

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
217-782-3516

LONG-TERM CARE ADVISORY SUBCOMITTEE
MEETING

The meeting of the State of Illinois Health Facilities and Services Review Board, Long-Term Care Advisory Subcommittee was held on April 23, 2013, scheduled to begin at the hour of 10:00 a.m., at Bolingbrook Golf Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

1 MEMBERS PRESENT:

Michael Waxman - Chairman

2 Cece Credille

Carolyn Handler

3 Greg Will

Phyllis Mitzen

4 Terry Sullivan

Tim Phillippe

5 Toni Colon

6 ALSO PRESENT:

Frank Urso - HFSRB Legal Counsel

7 Juan Morado - HFSRB Legal Counsel

Courtney Avery - HFSRB Staff

8 Mike Constantino - HFSRB Staff

George Roate - HFSRB Staff

9 Cathy Clarke - HFSRB Staff

Claire Burman - HFSRB Staff

10 Nelson Agbodo - HFSRB Staff

Bill Dart - DPH

11 Charles Foley - healthcare consultant

John Florina - nursing home administrator

12 Cathy Nelson - LSN

Leslie Green - LSN

13

14

15

16 Reported by:

Karen K. Keim

17 CRR, RPR, CSR-IL, CCR-MO

18

19

20

21

22

23

24

1 START TIME: 10:09 a.m.

2

3 CHAIRMAN WAXMAN: Thank you all for coming.

4 I hope none of you are suffering any water damage.

5 We are one short of a quorum. The two people
6 that we are expecting to be quorum and over, one is ill and
7 the other one we don't know where she is. So maybe she'll
8 show up. So we'll continue through the agenda, doing what
9 we can. We just can't take a vote at the moment.

10 So, if we can do a roll call, I think the
11 easiest way is to simply identify ourselves for the Court
12 Reporter. Is anyone here for the first time?

13 (Pause)

14 CHAIRMAN WAXMAN: Nelson is.

15 For people who haven't been here before,
16 please, to help the Court Reporter, identify yourself when
17 you speak, so that she -- I know she knows most of us but
18 doesn't know all of us. Especially if you haven't been
19 here before, she doesn't know you at all, so you need to
20 help her.

21 Terry, can we start with you?

22 MR. SULLIVAN: Sure. Terry Sullivan, Alliance
23 for Living, and the Illinois Nursing Home Administrators
24 Association.

1 MS. CREDILLE: Cece Credille, Illinois
2 Healthcare Association representative.

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

5 MS. HANDLER: Carolyn Handler, Rainbow Hospice
6 and Palliative Care.

7 MR. FOLEY: Charles Foley, healthcare
8 consultant.

9 MR. FLORINA: John Florina, licensed nursing
10 home administrator.

11 MS. BURMAN: Claire Burman, Board Staff.

12 MR. WAXMAN: I'm Mike Waxman, Chair.

13 MS. AVERY: Courtney Avery, Board Staff.

14 MR. URSO: Frank Urso, counsel to the Board.

15 MR. CONSTANTINO: Mike Constantino.

16 MR. DART: Bill Dart, Department of Public
17 Health.

18 MR. AGBODO: Nelson Agbodo.

19 MS. AVERY: Nelson is the new person with the
20 Board. His position is in Springfield, but he's on the
21 Board Staff, not IDPH, and he is our Data Manager. So he
22 replaced -- all of you who knew Bob Green and Anu Meka, he
23 replaced them.

24 MR. PHILLIPPE: Tim Phillippe, Christian

1 Homes.

2 MR. ROATE: George Roate, Illinois Department
3 of Public Health.

4 MR. WILL: Greg Will, SEIU.

5 MS. GREEN: Leslie Green, LSN guest.

6 MS. NELSON: Cathy Nelson, LSN guest.

7 MR. MORADO: Juan Morado, Jr., Board Staff.

8 CHAIRMAN WAXMAN: I guess we're not going to
9 go around again. So, we did everybody.

10 This is Greg's first meeting as an official
11 member. So, welcome, Greg. Everybody knows Greg. He's
12 been subbing for someone else. So -- but he's been here
13 religiously -- maybe "religiously" is not the right word,
14 but he's been here regularly.

15 Also, I was just informed that this is your
16 last meeting, so we're going to miss you. Do you want --
17 can I share or do you want to share where you're going?

18 MR. MORADO: Sure. This is going to be my
19 last -- I'm going over my word limit first, Mike.

20 (Laughter)

21 MR. MORADO: This is going to be my last
22 meeting with the Long-Term Care Sub-Committee. I recently
23 accepted a position in the Governor's office as an
24 Associate General Counsel, and I'll be starting there May

1 1st.

2 (Applause)

3 MR. MORADO: It's been a pleasure working with
4 you all. Thank you.

5 CHAIRMAN WAXMAN: So it had nothing to do
6 with Frank being your boss?

7 MR. MORADO: Frank is a great boss.

8 MR. FOLEY: You don't have to lie.

9 MR. MORADO: I think fondly of our time.

10 CHAIRMAN WAXMAN: Our quorum is parking her
11 car, so we'll be in good shape then.

12 Okay. We can skip to Item 5.

13 MR. URSO: Okay. I think most of the
14 people -- thank you -- have completed their ethics
15 training. We still have a couple of outstanding people. I
16 won't mention their names and put them on the spot, but
17 they need to get their ethics training materials back as
18 soon as possible, their certification of completion; but I
19 want to thank the people that have completed their ethics
20 training. You did a great job.

21 CHAIRMAN WAXMAN: Okay. Thank you, Frank.

22 Mike Scavotto is not here. Cece, do you have
23 anything on the --

24 MS. CREDILLE: We don't have an update.

1 Courtney, I know you sent a document late
2 yesterday evening that I didn't even have the opportunity
3 to review. So we do not have an update.

4 MS. AVERY: Well, the last meeting that was
5 scheduled, we had to cancel it, but we never rescheduled
6 it. So he was waiting on a document to be sent, which we
7 thought had been sent. We put the information in a
8 different format and sent it in one document. So I'm
9 assuming you all will probably discuss that and schedule
10 another meeting before our next -- we just consolidated the
11 information into one document.

12 CHAIRMAN WAXMAN: Okay. Do we have another
13 meeting scheduled?

14 MS. AVERY: No. You all decide the schedule
15 as you go.

16 MS. CREDILLE: And we've typically done it all
17 via conference call. It's been Eli and myself and Mike,
18 relating -- it's the CON application review.

19 CHAIRMAN WAXMAN: Is Mike okay? Do you know
20 why he isn't --

21 MS. CREDILLE: He sent me an e-mail late
22 yesterday evening that he would not be able to attend, and
23 that's all.

24 CHAIRMAN WAXMAN: All right.

1 We need to move on to Item 7, Long-Term Care
2 Reforms Discussion, addressing under utilization of
3 long-term care beds. Courtney, are you leading that or do
4 you have documents or --

5 MS. AVERY: I sent the document, the
6 attachment --

7 CHAIRMAN WAXMAN: Okay. We'll go back.
8 Toni, as soon as you settle in, would you
9 identify yourself, please?

10 MS. COLON: Sure. Toni Colon, DPH.

11 CHAIRMAN WAXMAN: And, Toni, you do make the
12 quorum, so now I can go back and do some things we didn't
13 do earlier on. So I need a motion to approve the agenda.

14 MR. PHILLIPPE: So moved.

15 CHAIRMAN WAXMAN: Need a second.

16 MS. CREDILLE: Second.

17 CHAIRMAN WAXMAN: All in favor?

18 ("Ayes" heard)

19 CHAIRMAN WAXMAN: Any opposed?

20 (No response)

21 CHAIRMAN WAXMAN: Okay. Approval of the
22 agenda is good. I also need a motion to approve the
23 February 19th meeting transcripts.

24 MR. PHILLIPPE: (indicating)

1 CHAIRMAN WAXMAN: Need a second.

2 MS. HANDLER: (indicating)

3 CHAIRMAN WAXMAN: All in favor?

4 MR. SULLIVAN: Discussion? There are two
5 things I noticed in the transcript. One, on page 121, I
6 had just -- was talking about the 15,000 beds and was
7 calling it a "confiscation of beds", to which Ms. Kendrick
8 said, "You wouldn't call that confiscating beds", to which
9 the transcript then says I said, "You wouldn't", period, as
10 if it implies that I was agreeing, when, in fact, the
11 statement was more like, "You wouldn't?", more like a
12 sardonic, rhetorical question followed by three or four
13 question marks. So, rather than indicate agreement, I, in
14 fact, was not indicating agreement. So I would like to, at
15 least, have the transcript reflect not a period, but at
16 least one question mark following my statement. That was
17 the first one.

18 CHAIRMAN WAXMAN: Can we do that?

19 (Discussion held off the record.)

20 MR. SULLIVAN: The second one was on page 119,
21 and I remember doing this in my head. We were talking
22 about the impact of the bed tax upon reducing 15,000 beds,
23 of which I quickly went in my head of 15,000 beds times
24 \$6.00 times 300 and came up with 70.5 million. That was

1 inaccurate -- factually inaccurate, because it's not the
2 six-oh-seven occupancy tax that's affected, it's the \$1.50
3 license tax. So it's really 15,000 times \$1.50 times 365
4 or 8.2 million. So I apologize for giving out
5 inaccurate -- factually inaccurate numbers; at the time I
6 was caught up in the passion of the argument and wasn't
7 thinking clearly, at least with regard to that. So, it is
8 not 70.5 million plus federal match; it's 8.2 million plus
9 federal match is the accurate figure. So I apologize.

10 CHAIRMAN WAXMAN: Apology accepted, and
11 corrections are noted.

12 Any other changes to the meeting transcripts?

13 (Pause)

14 CHAIRMAN WAXMAN: Then do you still make a
15 motion to approve the minutes with the two corrections?

16 MR. PHILLIPPE: Yes.

17 CHAIRMAN WAXMAN: And we had a second over
18 here. Wasn't there a second?

19 MS. HANDLER: I did.

20 CHAIRMAN WAXMAN: All in favor?

21 ("Ayes" heard)

22 CHAIRMAN WAXMAN: Any opposed?

23 (No response)

24 CHAIRMAN WAXMAN: Motion carries. Thank you

1 very much.

2 So now we're on track. Okay. So, Courtney
3 you sent out a document.

4 MS. AVERY: This is a document that you have
5 had this information before. Again, it was just put in a
6 different format; and it's just possible approaches in
7 order for us to have a discussion on how to address the
8 issue of unutilized beds in the state of Illinois. Claire
9 and I came up with that, but I'm thinking that the
10 discussion should be led by the members of the
11 subcommittee. So hopefully everyone has a copy. If not,
12 Cathy has them. And wanted to just have this as ideas of
13 how we can generate discussion about what to do about the
14 under utilized beds. And one thing that I forgot to put on
15 here -- and we can do it under the "Other Business" -- I
16 can give an update on the RFP.

17 CHAIRMAN WAXMAN: Does everybody have a copy
18 of the memorandum?

19 (Pause)

20 CHAIRMAN WAXMAN: Maybe as one approach to
21 start the discussion, is there -- is there any of these
22 that do not seem like they are a solution; therefore, they
23 can be eliminated off the list?

24 (Pause)

1 CHAIRMAN WAXMAN: Does anyone have a feeling
2 that, on this list, there are some possibilities that don't
3 work at all and we can eliminate them and move on to others
4 that seem to be more useful or more efficient?

5 MR. SULLIVAN: In the CON Review Criteria
6 Amendments, 3 and 4 -- C3 and C4 -- I'm sorry to say, I
7 don't quite understand what it is a solution to. Like, 3
8 is no moratorium, no buy/sell program; and if no one wants
9 to sell beds -- well, if we don't have a buy/sell program,
10 how is somebody going to be selling or buying beds?

11 MS. AVERY: I think there's some confusion for
12 us that comes into play, is that those two issues seem to
13 be meshed together -- the selling of the beds, the
14 buy/sell/exchange program -- and what we can do for
15 addressing the under utilization of beds in Illinois. So I
16 think it kind of gets a little cloudy when we mix in both.
17 So, if possible -- I mean, if there is a consensus here
18 that the two need to be looked at, then fine, and we'll
19 just try to figure out how to address both with the one
20 issue, or separate them out. So I guess we need to figure
21 out how we want to look at it. Do we want to tie them
22 together; do we want to keep them as separate issues?

23 MR. SULLIVAN: I think, certainly, the three
24 issues -- should we have a moratorium, should we have a

1 buy/sell program, and if we have a buy/sell program, what
2 if somebody doesn't sell beds -- I think there are
3 certainly three different discussions. I don't -- you
4 know, linking them together makes a more complicated
5 process, because somebody can be in favor of a buy/sell
6 program but not in favor of a moratorium. So the question
7 is, do we argue moratorium first and then if a moratorium,
8 do we have a buy/sell program, and if we have a buy/sell
9 program, do we want to have a provision if somebody doesn't
10 sell -- I mean, if somebody can't buy beds? So in my mind,
11 there are three progressive discussions, but I don't know
12 if I would automatically link them. That's my opinion.
13 That's not a strong one.

14 CHAIRMAN WAXMAN: And I think Courtney raised
15 a good issue, and that is, are these issues that we should
16 discuss separate and draw some conclusions about them
17 separately, or do they need to be linked? I mean, in my
18 mind I think they're separate, but -- Tim?

