care beds.

14 So the one obvious thing that will happen if  
15 there is a moratorium in the true sense of the word  
16 is the bed count for the state would stop at  
17 whatever point the moratorium is adopted if that  
18 were the decision. Then that, of course, would  
19 create more of a market for buy/sell. That's one  
20 other factor to it.

21 If you don't end up having a buy/sell, then  
22 what it does is it caps the growth of the beds, and  
23 then you can look into other options for facilities  
24 that are very full all of the time and really do

1 need beds even if their planning area does not.

2 For instance, like Chuck Foley has  
3 mentioned, many times we used to have a variance  
4 for high occupancy, and it was for facilities that  
5 were experiencing that problem because that's a  
6 piece of the real world.

7 The bed need formula and all of that is  
8 very, you know, theoretical, and it is the best  
9 that can be done with what we have, but in the real  
10 world if you are trying to help people provide  
11 needed services, you know, why should a facility  
12 that is full all of the time and then has people on  
13 waiting lists not be able to give them service?

14 There should be a way to do that, but,  
15 again, that's if there is no moratorium.

16 CHAIRMAN BELL: Yes, sir.

17 MR. FLORINA: This is Florina. I have a  
18 question. I have some definite comments regarding  
19 the whole concept of moratorium, but the question  
20 to help us with the discussion is could somebody  
21 please provide the definition of what the word  
22 "moratorium" means in what we are going to be  
23 discussing?

24 MS. BURMAN: May I? It is Claire Burman.

1 The moratorium started out meaning no more  
2 additional beds in whatever geographic area you are  
3 talking about.

4 You have -- let's say you have 1,000 beds in  
5 state X. One thousand beds is too many for what  
6 the need is. They want to stop the addition of  
7 more because it obviously doesn't make sense.

8 And what other states have done along the  
9 way, especially in conjunction with the buy/sell  
10 program that they have is to put it in time frames;  
11 we are going to have a moratorium on this for five  
12 years and then we are going to revisit it.

13 So there is different ways you can do that.  
14 You can have a moratorium, and then like Ohio, they  
15 have different kinds of projects that can still  
16 work to get beds that they need even, even though  
17 there is a moratorium. It's been in place for  
18 what, at least 20 years. You know, Florida has a  
19 moratorium they keep renewing for -- they have been  
20 doing that forever.

21 So you have various states that handle it  
22 that way. It is not a forever and ever idea. It  
23 is a way to deal with the problems that we have.

24 There is so many problems and, you know,

1 just like the goal for today is hopefully make a  
2 decision on moratorium and move on. You know, if  
3 we have to go back and tweak something, we will do  
4 that. It is not necessarily written in stone.

5 But you have to start or we are never going  
6 to be done talking about developing a program.  
7 There is going to be nothing good to report to the  
8 Mother Board.

9 They are hoping to get a nice presentation  
10 on what we are working on at the April meeting,  
11 April 21st of this year. It would be nice to be  
12 able to say to them the subcommittee spent a lot of  
13 time and effort discussing these topics, and these  
14 are the decisions that were made at this point in  
15 time.

16 So that is the idea behind the track we are  
17 taking.

18 MR. PHILLIPPE: Could I also just join in?  
19 Tim Phillippe. First I want to say this is all  
20 within the context of buy and sell. I think that's  
21 what we are assuming. We are not talking about a  
22 moratorium standing alone, we are talking about  
23 within the concept of transferring beds somehow,  
24 And I agree actually wholeheartedly we need to do

1 this.

2 I think when Judy was leading the task force  
3 we tried to come up with a model for us to respond  
4 to. It worked much better to take one point at a  
5 time and then work through them, and we can get --  
6 if we are finished at the end, then we could come  
7 back and tweak the things we started with.

8 It is not like we are totally committed to  
9 this, but we need to be able to walk through them  
10 because it is difficult. Otherwise we keep  
11 bouncing around to different issues.

12 So I just want to support the idea that we  
13 stay focused on this. Personally I'm not totally  
14 committed to the idea as a stand-alone but within  
15 the context of buy and sell and then also with the  
16 idea that when we get finished, we may come back  
17 and change some things after we reflect on it.

18 And you almost have to take the hardest  
19 things first because it is hard to talk about  
20 buying and selling without a moratorium of some  
21 kind. That's just my comments.

22 CHAIRMAN BELL: Yes, Mr. Sheets?

23 MR. SHEETS: Thank you, Mr. Bell. I have  
24 been asked to read a statement on the subject from

1 the Health Care Council of Illinois. So with your  
2 permission, I would like to read that. I can  
3 forward it to the court reporter if she doesn't get  
4 it exactly right.

5 HCCI has learned that the subcommittee is  
6 close to making a recommendation to the full Board  
7 regarding the buy/sell bed program.

8 In addition, we have learned that the  
9 subcommittee is also considering a recommendation  
10 concerning a long-term care bed moratorium.

11 We believe it is clear that the Board does  
12 not have authority to implement a moratorium. Such  
13 a moratorium would clearly require additional  
14 legislation. The Board's powers and duties are set  
15 forth in Section 12 of the statute, and in Public  
16 Act 97-1045 that was effective in August, 2013  
17 the legislature added a sentence. That sentence  
18 reads as follows: The subcommittee shall evaluate  
19 and make recommendations to the State Board  
20 regarding the buying, selling and exchange of beds  
21 between long-term care facilities within a  
22 specified geographic area or drive time.

23 That particular legislation was negotiated  
24 between the three associations at the time and the

1 board representation, Ms. Courtney Avery.

2 Clearly the statute does not grant the Board  
3 authority to initiate a moratorium on long-term  
4 care beds. Instead, the intent is to study new  
5 approaches to the current bed formula and health  
6 service area boundaries and to encourage  
7 flexibility and innovation and design models  
8 reflective of the change in long-term care  
9 marketplace and consumer preferences.

10 A drastic measure such as a moratorium would  
11 require clear legislation and was beyond the  
12 drafter's initial intent.

13 With regard to the buy/sell proposal, HCCI  
14 would like to see the three long-term care  
15 associations develop a comprehensive proposal in  
16 writing and submit this proposal to the  
17 subcommittee for consideration and for review  
18 before any recommendation is sent to the full Board  
19 for consideration.

20 Thank you for your time.

21 MR. GALASSI: This is Dale, Dale Galassi.  
22 As a board member in hearing that, I would think  
23 that this subcommittee would have to vote as to  
24 whether or not to accept and forward that as a

1 subcommittee. If it does, it gets forwarded. If  
2 it doesn't, it doesn't. And then I suspect the  
3 three associations still have a right to submit  
4 their letter independently if they so choose.

5 But this committee was established by  
6 legislation as we know to be a recommending body to  
7 the Board. So I would, I would, pending Juan's  
8 recommendation, who I would like to say hello to, I  
9 think the subcommittee would need to accept or not  
10 that letter. Thank you.

11 CHAIRMAN BELL: Yes, Judy?

12 MS. AMIANO: Thank you, Mr. Chairman. I  
13 couldn't agree more with Tim Phillippe's comments  
14 and Claire's comments.

15 I think that, you know, we were charged to,  
16 you know, take a look at the buy/sell, and we felt  
17 that as a subcommittee, as we discussed last time,  
18 that the first logical step in getting there was to  
19 implement a moratorium, and absent the moratorium  
20 the bed buy program simply doesn't work.

21 I would agree with Mr. Phillippe in that I'm  
22 not enamored by the idea of a moratorium absent  
23 that being the solution to how to achieve the  
24 buy/sell because I think that leaves so many

1 unknowns; that if there were this path of the  
2 buy/sell, this is the way we start with it.

3 That personally feels a lot more comfortable  
4 than just we are going to put a moratorium without  
5 any context of how that is going to solve a  
6 problem.

7 So that's how I would respond, but I think  
8 that speaking for the committee that had kind of  
9 focused on this, we really did feel that the  
10 moratorium was the proper solution to achieving at  
11 least the first step of the buy/sell program.

12 MR. MORADO: If I could chime in on Member  
13 Galassi's comments. I would say that he was  
14 correct in that this subcommittee can receive such  
15 a letter or a report from the three associations,  
16 and if they wanted to adopt it as their position,  
17 they could forward that onto the Mother Board.

18 With all of that said, the associations  
19 could write their letter and draft a report and  
20 submit it directly to the Board if they wanted to.  
21 There is nothing to stop them from doing that.

22 But as far as an official recommendation  
23 from the subcommittee, it would probably need to be  
24 adopted by the members, voting members here. And

1 hi to Dale.

2 MR. GALASSI: Thank you.

3 MR. CASPER: This is Bill Casper. I just  
4 want to ask a question at this point given the  
5 statement from HCCI.

6 I guess my question would be, as we all  
7 know, the ad hoc committee made that recommendation  
8 in its report about the moratorium. If, in fact,  
9 this subcommittee were to make the recommendation,  
10 let's just fast forward and say we adopted 100% and  
11 forwarded it on and it required legislation for the  
12 Board to impose a moratorium, then that would be --  
13 what would have to be the next steps of  
14 implementation?

15 It wouldn't prevent this subcommittee from  
16 making that recommendation; would that be a correct  
17 assumption?

18 MR. MORADO: That's correct. If it  
19 ultimately ended up needing legislation, I think  
20 that is something that the Board and through the  
21 administrator would, you know --

22 MR. CASPER: I think that just sets the  
23 framework for our discussion today.

24 MS. AMIANO: As a member representative,

1 this is Cece Credille, the member representative  
2 from Illinois Health Care Association. We do not  
3 support a moratorium just in the context of a  
4 moratorium. It has to be as part of a buy/sell  
5 program. So we are in a position of not supporting  
6 it.

7 CHAIRMAN BELL: Mr. Gaffner?

8 MR. GAFFNER: This is Alan Gaffner. Thank  
9 you, Mr. Chairman. I know in the discussions that  
10 HCCI has had since the presentation of the draft  
11 proposal in November, they do not, as an  
12 organization, support a moratorium and would agree  
13 with the IHCA's position Cece shared.

14 However, they are also not in agreement with  
15 the draft of the bed buy/sell proposal that was  
16 presented.

17 I believe the discussions that I've had with  
18 not only some on this subcommittee but other  
19 providers, it would involve some preliminary steps  
20 before even full consideration of a moratorium or  
21 bed/buy sell, and that would be a more detailed  
22 inventory of what are regarded as unused beds and  
23 being able to arrive at an updated number on those.

24 With beds that have been taken out of use

1 and rooms that have been converted and could not,  
2 within 24 hours, support resident care, those are  
3 beds that, in essence, are already off line. So  
4 they are not in use.

5 There are a number of ways that could be  
6 done. Perhaps during the annual licensure survey  
7 when public health staff are in the building, it  
8 can be a physical count that verifies or looks to  
9 use the reported number in comparison or contrast  
10 to those that are in use.

11 I don't know as we have also -- and I  
12 appreciate what has been done over the last three  
13 years, but I don't know as we have totally  
14 identified the problems that are created by unused  
15 beds in the marketplace.

16 And I know there are aspects of the Ohio  
17 plan that some within the subcommittee like, but I  
18 believe the net reduction of beds through a  
19 buy/sell program in Ohio has been only 3%. So that  
20 has not effectively changed the number of beds or  
21 unused beds in that state.

22 And if that percentage is inaccurate, I  
23 certainly would welcome anyone clarifying that.

24 MS. CREDILLE: This is Cece Credille. If I

1 can comment on the Ohio piece and go back to what  
2 Claire said. There are other components of Ohio's  
3 program that includes buy/sell, transfer of beds.  
4 I mean, there is a whole host of other things, and  
5 they also have time parameters.

6 So, for example, they can only transfer beds  
7 -- I may have this wrong -- every four years, and  
8 it is a very finite time of which if you make a  
9 decision to transfer beds, you can only do it  
10 during that time period. There is also only a  
11 finite time for buy/sell.

12 And to clarify, IHCA does support a buy/sell  
13 program as a component of trying to address the  
14 issues in the State of Illinois with long-term  
15 care. It is just that we can't support a  
16 moratorium stand-alone by itself.

17 MR. PHILLIPPE: Mr. Chair, if I can just  
18 loop us back to the original point I think that  
19 Claire was making as we talk about the moratorium  
20 or a partial moratorium maybe with some exceptions  
21 within the context of buying and selling, some bed  
22 transfer.

23 Just the practical issues that we talked  
24 through is that if you -- if everything stayed the

1 same and then you could also buy and sell, then  
2 when would it actually be useful?