19 MR. PHILLIPPE: I see them as separate issues,
20 because, really, it depends on how you -- but there's
21 relationships. Like what would happen if nobody would sell
22 beds or transfer beds? That really is mostly determined by
23 how the program is set up. Because if the buy/sell program
24 is set up statewide, then it just becomes a market issue,

1 really, and the question is, what are the beds worth and is
2 it worth buying beds to build in the state of Illinois in
3 the location where somebody wants to build? So it just
4 becomes an issue. So I don't think they necessarily have
5 to interact.

6 CHAIRMAN WAXMAN: So then, just to move things
7 along, can we start our meeting or start our discussion on
8 the whole issue of moratorium and talk in that direction.

9 Mr. Foley?

10 MR. FOLEY: I guess to start it off, the
11 reason why we're here in the first place, is in terms of a
12 long-term care subcommittee, and, obviously, a moratorium
13 would not be practical, as I see it, at least at this stage
14 of the game, that it would be advisable to maybe down the
15 road see what happens in the industry in general, how
16 Managed Care is going to come into play and everything
17 else, which we don't know anything about that just yet.
18 But for right now and to move along, I think we should
19 maybe just take out the issue of a moratorium and just look
20 at the other issues.

21 CHAIRMAN WAXMAN: That's an opinion.

22 Terry?

23 MR. SULLIVAN: I don't have a strong opinion
24 about a moratorium from my public policy point of view.

1 Obviously other states have done it, and there's some
2 benefit. The marketplace over the past 15 years has
3 reduced the number of beds by about 14,000. So, I mean, in
4 that sense, bed reduction in general has been a fairly
5 consistent line, with the exception of last year where I
6 think we added 40 or 50 beds to the system. But it still
7 has been a slow progression downward. I'm comfortable not
8 doing it. I know whenever the issue comes up, you'll
9 generally have among the three associations, Illinois
10 Healthcare Council and LSN, some people in favor of it and
11 some people opposed to it. So I don't think the idea has
12 ever advanced, because, generally, I think the three boards
13 really could never come to an agreement about whether it's
14 a good or a bad idea.

15 You know, some states have done it and people
16 are -- find ways to work within the system. But,
17 obviously, if you're somebody who is planning on building a
18 new facility, you don't like the idea of a moratorium.

19 CHAIRMAN WAXMAN: I don't know if anyone has
20 the answer.

21 Terry or Mike, has the State made any
22 projections, given the economics of 2013, of a number of
23 nursing homes that they believe might close and how many
24 beds that would take out of the inventory -- I'm sorry,

1 Toni. Forgive me.

2 MS. COLON: I was looking at you, Terry.

3 We have not made, I guess, very specific
4 projections to give you a definite number, but the trends
5 that we're seeing due to the economic status is that there
6 are going to be a number of nursing facilities that are
7 going to throw the towel in, if you will. They are going
8 to close the doors just simply because they cannot sustain.
9 What that exact number is, I don't know. I can tell you
10 that we're dealing with emergency situations all the time,
11 with facilities deciding last minute that they're closing
12 and for that reason, financially cannot sustain. So, I
13 think this is just the beginning of that. So with that
14 being said, I believe that the number of unoccupied beds,
15 if you will, will continue to increase. I think that's
16 something to keep in perspective.

17 CHAIRMAN WAXMAN: Increase?

18 MS. COLON: The number of unoccupied beds will
19 increase simply because they are closing their doors and
20 they will be, at times, voluntarily submitting their
21 license back to the Department.

22 CHAIRMAN WAXMAN: Forgive me for thinking out
23 loud, but if a nursing home closes and has a hundred
24 residents, those hundred residents will occupy empty beds

1 currently, right?

2 MS. COLON: Well, they're going to many
3 different locations. What we're finding is that they are
4 transitioning into the community, back into the families.
5 They are not necessarily being transferred back to a
6 licensed facility.

7 CHAIRMAN WAXMAN: Okay.

8 MS. COLON: So it's very difficult to
9 determine what those numbers are.

10 CHAIRMAN WAXMAN: Thank you.

11 MS. HANDLER: I was going to say -- plus, I
12 think if a facility closes, whatever unoccupied beds they
13 have are going to come out of inventory.

14 CHAIRMAN WAXMAN: And I quickly jumped,
15 assuming if you came out of a nursing home, you would go
16 into another nursing home, and Toni obviously has better
17 information than I do. So, -- Cece?

18 MS. CREDILLE: The moratorium, I'm assuming,
19 is predicated upon the fact that the bed-need formula that
20 exists today is not what we would consider and -- because
21 we've leaped to moratorium, which must mean we all agree in
22 the room that the State is over-bedded and the current
23 bed-need formula must be flawed, because the bed-need
24 formula indicates there is a bed need in some areas. So

1 I'm a little conflicted that our first agenda item here is
2 moratorium.

3 MS. AVERY: They're not listed in any order of
4 importance. That's just a coincidence. Maybe I should
5 have put them in alphabetical order. But they're not
6 ranked at all.

7 MS. CREDILLE: But is that what the assumption
8 is?

9 MS. AVERY: No. This is to generate a
10 discussion for you all. No assumptions.

11 MR. SULLIVAN: Can I suggest that even though,
12 legislatively, this committee has been tasked with making
13 recommendations to the Board about long-term care policy,
14 probably from my experience with the associations, this
15 committee is probably not going to reach a consensus about
16 a moratorium. That's not an issue that you're ever going
17 to have consensus, in total agreement. It's something that
18 generally gets imposed in each of the states by the
19 Governor's office or the legislative leaders that say "This
20 is going to be our solution, whether you like it or not".
21 And then everyone sort of adjusts to it. But I don't know
22 if this committee is going to be able to say, "Yes, we'll
23 take a vote, and we'll vote by five to three that we should
24 have a moratorium" or not. And I don't know what the Board

1 does with that. I think at some point, if the Governor's
2 office and the Department want to do a moratorium, you go
3 ahead and you do it; and "thank you for asking our
4 opinion", but you're not going to get a clear answer from
5 this committee, I think.

6 CHAIRMAN WAXMAN: So, Frank, does the concept
7 of moratorium mean that the law has to be passed?

8 MR. URSO: I think ultimately. Ultimately, it
9 would have to be considered. I think maybe moratorium
10 should be defined. There could be different levels of
11 moratorium, different periods of time for moratorium. I
12 think you need to qualify moratorium. So I think that
13 might need to be part of the discussion on what kind of
14 impact is this term "moratorium" actually going to have,
15 and I think the impact will be created by the definition
16 that you all agree to, all agree upon. Claire and
17 Courtney, I think, mostly were talking about the
18 moratorium. Is there a definition that we can toss out
19 there that, you know, might lead to an understanding of
20 what is meant by "moratorium" in this context?

21 MS. BURMAN: Generally, it means you don't add
22 any more beds in the inventory. That's the generic, but --

23 MR. FOLEY: That's period? 20 bed 10 percent
24 won't --

1 MS. BURMAN: Right. But you can tweak it, if
2 you will. So, like in Ohio, they have a moratorium;
3 they've had it for a long time, but you can still get beds,
4 because they have a buy/sell program. That's the only way
5 you can get beds in Ohio, is through the buy/sell program,
6 and you are allowed in Ohio to use the beds you purchase to
7 open a new facility. Some states that have a buy/sell
8 program only allow adding beds as needed to your facility
9 and not opening a new facility with those beds. So,
10 there's any number of ways that you can tailor it to what
11 you think the need is.

12 CHAIRMAN WAXMAN: Thank you.

13 Tim?

14 MR. PHILLIPPE: I don't want to make it sound
15 academic, but I'm going to, I guess, in a way, because the
16 moratorium really depends on what our goals are for the
17 state. For example, a lot of -- when we just talk about
18 beds as if a bed is a bed is a bed, it sounds like
19 gasoline. You know, when I was young, my father would only
20 buy Standard or whatever, because he said their gasoline
21 was so much better than anybody else; and I came up in a
22 generation that no, gasoline is all about the same, it's
23 all about price. However, I don't think that long-term
24 beds are a commodity. They're not all exactly the same.

1 There's a standard of care that is expected out there and
2 is supervised by CMS and the State, and it's not all the
3 same.

4 And one of the difficulties we have is, most
5 of the beds are not providing what the consumer wants. The
6 consumer wants private bedrooms with private baths. Just
7 ignore, kind of, staffing and other things; just talk about
8 the facility. And so it doesn't -- so we're not really
9 thinking about what the citizens -- consumers want if we
10 treat every bed the same. And also I think there are
11 providers -- and probably Terry is familiar with some on
12 the LSN side -- who would like to have room for innovation,
13 to say if you're freezing it, then that means we cannot
14 build anything new. So that would be a concern. So, if
15 the moratorium is -- by itself what it does do is protects
16 current providers, in a sense, in the market, but it does
17 not really allow for innovation to meet consumer need and
18 changes really. And so it depends on our goals. If we're
19 trying to just protect the providers, we do one thing. If
20 we're trying to kind of continue to innovate and allow
21 opportunity for new services, then we go a different
22 direction. So I personally do think that the moratorium
23 makes sense, as long as we have a very open buying and
24 selling of beds. That seems like it's a compromise in the

1 middle. It still allows for innovation, for new programs,
2 for new facilities, but does it in a way that doesn't make
3 it too expensive to buy the beds.

4 CHAIRMAN WAXMAN: I think, if I have an
5 understanding of our years of discussions around this
6 table, it is that we, as a committee, have a consensus that
7 we are looking for innovation in programs; we want
8 operators who are providing good services to continue and
9 increase those services, as well as to make sure that there
10 is the needed beds for Public Aid recipients to have. So,
11 I guess I think I'm agreeing with you, that moratorium that
12 just says "no more beds" is not anything that we, as a
13 group, have ever talked about, because of the things that
14 you have defined, that we do want innovative programs, and
15 I think the market is driving us towards innovative
16 programs. I think the fact that Toni is aware -- and
17 probably all are in some level -- that some homes cannot
18 make it economically anymore kind of points out that the
19 market conditions are doing what market conditions are
20 supposed to do, which is, you know, help people decide
21 where services are going to be provided. So, I think -- I
22 guess what I'm hearing is that there is some agreement at
23 this committee that moratorium is not something that we
24 would advocate. Can I assume that?

1 MR. PHILLIPPE: As a stand-alone.

2 MR. SULLIVAN: As a stand-alone. I think Ohio
3 is probably a good model with the buy/sell program, is that
4 the buy/sell program is most effective when you have a
5 moratorium, although I personally never advocated linking
6 it, because the moratorium in and of itself is pretty
7 controversial. I wouldn't want the buy/sell program to
8 sink because it's linked with a moratorium.

9 CHAIRMAN WAXMAN: So what you're suggesting is
10 that the direction we should take is to, if possible,
11 define buy/sell/exchange program, and under that criteria,
12 include or not include a moratorium as part of that?

13 MR. SULLIVAN: Um-hum, I would lean that
14 direction.

15 MS. CREDILLE: I would too.

16 CHAIRMAN WAXMAN: Okay. Is that a consensus
17 opinion.

18 Cathy, as an LSN rep, what are you thinking in
19 terms of that discussion?

20 MS. NELSON: I think what Terry said makes a
21 lot of sense.

22 CHAIRMAN WAXMAN: Don't agree with Terry.

23 MS. NELSON: Don't agree with Terry? I'm
24 inclined to do so today.

1 MR. WAXMAN: Claire?

2 MS. BURMAN: I just had a question, because
3 I'm probably not an expert in long-term care, but if we're
4 talking about entering into new programs to provide these
5 services, is a new facility going to be required in all
6 cases? Do you really have to have a new facility, or does
7 someone who has an existing facility renovate enough to
8 provide the new approaches?

9 CHAIRMAN WAXMAN: Absolutely.

10 MS. BURMAN: So that would not entail adding
11 beds, because they already have beds.

12 CHAIRMAN WAXMAN: It may entail adding new
13 beds to that facility, because what we're all aware of,
14 certain facilities in certain locations have the ability to
15 provide very sophisticated or higher acuity level services,
16 and people are looking for that. So there could be a home
17 next door that's not as well equipped -- staff wise,
18 training wise -- and therefore, the demand is there and
19 that building has filled, as people want to be in that
20 facility because of the training. So again, even though a
21 building may have 200 beds and 200 occupied beds, they may
22 need more beds because they are creating the programs that
23 people are looking for or need. There's no doubt that
24 people are coming out of the hospital sicker than ever

1 before, and, therefore, the level of care needed in a
2 hospital -- in a nursing home is going to go up. I think
3 that's an agreed analysis of what's happening.

4 A couple years ago, I did a spot analysis with
5 a nursing home as kind of a favor, and when I said, "What
6 are your strengths?", they quickly said to me, "Our
7 strength is that our nursing staff has been here for 20
8 years, and we have no turnover." I said, "Okay". And I
9 said, "Moving on" -- because I was just facilitating, kept
10 my mouth shut, and when we got to opportunities, someone
11 said, "Well, you know, there's all these people coming out
12 of the hospital in a -- we need these new programs,
13 cardiac, rehab" and then someone said, "But our nursing
14 staff doesn't know how to do those programs". So it became
15 at that point they realized that what they thought was a
16 strength was really a weakness.

17 So, my point to you is that only certain homes
18 have moved forward in keeping up with the acuity level, the
19 nursing staff or the program being necessary to meet the
20 needs of the people coming out of the hospital. So, you
21 can't draw the conclusion that even though a building may
22 be full, that they may not need more beds.