3 First, if you could go and present a  
4 proposal just like today for a Certificate of Need  
5 and get it approved, then you wouldn't go -- you  
6 wouldn't need to buy beds to build a new building.  
7 You would continue with the 10%, 20 beds or  
8 whatever model. If you wanted to expand, you could  
9 continue to expand.

10 So practically speaking, if we had a  
11 program, you would only be doing it if there was  
12 some reason you couldn't get the others approved.  
13 And generally it looks like, practically speaking,  
14 those are mostly being approved anyway.

15 So practically what happens is we just keep  
16 growing the number of beds and the buy/sell still  
17 has some value, but it would be very limited  
18 because it would only be in those special cases  
19 where nobody could expand any other way or couldn't  
20 expand enough, they wanted to expand more beds in a  
21 current facility or they wanted to build a building  
22 someplace, a new facility, that would not be  
23 approved for some reason.

24 And so the reason we talk about it is

1 because it is just such a tiny little -- it would  
2 probably be very minor. It may not be worth all of  
3 the trouble to go through, especially five years of  
4 work that I have been involved to do it.

5 And then the other piece of it, this is more  
6 public policy I guess, is really Illinois has  
7 enough beds.

8 I mean, I think, you know, some of the more  
9 advocates for home care and others have talked  
10 about this, but we tend to have a very high number  
11 of beds for our elderly population compared to  
12 other states. And so there are some other public  
13 policy reasons it makes sense.

14 And I think what somebody said once in a  
15 meeting, it was confirmed with a paper that Claire  
16 sent out for the meeting, is if you have, if you  
17 have an investment is something, you try to fill  
18 it, and maybe that is not the most consistent thing  
19 to do for public policy.

20 Now, I don't actually want to get into that  
21 too much because I don't really want -- personally  
22 I don't want to be involved right now in a  
23 discussion on a moratorium by itself, and I would  
24 not be proposing it or supporting it. I am just

1 talking about within the concept of bed transfers.

2 But with the moratorium or at least some  
3 kind of partial with some exceptions, then what  
4 could happen is -- we have plenty of beds, and I  
5 don't think we should actually go down the rabbit  
6 hole of operational beds versus set-up beds.  
7 We did that for two years.

8 Mike and I think some others worked very  
9 hard to give us information on that. We had  
10 information. We discussed it at great length, and  
11 it is too hard to do anything with it practically.

12 And then there was some effort to try and  
13 eliminate by some people thought it would be wise  
14 just to take people's license capacity down to the  
15 90% level by taking those non-used beds away, and  
16 that didn't go very far. There was all kinds of  
17 concerns about what would happen, and the people  
18 would be against that.

19 So I don't think it is a useful discussion.  
20 I understand the issue. I understand Alan talking  
21 about it. But we spent a lot of time on it, and  
22 practically speaking it is too hard.

23 So going back to the bed transfer, I think  
24 it is a better way to use the beds we already have.

1 That way there is more flexibility in the system to  
2 move beds from the places that don't need them with  
3 low occupancy to areas where they need the beds.

4 And really the only negative, the primary  
5 negative that I see by doing it that way is that it  
6 is a bit more expensive if you have to buy the  
7 beds. So you are adding an expense, which has been  
8 talked about before.

9 However, there is such a large number of  
10 unused beds in Illinois even compared to a state  
11 like Ohio that has a similar program, it would seem  
12 that the large supply would drive the price down  
13 because usually it is supply and demand. And with  
14 the large number of beds available, especially if  
15 we went kind of state wide, there would be plenty  
16 of beds available for sale, I believe.

17 So I think -- so for me the moratorium, it  
18 ties into every piece. It is not like a  
19 stand-alone issue. It ties into what is the  
20 usefulness and what makes a bed transfer policy  
21 practical.

22 CHAIRMAN BELL: Mr. Foley?

23 MR. FOLEY: Well, I guess I'm a little bit  
24 confused here in that we've been talking about

1 this, as was earlier stated, for like three or four  
2 years, buy/sell. I have been for it, I have been  
3 against it, I have been for it, I have been against  
4 it, I can work with it. I think there are a lot of  
5 merits to it.

6 My concern obviously is to protect the  
7 independents that are out there. We have a lot of  
8 independent owners/operators out there, and the  
9 only way that a bed sell is going to benefit is  
10 going to be the multi-facility owners because they  
11 are the ones that could really afford to buy beds.  
12 The independents cannot afford to buy the beds.  
13 All they are doing is further -- I would believe, I  
14 think we'd just really be getting them out of the  
15 picture. I think we need to do something to work  
16 with the independents to keep them afloat.

17 Now, obviously with our current Medicaid  
18 rate, that's impossible to do. That's the problem  
19 that they have. But one of my major concerns that  
20 I had is that when all of this first started, the  
21 intent was to identify -- the state wanted to  
22 identify and arbitrarily equal across the Board and  
23 take away some beds.

24 Everybody jumped, hollered and screamed and

1 said that you cannot do that, you cannot do that to  
2 any of my beds because it is going to affect my  
3 mortgage payment.

4 But gosh, yet at the same time with the  
5 buy/sell program, if somebody wants to go in and  
6 buy beds, he is still going to have to go to his  
7 lending institution. The problem is still there.  
8 He may not be able to sell any beds either because  
9 the lending institution may say no, you can't do  
10 it. So we are back to square one again.

11 I don't know. I think we have been dealing  
12 with the buy/sell concept for a long time. Nothing  
13 has happened. If it was that good of a program  
14 process, I really would have thought this committee  
15 would have done something to implement such a  
16 program. It is not done yet.

17 I guess the unknown out there is that we now  
18 have a new administration. We don't know where  
19 they are going to go with this. Anything that we  
20 try to come up with now may, in fact, be a moot  
21 issue tomorrow.

22 So I think we need to, now since we have a  
23 anew administration, maybe take a step backwards,  
24 and I hate to do that, but I think we need to find

1 out, you know, exactly what this new administration  
2 expects from the long-term care industry.

3 I think we have some serious issues there  
4 that needs to be discussed and to work with than  
5 worry about a buy/sell program.

6 Let me add to this. You know, I think gosh,  
7 we have a lot of empty beds in the state, and I  
8 agree with Tim. We do have a lot of empty beds,  
9 but we have got a lot of empty beds only because of  
10 the fact that people don't want to go into those  
11 facilities.

12 We have got a lot of facilities that have  
13 not been updated, modernized. We have a lot of  
14 facilities with a lot of three-bed and four-bed  
15 wards that people just do not want to go into.  
16 They demand, they expect, they want private rooms  
17 and maybe even double rooms, but they don't want  
18 three and four-bed wards. That's where our low  
19 occupancy comes in. Those are the dead beds out  
20 there.

21 I think the market is driving us towards the  
22 private room concept. Most construction, most  
23 construction going on today is for far more private  
24 rooms than there are double rooms. Current

1 standards do not allow for three beds or four beds  
2 anymore to be constructed, but they're still out  
3 there. So they are grandfathered in obviously.

4 So I think this whole business with a lot of  
5 empty beds, we have got a lot of beds out there,  
6 yeah, we do, but they're not being used, and if we  
7 get rid of those beds, I think then turn around and  
8 tweak the bed need methodology, I think we might  
9 see some additional room for beds.

10 I don't want to see Illinois be behind in  
11 any way, shape or form. Residents are in a lot of  
12 shabby facilities out there. I think our residents  
13 of this state deserve more in terms of state of the  
14 art facilities. To do that, we have got to  
15 modernize our existing facilities. We need to do  
16 something to encourage our existing providers to  
17 modernize.

18 That's what is important. They need to  
19 modernize, upgrade their facilities, and we need to  
20 somehow come up with some ideas and suggestions on  
21 how to encourage, encourage people to do that.

22 CHAIRMAN BELL: Judy, you had your hand up?

23 MS. AMIANO: Yes, thank you, Mr. Chairman.  
24 You know, the ad hoc committee that got together,

1 if you remember we sort of laid down the gauntlet  
2 and said if buy/sell wasn't going to be the  
3 mechanism, then we should probably disband the  
4 group because that was really the charge of this  
5 group way back in the beginning of time.

6 So we have had a lot of new people fluxing  
7 in and out. I happen to be one of the dinosaurs on  
8 it. I think there was a good sense around, you  
9 know, we have -- you know, in reference to all of  
10 the comments that have been made, we have kicked  
11 around a lot of these ideas over time.

12 Again, I go back and I agree with Claire.  
13 We went from a perspective of how do we get off the  
14 dime, because this committee fundamentally has not  
15 accomplished much in three years if you really were  
16 being honest with ourselves, and so the thought was  
17 -- and maybe the real question is, is a moratorium  
18 the right thing to put forward, or is the buy/sell.

19 You know, we do have consensus around  
20 buy/sell I think from, I think from all of the  
21 associations, and then once we decide yes, this is  
22 the path, then we go to okay, how do we implement  
23 it, and then likely moratorium might be the next  
24 logical step versus being moratorium first.

1 I mean, I'm not sure, but I think that, you  
2 know, we, as the ad hoc committee, went with the  
3 question of what problem are we trying to solve.  
4 You know, we started from that perspective and,  
5 again, came up with buy/sell as the top of the tier  
6 in terms of how we might think about solving the  
7 problem of the excess bed capacity in the state.

8 So I don't know if I could make a  
9 recommendation or we're obviously still in  
10 discussion that instead of it being a moratorium  
11 that we push forward, that we think about our  
12 decision as being do we or do we not want to do  
13 buy/sell in the State of Illinois and that be the  
14 question versus moratorium.

15 So Claire, I don't know how that feels in  
16 terms of are we accomplishing anything by going  
17 down that path trying to get some consensus here  
18 today on a position.

19 MS. BURMAN: Well, I think that part of the  
20 reason we're attempting to go to the moratorium is  
21 because it is the giant bear in the room, and I  
22 think everyone needs to keep in mind that there are  
23 different ways to tweak a moratorium as we just  
24 very briefly threw out there for you to think

1 about.

2 The good thing about the moratorium that I  
3 don't think anyone can logically argue against is  
4 that it cuts off the growth of the total number of  
5 beds.

6 The good thing about buy/sell is it doesn't  
7 eliminate the excess beds necessarily unless we  
8 adopt a subprogram like your group has put together  
9 where you give back 15%. That's another way to  
10 approach that.

11 But, you know, you have a couple different  
12 problems hovering over us at the same time, and you  
13 have to start somewhere. The moratorium, again, is  
14 not a forever idea, but it is a way to curb the  
15 growth. That's all it does.

16 And, you know, other states have, have  
17 manipulated that into something that had some kind  
18 of comfort level. Some of them do have a buy/sell  
19 program. Everyone is different because every state  
20 is different. This is no getting around it. You  
21 have to do it that way.

22 And the one good thing about a moratorium in  
23 addition to cutting the growth in the total number  
24 is it does help create more of a market for

1 buy/sell, I mean, that we have heard several times,  
2 and you can see the logic in that.

3 So it -- we are looking at it as part of the  
4 buy/sell program is what we are doing. We wouldn't  
5 be talking about it if we were not trying to get  
6 off the dime with the buy/sell development.

7 ACTING CHAIRMAN BELL: Tim?

8 MS. AMIANO: Is there a way to articulate  
9 that as it being a unified thing versus a  
10 stand-alone, because I think on the agenda it is --

11 MS. BURMAN: Yes, we could phrase it so  
12 that, you know, as an integral part of buy/sell  
13 program that we are trying to develop, we are for  
14 or against a moratorium, something along those  
15 lines.

16 CHAIRMAN BELL: Tim?

17 MS. BURMAN: We can put a condition on it.  
18 It is not that you are recommending a flat-out  
19 moratorium necessarily.

20 MR. PHILLIPPE: This is Tim Phillippe. I'm  
21 agreeing with Claire also. I think the whole --  
22 and I understand, I think that's the concept she  
23 brought into the meeting. I think we are getting  
24 distracted if we think of a moratorium by itself or

1 some group that overreacted to the agenda. We are  
2 just talking about within the buy and sell bed  
3 transfer process. It is the hardest thing to talk  
4 about. I guess that's probably the reason you put  
5 it on the calendar first as steps.

6 But also I want to remind the subcommittee,  
7 because we have some new members, that we voted as  
8 a straw vote on the concept of are we in favor of  
9 generally a buy and sell program. That was a few  
10 meetings ago up in Bolingbrook, and it was  
11 overwhelmingly yes. That was without specifics,  
12 just a general concept.

13 So I'm assuming that that was the intention  
14 of the committee, the subcommittee then, that they  
15 were in favor of some kind of program. All we are  
16 doing now is walking through the different  
17 conditions of the program to see if, when it is all  
18 finished, specifically we still approve of the  
19 idea.

20 CHAIRMAN BELL: Yes, John?

21 MR. FLORINA: I'm going to circle back to  
22 where I started from. I asked a question on what  
23 was the definition of moratorium, and I have heard  
24 a couple different explanations.

1           But what I am taking out of this is that it  
2 is an absolute. There is no new beds to be  
3 approved for any reason, it is frozen at what it is  
4 at, there is no other mechanism to create new beds.

5           I will suggest that I believe the process,  
6 the Board already has the authority to control new  
7 beds through an application process, through a  
8 state review, staff review process or through the  
9 Board making a decision.

10           So therefore, if there is any new beds they  
11 have to be approved through a process. It is not  
12 that we're just having beds appear out of nowhere.

13           So I want to get back to the whole  
14 methodology, but in the process I want to point out  
15 some of the things I heard here.

16           We took a straw vote -- I wasn't part of the  
17 committee, but I was there -- that we support the  
18 concept of a buy/sell to help straighten out the  
19 whole bed need situation in the State of Illinois,  
20 okay?

21           But we left it open for a lot of discussion.  
22 The last discussion that we had here in November  
23 was that we were going to evaluate each point,  
24 point by point, and I think it is in the minutes,

1 of a buy/sell program. It wasn't to create an, an  
2 absolute moratorium in order to have a buy/sell.  
3 It was part of the discussion as to whether or not  
4 there should be a moratorium in order to support a  
5 buy/sell program.

6 So I am in favor of buy/sell with the  
7 correct requirements and parameters that you are  
8 working with, but I believe the bigger issue comes  
9 back to our whole bed need methodology.

10 The question that I would pose there is why  
11 does Illinois have such an excess, we keep calling  
12 it excess number of beds in our state based on  
13 either use or based on comparison to other states.

14 I have asked the question before about our  
15 bed need methodology, and I was assured that it is  
16 correct, it is accurate, it is applicable to what  
17 we do here in Illinois.

18 Well, if that's the case, then why are we  
19 spinning our wheels dealing with a buy/sell and  
20 moratorium if our program is already appropriate  
21 and supposedly meeting the needs?

22 I hate to be redundant, but I have to come  
23 back and ask if the bed need methodology needs to  
24 be modified.

1           We are starting here trying to cure the  
2           symptoms of an issue by buying and selling and  
3           putting out a moratorium, putting the cart before  
4           the horse in my mind.

5           Why can't we or why shouldn't we be  
6           reviewing the bed need and how it is established  
7           before we go down the road of trying to create all  
8           these other programs?

9           That's pretty much where I want to make my  
10          position here. I'm open to all of the ideas, but  
11          it seems like we're doing them in the wrong order.

12          CHAIRMAN BELL: Mr. Gaffner, then Mr. Foley.

13          MR. GAFFNER: Thank you, Mr. Chairman. I  
14          agree wholeheartedly with what John said, and with  
15          due respect to Tim and bed counts and what beds are  
16          licensed and unused, I don't believe it should be  
17          too challenging for -- in fact, I had a discussion  
18          with one of the Planning Board staff within the  
19          last few days to be able to get someone, whether it  
20          be IDPH or others, into a home and do that physical  
21          kind of count, and I'm not convinced that we have a  
22          good understanding of beds that are licensed and  
23          would never ever be used again. So in essence they  
24          are already not practical application to deliver

1 care. However, they are in the bed need formula.

2 And I think John's point is very, very  
3 significant. If the bed formula in Illinois is  
4 accurate, we should not even be talking about a  
5 moratorium and bed buy/sell, and to create an  
6 artificial set of programs to deal with a basic  
7 fundamental issue is not in the best interests of  
8 the residents we care for.

9 And I know Judy mentioned that all  
10 associations are supporting bed buy/sell, and I  
11 guess I would want to clarify and go on the record  
12 that HCCI is not overwhelmingly in agreement with  
13 the bed buy/sell proposal.

14 As I mentioned in November when we received  
15 that, HCCI was not involved in drafting that  
16 proposal, was not participating in that, and I do  
17 appreciate I have not seen or was privy to what  
18 Chuck read, but I wholeheartedly agree because we  
19 have had conceptual conversations about that.

20 This is the issue that is most relevant to  
21 the three associations, and I believe there is  
22 merit in having them come together and work for a  
23 compromise or to work for the innovation that's  
24 needed. So I don't think we --

1 Cece, just as a clarification, I know you  
2 registered as nonsupportive IHCA on the moratorium.

3 Are they in support of the bed buy/sell as  
4 was presented at the draft form in November?

5 MS. CREDILLE: No, we are not in support.  
6 That's a draft from an ad hoc committee that  
7 certainly caused discussion. IHCA remains  
8 supportive of buy/sell concept, not necessarily  
9 what that draft was, which when we presented it,  
10 when it was presented in November it was stated  
11 that not necessarily everybody agreed with  
12 everybody on the paper.

13 But we support a buy/sell concept. We do  
14 not support a moratorium without the buy/sell.

15 MR. GAFFNER: That's fine. I was just  
16 trying to clarify because when you mentioned they  
17 supported bed buy/sell, I was trying to --

18 MS. CREDILLE: Not -- I'm not saying IHCA  
19 supports that document. IHCA supports the concept  
20 of, of buy/sell.

21 MR. GAFFNER: Mr. Chairman, I would close  
22 these comments by saying I understand the straw  
23 vote was taken. Certainly some of us were not part  
24 of that. But whether it's been three years or five

1 years or one year, this is too important an issue  
2 to be looking to action just simply to get off the  
3 dime. Thank you.

4 CHAIRMAN BELL: Mr. Foley, I think you had a  
5 comment.

6 MR. FOLEY: You know, I just really and  
7 truly feel that as a planning agency we have to  
8 look forward and plan for the future. We have, as  
9 I said earlier, several facilities in this state  
10 that, that meet standards by a lot of certain  
11 waivers, physical plant, there is a lot of issues,  
12 a lot of problems, and I think the residents in  
13 these facilities deserve, deserve a lot more than  
14 that.

15 Again, I will repeat I think, you know, if  
16 it takes a buy/sell program, I have no problem with  
17 it. We have to do something to encourage our  
18 existing providers to modernize and to expand and  
19 to expand only if additional beds are, in fact,  
20 needed, only if they can justify the need for  
21 addition of beds along with a modernization.

22 You know, again, we have been talking about  
23 this for so long. I think as a planning agency, I  
24 think it is our responsibility to plan for the

1 future. We need to look at a five-year bed need.  
2 We need to get back onto five year. We need to  
3 have updated information regarding bed count,  
4 regarding patient days, regarding utilization.

5 This information needs to be, I would hope,  
6 somehow more current than what it is today. A lot  
7 of times, you know, staff is up against a wall  
8 because they are reviewing applications with data  
9 in some cases, you know, two years old already, and  
10 I don't think it is fair to staff, I don't think it  
11 is fair to our residents out there that they are  
12 not being afforded the opportunity of state of the  
13 art facilities.

14 We need to create a mechanism. Not every  
15 planning area needs additional beds, and I guess a  
16 lot of that depending on not just utilization but  
17 also population growth. We can't count on  
18 utilization of existing facilities because, as we  
19 heard so many times, utilization of a facility  
20 being 70% occupied, it could be, in essence, 100%  
21 occupied because that's all the beds he has in his  
22 facility with the balance being used for other  
23 purposes.

24 So it is not fair, it is not fair to look at

1 the occupancy rate in that fashion. So let's  
2 proceed with an open mind. If it takes a buy/sell  
3 program to help out the existing providers, that  
4 I'm for. That I'm for. But we need to proceed in  
5 such a fashion that we just don't close off any  
6 forms of modernization, any forms of new  
7 construction because I think we need to move  
8 forward.

9 I am hearing from different sources and I  
10 have not been able to pinpoint it yet, but within  
11 the next five to seven years Illinois, given its  
12 existing number of empty beds, Illinois may not,  
13 may not have enough beds in order to accommodate  
14 the growing demand because of the baby boomers.  
15 That's tomorrow, not today. I'm looking at  
16 tomorrow. And that's what we are all about as  
17 planning for the future. Thank you.

18 CHAIRMAN BELL: Tim?

19 MR. PHILLIPPE: I would just like to step  
20 back from the arguments and talk about the  
21 structure, how we are organizing the meeting to go  
22 back to Claire's original point.

23 Really if we go round and round in circles  
24 about this issue and buy/sell, this issue with

1 operational beds, bed formula -- and by the way, I  
2 was head of the task force. I have been here. I'm  
3 a dinosaur, too. So I led a task force on the  
4 formula. Claire helped our task force a great  
5 deal, and then because we got into that so long we  
6 ended up, then, on bed buy and sell, and we ended  
7 up having a task force of 20 people on the phone,  
8 and that didn't work, and we came back to the  
9 committee.

10 But -- so a lot of these things have been  
11 argued before. I can appreciate people are new on  
12 the committee, but what I would like is we just go  
13 back to what Claire suggested in the beginning. We  
14 stay focused, we not re-argue the bed transfer  
15 every time and the different issues with it.

16 If the committee has already taken a straw  
17 vote and agreed to at least discuss the idea, we  
18 stay focused on the moratorium, by the way, which  
19 is -- it doesn't have to be total. I think we can  
20 end up with exceptions to a moratorium of some kind  
21 before we are done. We focus on that.

22 If we, at the end of the day at 2:00, we  
23 stay focused and people are against it, we vote  
24 against it. But we just stay focused on that one

1 point and we not get distracted by other things so  
2 we can finish it in one meeting.

3 And I'm not even saying we have to all  
4 agree. I just want to get it done. Does that make  
5 sense?

6 Then we can move onto the next point,  
7 because I think Claire's approach is the right one,  
8 and at least we can then, when we get done, we can  
9 come back if people don't like the total.

10 That killed the discussion.

11 I mean, so I will -- well, as a straw vote,  
12 okay, I can just -- I will propose it as a straw  
13 vote, then we can argue about it that we would have  
14 some type of moratorium, though I appreciate John's  
15 concern. It could include some exceptions. I  
16 think there are states that have a partial  
17 moratorium, but they have some exceptions to take  
18 care of concerns people might have.

19 MR. FOLEY: Is that a motion?

20 MS. O'DEA EVANS: Tim. This is Pat  
21 O'Dea-Evans. Tim, I think the best way to proceed  
22 would be if we put this in the form of a motion so  
23 we can vote on it. We might have to draft some  
24 language so that's not misperceived as -- you know,

1 what we are doing basically is to recommend that as  
2 part of our process of the buy/sell program.

3 CHAIRMAN BELL: Mr. Florina?

4 MR. FLORINA: If that's what we need, then I  
5 would suggest a motion that we not consider a  
6 moratorium at this point in determining how to  
7 proceed with meeting the needs of the people of the  
8 State of Illinois for long-term care in nursing  
9 homes.

10 MR. GAFFNER: I would second that. Alan  
11 Gaffner.

12 MR. FOLEY: Tim -- I mean Bill, I would like  
13 to remind everybody that, in essence, the state  
14 already has a moratorium. It is an unofficial  
15 moratorium in that given its current bed need  
16 around the state, there is very few areas in the  
17 state today where there is a need for beds where  
18 somebody can actually do something.

19 I guess what we need to find out from staff,  
20 if at all possible, we are supposed to be getting a  
21 new inventory. I think we need to see where that  
22 is possibly, if that's coming up anytime in the  
23 near future.

24 Other than that, we could proceed with a

1 buy/sell program without any kind of a moratorium  
2 because, again, we already have one.

3 MS. O'DEA EVANS: Well, I'm hearing I guess  
4 -- this is Pat O'Dea. I'm hearing all of the time  
5 of projects that are being initiated.

6 So are there projects being initiated?

7 MR. GALASSI: Pardon me for interrupting,  
8 Mr. Chair. This is Dale Galassi. You have got a  
9 proposed motion on the table. I think you need a  
10 second for that motion, and if there isn't, then  
11 there isn't discussion. But you have got a motion  
12 on the table.