23 MS. BURMAN: I think I was thinking more of
24 the ones that are not full and looking for opportunities to

1 improve their services.

2 MS. CREDILLE: So the ones that aren't full,
3 the buy/sell concept helps because they could sell some of
4 their beds and utilize those dollars; and we could put
5 parameters on the beds that they sell, that they must put
6 that money back into the facility, and then they can
7 upgrade their facility because they've sold some of the
8 beds. So, for example, they could put in piped-in oxygen;
9 they could create large therapy gyms; they could create
10 private rooms; all of which are now required by the
11 consumer that's coming out of the hospital into many
12 skilled nursing facilities that are becoming essentially
13 step-down units. Not everyone, but in many communities,
14 and let's face it, the State of Illinois is not going to
15 come up with money for us. So, the buy/sell concept allows
16 market conditions to drive the business; and if you want to
17 sell your beds, you upgrade your current facility. If you
18 sell your beds to somebody who is either going to add those
19 beds to the 200-bed facility that Michael is talking about
20 that needs more beds or allows them to build another
21 facility, that's how they choose to do this.

22 CHAIRMAN WAXMAN: You know, where I run into
23 difficulty and because I marketed the state for so many
24 years, is that you kind of get a picture of a nursing home

1 in the Chicago market that has so many levels of care, but
2 then you go into some small towns where there is only one
3 nursing home in that town or in that community or maybe
4 two, and now you've got that problem where how are they
5 going to take the sicker people from their community,
6 coming out of the hospital? So, to follow what Tim said,
7 not every bed looks -- every bed is not the same kind of
8 bed, and not only is it not the same kind of bed, it's not
9 in the same kind of facility, and, you know, I think he's
10 absolutely correct, that people are looking for private
11 rooms with private bathrooms and higher nursing care and
12 higher therapy care; and when you get into some small
13 towns, how is that going to be provided, rural areas? So I
14 think that also becomes an issue.

15 So, I guess all I'm saying is that it becomes
16 difficult the more you think about trying to make a rule or
17 rules to fit Chicago or Aurora or Springfield or the bigger
18 cities and still meet the needs of the smaller areas. It's
19 hard. Tim probably understands that better than most,
20 because you've got like what, 20 homes, some of which are
21 in big areas and --

22 MR. PHILLIPPE: They're in different areas.

23 CHAIRMAN WAXMAN: You're pretty lucky, because
24 all Manor Cares are in the larger cities, correct?

1 MS. CREDILLE: No. We have -- I don't want to
2 be misquoted, but we have 15 facilities in downstate
3 Illinois in very rural areas on the Manor Care side.

4 CHAIRMAN WAXMAN: I wasn't aware of that. So
5 you have the same issue?

6 MS. CREDILLE: Yes, we do.

7 MS. MITZEN: What might be the impact,
8 though, on those Medicaid beds and the need the State has
9 for maintaining a certain level of Medicaid beds that
10 people will need?

11 MR. PHILLIPPE: I will give you my bias. This
12 is clear bias.

13 MS. MITZEN: I like your bias.

14 MR. PHILLIPPE: What somebody said earlier is
15 I know at times there's access issues for Medicaid, and
16 people say they don't certify all of their beds for
17 Medicaid and so they may have empty beds. However, in my
18 experience downstate -- excepting Chicago, which I don't
19 know well -- downstate I hear people arguing sometimes
20 about building a new building for Medicaid or new beds for
21 Medicaid, but when that is built, they are not serving
22 Medicaid, because they cannot afford to serve Medicaid. I
23 mean, it's just a practical -- and I've heard some
24 presentations on that. But if you look at the rates

1 downstate you have to operate on and what it costs per
2 capita, you know that rates are very good and capital is
3 good. I just don't think people are building new buildings
4 for Medicaid residents downstate.

5 MS. MITZEN: I guess it's the new buildings
6 but also the selling. I mean, if we are selling beds, are
7 we selling Medicaid beds?

8 MR. PHILLIPPE: It just increases the cost.
9 One way to think about it, if I'm going to expand my
10 building rather than coming -- I've got two choices, let's
11 say. I can come to the Board, I can go through the cost
12 and the expense of getting new beds approved, or I can buy
13 the beds. Well, if I buy the beds at, say, eight or
14 \$10,000.00 a bed -- like happened recently in Cincinnati
15 that I know of -- then that's another expense on top of the
16 building of the facility. So personally, I think it would
17 be very difficult to build new facilities, to buy beds, to
18 borrow money, and build for Medicaid. I just think it's a
19 practical issue.

20 MR. FOLEY: The only way you could do that,
21 obviously, is contra to what you were saying earlier. You
22 cannot build a private facility, i.e. all private rooms; it
23 all has to be all public rooms.

24 MR. PHILLIPPE: Very efficient.

1 MR. FOLEY: Right. In a compact facility, and
2 you would not be able to provide the programs, the
3 innovative programs, that you want to.

4 MS. MITZEN: I get that. I mean, I
5 understand what you're saying, because you're talking about
6 it from a business sense. You've got to look at what is in
7 the best interests of your business model. But I guess
8 from a state's perspective, don't we have to ask about that
9 access question of, do we have the beds that we need to
10 provide access to those people who can't afford to pay the
11 private pay rates but need that level of care? And is
12 there -- I mean, where does that enter into this
13 conversation?

14 MS. COLON: I think you make a very good
15 point. Conducting a needs assessment. That's something
16 that we can look at doing, potentially. I hear your
17 concern regarding the disparity around the state, maybe
18 city areas versus rural. But that's a very, very good
19 question. I don't have the answer to that, but I think
20 it's worth looking into. But then again, I hear what Tim
21 is saying. Operationally, once we have the data, can you
22 operationalize that? Are you going to make the investment
23 when it's going to create a day-to-day challenge to
24 maintain and sustain that operation, is the question. I

1 think it's a double-edged sword.

2 CHAIRMAN WAXMAN: Following up with something
3 Chuck and I were talking about -- actually, Chuck's
4 concept, when we were walking in -- if we're going to
5 project out a year or two the change in Managed Care and
6 the switch to Managed Care and Obama Care, what aspect is
7 that going to have -- are you throwing your hands up?

8 MR. SULLIVAN: I don't think that anyone
9 knows, but there's no question that making major changes to
10 the system, just as we are about to come into major change
11 to the system, there are going to be unintended
12 consequences that I don't know if anyone can predict. I
13 mean, we can hire a great statistician and time liner to
14 figure it out, but I think they're going to go, "Good
15 guess".

16 Responding to Phyllis, I think at the moment,
17 the access issue is something we pay attention to.
18 Although, with 20,000 empty beds in the state, a Medicaid
19 client may not be able to go to the nursing home they want
20 to, but generally they're going to find a nursing home.
21 You know, maybe sometime in the future, particularly if we
22 significantly reduce beds in the state, access will be
23 maybe an issue. But generally a Medicaid client can find
24 service in most parts of the state.

1 MS. MITZEN: I recognize that that's the case
2 now. I guess -- but I'm thinking about the discussion that
3 we're having and the incentives that we're providing in
4 this discussion, and I raise the issue of --

5 MR. SULLIVAN: On the reverse side of Tim, who
6 also said that, yes, if I have to buy an \$8,000 bed just to
7 build a bed, that increases the cost for that, but it also
8 puts capital into the other side of the system to modernize
9 and upgrade existing facilities and have private rooms.

10 CHAIRMAN WAXMAN: I think the whole concept of
11 access is going to be different in a Managed Care world,
12 because now the potential resident or Managed Care person
13 is going to have to go to wherever the Managed Care
14 organization has a contract with. So they will not be able
15 to pick and choose where they want to go anyway.

16 MR. PHILLIPPE: I just wanted to -- what Terry
17 said, I think we do know where it's going to go with
18 Managed Care. We don't have the statistics, but we know it
19 has happened in other states. We know Managed Care
20 companies are not doing this business as a gift to the
21 State of Illinois. So what do we know? They're expected
22 to keep costs flat or reduce expenses to the State. They
23 will make money, because they're publicly-traded companies
24 or privately. They have to make money. And they're going

1 to add overhead into the system. And what does Managed
2 Care always do when they come into a market? They reduce
3 institutional care, you know, and they move funds typically
4 from institutional care to outpatient, home-based, if
5 they're good, dependable companies, and they are more
6 flexible with their funding, because it's easier for them
7 to shift money. And I used to do this back in the older
8 days, when I was still walking uphill maybe to school and
9 back. It's been a long time, but the fundamentals are
10 still the same. They're trying to move people out of
11 institutional care. What do we know from all of us who are
12 experiencing Managed Care today? Our length of stay on
13 Medicare Advantage are much shorter than they are for the
14 Medicare program, because they're aggressively saying they
15 won't pay any more, and people sometimes are going straight
16 from our building to the hospital again, because the family
17 chooses. But whatever the issue is, it's not a right or
18 wrong. I'm not trying to give a value judgment here. It's
19 just that is what they do.

20 If you're saying, Toni, that buildings close
21 and people are going to continue to be home and community
22 based. They are not only using nursing homes. That's more
23 fodder, really, for the whole concept that more people
24 could be treated at home, and Managed Care is going to try

1 to do that. It's just what they do. So I do think we will
2 find from the -- at least -- there's a lot of other issues,
3 but from the volume issue, there's not going -- they will
4 reduce institutional care, and some of it will come from
5 the hospital to long-term care, but I think more -- it will
6 still be more than balanced from pushing people out of
7 long-term care to home, daycare treatment programs and
8 other community-based programs. That's just what they do,
9 isn't it?

10 MS. MITZEN: Yes.

11 MR. SULLIVAN: You're not wrong.

12 MS. MITZEN: And the opportunity for
13 innovation, which may include the nursing facilities.

14 MR. PHILLIPPE: Yes. That's what I did. I
15 did it years ago, a long time ago now, and it was kind of
16 cool. I thought this was fun. I got this big pot of
17 money, and we're wasting all of this money on the hospital
18 side and people are leaving the hospital and they get a
19 doctor's appointment. Three, four weeks later they're
20 bouncing back to the hospital before they see their doctor.
21 I'm like, I got this big pool of money, I'll just create
22 what they need. The very next day, we put people in
23 intensive outpatient programs and day-treatment programs.
24 We reduce hospital spending by huge amounts of money and we

1 added, really, outpatient services, basically. And I think
2 good companies still do that, don't they?

3 MS. CREDILLE: It will be interesting in
4 Illinois, though, because we're second to last in
5 reimbursement. So, the states that have already done this
6 have had much richer reimbursement, and so there is money
7 to be had. It will be interesting to see how much this
8 system can squeeze out of a ranking of 49 out of 50 states
9 for Public Aid reimbursement, because what we see in our
10 organization for Manor Care is that the State can't get
11 home health providers to contract. We can't get -- they
12 can't get doctors to see the patients, because the
13 reimbursement is so poor already. So they're trying to
14 contract, and people don't want to contract.

15 MR. PHILLIPPE: True.

16 MS. CREDILLE: Which is different than the
17 experience that these Managed Care companies have had in
18 other states, because I've met with several of them. They
19 say, "This isn't what's happened in other states." I said,
20 "Well, it's our reimbursement." So it will be -- again, it
21 goes back to whoever has said, we don't really know,
22 because really the dynamics in Illinois are different
23 because of our reimbursement situation and then our debt
24 situation, that it may make this even more interesting in

1 Illinois. It goes back to we don't know what's going to
2 happen to our bed need and where the patients are, and
3 families are, going to be placed.

4 MS. HANDLER: It is true about the physicians.
5 They're having a really difficult time building their
6 medical network; and it's all founded on the concept of
7 medical homes. So those primary care physicians are really
8 key to the Medicare managed program in Illinois, and I
9 don't think it's off to as strong a start as they were
10 expecting or hoping.

11 MR. PHILLIPPE: One thing I wanted to pass
12 along, as long as we were talking about access to Medicaid
13 beds, there is -- if there's an issue with Medicaid access
14 and somebody wants to come and add capacity in a market for
15 Medicaid, that could be a good thing, I think; but then
16 they should be held accountable for doing that, for not --
17 they should not be able to come to meetings and say they're
18 doing that but then not do that when they actually open
19 their facility; and if we could do that and build that in
20 somehow to the rules in the process, that could be a good
21 thing. If people are able to come do it and there's an
22 access problem and they build exactly for that and that's
23 the people they build for, that would be a good thing.

24 CHAIRMAN WAXMAN: Isn't that part of the CON

1 application process, that when people build special need
2 nursing homes that we are now able to go back and verify
3 that they really have --

4 MS. AVERY: We do it as much as we can.
5 Recently that have certified that they will have a certain
6 amount, and we've held them to it. So we're working with a
7 few now. But I can't say that we've gone back and caught
8 everyone that said they would do so, that they would have a
9 certain percentage, unless it's called to our attention
10 that they have not done so. And usually that's how we
11 follow up, if someone complains that they can't find
12 Medicaid-licensed bed, then we go and follow up and find
13 out. "You stated on the record that you would do blah,
14 blah, blah and you haven't done that." And one recently
15 that we caught are working to have their beds certified
16 now.