13 MS. O'DEA-EVANS: We don't have a motion.  
14 We don't have a motion.

15 CHAIRMAN BELL: We have a motion, and we  
16 have a second.

17 MR. GALASSI: Not to approve a --

18 MR. MORADO: If we can get --

19 MS. O'DEA EVAN: Who made the motion and who  
20 made the second, because it sounded like the same  
21 person did both?

22 MR. GAFFNER: John Florina made the motion,  
23 Alan Gaffner made the second.

24 MR. MORADO: Mr. Chair, I believe I heard

1 Mr. Florina say that the motion was to not consider  
2 a moratorium on the issue of long-term beds. It  
3 didn't sound like it was towards the issue of a buy  
4 or sell program, correct?

5 (The reporter read the colloquy.)

6 CHAIRMAN BELL: Did everybody hear that,  
7 hear that motion?

8 (The reporter read the colloquy.)

9 CHAIRMAN BELL: So as I understand the  
10 motion, it is specific to just a moratorium without  
11 any restrictions; is that correct?

12 MR. FLORINA: That is correct. I did say a  
13 moratorium at this time.

14 CHAIRMAN BELL: Okay. We have got the  
15 motion, and we have a second. We probably should  
16 have a hand vote on this. All in favor of the  
17 motion for a non, for no moratorium, please raise  
18 their hand.

19 Six, is that correct? Is that what you are  
20 count is?

21 MR. MORADO: I have four up here, four up  
22 here.

23 CHAIRMAN BELL: And two here.

24 And then opposed, raise your hand and then,

1 okay, then I will get the phone. So one, two,  
2 three.

3 On the phone, what is your vote, please.

4 MR. GALASSI: Dale Galassi, non-voting.

5 MS. O'DEA EVANS: Pat O'Dea Evans, opposed.

6 CHAIRMAN BELL: Is Mr. Raikes available?

7 (No response.)

8 CHAIRMAN BELL: Okay. He must have got off  
9 the phone.

10 So the vote, then, is 7 to 3.

11 MR. MORADO: It passes.

12 CHAIRMAN BELL: It passes.

13 MR. MORADO: Correct.

14 CHAIRMAN BELL: So what -- where do we go  
15 from here, then?

16 Are we going to look at an option for a  
17 moratorium with certain exceptions, or are we  
18 basically saying no moratorium period and moving  
19 onto something else?

20 MS. O'DEA EVANS: We just had a motion that  
21 says we are not to consider it, so I don't think  
22 there is anymore discussion on that, then.

23 CHAIRMAN BELL: Okay.

24 MR. GALASSI: Agreed.

1 CHAIRMAN BELL: Very good. Judy, yes?

2 MS. AMIANO: I would put a motion on the  
3 table that we formally adopt a buy/sell program in  
4 the State of Illinois, the mechanism by which to be  
5 determined, how to implement it.

6 MR. PHILLIPPE: This is Tim Phillippe. I  
7 would second that.

8 CHAIRMAN BELL: We have a motion on the  
9 floor from Judy and a second by Tim for formally  
10 adopting -- can you read that one back just to make  
11 sure we get it right?

12 (The reporter read the colloquy.)

13 MS. AMIANO: Mr. Chairman, I wish to amend  
14 my motion because I'm hearing from this group of  
15 legal folks that we can't adopt it, that we can  
16 make a recommendation to develop a buy/sell  
17 program.

18 CHAIRMAN BELL: So we have got an amended  
19 motion on the floor. Is there a second to that?

20 MR. PHILLIPPE: I will still second.

21 CHAIRMAN BELL: Tim still seconds that  
22 motion. Any discussion?

23 All in favor raise their hand.

24 MR. MORADO: We have five up here, Mr.

1 Chair.

2 CHAIRMAN BELL: We have seven here total.

3 Opposed? One, two.

4 On the phone?

5 MS. O'DEA EVANS: I abstain.

6 MR. GALASSI: Dale Galassi, non-voting.

7 MR. CHAIRMAN: So on that motion the vote is  
8 seven yea's, two nay's and one abstain. So  
9 therefore, that motion passed.

10 Are there any other discussions with  
11 relationship to this item on our agenda?

12 Yes, Mr. Florina?

13 MR. FLORINA: Mr. Chairman, I have a  
14 question just for clarification. Since some things  
15 were already evaluated over the past year that not  
16 all of us are familiar with, would it be  
17 appropriate to share with us the evaluation of the  
18 bed need methodology and conclusions that were  
19 reached so that we know how the primary piece of  
20 this whole puzzle works as to how it affects these  
21 possible new programs or initiatives?

22 CHAIRMAN BELL: That's an excellent  
23 question. I'm not sure who can respond to that.  
24 That probably would have to be somebody on staff, I

1 would imagine, that's going to have to respond on  
2 being able to provide that information.

3 MR. CONSTANTINO: We can get it for him,  
4 Bill. We can get it for John.

5 CHAIRMAN BELL: Okay.

6 MS. BURMAN: This is Claire. Could he  
7 please repeat the question?

8 MR. FLORINA: Do you want me to repeat it,  
9 or do you want the court reporter to read it back?

10 CHAIRMAN BELL: If you feel comfortable,  
11 Mr. Florina, it would probably be helpful if you  
12 did.

13 MR. FLORINA: Not knowing the discussions  
14 that took place in the past or the outcomes of  
15 those discussions, can we be provided with  
16 information that dealt with the bed need  
17 methodology to determine if it is accurate and  
18 applicable going forward so we know how it impacts  
19 all these other decisions that we may be making for  
20 new programs and initiatives?

21 MS. BURMAN: Okay. When this subcommittee  
22 started meeting four years ago, maybe in the third  
23 meeting we started talking about this. As Tim  
24 indicated earlier in our meeting today, he was the

1 chairman of a work group that took on the bed need  
2 formula and all things that fly out of it.

3 The problem is our bed need formula is  
4 actually a rather simple formula. It incorporates  
5 different pieces of needed information. One very  
6 important one is what is your actual bed use,  
7 meaning you the state.

8 Okay. The one flaw in ours is that the end  
9 number that you subtract -- after you do the  
10 calculation, you have a gross number of beds  
11 needed. You have to then subtract the existing  
12 beds that we have. Because the existing number is  
13 incorrect because of all of the unused beds, we  
14 have a bogus number as a net need. That's the  
15 basic problem with the formula.

16 So then we started looking at how should we  
17 count beds. We used licensed beds. We looked at  
18 using operational, and it was hard to define what  
19 that would mean, or staff beds.

20 We went around and around for quite awhile  
21 trying to find a good way to deal with this. Then  
22 I did a survey of other states and what they did  
23 with their beds. They use operational, licensed.  
24 Everybody hands down uses licensed beds.

1           So then you come to the issue of how do we  
2 eliminate beds that really aren't being used?

3           First you have to define how many there are,  
4 how do you get an accurate count. IDPH, there  
5 aren't enough IDPH staff to do a physical count.  
6 That's a big, huge problem. Years ago, yeah, you  
7 could maybe do that. Right now, no.

8           So then it is all self-reporting, and some  
9 spaces have been converted for other uses. Some  
10 beds, some rooms that used to have three beds now  
11 have one. You know, there is different changes  
12 like that.

13           So it is very difficult to get that accurate  
14 bed count. I have not heard of any new ideas on  
15 how to do that. In the end -- Tim, please chime in  
16 -- we had to just drop that because it was going  
17 nowhere.

18           MR. PHILLIPPE: Yes, I agree, and also I  
19 think, I think it was Mike, but somebody provided  
20 us reports that you have available on the published  
21 numbers that you gather every year and the way  
22 those are done. Those helped a little bit, but it  
23 didn't really solve the problem.

24           MR. CONSTANTINO: No.

1 MR. PHILLIPPE: There was no real way of  
2 confirming it, even though John's idea, I mean, it  
3 sounded logical earlier to just go out and count  
4 it, but practically speaking it is not something  
5 that can be done is what we came to.

6 MR. CORPSTEIN: Well, I don't know how the  
7 bed need was determined originally, but a few  
8 months ago I used the federal database to comb the  
9 Medicare Medicaid certified facilities. I provided  
10 -- he is not here today, is he, Nelson?

11 MR. CONSTANTINO: No, he is not here.

12 MR. CORPSTEIN: Okay. I provided Nelson  
13 with some stats. I went through every facility and  
14 put their four-year reported occupancy. They are  
15 less likely to lie to the feds than me. So their  
16 reported occupancy over four years for every  
17 facility that is certified as well as what their  
18 licensed number is. I gave all of those stats to  
19 Nelson to crunch. I think preliminarily it came out  
20 to be about the same number that the Board already  
21 had.

22 So I don't know how they determined their  
23 numbers originally or how they got their bed  
24 occupancy and bed licensure numbers, that kind of

1 stuff, but what I determined was basically the same  
2 thing that was already reported to the Board and  
3 the Board was reporting as their occupancy rates.

4 So it kind of looks like that's two  
5 different methodologies of returning the same  
6 numbers. It is not conclusive, but I would say  
7 that should -- it should have some import in our  
8 discussions on what is available or what have you.

9 CHAIRMAN BELL: Mr. Gaffner first and then  
10 Mr. Foley.

11 MR. GAFFNER: Thank you. Mr. Chairman, I  
12 believe the need for an accurate inventory is so  
13 important, and I understand the limitations of  
14 staff, but I would move and offer a motion that the  
15 Long-Term Care Subcommittee urge the Planning Board  
16 to request necessary resources to perform an  
17 in-facility bed inventory because I continue to  
18 believe that there is a significant disconnect  
19 between these beds that are licensed and beds that  
20 are truly available for care.

21 So I would offer that as a motion that we  
22 would seek resources for that to be done.

23 MS. O'DEA EVANS: I second that.

24 CHAIRMAN BELL: Excuse me, did someone

1 second it?

2 Ms. O'DEA EVANS: I did, yes. Pat

3 O'Dea-Evans.

4 CHAIRMAN BELL: Pat did second it. Any  
5 discussion? Yes, Tim.

6 MR. PHILLIPPE: A couple points, okay? Some  
7 are practical, mostly practical.

8 First that means somebody is going to have  
9 to go do that work, okay?

10 Practically speaking this is more kind of  
11 general input from staff like who, what department  
12 would do that work and how long would it take.  
13 That's one question.

14 And the second one is we went through this  
15 before because there is set-up beds and there is  
16 beds that could be set up. I think it is a  
17 definition that people respond to on a survey,  
18 right?

19 MR. CONSTANTINO: That's correct.

20 MR. PHILLIPPE: So if, just practically  
21 speaking, we did that and the state chose to do  
22 that, our recommendation was taken seriously, a  
23 couple of practical things is, say it takes a year  
24 to get it done or six months.

1 MR. CORPSTEIN: Fifteen months.

2 MR. PHILLIPPE: What?

3 MR. CORPSTEIN: Fifteen months.

4 MR. PHILLIPPE: Fifteen months it would take  
5 to get this done, okay? That would mean  
6 practically speaking we are just tabling all  
7 discussion of what we have been working on for  
8 years until this gets done.

9 MR. CORPSTEIN: That's only going to be a  
10 snapshot of one day at that facility that one time.

11 MR. PHILLIPPE: The other practical thing is  
12 I assume that some people out there have a lot of  
13 beds that are not set up that could be.

14 MR. FOLEY: Within 24 hours.

15 MR. PHILLIPPE: Within 24 hours. They know  
16 the state is going to come start looking at them.  
17 They may take beds away. There may be some concern  
18 that the license would be cut if their beds aren't  
19 set up. Then I would assume it may cause providers  
20 who don't have beds set up right now but could to  
21 be worried and start setting them all up again.

22 And so it is -- I understand the concept,  
23 the intention behind it, but it sounds like it  
24 would be quite a long, difficult process, and then

1 we'd be coming back in 15 months where we started  
2 today.

3 MR. CORPSTEIN: We'd be right back at the  
4 same numbers that I already provided because  
5 exactly the methodology you are talking about is  
6 what I provided Nelson. These are the survey  
7 reports that they report to the feds, their  
8 occupancy on the day they're having their annual  
9 survey which happens every 9 to 15 months. I did  
10 that over four years. They were mostly kind of in  
11 line, a few percent up and down each way.

12 So, I mean, you can -- it is not hard and  
13 fast, but you can look at trends generally how this  
14 facility -- okay, they have 200 beds licensed, they  
15 have been 86, 92, 105, 96. So you can get kind of  
16 a range of where that facility is, but you can look  
17 oh, they're 30%, you know, more beds than have been  
18 occupied in the last four years.

19 So that's what I gave to Nelson to crack,  
20 and basically the numbers came up to be the same  
21 occupancy rate as the Board has been reporting all  
22 along.

23 So I don't know how else you are going to  
24 get a more accurate assessment of what their beds

1 are than that. I mean, if you have a way to do  
2 that, that would be great but --

3 MR. GAFFNER: With all due respect -- excuse  
4 me, I heard someone on the phone. Forgive me.

5 MS. O'DEA EVANS: This is Pat. So is there  
6 just a disagreement that these numbers are  
7 accurate, because we are hearing from some staff  
8 that we can't rely on the numbers and other staff  
9 said this is the best we can do?

10 CHAIRMAN BELL: Judy?

11 MS. AMIANO: Are you calling on me?

12 CHAIRMAN BELL: Yes.

13 MS. AMIANO: Okay. Thank you, Mr. Chairman.

14 As we looked at this, you know, I think  
15 there is correct points all of the way around.  
16 When we looked at the buy/sell we tried to mitigate  
17 all of the issues around the accurate bed count,  
18 and we basically said does it really matter,  
19 because if we are going to create a situation where  
20 we're going to allow people to monetize stuff that  
21 they currently squirrel away, it is acknowledging  
22 that they have some value which we can argue does  
23 the license have value or not with lenders.

24 So we took all of those factors in and said

1 basically we are going to motivate people because  
2 if your licensed capacity is 100 and running 80  
3 --

4 MR. ROATE: Dale, are you still there?

5 MR. FOLEY: Obviously not.

6 Bill, do you want to break for lunch?

7 CHAIRMAN BELL: Did we lose you in Chicago?

8 MR. DART: Yeah, we lost them.

9 MR. FOLEY: Bill, can we have a break?

10 UNIDENTIFIED: Yes. Looks like they are  
11 handing out stuff there, so --

12 (Discussion off the record.)

13 CHAIRMAN BELL: Okay. Sorry about that.

14 I think we lost -- I think we lost the people on  
15 the phone, though.

16 Do we want to -- I mean, it is kind of an  
17 awkward spot. Do we need to take a vote on the  
18 motion before we take a quick break for lunch, or  
19 how do we proceed here? What is the best way to  
20 proceed?

21 MR. PHILLIPPE: I would suggest there may be  
22 more discussion.

23 CHAIRMAN BELL: More discussion?

24 MR. PHILLIPPE: It would be wise to let the

1 people on the phone get connected.

2 So maybe we can take a break and come back  
3 when everybody is on board again.

4 CHAIRMAN BELL: All right. There were not  
5 meals here in Springfield, so people have to run  
6 across the street if they want to get something.

7 So how long are you suggesting, twenty  
8 minutes, thirty minutes?

9 Thirty minutes. We will reconvene in thirty  
10 minutes. Does that work for everyone?

11 Okay. Thank you.

12 (A lunch break was taken.)

13 CHAIRMAN BELL: Okay. We will get back on  
14 the record, then, and go forward, I think we were  
15 in the middle of our discussion.

16 We had a motion, I guess, asking or  
17 requesting that the Planning Board to perform a  
18 facility bed inventory or something on that order I  
19 believe, Mr. Gaffner.

20 MR. GAFFNER: I would withdraw that motion.  
21 Staff was discussing their methodologies and  
22 arrived at some similar data.

23 So in an effort not to further extend that  
24 process, I would withdraw that motion. Thank you.

1 CHAIRMAN BELL: Okay. Thank you. All  
2 right. Then back to the original number 7, the  
3 buyer/seller program requirements.

4 You know, we have done the issue on the  
5 moratorium. We had another motion about supporting  
6 the concept of a bed buy program, and are there any  
7 other issues that you would like to bring up under  
8 that general topic for discussion today?

9 Yes, Ms. Amiano?

10 MS. AMIANO: Thank you, Mr. Chairman. You  
11 know, I would make a recommendation that, you know,  
12 a subcommittee or somebody say now that we have the  
13 buy/sell, let's take some of either what was  
14 brought forth on November 5th or new ideas, doesn't  
15 matter, but let's figure out what functionally  
16 might this look like, how might we go through an  
17 implementation, and I would, you know, say let's  
18 get a smaller group of people who can be a little  
19 bit more fluid, get some recommendations together  
20 and then bring it back to the committee at the next  
21 meeting just to further that and advise on, it  
22 would be a recommendation to keep -- our main issue  
23 was how do we move this forward, and so it feels  
24 good that we have made a decision it feels like, I

1 think, sort of today, but let's keep that momentum  
2 going so that the people who are committing their  
3 time and energy to this committee, you know, feel  
4 like it is a worthy cause.

5 MR. GAFFNER: This is Alan Gaffner.  
6 Mr. Chairman, if we do move forward with what Judy  
7 has suggested, I think it is critical that we have  
8 participation by the respective provider groups in  
9 this effort because I think that's going to be very  
10 key to not only saving time but developing a  
11 product that's going to create a greater likelihood  
12 tie-in and of adoption.

13 CHAIRMAN BELL: I think that was our  
14 original intent when we first put the work group  
15 together was that, I think we just picked the four  
16 providers that were on the Board at that time to be  
17 on the committee because we knew that the, you  
18 know, impetus would have to come from them, and  
19 they would have the most knowledge and experience  
20 to be able to suggest a method of moving forward.

21 So I would agree with you, Mr. Gaffner, and  
22 we get into the issue, then, about the Open  
23 Meetings Act and how many we can have on that  
24 subcommittee without opening it up to a huge number

1 of people.

2 I think that was the concept before that if  
3 we got above a certain number, then all of a sudden  
4 we're back to a subcommittee or task force of more  
5 than enough people to try to get something done.

6 So I don't know. Again, are we -- based  
7 upon the new bylaws or whatever, what is the  
8 minimum or the maximum number of members that we  
9 can have on a task force that we don't get into the  
10 Open Meetings Act restriction or problem?

11 MR. MORADO: So now we have 15 voting  
12 members. A majority of 15 would be 8 which would  
13 give a passing motion. According to the Open  
14 Meeting Act, Meetings Act, it would have to be a  
15 quorum of that. So I would say we couldn't have  
16 more than three.

17 MR. GAFFNER: Let me suggest, Mr. Chairman,  
18 and it goes back to what Mr. Sheets said earlier, i  
19 think that there is no reason that this could not  
20 take place outside of the subcommittee with those  
21 providers being at the table through their  
22 associations, and then that product come back to  
23 this group because -- that is to keep that Open  
24 Meetings Act from being problematic which we are

1 going now to have even less involvement if we are  
2 down to three, I believe, with the math that you  
3 have described.

4 MR. MORADO: Correct.

5 MR. GAFFNER: Or we should just, we should  
6 just be realistic and have to embrace that it be a  
7 public meeting in the process.

8 CHAIRMAN BELL: Okay. Mr. Foley?

9 MR. FOLEY: Why can we not maybe just break  
10 up into small groups of three so that everybody  
11 would be able to participate and everybody bring to  
12 the table?

13 We have some guidance already from our past  
14 discussions on buy/sell and maybe by breaking up  
15 into small groups and everybody's participation,  
16 might be able to then focus on some common areas we  
17 can bring back, you know, to the table, then, for  
18 further discussion.

19 MS. AMIANO: Very counter to subcommittee  
20 work where you're entrusting a subcommittee to take  
21 hard issues, think them through thoroughly and  
22 bring recommendations back, and, of course, the  
23 full committee would always have input to any final  
24 decisions.

1           So I think it is, you know, in the spirit  
2 of, again, trying to expeditiously kind of move  
3 this forward, you know, perhaps it is a -- I'm not  
4 sure that before, Alan, we were not able to talk  
5 about something and then take it off and not be  
6 qualified under the Open Meetings Act. I'm not  
7 sure what would change that, but I know Frank never  
8 would let us -- yeah, I mean we have talked about  
9 it here, so it is a work product of here. So we  
10 really need to be mindful of those rules.

11           I guess I would make a recommendation let's  
12 have one representative from each association and a  
13 staff member and call it a day.

14           Mr. MORADO: Can you give us one second,  
15 please? I want to double check this math.

16           MR. PHILLIPPE: While they are checking the  
17 math, I would also suggest that we, whatever the  
18 work group does, rather than bringing just a  
19 recommendation, that they actually have more of a  
20 written description of how they got there.

21           CHAIRMAN BELL: Okay.

22           MR. PHILLIPPE: Because what tends to happen  
23 otherwise, we come up with a recommendation and  
24 have a whole discussion about why did you think

1 that and the different points. So it can save time  
2 if it already addresses the major issues in  
3 writing.

4 CHAIRMAN BELL: Okay. Good point.

5 MR. MORADO: Mr. Chair, we had a chance to  
6 double check the math, and contrary to my belief  
7 that I am horrible at it, it is three.

8 CHAIRMAN BELL: Okay. So, Judy, I believe  
9 your recommendation would be, then, that there  
10 would be a member from the Illinois Health Care  
11 Association, one from LeadingAge and one from HCCI  
12 or the Council to be on this small subcommittee and  
13 then possibly a staff member to assist them to  
14 draft up or further draft up or further explore the  
15 option of a buy, bed buy/sell program and bring  
16 that back to the Board or the subcommittee for  
17 further review and discussion.

18 Is that what I am understanding the  
19 recommendation to be?

20 MS. AMIANO: That's what the recommendation  
21 is, yes.

22 MR. FOLEY: Well, we have four associations  
23 now; is that correct?

24 UNIDENTIFIED: There is only three.

1 CHAIRMAN BELL: Mr. Sheets?

2 MR. SHEETS: So can I make a suggestion?

3 -- this is only a suggestion -- that if a staff  
4 member from the association accompanies the member  
5 of this Board, that might be more expeditious with  
6 the time.

7 If an actual staff member from HCCI is with  
8 the member here that belongs to HCCI or staff  
9 member from IHCA is with the member that belongs  
10 IHCA, that might help work things through more  
11 quickly. I don't think that would trigger --

12 UNIDENTIFIED: I don't think it would --

13 MS. CREDILLE: You mean the subcommittee or  
14 --

15 MR. SHEETS: For the subcommittee, right.  
16 So there would be six people there as opposed to  
17 three. MS. CREDILLE: But they're not part of the  
18 committee?

19 MR. SHEETS: It wouldn't queue the Open  
20 Meetings Act because the staff person --

21 MR. MORADO: They are not a member of that  
22 committee. I mean, let's say we had four on there  
23 and did it as an open meeting. Those people can  
24 come in as a member of the public kind of like we

1 have some members of the public here today.

2 MR. SHEETS: Like if Alan wanted for HCCI,  
3 he would be able to have someone from HCCI with  
4 him. If Cece was there for IHCA, you know, Bill or  
5 --

6 (Discussion off the record.)

7 MS. CREDILLE: I like Bill. Put that in the  
8 minutes.

9 CHAIRMAN BELL: So I mean, I think that  
10 makes good sense.

11 Is that the flavor, then, of the Board that  
12 we, or subcommittee, sorry, that we proceed in that  
13 direction?

14 And Mr. Phillippe also had a recommendation  
15 that not only does the group come forward with a  
16 end document, but there may be some discussion in  
17 there or some points as to what, how they got to  
18 that decision or what they're recommending or  
19 whatever, that there was discussions in this area  
20 and we talked about this, we looked into this so  
21 that there is a little bit more meat to it so that  
22 hopefully that in the -- when we come to the  
23 recommendations, there is some information there  
24 that we don't have to rediscuss at the meeting as

1 to how you got to that point to try and make it a  
2 little bit clearer and easier to understand in how  
3 you got to that point.

4 Yes, Ms. Amiano?

5 MS. AMIANO: My preference would still be  
6 just to have one person. It is the people who sit  
7 on this committee who are the most familiar with  
8 the issues to be on that small thing with the staff  
9 member. So four people conversing.

10 Everyone is clearly going to have the  
11 opportunity to go back, seek advice from their  
12 respective associations, but, you know, having been  
13 at this for a long time, less is better in terms of  
14 getting to a consensus.

15 And then I know as with our group when we  
16 met, and, again, what we presented in November was  
17 not necessarily everyone in 100% agreement but in  
18 the spirit of we are together enough that we think  
19 we can move this forward, and that's harder to do  
20 the more people you add to the mix.

21 So I would advocate for just three plus the  
22 staff member for this next step of the process, and  
23 as we had disagreements, each of us went back to  
24 our associations, had presentations, talked about

1 it and brought that information back.