17 CHAIRMAN WAXMAN: Tim?

18 MR. PHILLIPPE: I was just going to say,
19 certified is not always the same as people in the beds,
20 though.

21 MS. AVERY: Right.

22 MR. PHILLIPPE: Certified beds -- I mean, in a
23 legal way, you cannot have people in the beds --

24 MS. HANDLER: Right.

1 MR. PHILLIPPE: -- unless you certify the
2 whole building.

3 MR. FOLEY: But then again, from a business
4 standpoint, it's hard to certify the whole building with
5 Medicaid; and assuming that you're going to have a budget
6 projecting all these Medicaid days, then you can't build a
7 facility with the private rooms that you want.

8 MR. PHILLIPPE: That was exactly the case I
9 made when I sat before the Board a few years ago and talked
10 about -- and you may have been there at the time; and
11 that's exactly what I said.

12 (Laughter)

13 MR. PHILLIPPE: And I'm fine with that. I may
14 be naive. I just want to make sure we do what we say we
15 do. That's all. If there's an access issue in a market
16 and somebody is able to build for Medicaid in that market
17 and wants to, I think it's great, as long as that's what
18 they do.

19 MR. FOLEY: This Board recently approved an
20 application for a building to be certified for all Medicaid
21 beds, and then they went and tried to get financing and
22 given the state of our conditions here and the rate,
23 lending institutions are now having problems working with
24 this applicant, because it's just not going to happen. So

1 I would assume in a case like that, you would have to come
2 back before the Board, I would think; I would hope.

3 MR. URSO: Your client?

4 MR. FOLEY: No.

5 (Laughter)

6 CHAIRMAN WAXMAN: I don't think he would
7 advise any clients to do that.

8 (Laughter)

9 MR. PHILLIPPE: Could I just mention something
10 more personal? I guess it's a personal example as we think
11 on the issues. When I came into the field, I was kind of
12 naive. I came to Illinois twelve years ago, very, very
13 naive in the field, and I would have people come to me from
14 other markets. One was, I think, in Mt. Vernon, downstate.
15 So there would be multiple providers, and the community
16 people, who are churches typically, was wanting something
17 new, and being naive, my idea was, then I'll just go buy
18 the worst nursing home in town who is running 50 percent
19 census, and I'll just tear it down and build a new one, and
20 they said, "Oh, no, no, no. It's not that simple in the
21 state of Illinois." You know, but if I could do that,
22 that's innovation; just tear down something old, you build
23 something new. But it's quite a long process. It's not a
24 simple process. So we decided not to tackle it.

1 CHAIRMAN WAXMAN: When in doubt.

2 I guess what I'm sensing is that we can
3 probably put aside the whole concept of moratorium then off
4 this list, because it almost sounds like some of us believe
5 that the market itself will help regulate the number of
6 beds and where they are, and we don't really need a
7 moratorium to make that happen. Is there some agreement to
8 that, or do we still need to discuss the concept of
9 moratorium?

10 MS. CREDILLE: Well, if it's going to be
11 imposed on us, like Terry is discussing, there's no point
12 in discussing it.

13 MS. AVERY: Imposed by who?

14 MS. CREDILLE: Its going to come from a
15 legislative act.

16 MS. AVERY: Today, we're going to figure out
17 how to do it. It's not going to be imposed on the
18 long-term care industry. There seems to be this thought
19 out there in the industry that the Board is just going to
20 push something through legislative-wise. The Board is not
21 planning to push anything through that does not come from
22 this committee, within reason. It's not going to be
23 imposed. We are hoping we get a consensus; that's why we
24 have this meeting. We're trying to get something that you

1 all send to the Board that the Board can work with. It's
2 not going to be imposed or forced on anybody
3 legislative-wise. That is not the Board's agenda. I don't
4 know where that information is coming from.

5 MR. SULLIVAN: Courtney, can I ask the
6 Staff -- the Committee leaning towards a moratorium is
7 probably not a good idea at the time -- at this time,
8 particularly what we're going to be heading towards in the
9 next couple years, although this is -- I don't think we're
10 pounding our fists on the table and saying no moratorium.
11 I mean, I think if it came in, we'd all adjust. But I
12 guess I'm asking the Staff, are you comfortable with the
13 discussion we've had, or is there a stronger feeling among
14 the Staff that we need to do something proactive to reduce
15 beds, or at least -- a moratorium doesn't reduce beds, but
16 they are being reduced on a regular basis anyway.

17 CHAIRMAN WAXMAN: Right.

18 MR. SULLIVAN: Are you comfortable with that?

19 MS. AVERY: We're comfortable with whatever
20 comes out of the committee, within reason, that we could
21 take back and say this is what we're focusing on and this
22 is the direction that the long-term care subcommittee is
23 going in.

24 MR. SULLIVAN: Okay.

1 MR. PHILLIPPE: I think there's advantages to
2 a moratorium, so I'm not totally against the moratorium.

3 MR. SULLIVAN: I don't disagree.

4 MR. PHILLIPPE: I think as long as we have
5 some avenue for innovation, and that could easily be bed
6 buying and selling, and then you're making the system more
7 efficient, because, clearly, you know, if buildings are
8 operated at 60, 70 percent, they're not very efficient.

9 CHAIRMAN WAXMAN: Right, and I think what we
10 talked about earlier or mentioned is that moratorium could
11 be a piece of buy/sell/exchange program and not a
12 stand-alone concept. So I guess I'm just asking if we have
13 agreement on that so we can move into some other
14 discussion, so that we can say, as a single concept, this
15 committee does not advise the Mother Board to look at
16 moratorium as a solution.

17 Do we need a vote on that issue? Or you have
18 agreement of consensus by heads nodding all in favor? Is
19 that all you need to move it, to be comfortable with that
20 concept?

21 MS. AVERY: Yeah. I don't think it has to be
22 a formalized vote, but I also wanted to reiterate that one
23 of the issues that the Board is faced with and applicants
24 are faced with when they come to the Board and their

1 applications get denied, is that applicants are saying --
2 again, I've said this almost every meeting -- there is a
3 need because these beds are not set up and ready to go if a
4 patient presents themselves at the doors of some of these
5 nursing homes, the long-term care facilities. So the Board
6 is turning down applicants -- who are upset -- and saying,
7 "there is a need, there is a need". These beds do not
8 exist, but in our inventory they exist. So that's the
9 whole purpose of what we want to do, is to get our
10 inventory accurate, see where there is a legitimate need.

11 MR. WAXMAN: So it appears -- I don't know
12 what we can do as a subcommittee. I may be missing
13 something. Your list under Item B, "Accurate Bed Count",
14 is very, very significant.

15 MS. AVERY: Well, early on there was
16 discussion about the bed formula, the bed need, how we're
17 counting beds; and we kind of moved away from that with the
18 issue of buy/sell legislation that came up last year
19 pertaining to the buy/sell and exchange program. So we
20 kind of lost focus on that. Remember, we had a list of
21 priorities. So we lost that.

22 CHAIRMAN WAXMAN: Well, I would suspect
23 everyone at this table agrees that we need an accurate bed
24 count, and I guess that then goes back to one of Frank's

1 issues, is we have some definitions of what is a bed and
2 how do we count it.

3 Mr. Foley?

4 MR. FOLEY: I think our biggest issue that
5 goes round and round and round is without any solution, and
6 that is that we're hearing out there that a provider cannot
7 reduce their bed count because it could, in fact, affect
8 your loan, be it a commercial loan or be it a HUD loan. So
9 we're hearing all kinds of stories out there and that it
10 does affect and it doesn't affect. I mean, we're -- I'm
11 hearing clients out there saying that, you know, it's just
12 a matter of bottom line, it's not a matter of how many
13 licensed beds you have, it's a matter of bottom line.
14 Other people are saying, no, my bank said or HUD has told
15 me that we can't without going through a change, if you go
16 through a change. You talk about a HUD application, one
17 gentleman at the last meeting said, to my recollection,
18 that it could cost thousands of dollars -- I think he gave
19 the figure of \$50,000 -- to hire an attorney just to change
20 all of the paperwork at HUD if you go from a 100-bed
21 facility down to a 50-bed licensed facility.

22 MR. PHILLIPPE: I'll give him a card for my
23 attorney.

24 MR. FOLEY: Excuse me, but I believe that is

1 what was said the last time.

2 MS. AVERY: I'm not questioning that, but
3 logically, I cannot figure out how that works. If you're
4 licensed for 100 beds, but you changed your rooms to single
5 room occupancy and those beds are now gone, where does the
6 discrepancy come in? You're not generating any revenue
7 from those beds, so how does it tie back to your financing?
8 Your financing, is it based on the beds that you have
9 operational and you've taken those beds out informally?
10 How does it tie back to it? I'm not making a connection
11 here.

12 MR. FOLEY: You know, again, I think we're
13 getting different answers. I guess I can't really answer
14 that, because -- I'm sorry. Go ahead.

15 MS. HANDLER: We don't operate beds, but we
16 have a loan. So, when we executed our loan application, we
17 have loan compliance requirements. We have to report on a
18 regular basis. So here's a change in our business. If
19 there's a change in the business, the bank wants to know
20 about it. Right? So if the conditions under which they
21 approved our loan changed, then it could impact the bank's
22 continuing confidence in our ability to deliver on the loan
23 obligations. So, if these facilities have loans that were
24 founded on or related to a bed count -- a licensed bed

1 count -- and that condition changes, whether or not it
2 really, truly changes their ability to meet their loan
3 obligations, it changes the documents under which you
4 applied for that loan. Even if you buy a house, you know,
5 most people when they buy their home, there's a stipulation
6 in the loan documents that require you to occupy that
7 property for a certain period of time. You can't apply for
8 the loan as a resident of that property -- that mortgage,
9 and then not live in it, because you aren't -- I mean, you
10 can, but it's not -- I don't want to say it's not legal,
11 but obviously you're not complying with the loan document
12 requirements.

13 So, I think that's what I'm hearing, and I
14 don't know how long-term care loans are approved, but it
15 sounds like licensed beds may be, in some cases, part of
16 that application process.

17 CHAIRMAN WAXMAN: Well, you know, from an old
18 banker's perspective, what you're looking at is: How do
19 you generate revenue in a long-term care facility? It's
20 putting a body in a bed. The body in the bed generates X
21 amount of dollars, depending upon who is paying for that
22 bed. So, the percentage of beds that are going to be
23 reimbursed by Medicare dollars generates a lot more dollars
24 than a Medicaid, and somewhere in the middle of that or

1 above that is your private pay. So there is a formula
2 that, you know, every nursing home goes through in
3 projecting their budget in which you are projecting what
4 percentage of your beds are going to be occupied. Then, of
5 that number, because you can never project a hundred
6 percent -- I did once, and I got killed in a presentation
7 when they said, "Did you forget about male/females?" I
8 said, "Oh, yeah." So you can never fill a hundred percent
9 of your beds, no matter what you do, because they never
10 come through the door the right way. So you're never going
11 to have a hundred percent occupancy, but then you pick your
12 occupancy and then you take that occupancy and divide it
13 between your payor sources, and they're all -- which makes
14 healthcare so unique in that there are a hundred different
15 rates, depending on what clientele you're serving. So,
16 anytime you mix or impact your original formula of how you
17 arrived at your revenue and therefore your profit, it
18 impacts the ability to borrow or what they believe you are
19 borrowing on.

20 So that's, I believe, where this gets back to
21 HUD and to the lending institution, because they've made
22 their decision based upon the budget you projected. Bottom
23 line is that no one really cares, as long as you make your
24 payments. It's the moment you don't make your payment that

1 everybody scrambles to look at what the application looked
2 like, and then they start asking questions.

3 MS. HANDLER: Well, we have compliance
4 reporting requirements. You're making your payments, but
5 you have to follow certain requirements that you have to
6 report in.

7 CHAIRMAN WAXMAN: And a lot of banks are now
8 sending in third parties to do audits or reviews. It's
9 getting more and more of that.

10 MR. FOLEY: At the last meeting, I thought
11 Mr. Carvalho indicated that he was conversing with HUD
12 personally to try to find the answer to see what impact it
13 would have on a HUD loan, whether it should -- is that
14 correct?

15 MS. AVERY: I know he met with them, but I
16 don't know if that was the focus of the meeting. So I
17 don't know.

18 MR. FOLEY: The issue came up at the last
19 meeting, and that's when he made the comment, I thought,
20 that he was meeting with HUD. You know, if it is the goal
21 of this subcommittee to reduce beds in this state, maybe a
22 possible solution for discussion would be to try to pursue
23 this on a volunteer basis, maybe to have the State write a
24 letter to each one of the nursing home operators in the

1 state and explain exactly what it is the State is trying to
2 do and why, and see if they would be willing to give up
3 some beds. Obviously, you're not going to receive a large
4 response, that they're going to give up hundreds and
5 hundreds of beds, no. But I think in this letter, if
6 there are problems as to why they cannot give up beds
7 because of the loan descriptions, then I think, simply,
8 maybe a letter from their lending institution would suffice
9 to see whether or not they can or cannot give up beds.
10 Maybe that's, you know, a possible -- I don't know.

11 CHAIRMAN WAXMAN: Phyllis?

12 MS. MITZEN: I was just reflecting on
13 meetings that we had a number of years ago and, of course,
14 the banking industry has changed since then. But we talked
15 to them about the notion of beds and what the bankers said,
16 and I think it's pretty much what you were saying, Michael,
17 is that as long as the loan is being paid, they don't care
18 how many beds you have. That wasn't the issue. The issue
19 is, what is your business model, and they also talked about
20 the partnership between the business and the banker and
21 that as your business model changes, there shouldn't be any
22 surprises and that -- so every time I hear the argument
23 about the banks won't let us do that, I reflect back on
24 that; and these were people at that time -- LaSalle Bank

1 and --

2 MR. SULLIVAN: MB.

3 MS. MITZEN: Health and Medicine actually had
4 a meeting before that meeting, but they were major banks,
5 and I think they gave us the same message at both of these
6 meetings, saying that the bankers are willing to talk about
7 what your business model is and how are you going to pay
8 the loan.