2 So, again, it creates that trusting  
3 environment of what a real ad hoc subcommittee is  
4 meant to do, to dig into those tough issues.

5 MR. GAFFNER: And I appreciate what Judy is  
6 saying, but I believe that there could be greater  
7 productivity with having people accompanying  
8 because of their technical expertise that likely we  
9 would not have as representing our association. I  
10 think there is merit in doing that and trying a bit  
11 of a different process this time.

12 Again, I respect what Judy is saying. I was  
13 not a part of that, and I am sure she is speaking  
14 to what worked well, but I thought Chuck offered a  
15 very reasonable suggestion.

16 CHAIRMAN BELL: Yes, Claire?

17 MS. BURMAN: If you are adding staff from  
18 the different associations, does that preclude  
19 having someone that is staff to the Mother Board?

20 UNIDENTIFIED: This was in addition to.

21 MS. BURMAN: I just wanted a clarification.

22 MR. MORADO: Just to be clear, I don't think  
23 we are adding association staff to the committees,  
24 we are just saying whoever is going to be on there,

1 if they want to bring their staff person or their  
2 lawyer, whomever they want to lean on for advice  
3 during the meeting, that they can.

4 MS. BURMAN: Right.

5 MR. FOLEY: This is a public meeting --

6 MS. GUILD: As long as they are not on this  
7 committee.

8 MR. MORADO: As long as they are not on the  
9 committee.

10 (Discussion off the record.)

11 MR. GAFFNER: Mr. Chairman, if it helps, I  
12 would offer a motion that we use the three  
13 associations' representatives and allow them the  
14 opportunity to have a staff member from the  
15 respective association accompany them during the  
16 work group process.

17 CHAIRMAN BELL: Okay. We have got that  
18 motion. Is there a second on that motion?  
19 Claire?

20 MS. BURMAN: I just have a question. We  
21 already got through one topic, and there was a  
22 vote.

23 Is there any problem in just following with  
24 that process?

1 CHAIRMAN BELL: I think we can entertain  
2 that question, but I want to do the motion first  
3 and get that out of the way before we proceed into  
4 that question.

5 We have a motion on the table. Is there a  
6 second?

7 (No response.)

8 CHAIRMAN BELL: Not hearing a second --

9 MR. FLORINA: John Florina. I will second  
10 so you can have a discussion and take a vote if you  
11 want.

12 CHAIRMAN BELL: Okay. Very good. So we  
13 have got a motion and a second. Discussion other  
14 than what we've already had?

15 MR. PHILLIPPE: The only thing that I would  
16 volunteer, based on my prior experience when we had  
17 something more like that, it will take longer, it  
18 will be harder to get schedules to work, to get  
19 things done in, like say a two-month time frame.

20 So the more people that you have, the more  
21 complicated it gets, and the longer it will take to  
22 get something of substance accomplished.

23 CHAIRMAN BELL: Good point.

24 MR. GAFFNER: I guess the only thing I would

1 say, Tim, certainly numbers do change, but at least  
2 throughout my career in committees, whether it be  
3 state wide or others that I have served on, I've  
4 seen the most productive work occur when staff  
5 accompany the representatives.

6 So although that may be an issue in the  
7 scheduling, I think there could be great advantage  
8 to the information level that's available in that  
9 small group setting that does not require as much  
10 back and forth as what Cece described.

11 CHAIRMAN BELL: Any other discussion?

12 (No response.)

13 CHAIRMAN BELL: Hearing none, then we will  
14 take a vote on the motion being that there would be  
15 three members from the subcommittee on this task  
16 force and that they would be allowed to bring a  
17 representative along with them to the meeting.

18 All in favor of that motion raise their  
19 hand.

20 MR. MORADO: Four up here, Mr. Chairman.

21 CHAIRMAN BELL: Okay. That's five.

22 And then those opposed? Three.

23 So five for and three against. Therefore,  
24 the --

1 MR. FOLEY: How about on the phone?

2 CHAIRMAN BELL: I don't think there is  
3 anybody on the phone either.

4 MR. CONSTANTINO: No.

5 MS. MITCHELL: There is no one on the phone.

6 CHAIRMAN BELL: Okay. So the motion passes.

7 Then all right. Then are the three  
8 representatives from the subcommittee, are they Ms.  
9 Amiano, Ms. Credille and Mr. Gaffner? Is that the  
10 three?

11 Are those the ones representing the three  
12 associations?

13 MS. AMIANO: I don't think that is how it  
14 actually shook out, so each association, I think,  
15 will have to figure out who it is they want to  
16 attend.

17 CHAIRMAN BELL: No, as far as the  
18 subcommittee members, though.

19 MS. AMIANO: Oh, I'm sorry. Sorry.

20 MR. SHEET: So who is the subcommittee  
21 member who is from LeadingAge?

22 MR. PHILLIPPE: I would suggest Judy. She  
23 has been the most involved. She has been around  
24 from the beginning in this discussion.

1 MR. SHEETS: She was going to say something,  
2 Tim, but you cut her off.

3 MR. PHILLIPPE: Maybe she was going to  
4 volunteer someone else.

5 CHAIRMAN BELL: So Cece that would be you,  
6 that would be you from Health Care?

7 MS. CREDILLE: We will talk. We will talk.

8 CHAIRMAN BELL: And Mr. Gaffner, are you  
9 representing HCCI, then, on this subcommittee?

10 MR. GAFFNER: Yes, sir, I am.

11 CHAIRMAN BELL: Okay. Very good. Good  
12 luck. We will be anxiously awaiting the product,  
13 and it will be fully detailed at the next meeting,  
14 and we will be able to take a vote and move forward  
15 with the whole program, correct?

16 MR. GAFFNER: Well, Mr. Chairman, I think  
17 you are going to be a real time participant, so --

18 CHAIRMAN BELL: Very good. Okay. Back,  
19 again, then to the buyer/seller program  
20 requirements. We have had some good progress on  
21 several issues, and we seem to be moving forward.

22 Is there any other points of discussion or  
23 issues that you would like bring up under this  
24 topic?

1 MS. PHILLIPPE: I would ask if Claire would  
2 suggest, I think she is the one that organized the  
3 first one, and she got the recommendations from the  
4 work group we had. Claire may have some ideas on  
5 the next topic.

6 CHAIRMAN BELL: Claire, I am sorry. I cut  
7 you off on your earlier conversation. Go ahead and  
8 bring up your question. I'm sorry.

9 MS. BURMAN: No, no, that's all right. We  
10 can just keep going.

11 I think another question that will come to  
12 mind now if we have made the decision we are not  
13 recommending a moratorium in terms of the buy/sell  
14 program --

15 MS. CREDILLE: We did not say that.

16 MS. AMIANO: We said as stand-alone.

17 MS. BURMAN: Just stand-alone. So where,  
18 then, do we stand with the moratorium as part of  
19 the buy/sell?

20 MS. AMIANO: That's the next step.

21 CHAIRMAN BELL: I believe that's where the  
22 discussion will be in the group as to if they are  
23 going to come forward with a buy/sell program, what  
24 are the pieces of that and how do they fit together

1 to make that program work. One of them might be  
2 some type of a moratorium.

3 MS. BURMAN: The different pieces. So there  
4 would have to be some kind of discussion and action  
5 hopefully today, otherwise we will be revisiting  
6 this.

7 MS. MITCHELL: That's the subcommittee.  
8 That's what the ad hoc.

9 MR. MORADO: Yeah, the committee.

10 MR. SHEETS: Then you will have to vote on  
11 it when it comes back up.

12 MS. BURMAN: Is the ad hoc committee just  
13 looking at a moratorium, then?

14 MR. MORADO: No, they are looking at the  
15 whole issue globally, and I think we have, since  
16 you put together these points of consideration, it  
17 may be a very good starting point for them which  
18 includes a moratorium and a number of others.

19 MS. BURMAN: Right. I think as has been  
20 discussed at this meeting and others, if you take  
21 one at a time it is a much more effective way to  
22 address it.

23 If you are going to take something bigger  
24 than the piece called moratorium, it is going to be

1 a very slow process.

2 MR. FOLEY: Excuse me, I thought that's how  
3 this meeting got started and that we are just going  
4 to look at all the issues of which moratorium was  
5 one of them. We are going to discuss moratorium,  
6 vote on it, then that takes you down to the next  
7 section.

8 Ms. BURMAN: That's not what I'm hearing. I  
9 just heard that the ad hoc group will be looking at  
10 more than just moratorium.

11 CHAIRMAN BELL: Uh-huh.

12 MS. AMIANO: Claire, we'd take those  
13 recommendations from the 5th, say what works, what  
14 doesn't, what do we need to flush out a little bit  
15 more, what can everybody get comfortable with.

16 MS. BURMAN: Well, okay.

17 MS. AMIANO: Hard to imagine, but there will  
18 probably be 12 adds to the list that's already out  
19 there because I think everyone inherently  
20 understands what the -- it will be how do we all  
21 get consensus around the path to get to the  
22 outcome.

23 That's my sense. I could be wrong.

24 MS. GUILD: The subcommittee can look at

1 individual issues, but they'd also have to look at  
2 the big picture because does it all fit together.

3 MS. BURMAN: Well, of course, that is a  
4 given, but if you have an ad hoc working on  
5 whatever they feel their sphere is and they come  
6 back, it is kind of awkward for the subcommittee as  
7 a whole to take any action.

8 We can continue to discuss things of course,  
9 but, you know, what if the next thing we want to  
10 look at is say 20 bed, 10%?

11 You know, the way you look at that  
12 particular topic is if you have a moratorium for a  
13 buy/sell, you look at it one way. If you don't  
14 have a moratorium in place for buy/sell, you look  
15 at it a different way.

16 So you can't really, you can't really make a  
17 decision about that piece. So then you pick, you  
18 know, you pick another one.

19 Maybe it would be a good idea for this  
20 subcommittee to suggest what the next topic for the  
21 bigger group should be for our next meeting.

22 MS. GUILD: Or information needs, because  
23 you raise the 20 bed, 10% rule.

24 Do long-term care facilities -- everyone

1 else may know this. In the past has that been used  
2 by long-term care in the last three years?

3 UNIDENTIFIED: Several times.

4 MR. FOLEY: Sure.

5 MR. CORPSTEIN: I repeat it every day to  
6 somebody on the phone.

7 MR. FLORINA: This is Florina. Just for  
8 clarification, the ad hoc committee, my  
9 understanding, is continuing down the road it set  
10 out on in the beginning to evaluate the buy/sell  
11 initiative to come back with suggestions as to how  
12 to proceed.

13 In doing so, they will also look at all of  
14 the other related components whether it be  
15 moratorium, 20 bed 10% rule, anything pertaining to  
16 the long-term care bed methodology.

17 MS. BURMAN: The subcommittee as a whole  
18 will be waiting to hear from the ad hoc group  
19 before they can do anything.

20 MR. FLORINA: Recommendations. Waiting for  
21 their recommendation.

22 MS. BURMAN: It is hard to plan for the next  
23 meeting if we don't have more information about  
24 what they are going to be recommending.

1 MS. MITCHELL: Do we want to propose a  
2 deadline for when they will have something ready?  
3 Is that what you are --

4 MS. BURMAN: You know, if part of what we  
5 are wishing to do, and this is what we are wishing  
6 to do, is prepare, you know, a presentation for the  
7 Board, Mother Board, for its April meeting, it  
8 would be nice to have sort of an outline of what we  
9 can say that we have considered and made decisions  
10 on. That would be ideal.

11 If not, if we aren't able to reach  
12 decisions, then the next best thing would be we are  
13 unresolved on this one part of this issue, okay?

14 We haven't set it, but I would recommend if  
15 we want to really move on this we probably should,  
16 for awhile, meet every month. You know, typically  
17 we do it every other month. Like we did for the  
18 rule making way back at the beginning, we met every  
19 month just to get it done and had a statutory  
20 deadline to meet.

21 We are going to have like a self-imposed  
22 deadline on this or we are going to be another ten  
23 years.

24 MR. GAFFNER: I believe -- this is Alan

1 Gaffner. I believe expediency is important, but  
2 I'm trying to work things through in my head. Even  
3 if it was only three, to be able to come with  
4 something all tied up and ready for a Mother Board  
5 sign-off in April seems unrealistic.