9 CHAIRMAN WAXMAN: Right.

10 Tim?

11 MR. PHILLIPPE: I understand the practical
12 issue. The practical issue is we have unused beds and
13 they're not being used in the community, and so there's an
14 access issue. So it seems like a real issue. I don't
15 think the banker issue is the major issue here.

16 MR. FOLEY: I don't either.

17 MR. PHILLIPPE: It varies across the board. I
18 have multiple -- actually, it's just the opposite for me.
19 Actually, I have -- on our bond holders, we have kind of
20 conference calls twice a year, or whatever, with the big
21 bond holders; and the last meeting, it was recommended by
22 investment bank that we should actually put a footnote in
23 and take those number of licensed beds off our report,
24 because if they're not set up, it makes us look bad, and so

1 the ones -- they're the ones that could be set up that
2 we're not choosing to use currently at any one time, we
3 needed the full space for whatever reason. They said just
4 the opposite, actually. It makes you look bad because your
5 census is lower. And so it probably varies across banks
6 and all of that.

7 I think the practical issue for providers is
8 that as long as we've been talking about buying and selling
9 for four years -- it seems like it's got to be four, maybe
10 it's five, really. I had hair back when we started the
11 discussions. And I assume this is not a secret: People
12 have been talking about this; and being a provider in
13 Illinois is very, very hard, really. It's very hard. It's
14 getting harder every year, and so if there is some way of
15 bringing capital into the marketplace to help, people need
16 it. And so my guess is, as long as we are talking about
17 this for four years, and then people think they have an
18 asset and then we're talking about taking the beds away, it
19 changes the whole attitude, kind of. That's probably the
20 biggest issue.

21 MS. CREDILLE: You can't buy/sell if you don't
22 have any beds to sell. The concept goes away if the
23 inventory is gone and you have no beds to sell; the concept
24 doesn't make any sense.

1 MS. AVERY: Is that part of the motivation for
2 providers to keep the beds and be under utilized?

3 MS. CREDILLE: No, because we don't have a
4 buy/sell option.

5 MR. FOLEY: A year ago -- yeah, about a year
6 and a half ago, this subcommittee made a decision, I
7 thought, that, okay, let's go to the buy/sell concept on an
8 experimental basis and let's pick a time period when
9 applications would be filed and let's just see what happens
10 and let's just learn from it.

11 CHAIRMAN WAXMAN: There was discussion on
12 that.

13 MR. FOLEY: And still nothing has happened.
14 So, I mean, if you're going to do it, let's just do it and
15 set up some parameters and let's just do it and see if, in
16 fact, it's going to work.

17 CHAIRMAN WAXMAN: I think we kind of got
18 bogged down as to whether we do it statewide or is that too
19 big of a test area? Do we do it region-wise?

20 MR. FOLEY: Well, that discussion, I thought
21 we said, limit it to the county -- or the Planning Area,
22 and then there was discussion about let's go out to the
23 contiguous area; and because there are boundary lines where
24 one facility could be across the street from another

1 facility with a boundary line right in the middle, maybe
2 let's go statewide. I mean, if it is the -- at least it
3 was my understanding that we were going to talk about
4 statewide so that would not have an impact on anybody
5 locally, so if somebody wanting to build a facility in
6 Chicago was able to buy beds downstate, it's not going to
7 affect anybody.

8 MR. SULLIVAN: And I agree with Chuck. I
9 mean, in my recollection it was the discussion that -- the
10 test was going to be time oriented, of let's do it for a
11 year and a half and let's do it statewide. I remember the
12 discussion and who was sitting here.

13 And I more than agree with Tim. We have been
14 talking about this for five years.

15 And, Courtney, you have applicants who say,
16 you know, "There is a bed need in our area but you're
17 saying we don't have a bed because the beds are not used."
18 It would be great if you could say to them, "Well, why
19 don't you go out and buy some beds and then you would be
20 able to build what you want to build or whatever." But we
21 can't do that right now. I guess we are reaching a certain
22 level of tired frustration of, come on, let's try
23 something. This -- I'm not advocating that a bed exchange
24 program is the be-all and end-all of all of the problems

1 that we deal with, but it certainly is not a bad step in
2 the right direction that can help the system, can infuse
3 some new energy and cash and some innovation in the system.
4 I think there are far more up sides than down sides. I'm
5 sorry. I think we've talked about it long enough.

6 CHAIRMAN WAXMAN: So then we have to define
7 the terms of buy/sell/exchange.

8 MR. FOLEY: You have to make them on a ratio
9 basis. The overall objective is to reduce beds. You can't
10 make it on just a one-to-one, because all you'll be doing
11 is shifting beds from one part to the other; you're not
12 affecting a total statewide number. So they have to give
13 up two beds in order to get one bed or three beds to get
14 one bed, whatever number. Otherwise we're just moving beds
15 across counties.

16 CHAIRMAN WAXMAN: Let's clarify our role. Our
17 role is to make a recommendation to the Mother Board to
18 implement a yet-to-be-defined buy/sell/exchange program,
19 correct?

20 MR. URSO: The last statutory amendment was to
21 evaluate the buy/sell program, evaluate, and ultimately,
22 that would lead to -- after an evaluation is conducted,
23 lead to recommendations to the Mother Board, I would think.

24 CHAIRMAN WAXMAN: So, is our discussion the

1 evaluation process?

2 MR. URSO: The discussion is part of the
3 evaluation process. I think you'd want more. That's just
4 my thought.

5 CHAIRMAN WAXMAN: I'm just trying to figure
6 out what this committee needs to do to put the test into
7 place. Since there seems to be some agreement that we need
8 to move forward with some action, and an action is to
9 institute a test under certain a set of circumstances, how
10 would we do that?

11 MR. URSO: Claire had something she wanted to
12 say.

13 MS. BURMAN: As I recall when we had that
14 major discussion about a buy/sell program and we were going
15 through points of consideration, I thought it was decided
16 to put together a pilot program for that, to test it out,
17 not involve necessarily the whole state, but a pilot.

18 CHAIRMAN WAXMAN: Not to include the whole
19 state?

20 MS. BURMAN: Yeah.

21 CHAIRMAN WAXMAN: But then you run into the
22 problems of crossing county lines, city lines. Unless you
23 do a whole state, I don't think it's going to work. I
24 think the way -- I think the time limit gives it the test

1 criteria. But I don't know that you'll have a true sense
2 of accomplishment if you don't let the whole state
3 participate. I don't know.

4 MR. FOLEY: The main issue that you're going
5 to have is what beds can or cannot or will not be
6 available. They may have thirty unoccupied beds. Again,
7 they may be there for a reason. It may be that they don't
8 want to de-license those beds for whatever reason. So I
9 think what we need to do -- at least my opinion is to --
10 you know, we got the information in the profiles that shows
11 the potential number of available beds out there by
12 facility and I think, you know, having an applicant contact
13 facilities -- but, my gosh, the timing in doing that and
14 trying to get a response, I think people are just going to
15 get frustrated at the same time and say forget about it,
16 it's not worth it; because by the time you have to rely on
17 somebody to respond back to you, you've got an option on a
18 piece of property, whether it's an addition to an existing
19 facility or build a new facility. Those options are very,
20 very expensive, obviously.

21 And so I don't know if there's going to be a
22 quick way of doing this or not, but I think that needs to
23 be taken into consideration.

24 MS. AVERY: It might go back to another

1 comment in more of why we need an outside party to help us
2 with this process. If the bed sell and exchange program is
3 in place, what I'm hearing, it would have an implication or
4 an impact on HUD loans, because still you have to go
5 through their process of providing the documents and
6 everything else if you sell the beds. So, it's still going
7 to cost you money, even if you are participating in the bed
8 sell/exchange program, because those documents have to be
9 changed on both ends, correct, the buyer and the seller?

10 MR. FOLEY: I assume so.

11 MS. AVERY: So that to me still leaves
12 questions why we should not rush into this. And I feel
13 your pain. I feel everybody's pain. I'm so tired of
14 discussing it. But every time we meet, something else
15 comes up, and we don't have the power to look at it, which
16 again gives the argument for an outside party to come in
17 and help us. And there's no need to rush into it, in my
18 opinion, and as the Administrator of the Board, to rush
19 into this process when we don't know all of this; we can't
20 just rush. "How are we going to do this?" "Florida's
21 looking at some other issues." It's just -- we can't just
22 say, "Oh, it worked there, it will work here"; and I'm
23 hearing more and more reasons of other things. My list is
24 getting longer and longer of what impact this would have on

1 the providers and the residents of the state of Illinois.

2 MS. CREDILLE: Can I ask for clarification of
3 what happened on the letter that was sent out?

4 MS. AVERY: It was sent out -- I looked at the
5 letter yesterday. I neglected to put a due date to say
6 that we needed a response by this date, because it occurs
7 that we only have one response. So, tomorrow I will start
8 following up on the universities that we sent them out to
9 and say, "Are you interested or not", we say that "We have
10 not heard back from you, and if you are not, we will move
11 on." And if they are, I will add them to the list to send
12 out to the RFP work group to look at. But the letter has
13 been sent out. I just forgot to say please respond by
14 blah, blah date. So I'll follow up on it tomorrow.

15 CHAIRMAN WAXMAN: It seems to me that as part
16 of this concept of buy/sell/exchange, we still need to know
17 an accurate count of beds, and, Mr. Constantino, how do we
18 do that, other than we each take 10 nursing homes and go
19 physically count? How do you --

20 MR. CONSTANTINO: Well, we thought the easier
21 way is we would just use the current occupancy of
22 facilities over a two or three-year time frame -- the
23 average occupancy over a two or three-year time frame, and
24 use that as the basis for each individual facility, and

1 then anything over that average would be considered excess
2 beds. That's what we were trying to bring across at the
3 last meeting.

4 CHAIRMAN WAXMAN: So just let me play with you
5 for a minute. If a building is licensed for 200 beds and
6 if their average occupancy over the last three years has
7 averaged 160, then you're going to say that facility has 40
8 extra beds, 40 unoccupied beds?

9 MR. CONSTANTINO: Yes.

10 MS. AVERY: Let me say this really quick.
11 Again, it goes back to -- we based that model on what we
12 did for the hospitals, and maybe it wasn't the right model.
13 Again, it's not a cookie cutter approach to it, but we
14 thought that would be the easiest way, because we did
15 something similar with the hospitals and they -- the
16 majority of them complied with it.

17 MR. CONSTANTINO: Something else we did with
18 the hospitals, we required the hospitals to hire an
19 architect to count beds. Because it's costly, we didn't
20 think the long-term care folks would want to go along with
21 that program.

22 MR. SULLIVAN: You need to be an architect to
23 count beds?

24 MR. CONSTANTINO: That's what we did for the

1 hospitals, an architect or an engineer. The hospital had
2 to hire them and they would attest to the number of beds in
3 that facility.

4 MR. SULLIVAN: Mike, you can go into the
5 bed-counting business.

6 CHAIRMAN WAXMAN: I was going to say, you can
7 hire a third grade math teacher to do that.

8 MS. MITZEN: And you did that because you
9 wanted an outside --

10 MR. CONSTANTINO: Right.

11 MS. MITZEN: You did not want it to be
12 self-reported. So that's the issue. It's self-reported.
13 So it may not be an architect. You need to have an outside
14 counting.

15 MR. CONSTANTINO: CPA firm?

16 MR. SULLIVAN: Again, using the example, Mike,
17 in terms of how beds are used, you have a 200-bed facility
18 where the average occupancy for the past three years is 160
19 or 80 percent, which is pretty close to reality; but at
20 various times of the year, that facility will be filling
21 180, maybe 190 beds. I mean, I think we saw from the
22 various analyses that was done before, most facilities do
23 operate at 90 percent at some peak periods during the year.
24 So those beds do get used, but the average occupancy

1 throughout the year could be 80 percent.

2 CHAIRMAN WAXMAN: So how do you --

3 MS. MITZEN: Do we know that?

4 CHAIRMAN WAXMAN: How do you account for that?

5 MS. MITZEN: You have data to show?

6 MR. SULLIVAN: Oh, yeah.

7 MR. FOLEY: The data shows that.

8 CHAIRMAN WAXMAN: So then the criteria should
9 be a 200-bed facility, and what is the highest --

10 MR. SULLIVAN: What's your peak occupancy?

11 CHAIRMAN WAXMAN: Thank you.

12 Mike, how do you feel about that formula?

13 MR. CONSTANTINO: We collect that data.

14 MR. FOLEY: We've got that data already.

15 MR. DART: Is that peak beds set up?

16 MR. CONSTANTINO: Yes.

17 MR. DART: The figure that we collect
18 currently is peak beds set up, which there may be a small
19 difference between the occupancy, but it's close.

20 CHAIRMAN WAXMAN: How often do you collect
21 that?

22 MR. CONSTANTINO: Once a year. It's
23 self-reported.

24 MS. AVERY: And published.

1 MS. MITZEN: So is the self-reporting part of
2 the issue? I mean, that's what I heard on the hospital
3 side.

4 MS. AVERY: It is self-reported and attested
5 to in long-term care. No, we did not -- we had a lot of
6 push-back from that rule on the hospitals, because it was
7 so costly. So, it wouldn't make sense to propose it on
8 long-term care, based on the feedback we got from the
9 hospital side.

10 MS. MITZEN: And you put it on the hospital
11 side because why?

12 MS. AVERY: We had under utilization,
13 unoccupied beds, hospitals that did not have beds set up
14 but were on an inventory; the same issues that we're faced
15 with with long-term care.

16 MS. MITZEN: Right. But you had an outside
17 person --

18 MS. AVERY: We wrote it in a rule.

19 MS. MITZEN: -- attesting to it, because you
20 were concerned that self-reporting didn't work?

21 MS. AVERY: Exactly.

22 MS. MITZEN: And do we have the same concern
23 with long-term care?

24 MS. AVERY: Yes. Based on utilization and

1 feedback from long-term -- from the long-term care
2 industry.

3 CHAIRMAN WAXMAN: I think the difference,
4 though, if I can guess, is that the margins are so small,
5 so short in long-term care, they couldn't afford to pay an
6 outside group to come in and do anything. So, hospital
7 margins are probably a little longer and they could afford
8 a fee.

9 MS. MITZEN: How do we get away from this lack
10 of trust in the numbers that we're basing all of our
11 decisions on?

12 CHAIRMAN WAXMAN: Good question.

13 MR. PHILLIPPE: I've got a question. I don't
14 understand --

15 CHAIRMAN WAXMAN: We're looking for answers.
16 You don't have any questions.

17 MR. PHILLIPPE: I don't understand State
18 processes, because we have State people in our buildings,
19 right? At least once a year, people -- and I don't want to
20 add to their workload. They've got plenty to do, but
21 they're already in there.

22 MS. COLON: To count beds? We go in and we
23 verify your census, and again, we have to keep in mind that
24 that's a snapshot view. And as Terry identified, is it a

1 peak time? Is it not a peak time? And it could change the
2 next week, depending on what occurs within the facility. I
3 guess it -- I guess the bigger question is, as we get this
4 data -- and we can report it up to whoever is inquiring. I
5 guess that's an avenue, but I'd like to continue the
6 discussion regarding our current mechanism for reporting
7 and why is that such a challenge? Why is there such
8 push-back related to reporting actual utilization within
9 facilities? Because it seems that is the number one
10 barrier to receive that correct information. Is there a
11 possibility to develop some type of mandated reporting
12 mechanism for facilities that are choosing -- because it's
13 an option, that are choosing to shelf, bank their beds, so
14 that we have real information to work with? Because we're
15 charged with making such big decisions and/or
16 recommendations, and we don't have good information
17 currently to drive those decisions, and I think that that's
18 something that we should possibly address, is how do we get
19 this information.

20 You know, the Department, from the survey
21 perspective, can support getting this information during
22 annual inspections. That's a component, but it's not the
23 end all. It's part of the verification process. But we
24 also have to push this back to the facilities and say, "You

1 have an obligation to provide real information, realtime
2 information. How many beds are actually set up? How many
3 have you chosen from an operational standpoint to bank, to
4 shelf, and for what reasons? Check the box. Is it because
5 you were innovative and decided to go to private rooms? Is
6 it because your business is just bad because you're a poor
7 performer? Check that box." I don't know. I mean, I'm
8 just throwing --

9 (Laughter)

10 MS. COLON: Let's have real conversations here
11 as to how do we drill this down, so that we move this
12 forward, so that we can get to the decision-making process.
13 I'm sorry if I'm passionate about that, but I think that's
14 really the barrier right now.

15 CHAIRMAN WAXMAN: I think that's correct.
16 What I think I need to do is call a moratorium so that our
17 court reporter can have a break. So, if we take -- we're
18 eating at twelve?

19 MS. CLARKE: Yes.

20 CHAIRMAN WAXMAN: So it's quarter of. Why
21 don't we make phone calls, take a break, and we'll kind of
22 talk through lunch, if that's okay.

23 But I think Toni is absolutely correct. I
24 think we really need to find that number, or how to get to

1 that number, and what we as a committee can do to get to
2 that number, whether the letters should come under our
3 jurisdiction. I don't even know if we have that kind of
4 jurisdiction to write that kind of letter or whether it
5 should come out of Toni's office, or Terry can sign it, but
6 how do we get --

7 MR. SULLIVAN: When we come back, I'm going to
8 offer a solution.

9 (Recess)

10 CHAIRMAN WAXMAN: Let us get back to our task
11 at hand. When we left, Terry was going to solve the
12 problems of the world for us.

13 MR. SULLIVAN: As a matter of fact, just as we
14 had the break, about four people came up to me and said,
15 "I mean, HFS collects all of this data. Can't we share
16 some of it?", which was exactly what I was going to say.
17 HFS has two forms of collecting occupancy data, one of
18 which is certified by an accountant. We don't need an
19 architect; but on the cost reports, you do have to
20 accurately report your occupancy, the number of patient
21 days per year. It would not take HFS much on -- I think
22 it's Schedule 5, to add in a one-liner that says "Highest
23 occupancy during the year on January 29th, February 2nd",
24 name the date and name the highest occupancy. You will at

1 least know the peak days for every facility that files a
2 Medicaid cost report, which is 870 facilities. There may
3 be some, you know, non-certified licensed facilities that
4 don't file a cost report, but the other one that everybody
5 does file is the \$6.00 -- the Provider Tax, the \$6.07
6 Provider Tax, and you report your occupancy for the month,
7 and you get a good sense of, at least, the peak month times
8 if you want. And probably, HFS could modify that to say,
9 "And what was your highest occupancy day during the month?"

10 And so the data -- there are formats that
11 would not take much modification that could collect
12 peak-time data without a lot of grief or extra reporting on
13 everyone's part; and the cost report, the accountant signs
14 his license to it; and with the Provider Tax thing, you're
15 basically threatened with sterilization if you don't
16 accurately report it. I mean, you're definitely breaking
17 the law, and, quite frankly, no one over-reports on the
18 Provider Tax.

19 MR. PHILLIPPE: That's true.

20 MR. FOLEY: There's your answer, Michael.

21 CHAIRMAN WAXMAN: So how can this subcommittee
22 implement the changes to the cost report form or the
23 gathering of cost report information so we can get that
24 information?

1 MR. SULLIVAN: Either Bill Dart could use his
2 charm with his former department, or I would be willing to
3 reach out to Kelly or Teresa and see if they're willing to
4 do some data modification collection.

5 CHAIRMAN WAXMAN: I was going to say, are you
6 willing -- can you?

7 MR. DART: I could ask them, sure.

8 CHAIRMAN WAXMAN: That still puts us a year
9 plus --

10 MR. SULLIVAN: A year away, right. Although,
11 the Provider Tax data is collected monthly. We will at
12 least know peak months, if we want some initial reports.

13 CHAIRMAN WAXMAN: I guess I'm trying to figure
14 out statistically what -- how far off we are in actual bed
15 count versus what we are using currently. Is there a big
16 discrepancy between, you know -- I mean, we're saying
17 there's 20,000 beds unoccupied, but what is the real
18 number? Is it 10,000; is it 19,000? How close are we as
19 we look at solutions to that problem that we can't quantify
20 yet?

21 MR. FOLEY: If it is by more than five
22 percentage points, I would be surprised.

23 MR. SULLIVAN: Certainly in the aggregate, I
24 am expecting there won't be a lot of discrepancy. There

1 may be on an individual facility-by-facility basis.

2 CHAIRMAN WAXMAN: But, I mean, we're
3 theoretically only caring about the aggregate.

4 MR. SULLIVAN: Well, what the Staff get from
5 applications is in the area that "I want to open up new
6 beds".

7 CHAIRMAN WAXMAN: Point well taken.

8 MR. SULLIVAN: Although, again, that's always
9 a statement that a new applicant will make. I'm sorry I'm
10 being a little biased there, but they're always going to
11 complain about the existing providers not being totally
12 forthcoming about what's occupied and what's not occupied.

13 CHAIRMAN WAXMAN: You're right. So in the
14 meantime then, do we go back and use Mike's formula to get
15 a number that we can look at.

16 Phyllis?

17 MS. MITZEN: My question is, do the people
18 around the table, the people who know about this, agree
19 that that kind of data analysis that Terry laid out for us
20 will get us the information that we need?

21 MS. AVERY: It was just asked of Mike if that
22 will help us, and we won't actually know until we see the
23 report. So, --

24 MR. DART: But we'll be able to ask them what

1 we would like to see.

2 MS. AVERY: What some of you are mentioning,
3 it sounds like what we already collect on the survey. Is
4 this self-reporting also?

5 MR. SULLIVAN: Cost Report is accountant
6 certified, and the Provider Tax data is under threat of an
7 awful lot of jail time.

8 MS. AVERY: And then my other thought is,
9 looking at it, we'll have to figure out how it gets us to
10 have an idea of what are the under-utilized beds. And then
11 I am trying to find a report that Mike gave us that shows
12 the number of accessed beds that we possibly have in the
13 state, but I can't get to the drive.

14 MR. SULLIVAN: I think the Provider Tax
15 reports, and I know that they've done some analysis because
16 of all of the RUGs discussions on the reimbursement side.
17 The trouble with the Public Health report is it's an annual
18 one, whereas this would give you monthly data on every
19 facility and occupancy during their highest month.

20 MR. CONSTANTINO: What does that report
21 include, Terry? Is it based upon licensed beds?

22 MR. SULLIVAN: It's based upon occupied beds.

23 MR. CONSTANTINO: Does the report include
24 licensed beds or occupied beds?

1 MR. SULLIVAN: You pay the tax on occupied
2 beds. I haven't filled out the report.

3 Tim?

4 MR. PHILLIPPE: I don't personally do the
5 reporting. Sorry. But it's about the occupied beds, is what
6 we pay on.

7 MR. SULLIVAN: And the advantage is that it
8 will be pretty current data.

9 MS. MITZEN: So then we have a basis of the
10 licensed beds that we know -- that somebody knows who has
11 licensed beds, and then you're talking about actual
12 building and utilization, and that could be compared then
13 facility by facility. So somebody would have to collect
14 that and to analyze that data. Sounds like a reasonable
15 way to get it, if we've got the resources to do it.

16 MR. FOLEY: If we get three months of data
17 from the Provider Tax, that would give us a lot -- that
18 would help out a lot, just three months of data, and
19 obviously continue to collect it.

20 MR. CONSTANTINO: We'd be happy to set
21 something up.

22 MR. FOLEY: We could even update our
23 inventory.

24 MR. CONSTANTINO: We'd be happy to set

1 something up with HFS, Courtney and Bill and us.

2 MS. AVERY: Nelson.

3 MR. FOLEY: Nelson, you've got a job now, Bud.

4 CHAIRMAN WAXMAN: So, we're going to ask Staff
5 to figure out to how to do a sample report then, comparing
6 the tax report, bed tax report, to licensed beds, which you
7 have, and see if we can come up with a bed count number.

8 Cool. Hey, we've accomplished something.

9 MS. MITZEN: So, what happens next? So,
10 they'll collect that?

11 CHAIRMAN WAXMAN: Mike is going to go home and
12 yell about what the committee is making him do, and Nelson,
13 and they're going to go back and complain about what this
14 committee is making them do, and after they quit
15 complaining, we'll have a report that's going to deal with,
16 I think, some clear information about what the number of
17 unoccupied beds really are or occupied beds really are,
18 compared to licensed beds. I think we all were trying to
19 figure that number out. So, once we have that, then we
20 really know what the problem -- the size of the problem
21 we're dealing with.

22 MS. MITZEN: That's correct.

23 CHAIRMAN WAXMAN: Mr. Foley?

24 MR. FOLEY: In the meantime, I'm assuming Mike

1 would want to collect at least three months of data before
2 he does any type of analysis. Am I not correct, Mike, or
3 do you need more?

4 MR. CONSTANTINO: Three months? Is that what
5 the committee wants us to collect?

6 MR. FOLEY: Could you think -- obviously we're
7 going to continue to do this on a monthly basis to update
8 your information.

9 MR. CONSTANTINO: Three-month average? Is
10 that what we're looking at? That's what you want from us?

11 MR. SULLIVAN: Mike, I think you could do 12
12 months from HFS.

13 MR. CONSTANTINO: Just want to do 12 months?

14 MR. SULLIVAN: Yeah, what have the past 12
15 months shown?

16 CHAIRMAN WAXMAN: It's that peak period that
17 we have to incorporate.

18 MS. CREDILLE: Which report are we talking
19 about using for 12 months?

20 MR. SULLIVAN: Provider Tax.

21 MR. DART: The new Provider Tax.

22 MS. CREDILLE: Tim, do CCRCs pay Provider Tax?

23 MR. PHILLIPPE: Oh, yeah.

24 MR. SULLIVAN: In fact, they pay more than we

1 do.

2 CHAIRMAN WAXMAN: Is the rate higher?

3 MS. AVERY: So we want to try to extract the
4 CCRC data?

5 MS. CREDILLE: Yes, and I would worry about
6 the cost report, because that would only pick up centers
7 who apply -- who participate in Public Aid. You have a
8 whole lot of facilities that don't participate in Public
9 Aid, and you can't exempt them from this, because that gets
10 our whole problem exacerbated again.