6 MS. BURMAN: No, it is not going to be a  
7 sign-off. It is an update, it is an educational  
8 piece.

9 MR. GAFFNER: I think we can share wherever  
10 we are from a progress perspective, but I guess I  
11 would hate for the work group to be feeling some  
12 artificial pressure to complete their work based on  
13 that deadline.

14 I would love to see us as a subcommittee  
15 deal with some issues that we have talked about  
16 today. I think John Florina made great points  
17 regarding the bed formula.

18 MS. AMIANO: We voted against that, so  
19 that's not a revisit issue at this point.

20 MR. GAFFNER: No, I'm not talking about in  
21 terms of bed buy/sell, Judy. I had spoken to John  
22 prior to this meeting. I sense there are some  
23 concerns there, at least I have -- I won't speak  
24 for you, John -- that are more global that are not

1 tied to this. I think there are other things that  
2 we can do as a subcommittee.

3 We presently have a moratorium on SLF's. I  
4 think this group can do good work on other topics.  
5 Charles, in his role as a planner and John, they  
6 are at this every day. I think there are things  
7 that you can suggest that we ought to look at.

8 If I am missing the intent and focus on  
9 this, I apologize, but I think we have things to  
10 talk about besides bed buy/sell and moratorium.

11 Ms. AMIANO: Some issues surrounding SLF's  
12 that are outside of the scope of even this  
13 subcommittee, let alone the smaller group, the  
14 subcommittee of the subcommittee.

15 MR. GAFFNER: I understand that part, Judy,  
16 but it does have some real implication to what the  
17 long-term care community does. That's where I saw  
18 the application.

19 MR. SHEETS: If I might interrupt, I think  
20 what Claire is trying to say is she would like  
21 something to report to the Board in April of  
22 substance; is that right?

23 MS. BURMAN: Yes, that's my biggest wish for  
24 this subgroup.

1 MS. AMIANO: We had a vote today.

2 MS. BURMAN: That's true.

3 CHAIRMAN BELL: I think, Claire, the  
4 difference this time around is that when we had the  
5 group before, it was just that group that was  
6 meeting and discussing the issues. There wasn't  
7 staff involved.

8 Now that there is going to be someone from  
9 the staff involved in the discussions that are  
10 going on here, I think you or whoever it is will be  
11 able to see where they are going and be able to  
12 maybe take that information from those meetings and  
13 be able to prepare something for the Mother Board  
14 if it has to be done in April about where they are  
15 at, what they are looking at, what issues are out  
16 there, that type of thing.

17 So I think it is different this time because  
18 you will have someone that will be there listening  
19 to the conversation and be able to summarize and  
20 understand what the issues are and where the  
21 discussion is going.

22 Mr. Florina?

23 MR. FLORINA: Mr. Chair, just for the  
24 record, I want to be clear on this. The subgroup,

1 work group, ad hoc committee met before and  
2 reported back with an initial report to the  
3 subcommittee. We, as a subcommittee, still have  
4 not thoroughly reviewed or discussed all of the  
5 provisions that were suggested.

6 As a matter of fact, the transcript from the  
7 last time says that we need to consider by the full  
8 subcommittee focusing on one issue at a time until  
9 a formal decision concerning the subject issue is  
10 made by a motion and a vote. We have not done  
11 that.

12 What I'm saying is I'm relying on the work  
13 of the ad hoc committee, which they are doing a  
14 great job, they are addressing a lot of important  
15 things, but as far as the input from this  
16 subcommittee, I don't feel that that has occurred.  
17 We have not discussed or debated any of those  
18 points that were brought forward.

19 So it is still a work in progress by the ad  
20 hoc committee before we can really get into it  
21 further as the subcommittee.

22 Is my understanding not correct with that?

23 CHAIRMAN BELL: I believe that that is true,  
24 yeah, that that was a draft that they proposed, and

1 we are now going to take that back and refine it,  
2 define it a little bit better because there was  
3 some pieces missing not only in the actual  
4 presentation but also in the work group as to there  
5 was an association that wasn't part of the  
6 discussion.

7           So we have got to take it back and look at  
8 it again, and hopefully then the work group or ad  
9 hoc committee will be able to present something  
10 refined from what was presented before for a full  
11 discussion by the subcommittee as I see it.

12           Now, I may be wrong, but that's how I see  
13 the thing proceeding.

14           Yes, Mr. Phillippe?

15           MR. PHILLIPPE: Just to kind of revisit what  
16 we have already done for years, I have been around,  
17 too long. Going to end up with Mike Scavotto's  
18 position I think. But I would like to suggest we  
19 do both because I'm concerned like Claire, maybe  
20 some others, if we wait for months and months and  
21 months until the three associations and their  
22 representatives talk everything through, then we  
23 will come back and they will present something, and  
24 we will retalk it all again.

1 So could we work on two tracks?

2 One of my concerns is as the committee,  
3 subcommittee membership changes, which is normal  
4 and appropriate, people have not had an opportunity  
5 to already have been involved in the discussion.

6 So a lot of these things like the operating  
7 beds was really discussed a great deal, and people  
8 had great concerns about it. It was an issue just  
9 like they are bringing up today.

10 So can we do both at the same time?

11 Can we do what Claire is saying; we take the  
12 points, we walk through the major points at least  
13 get a sense of the committee like we did on the  
14 moratorium at the same time the associations are  
15 meeting?

16 Because if nothing else, it is educating the  
17 subcommittee at the same time so that they will be  
18 ready really when the work group is done.

19 It seems like a more productive -- otherwise  
20 I'm not sure why we come. I mean, otherwise we  
21 should just delay and wait until after the work  
22 group finishes, and I don't think that's actually a  
23 very efficient use of time. Does that make sense?

24 CHAIRMAN BELL: Yeah, uh-huh.

1 MR. FLORINA: I concur with Tim. I was  
2 hoping today to discuss the different points of the  
3 ad hoc committee and the buy/sell program. So  
4 doing it on two tracks is fine. I don't want to  
5 stymie this.

6 CHAIRMAN BELL: Anybody else have any  
7 comments on that or any suggestions?

8 I don't know if we need to make that as a  
9 motion or whether that's just how we are going to  
10 do things.

11 MR. PHILLIPPE: Up to you.

12 MR. GAFFNER: This is Alan Gaffner. I  
13 believe efforts to look at this point by point  
14 could be helpful for the, for the new work group  
15 subcommittee. That gets that full subcommittee  
16 analysis, thoughts, reactions to it like Tim  
17 suggested.

18 CHAIRMAN BELL: Okay. Is there any  
19 disagreement with that concept?

20 (No response.)

21 CHAIRMAN BELL: So be it.

22 MR. SHEETS: I know I'm not a voting member  
23 here so I really shouldn't speak, but I'm going to  
24 anyway because everyone else is, right?

1           This is Charles Sheets. You know, I would  
2 just caution you that if you go down that road of  
3 making recommendations to the Board and Claire is  
4 taking those recommendations to the Board and then  
5 the work group comes back with a whole different  
6 concept, that you have wasted your afternoon here  
7 or vice versa, the work group wasted several  
8 afternoons.

9           So it just appears to me -- I mean, I know  
10 you want to talk about the issues, but I think I  
11 have been here, I don't know, maybe four times. I  
12 think we have talked about these issues every time  
13 I have been here over the last three years.

14           So, I mean, we can talk about them again,  
15 but until you get agreement by all the  
16 associations, it doesn't seem to be productive.

17           MR. PHILLIPPE: Actually just, Mr. Chair, I  
18 was saying -- I was not intending that actually  
19 Claire or anybody or the Chair or Vice Chair should  
20 be going to the Board and saying we have agreed on  
21 this.

22           I don't think, at least from my perspective,  
23 I am not really voting for anything until it is all  
24 done. I think it would be inappropriate really to

1 go to the Mother Board and say we have approved  
2 this or we -- because really it is all in the mix.  
3 It is how you put it together.

4 But it doesn't stop us from at least going  
5 through the process so we don't have to loop back  
6 again and start over when they come up, because I  
7 understand and I agree that the three associations  
8 have to come to some agreement or it would be hard  
9 to get anything done.

10 MS. GUILD: Why don't we pick a date for  
11 this meeting and back it up from the Board meeting,  
12 the Mother Board meeting date, and that will give  
13 the long-term care associations, they will know  
14 when they have to get something to this group and  
15 all issues can be discussed.

16 I would start with the date of the 21st and  
17 the line up with the mailing for that meeting, give  
18 staff a week or so, whatever they think it takes to  
19 prepare it to send out, and that will give the  
20 long-term care associations, they will know how  
21 much time they have to work with, and whatever  
22 comes out of that process comes out of the process.

23 CHAIRMAN BELL: Understanding that it may  
24 not be complete at that time.

1 MS. CREDILLE: I would have no --

2 MS. GUILD: Decide what the update is. You  
3 know, it is not necessarily point by point. I  
4 mean, I think once you know what comes out of it  
5 you can decide what you want to tell the Board.

6 MS. CREDILLE: I don't have an expectation  
7 this is going to be complete. I mean, with all due  
8 respect, number 6 on the agenda item is being  
9 deferred.

10 I mean, we will make progress, but I can't  
11 imagine that there is going to be anything --

12 MS. BURMAN: Absolutely. The intent of the  
13 presentation at the April meeting is to be a  
14 progress report, not a final recommendation for the  
15 whole program.

16 Hopefully there is enough time to look at  
17 more than one of the topics that needs to be  
18 resolved, and that's what we would share with the  
19 Mother Board so that they know these things have  
20 been seriously considered, and we have lots of  
21 information that's been tossed around and a final  
22 conclusion by the group is this. It is an update,  
23 it is not a recommendation.

24 MR. CASPER: This is Bill Casper. I think,

1 I guess as I think about this, one of the things I  
2 take away from today is that a buy/sell program is  
3 going to have some position or elements of each of  
4 the issues that we have talked about, and from the  
5 discussion of a moratorium trying to get a decision  
6 on it, they are all interrelated.

7 I think until we have a comprehensive  
8 proposal that has sort of definitive consensus,  
9 opinion or whatever divergent opinion, but fully  
10 stated from each of the provider associations, it  
11 is going to be really impossible to go one issue by  
12 one issue because I think what we learned today is  
13 it is impossible to talk about one without  
14 implications for that one on all of the other  
15 issues.

16 So I really think that what the next meeting  
17 of this subcommittee should be will be a report  
18 from the ad hoc committee as to what their  
19 discussions are, what their deliberations are and  
20 that would be what we inform the Mother Board  
21 about, where we are at in the process.

22 We have kind of made, taken a number of  
23 votes today. That forms the foundation for the ad  
24 hoc committee's discussions, and we go forward from

1 here.

2 But I think to take one issue at a time in  
3 isolation has proven that none of these are  
4 stand-alone issues because there is a lot of  
5 interrelationships, and we need a consensus  
6 proposal that impacts, that looks at all of the  
7 issues together.

8 MR. PHILLIPPE: Actually, practically  
9 speaking, I think we got more done today than we  
10 have in awhile when it comes to one issue by the  
11 way because we had to focus on that one topic, and  
12 people had strong feelings about it, and we had  
13 more votes today than we have had before.

14 So on this whole issue of bed transfer, I  
15 think we had a rich discussion and a sense of kind  
16 of people's concerns and issues with it.

17 So it is not a bad thing, I don't think, to  
18 focus well on one before and not just be bouncing  
19 around. But I understand it is complicated. Every  
20 meeting we do both.

21 CHAIRMAN BELL: Okay. Are there any other  
22 comments or guidance or advice or points that  
23 someone would like to make?

24 (No response.)

1 CHAIRMAN BELL: Going once?

2 MS. AMIANO: Can we pick a date for our next  
3 meeting, back to your kind point. Let's get our  
4 calendars out and go back into this.

5 CHAIRMAN BELL: Did we decide what we are  
6 going to do yet as far as are we going to just do  
7 one meeting before the Mother Board meeting, or are  
8 we going to do more than that or --

9 MR. FOLEY: I think we need more than that.

10 CHAIRMAN BELL: But again, we won't have  
11 anything to act on unless the ad hoc committee has  
12 something for us to work from.

13 So having a meeting for -- if they are not  
14 ready is not going to be very advantageous, I don't  
15 think, unless we have got other business.

16 MR. FOLEY: But if we got an update maybe we  
17 can help them make those decisions. At least we  
18 have an idea of where they are going with it.

19 MS. MITCHELL: How about late March?

20 MS. CREDILLE: Yes, please. Thank you.

21 CHAIRMAN BELL: What date are we looking at?

22 MS. CREDILLE: Are you looking at the week  
23 of the 16th or the week of the 23rd?

24 What are you looking at? The week of the

1 23rd, does that work?

2 MR. MORADO: The week of the 23rd probably  
3 should work. There is a Mother Board meeting on  
4 the 10th, not that that would have any effect on  
5 anything.

6 MS. MITCHELL: So what day of the week works  
7 for you guys?

8 MS. CREDILLE: Tuesday.

9 MS. MITCHELL: Tuesday the 24th, anybody?

10 UNIDENTIFIED: Good for me.

11 UNIDENTIFIED: Can't do that one. I can do  
12 the 25th. Does that work?

13 MS. CREDILLE: I'm okay. May have to phone.  
14 Thursday 26th?

15 MR. LAVENDA: Last week of March is  
16 terrible.

17 MR. SHEETS: Yeah, he is an accountant.

18 MR. LAVENDA: I can call in. March is the  
19 worst month, the cost reports that are due March  
20 31st. So I can't be there.

21 MR. MORADO: It might be a good idea maybe  
22 to put two days down so we can confirm, get a room,  
23 and then we can email either later today or  
24 tomorrow and just let everyone know what is

1 available.

2 MR. SHEETS: If you need a room, I can  
3 volunteer. You can come to my office. It is two  
4 buildings away.

5 MS. CREDILLE: Two doors down.

6 MR. SHEETS: We can do video with bill's  
7 office down there since Bill is going to be  
8 involved.

9 MR. MORADO: We should be able to get it. I  
10 want to be sure.

11 MS. CREDILLE: What two dates are you  
12 picking? Can you give me --

13 MS. MITCHELL: Does the 25th or 26th work?

14 MS. AMIANO: I cannot do the 26th.

15 MS. MITCHELL: So 25th or 27th?

16 MR. MORADO: We said 24, 25, right?

17 UNIDENTIFIED: I can do 24th.

18 MR. MORADO: Not everyone is going -- let's  
19 put 24 and 25 down.

20 MR. SHEETS: Twenty-five first?

21 MR. MORADO: Twenty-five first, 24 is our  
22 backup.

23 CHAIRMAN BELL: Okay. We have kind of  
24 jumped ahead on the agenda, but it was important

1 that we got the date down.

2 Again, not hearing anything else on the  
3 buy/sell program, I will offer that one more time?

4 Mr. CORPSTEIN: Can we -- this ad hoc  
5 committee that's going to examine and provide us  
6 information about their buy/sell, can we propose a  
7 question that they will answer during that?

8 My concern is if it has ever been addressed,  
9 that major players, organizations that have a  
10 stable of facilities are, as far as buy/sell, are  
11 they going to be able to buy/sell among themselves,  
12 or whether they think that's a good idea or not.  
13 And either way, I'd like to hear justification for  
14 whether they think that's wise.

15 CHAIRMAN BELL: I'll offer this to Paul, and  
16 I will offer it to everyone. If they have got  
17 questions or issues that they would like the work  
18 group to consider, go ahead and send them to myself  
19 and/or Mr. Waxman and/or Claire, and we will make  
20 sure that the committee has those to use in their  
21 discussions. Is that acceptable?

22 MS. AMIANO: That sounds great. And that  
23 particular question we did address in our first set  
24 of recommendations, so we are happy to look at that

1 again.

2 CHAIRMAN BELL: Okay. Great. Thank you.

3 Is there any other business for the Board or  
4 the subcommittee today? Sorry, the subcommittee.  
5 Yes, Mr. Florina?

6 MR. FLORINA: I have a question. I guess it  
7 would be under new business. Apparently the annual  
8 questionnaire survey is coming out to all long-term  
9 care facilities soon. Don't know if that's been  
10 sent yet.

11 MR. CONSTANTINO: No.

12 MR. FLORINA: Okay. But it should be coming  
13 out soon for the spring return I would assume.

14 MR. CONSTANTINO: That's correct.

15 MR. FLORINA: Okay. Are there any items  
16 that we involved in the planning process should be  
17 asking of the providers for this year's  
18 questionnaire, because it only happens once a year?

19 CHAIRMAN BELL: Mike, where are you as far  
20 as -- I mean, is the questionnaire prepared ready  
21 to be sent?

22 MR. CONSTANTINO: The questionnaire is  
23 prepared. We are checking the emails, how we send  
24 it, we are checking all of the contacts right now.

1 Couldn't give you a specific date when it will be  
2 sent out. In the past we have held a call-in to  
3 discuss the profile, discuss the survey before we  
4 sent it out. We can arrange something like that if  
5 you would like to, if you would like us to.

6 CHAIRMAN BELL: Are you basically saying,  
7 then, it is too late to add questions?

8 MR. CONSTANTINO: Oh, no, no, no, no. We  
9 can add, yeah, or subtract.

10 MR. FLORINA: Would it be appropriate to ask  
11 a question like do you have any beds in your  
12 facility that you would like to identify for us?

13 UNIDENTIFIED: That can't be set up in 24  
14 hours.

15 MR. SHEETS: I think Paul said he collected  
16 data from the feds, too, so it sounds like the ship  
17 already sailed on the form.

18 Does that -- did the form already get  
19 prepared? Is it done?

20 MR. CONSTANTINO: We have not changed  
21 anything on the form from last year, we are just  
22 checking our contact information because the  
23 contacts at the long-term care facilities  
24 constantly change. That's what we are in the

1 process of doing now.

2 CHAIRMAN BELL: I think Mike said if there  
3 was a specific question that would be useful for  
4 the Board or subcommittee, that it could still be  
5 added, but it would have to be, you know, clearly  
6 written and specific enough to be able to give  
7 proper information back.

8 MR. CONSTANTINO: Yes, yes.

9 MR. SHEETS: So like John was asking about  
10 occupancy. What do you have on there now? Not all  
11 us know that form by heart, if you know what I  
12 mean.

13 What do you have on there now about bed  
14 occupancy?

15 MR. CONSTANTINO: We have licensed bed -- we  
16 have licensed beds, bed set-up and staff, peak  
17 beds.

18 MS. GUILD: They don't have unused beds  
19 because it is in a room.

20 MR. SHEETS: But if they have set-up beds,  
21 if you are asking for set-up beds and you know what  
22 the license number is, then you know the ones that  
23 aren't set up, right?

24 MR. FLORINA: How about a question more

1 along the lines of can your beds be reconstituted  
2 within 24 hours, or have they been physically  
3 altered?

4 MR. CONSTANTINO: John, do you want to email  
5 that to me? I will -- we will take a look at it.

6 MR. FLORINA: Sure, I can do that.

7 CHAIRMAN BELL: Anyone else that's got a  
8 question that they think would be helpful to us or  
9 in general relationship to long-term care planning  
10 process, if you got those please get those to Mike  
11 as soon as possible so that they can considered and  
12 if there needs to be some discussion on it or get  
13 some clarification or whatever, there is time to do  
14 that before the questionnaire goes out.

15 MR. PHILLIPPE: Can we volunteer how much we  
16 think our Medicaid rate should be increased?

17 UNIDENTIFIED: Kind of get a consensus  
18 across the state on how much it should go up would  
19 be fair.

20 MR. SHEETS: Tim, you don't have any  
21 Medicaid beds, do you?

22 Mr. PHILLIPPE: Hey, hey, I have 55% I think  
23 or more right now. I'm in the 50 to 60% range I  
24 think.

1 CHAIRMAN BELL: But if you have got any  
2 questions or anything that you think would be  
3 helpful, please get those to Mike right away, and  
4 then he can maybe give us a report back as to what  
5 was added to the questionnaire for the next time or  
6 whatever.

7 MR. CONSTANTINO: Sure.

8 CHAIRMAN BELL: Very good point. Thank you,  
9 Mr. Florina.

10 MR. PHILLIPPE: I want to point out, maybe  
11 it is not possible, but I have learned when there  
12 is a task force or a committee and no one is  
13 responsible for coordinating it or chairing it,  
14 sometimes it is harder to get meetings set up and  
15 decide who writes the report.

16 I realize you have to pick one of the group,  
17 and there are three associations, but it seems more  
18 practical, isn't it, usually to have one person at  
19 least have to coordinate it and set it up, be  
20 responsible for making sure we get a report?

21 MR. SHEETS: I think it should be Bill.

22 MS. CREDILLE: Me, too.

23 CHAIRMAN BELL: Is there, is there one of  
24 the three that wants to volunteer, or do you, do I

1 let you guys just decide that at your next meeting  
2 who is going to be responsible?

3 MS. CREDILLE: Bill, it is you. Thank you.

4 CHAIRMAN BELL: I can't. I'm not on the  
5 subcommittee or task force.

6 MS. AMIANO: With three people we will  
7 figure it out, no problem.

8 CHAIRMAN BELL: I will trust you, then, to  
9 decide on who within your group is going to be the  
10 lead, then the two co-leaders.

11 MS. AMIANO: Right. Our association needs  
12 to figure out who first, then we will figure it  
13 out, no problem. I'll take the lead at this moment  
14 in time, sure to be passing it off.

15 CHAIRMAN BELL: Thank you, Ms. Amiano.

16 MS. AMIANO: You're welcome.

17 CHAIRMAN BELL: Is there any other business  
18 for the subcommittee from anyone on the Board or  
19 any of our guests?

20 MR. GAFFNER: Just a question, Mr. Chairman.  
21 At our next meeting we will not be going through  
22 point by point the first proposal, is that correct,  
23 as we are just laying that aside for now, of the  
24 bed buy/sell, pardon me?

1 CHAIRMAN BELL: Unless -- yeah, unless you  
2 have decided that you are going to adopt pieces of  
3 that into the discussion that you are having now.

4 MR. GAFFNER: All right. Thank you for that  
5 clarification.

6 CHAIRMAN BELL: We may, after talking with  
7 Claire and Mr. Waxman, if we decide that we want to  
8 talk about an issue or item, you know, we will make  
9 sure that it is related to that concept for  
10 clarification and help and that type thing.

11 MR. GAFFNER: Thank you for the  
12 clarification.

13 CHAIRMAN BELL: No problem.

14 Not hearing any other -- is there any other  
15 business for the subcommittee prior to taking a  
16 motion to adjourn?

17 MR. FOLEY: So moved.

18 CHAIRMAN BELL: I have a motion.

19 MS. AMIANO: I'd just like to thank you for  
20 stepping up and chairing the meeting today.

21 CHAIRMAN BELL: It kind of was last notice,  
22 and I hope I have not destroyed the professionalism  
23 of the subcommittee by chairing it. But I'm not  
24 the most finished person in the world, but I do

1 like to get things done. So no problem.

2 I have got a motion from Mr. Foley to  
3 adjourn. Is there a second?

4 MR. PHILLIPPE: Second.

5 CHAIRMAN BELL: Second from Tim Phillippe.

6 Any other -- ayes?

7 (Ayes heard.)

8 CHAIRMAN BELL: We are done.

9 (Meeting concluded at 1:25 p.m.)

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CERTIFICATE OF REPORTER

I, JENNIFER L. CROWE, a Certified Shorthand Reporter within and for the State of Illinois, do hereby certify that proceeding was taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this proceeding was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

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LONG TERM CARE SUBCOMMITTEE MEETING 1/14/2015

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104:23 105:15	3 4:5 72:10			
<b>10:00</b> 1:16	<b>3%</b> 44:19			
<b>10:17</b> 5:1	<b>30%</b> 82:17			
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<b>100%</b> 42:10	<b>31st</b> 120:20			
65:20 94:17				
<b>105</b> 82:15	<hr/> <b>4</b> <hr/>			
<b>12</b> 12:4 38:15	4 4:7			
103:18				
<b>14</b> 1:15	<hr/> <b>5</b> <hr/>			
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<b>15%</b> 56:9	103:13			
<b>16th</b> 119:23	<b>5-2</b> 11:6			
	<b>5-6</b> 11:13			
<hr/> <b>2</b> <hr/>	<b>5-7</b> 11:15			
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<b>2nd</b> 1:4	<b>525</b> 1:4			
<b>2-7</b> 11:3 13:20,23	<b>55%</b> 126:22			
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3:23	7 4:10 72:10 86:2			
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<b>25th</b> 120:12				
121:13,15	<hr/> <b>9</b> <hr/>			
<b>26th</b> 120:14	9 4:13 12:3,4			
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	<b>96</b> 82:15			
<hr/> <b>3</b> <hr/>	<b>97-1045</b> 38:16			