11 MR. CONSTANTINO: But the provider base
12 report -- I'm sorry. Provider Tax report does not --
13 includes all licensed facilities?

14 MR. SULLIVAN: All facilities.

15 MR. CONSTANTINO: Does it identify CCRCs? Or
16 do we have to do that from our data? Because our data is
17 very scarce regarding CCRCs.

18 MR. SULLIVAN: You'll get a report on each
19 CCRC.

20 CHAIRMAN WAXMAN: You'll have to know who they
21 are.

22 MR. SULLIVAN: And you'll have to know what
23 they're licensed for; but you know that, right?

24 MR. CONSTANTINO: We have them licensed for

1 just skilled beds and we --

2 MR. SULLIVAN: Right, and that's all they pay
3 on.

4 MR. CONSTANTINO: We don't identify them as a
5 CCRC, Terry.

6 MR. SULLIVAN: Oh, I see. I don't think they
7 have to be broken out, as long as we're collecting it.

8 MR. PHILLIPPE: I don't think we're any
9 different. I think what you're talking about is a CCRC
10 that has a small skilled unit, that's all private pay,
11 because I don't think we're treated any differently.

12 MR. SULLIVAN: No, you aren't.

13 MS. MITZEN: Aren't they part of the
14 inventory though?

15 MR. PHILLIPPE: Yes.

16 MS. MITZEN: They're part of the inventory,
17 so why wouldn't we include them?

18 MR. CONSTANTINO: We consider them
19 skilled-care beds. That's my only concern. That's going
20 to take a lot of work.

21 MR. SULLIVAN: No, it doesn't have to be
22 broken out.

23 MS. MITZEN: No, I don't think so. This is
24 part of the growing industry. It's part of the inventory,

1 I think.

2 MS. AVERY: We'll look through the reports and
3 try to make sure that we take all of those points and more
4 into consideration when looking at it.

5 MS. MITZEN: I would recommend -- we meet
6 again in what, two months or three months?

7 CHAIRMAN WAXMAN: Two.

8 MS. MITZEN: So if we could have maybe -- if
9 we could take a stab at that for maybe a three-month period
10 would be a reasonable period of time, and then bring that
11 report back to us and see whether or not it answers the
12 questions we're asking.

13 CHAIRMAN WAXMAN: Do you think it's already on
14 an Excel spreadsheet somewhere?

15 MR. CONSTANTINO: I don't know.

16 MR. SULLIVAN: They've been slicing and dicing
17 the data a lot, so I would suspect if you give them the
18 parameters we're looking for, you could probably get a
19 really good report.

20 CHAIRMAN WAXMAN: I'm thinking that in two
21 months, he may have all of it, if it's already sitting on
22 an Excel spreadsheet somewhere.

23 MS. MITZEN: I doubt if this report itself
24 is. We're comparing several things together. I'm not sure

1 all of those can be brought together at the same time. If
2 they have been brought together --

3 CHAIRMAN WAXMAN: They probably haven't been,
4 but once you have the number you're looking for, all Mike
5 has to do is enter the licensed beds next to it.

6 MS. MITZEN: Right. That's all you have to
7 do, Mike.

8 (Laughter)

9 CHAIRMAN WAXMAN: What, 970 nursing homes?

10 MR. CONSTANTINO: What is that, skilled care
11 beds, 770, 790?

12 MR. SULLIVAN: Number of facilities?

13 MR. CONSTANTINO: Yeah.

14 MR. SULLIVAN: It's 850 that are
15 Medicaid-certified. I thought it was closer to -- I
16 thought it was over 900.

17 CHAIRMAN WAXMAN: I thought it was over 900,
18 too.

19 MR. SULLIVAN: Including the small, 20-bed
20 CCRC or skilled nursing unit in a hospital or whatever.

21 MS. MITZEN: So ultimately, the question
22 we're asking of this data is how many licensed beds are not
23 being used over a three-month period; is that right? I
24 think that is the final question for you.

1 MR. SULLIVAN: Well, we have average
2 occupancy. We're looking for the peak, peak months. So
3 when, for each facility, are the maximum number of beds
4 occupied during a particular month? We can't get down to
5 the daily, based on current data, but at least what's your
6 highest month of occupancy, to say how many -- during your
7 highest month of occupancy, how many beds are you using, is
8 the question we're trying to get at.

9 MS. MITZEN: Yeah, but we're not asking them
10 individually; we're asking the data to tell us that, right?

11 CHAIRMAN WAXMAN: No, Mike will have it
12 individually.

13 MR. DART: From the data, derived from the
14 data.

15 MS. MITZEN: From the Provider Tax. We're
16 only doing this from data that we have because of tax and
17 licensing and cost reporting; is that right?

18 CHAIRMAN WAXMAN: Nothing on the cost report
19 that we can use yet.

20 MS. MITZEN: Okay. So we're only taking a
21 look from the data from the Provider Tax and the licensing.

22 CHAIRMAN WAXMAN: And I think Terry's point is
23 well taken, that nobody is going to fudge to the high side
24 when -- on a report that says I'm paying tax dollars. So

1 you're not going to pretend you have beds and want to pay
2 more tax dollars. I don't think anybody will do that,
3 although I may be wrong.

4 MS. MITZEN: So do we need a year's worth of
5 reporting to get that highest point?

6 MR. PHILLIPPE: Really, in the long run we
7 need a year. Like Terry said, there's peaks and valleys
8 during the year, and we know because we have to budget. We
9 expect our highest numbers to be in February and March in
10 most years. Certain times it goes up and down. So that's
11 what you're wanting to find, rather than taking an average
12 across the year. If we took the highest month, that's
13 better -- because we can't get to the highest day yet
14 easily. So, we want the whole year so we can see what the
15 peak month is.

16 MS. MITZEN: So is that what we need to see,
17 if this data gets us what we need?

18 MR. SULLIVAN: Mike or whoever is going to be
19 collecting it, the report breaks out Medicare bed days
20 separately -- and this is just background. You don't pay
21 the tax on your Medicare days. So it's not just the days
22 you pay tax on, but the Medicare days are reported on your
23 report. So just make sure you're not just asking for the
24 days that you pay the bed tax on. We also want to know the

1 Medicare bed days for that month.

2 CHAIRMAN WAXMAN: Toni?

3 MS. COLON: I have some statistical
4 information that I'd like to maybe present to the Board or
5 to all committee members that breaks out the number of
6 facilities that are currently licensed, total number of
7 beds within each type of long-term care setting. It also
8 breaks it down by those that are just strictly licensed,
9 those that are certified, and those that are licensed and
10 certified. It drills it down to number of beds by region.
11 And so I think this would be some really good information
12 for all committee members to review in preparation for the
13 data collection and comparison analysis. So I can leave
14 this with you, Mike, someone?

15 MR. CONSTANTINO: Sure.

16 CHAIRMAN WAXMAN: Any Staff member.

17 MS. COLON: Okay.

18 MS. HANDLER: Just for clarification, is the
19 Provider Tax document signed annually or monthly?

20 MR. PHILLIPPE: Monthly. You get delays
21 sometimes -- I think whether or not the State is choosing
22 to pay us -- but it's paid monthly.

23 MR. FLORINA: The first month of data
24 collection, I believe, was April of 2011. So you have

1 almost two years of data.

2 CHAIRMAN WAXMAN: Great. Okay. So now we
3 have a mechanism to determine what we will be looking at in
4 terms of -- could be defined as excess beds in the state of
5 Illinois and actually would be available by regions.
6 You're doing it by individual facilities, so you can move
7 them any way you want. That would be some great data.
8 Also would help you and the Mother Board on applications,
9 because now you have other data. So we're helping you.

10 (Laughter)

11 MR. FOLEY: As we are proceeding and now
12 waiting for this data and waiting for our report -- senior
13 moment. I'm sorry.

14 MS. AVERY: The RFP?

15 MR. FOLEY: Yeah, the RFP data. In the
16 meantime, could this subcommittee proceed in terms of
17 thinking about a process, procedures, for bed sell concept?

18 CHAIRMAN WAXMAN: Sure.

19 MR. FOLEY: Start working on it, start
20 thinking about it?

21 MS. AVERY: We've been thinking about it.

22 MR. FOLEY: Yeah, I know.

23 MS. AVERY: What we did before was we went
24 back and looked at the minutes. So, yeah, we can look at

1 that.

2 CHAIRMAN WAXMAN: And, you know, again, on one
3 hand, I think we've had some success with work groups, but
4 I think this is such an incredibly important issue, I think
5 it should be handled by the committee at large, unless the
6 group feels it should be a small group effort. I think it
7 should be -- I personally think it should be a
8 committee-at-large kind of issue.

9 MR. PHILLIPPE: I agree. If you remember when
10 I had a work group, everybody from (inaudible) joined, so
11 we had more people on the phone calls than we had for the
12 meetings.

13 (Laughter)

14 CHAIRMAN WAXMAN: I remember that one. So I
15 think, Mr. Foley, you're correct; we need to move on in
16 that direction. So, can you -- will you be able, by our
17 next meeting in two months, to go through the minutes?

18 MS. AVERY: Can I send out an e-mail to say it
19 will be ready by blah, blah, because we still --

20 CHAIRMAN WAXMAN: Yeah, whatever you need to
21 do.

22 MS. AVERY: Let us talk about it internally
23 and set some timetables for all of the tasks and go from
24 there and send out an e-mail with those. But we will aim

1 for the next two months.

2 CHAIRMAN WAXMAN: Fine with me.

3 MR. FOLEY: When is our next subcommittee
4 meeting?

5 CHAIRMAN WAXMAN: We haven't set a date yet.
6 This is the end of April. It should be sometime the end of
7 June or the beginning of July. So pick a date at this
8 point in time.

9 MS. AVERY: Our next Board meeting for the
10 Planning Board is May and then June 26th.

11 CHAIRMAN WAXMAN: Is there a need for us to
12 meet before June 26th?

13 MS. AVERY: I don't think we'll have any
14 recommendations, so no.

15 CHAIRMAN WAXMAN: So --

16 MS. AVERY: But then you get into summer
17 vacations in July.

18 CHAIRMAN WAXMAN: The first week of July is
19 July 4th. So the second week of July, or the week before
20 June 24th?

21 MS. CREDILLE: There's Tuesday, June 25th;
22 Tuesday, June 18th.

23 CHAIRMAN WAXMAN: Anyone have any problem with
24 those two dates?

1 MR. FOLEY: Give me those again, Michael.

2 MS. AVERY: 18th or 25th of June.

3 MR. SULLIVAN: I have a problem with the 18th,
4 if you don't mind.

5 MS. CREDILLE: 25th is good.

6 MS. AVERY: That's usually a little --
7 depending on you all as a team, if we're ready for the
8 meeting on the 26th. There are last-minute things that
9 need to come up, and then it makes Staff travel two days
10 overnight. But then we're in the week of the 4th of July.

11 CHAIRMAN WAXMAN: The week after that is?

12 MS. CREDILLE: July 9th.

13 CHAIRMAN WAXMAN: How about July 9th?

14 MR. PHILLIPPE: I'm gone, but that doesn't
15 mean you can pick a date when everybody is here.

16 MS. CREDILLE: July 16th?

17 CHAIRMAN WAXMAN: July 16th work for
18 everybody?

19 MR. PHILLIPPE: That's fine.

20 CHAIRMAN WAXMAN: Going once, going twice.

21 (Pause)

22 CHAIRMAN WAXMAN: I assume it's a Tuesday.

23 MS. AVERY: I will send out a notice with
24 location.

1 CHAIRMAN WAXMAN: Do we want to go and pick a
2 September date, or do you just want to wait until we get
3 through July first?

4 MR. PHILLIPPE: It's easier for me if we go
5 ahead, and I can schedule around it when I know in advance.

6 CHAIRMAN WAXMAN: Illinois Healthcare is July
7 9th and July 12th, so I don't know if any of you are
8 attending that.

9 MS. CREDILLE: Tuesday, September 17th;
10 Tuesday, September 24th?

11 CHAIRMAN WAXMAN: How about the 17th?

12 MR. PHILLIPPE: Okay.

13 CHAIRMAN WAXMAN: Okay. Is that okay with
14 Staff?

15 MS. AVERY: Um-hum. Thank you. Okay. That's
16 good.

17 CHAIRMAN WAXMAN: So we probably can jump to
18 Item 8.

19 MS. AVERY: The last under "Follow-up", we
20 have not had the opportunity yet to meet with IDPH on some
21 of the other issues with long-term care and healthcare
22 regulations, but we will get that scheduled soon. Bill is
23 going to follow up on that, right?

24 MR. DART: Yeah, we are going to follow up.

1 That was to discuss the change of ownership and closure
2 issues that we discussed last time.

3 MS. AVERY: And looking at the possible
4 overlaps and combining. Everybody remember that
5 discussion? So we haven't done it yet.

6 As I reported earlier, we sent out the letters
7 for RFP to the major State universities and colleges, and
8 we got the one response, so I'll be calling tomorrow --
9 Cathy and myself -- to remind them and find out if they're
10 interested in responding to the RFP.

11 CHAIRMAN WAXMAN: Do you remember how many you
12 sent out?

13 MS. AVERY: Was it about eight, Cathy?

14 MS. CLARKE: Yes.

15 CHAIRMAN WAXMAN: Do you have a Plan B if
16 seven more don't respond?

17 MS. AVERY: Then the one that responded was
18 the University of Illinois-Chicago, which I figured they
19 would. So we'll go with them. Yeah, we sent out eight:
20 EIU, all of the U of I's, Governor State, SIU, and WIU,
21 Western Illinois University.

22 CHAIRMAN WAXMAN: So you didn't go to any of
23 the others, like Roosevelt or DePaul?

24 MS. AVERY: No. They're not State colleges

1 and universities.

2 CHAIRMAN WAXMAN: No, they're not.

3 MS. AVERY: Remember, we discussed the process
4 for procurement the last time.

5 CHAIRMAN WAXMAN: I do now.

6 MS. AVERY: That's it.

7 CHAIRMAN WAXMAN: Anybody have any new
8 business or old business? I guess old first and new
9 second.

10 (Pause)

11 CHAIRMAN WAXMAN: I know everybody wants to
12 leave early, but --

13 MS. AVERY: Let me ask one other question.
14 The summary that Claire drafted from the minutes --

15 CHAIRMAN WAXMAN: Excellent.

16 MR. PHILLIPPE: Great.

17 MS. MITZEN: Oh, my goodness.

18 MS. HANDLER: Thank you, thank you, thank you.

19 CHAIRMAN WAXMAN: I wrote myself a note to
20 see -- we hadn't done this before. I thought it was a
21 great idea, and I was going to ask who did it.

22 MS. AVERY: Format was okay? No suggested
23 changes or recommendation?

24 MR. SULLIVAN: I missed the entertaining name

1 calling. That's why I still read the transcript.

2 MS. AVERY: Well, it's clear that that is not,
3 per legal advice, not replacing the transcript. That is
4 not what we vote on to approve. We approve the transcript,
5 not the summary.

6 MR. URSO: I still encourage you to read the
7 transcript, if you want a full flavor of the meeting.

8 MR. PHILLIPPE: I think people like Terry, who
9 find a mistake on page 109, deserve an award.

10 MS. MITZEN: He looks for his name.

11 CHAIRMAN WAXMAN: I'm wondering if -- just
12 take a few minutes. If anyone has any idea of how or who
13 we could try to figure out Managed Care and Obama Care and
14 how it will impact long-term care. Is there anything out
15 there that we could bring to this committee or any people
16 out there?

17 MR. PHILLIPPE: I don't know if you know this,
18 but you know Mike -- the guy from --

19 CHAIRMAN WAXMAN: Scavotto?

20 MR. PHILLIPPE: I had my senior moment. He
21 actually did the training for LSN for the members. He
22 had -- so he had sessions in both Springfield and Chicago
23 area for LSN members, and so he is becoming an expert,
24 really, on that. And he worked in the field out in

1 California. He experienced some of it. So he -- and he
2 also knows other people involved, because he's followed up
3 on questions people had in the meetings.

4 MR. SULLIVAN: I think Mike is an excellent
5 suggestion. FR&R has done an excellent job, with Betsy
6 Anderson. But also there's a new Director of Finance and
7 Reimbursement over at HFS; Muldota, I believe his last name
8 is, who used to work for Aetna Better Health.

9 MS. MITZEN: Is that his name?

10 MR. SULLIVAN: Muldota, I think. But he
11 jumped from Aetna Better Health over to HFS. So, he's up
12 to his knees in all of this stuff.

13 CHAIRMAN WAXMAN: Do you think we could
14 invite -- I'm happy to call Betsy -- we've been friends
15 for a long time -- and have her come.

16 MS. HANDLER: Stephanie Altman was also doing
17 quite a bit of stuff too.

18 MS. MITZEN: She's excellent. And actually
19 Health and Medicine, we're doing a report for the
20 Department on Aging and actually the Older Adult Services
21 Advisory committee that is just about ready to go back to
22 the Department. That's going to be very helpful, and what
23 we have done is to take all aspects of managed care, and
24 particularly the merger of the long-term care services and

1 supports, so that -- but what we've done is take all of the
2 initiatives that HFS is undergoing right now and changes,
3 and that might be a helpful report for all of you to have,
4 once it's approved.

5 CHAIRMAN WAXMAN: Maybe if we take a few
6 minutes at the next two meetings to have these people come
7 in or send us a report, maybe you and I can talk about who
8 and when.

9 MS. AVERY: And my other thought is, is it
10 possible to do a partnership with one of the other agencies
11 for a teleconference on a day dedicated to that, outside of
12 the meeting? It sounds like it will be the majority,
13 unless we want to dedicate one of these meetings just to
14 that agenda item.

15 CHAIRMAN WAXMAN: I don't think so. I'm
16 pretty excited that we finally are making some progress on
17 doing something with buy/sell and exchange and bed count,
18 that we've made progress, and I don't want to stop that
19 momentum. So I would not want to take one full meeting. I
20 personally -- and I'm sorry for doing that -- would not
21 recommend taking one of those days and stopping the
22 momentum. It's not that we meet frequently. We meet every
23 other month. So I would like to keep that momentum going.

24 MS. AVERY: Those who have participated in

1 those round tables, I've heard that they are not really
2 long, but beneficial, in a couple hours.

3 CHAIRMAN WAXMAN: I would have no problem to
4 dedicating a couple hours of our meeting to that.

5 MS. AVERY: Should we extend the time?

6 CHAIRMAN WAXMAN: Yeah, another hour?

7 MS. MITZEN: I heard you say something else,
8 Courtney. I heard you ask whether or not there might be
9 benefit in bringing other people into that, and I would
10 really say that there's a lot of people around this state
11 and in State government that really need to have a better
12 grasp on what's actually happening. So, I --

13 MS. HANDLER: It's complicated. I have sat
14 through a few, and I have a good understanding of Managed
15 Care, and I'm still trying to sort through. I've listened
16 to Julie probably three times already, and every time I
17 listen to her, I hear something new that sort of fits in.
18 So I think it would be prudent for us to spend some time
19 trying to understand it, because it is the future.

20 MS. MITZEN: It's overwhelming.

21 MS. AVERY: If we did a date with a
22 teleconference or video conference, and we asked them to
23 tailor it to long-term care --

24 MS. MITZEN: To nursing home, because

1 long-term care --

2 MS. AVERY: Okay. Maybe working with HFS,
3 IDPH, Health and Medicine, to figure out a date and do it
4 as a statewide --

5 MS. MITZEN: Health and Medicine's will be a
6 report, and once the report is in and ready to be
7 circulated, I would make sure that Courtney got it and
8 would send it out to all of you. But it's a very, very
9 good foundational piece that goes broader than nursing
10 home.

11 MR. SULLIVAN: Although I think what we -- we
12 don't necessarily need a primer on what's going on now. I
13 think we're looking for a futurist --

14 MS. MITZEN: That's what this is doing.

15 MR. SULLIVAN: -- to say what is going to be
16 the impact on nursing homes in two years from now, three
17 years from now with Managed Care. It's almost like -- I
18 don't know if it's a report from another state, like
19 Arizona, that's been doing it for 20 years, or some other
20 state like Tennessee that just got into it. I mean,
21 they're the ones who lived it already and know the changes
22 that happened to the system.

23 MS. MITZEN: Texas.

24 MS. AVERY: Is Mike's tailored to Illinois, do

1 you know?

2 MR. PHILLIPPE: Yes, at least for the LSN
3 members, and other people were there, also. I heard people
4 from Evercare who attended and wondered how it was going to
5 affect them.

6 (Laughter)

7 MR. PHILLIPPE: It does sound like it changes
8 every week. As people get more into it, they learn more;
9 then they discover new issues, and they solve those issues.
10 That's kind of what you're saying, too.

11 MS. HANDLER: It is definitely a moving
12 target. They don't know how to pay, they don't know how
13 to -- I mean --

14 MS. MITZEN: And brighter side, they don't
15 know how to charge. So it's on both sides. It's big and
16 complicated.

17 MS. HANDLER: You don't know how to get
18 authorization, you don't know where to send your claims.
19 But there's also, who is coming down the pike with regard
20 to eligibility, all of the members and how the membership
21 is going to be constantly changing. Members could opt in
22 and out every 30 days.

23 MR. PHILLIPPE: That has happened in other
24 states and that is not a nice -- that creates such havoc in

1 the system.

2 MS. MITZEN: On the consumer side, Age
3 Options does a really good job of working with consumers.
4 So I don't know if you're interested, but they've got great
5 slides. It's "Make Medicare Work", and it's Age Options.
6 Her name is Erin Weir, and she is terrific.

7 CHAIRMAN WAXMAN: Anything else? Any other
8 new business, old business.

9 Need a motion to adjourn.

10 MS. MITZEN: So moved.

11 CHAIRMAN WAXMAN: Second?

12 MR. PHILLIPPE: (indicating)

13 CHAIRMAN WAXMAN: All in favor?

14 ("Ayes" heard)

15 CHAIRMAN WAXMAN: Opposed?

16 (No response)

17

18 END TIME: 1:12 p.m.

19

20

21

22

23

24

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

CERTIFICATE OF REPORTER

I, KAREN K. KEIM, CRR, RPR, a Certified Court Reporter in the States of Illinois and Missouri, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to writing; that I am neither counsel for, related to, nor employed by any of the parties to the action, 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.

KAREN K. KEIM
CRR, RPR, CSR-IL, CCR-MO

A	26:18 33:1	4:18,18	12:6	69:5 81:8
ability 24:14	36:14 58:11	Age 94:2,5	amount 37:6	applied 46:4
45:22 46:2	63:20 66:22	agencies 90:10	46:21	apply 46:7 74:7
47:18 95:6	added 15:6	agenda 3:8	amounts 34:24	appointment
able 7:22 18:22	35:1	8:13,22 18:1	analyses 60:22	34:19
30:2 31:19	adding 20:8	41:3 90:14	analysis 25:3,4	approach
32:14 36:17	24:10,12	aggregate	69:19 70:15	11:20 59:13
36:21 37:2	addition 56:18	68:23 69:3	73:2 80:13	approaches
38:16 53:6,20	address 11:7	aggressively	analyze 71:14	11:6 24:8
69:24 82:16	12:19 64:18	33:14	Anderson 89:6	Approval 8:21
above-entitled	addressing 8:2	Aging 89:20	and/or 64:15	approve 8:13
95:5	12:15	ago 25:4 34:15	annual 64:22	8:22 10:15
absolutely 24:9	adjourn 94:9	34:15 38:9	70:17	88:4,4
27:10 65:23	adjust 41:11	39:12 49:13	annually 80:19	approved
academic 20:15	adjusts 18:21	52:5,6	answer 15:20	29:12 38:19
accepted 5:23	administrator	agree 17:21	19:4 30:19	45:21 46:14
10:10	2:11 4:10	19:16,16	45:13 48:12	90:4
access 28:15	57:18	23:22,23 53:8	67:20	April 1:15
30:9,10 31:17	Administrato...	53:13 69:18	answers 45:13	80:24 83:6
31:22 32:11	3:23	82:9	63:15 76:11	architect 59:19
36:12,13,22	Adult 89:20	agreed 25:3	Anu 4:22	59:22 60:1,13
38:15 50:14	advance 85:5	agreeing 9:10	anybody 20:21	66:19
accessed 70:12	advanced	22:11	41:2 53:4,7	area 52:19,21
accomplished	15:12	agreement 9:13	79:2 87:7	52:23 53:16
72:8	advantage	9:14 15:13	anymore 22:18	69:5 88:23
accomplishm...	33:13 71:7	18:17 22:22	anytime 47:16	areas 17:24
56:2	advantages	40:7 42:13,18	anyway 32:15	27:13,18,21
account 61:4	42:1	55:7	41:16	27:22 28:3
accountable	advice 88:3	agrees 43:23	apologize 10:4	30:18
36:16	advisable	ahead 19:3	10:9	argue 13:7
accountant	14:14	45:14 85:5	Apology 10:10	arguing 28:19
66:18 67:13	advise 39:7	Aid 22:10 35:9	appears 43:11	argument 10:6
70:5	42:15	74:7,9	Applause 6:2	49:22 57:16
accurate 10:9	Advisory 1:11	aim 82:24	applicant	Arizona 92:19
43:10,13,23	1:14 89:21	Alliance 3:22	38:24 56:12	arrived 47:17
58:17	advocate 22:24	allow 20:8	69:9	aside 40:3
accurately	advocated 23:5	21:17,20	applicants	asked 69:21
66:20 67:16	advocating	allowed 20:6	42:23 43:1,6	91:22
act 40:15	53:23	allows 22:1	53:15	asking 19:3
action 55:8,8	Aetna 89:8,11	26:15,20	application	41:12 42:12
95:8,12	affect 44:7,10	alphabetical	7:18 37:1	48:2 76:12
actual 64:8	44:10 53:7	18:5	38:20 44:16	77:22 78:9,10
68:14 71:11	93:5	Altman 89:16	45:16 46:16	79:23
acuity 24:15	afford 28:22	amendment	48:1	aspect 31:6
25:18	30:10 63:5,7	54:20	applications	aspects 89:23
add 19:21	Agbodo 2:10	Amendments	43:1 52:9	assessment

30:15	7:14 8:5 11:4	76:11 81:24	27:8,8 29:14	50:12,23
asset 51:18	12:11 18:3,9	89:21	32:6,7 36:2	51:18,22,23
Associate 5:24	37:4,21 40:13	background	37:12 42:5	52:2 53:6,17
Association	40:16 41:19	79:20	43:13,16,16	53:19 54:9,11
3:24 4:2	42:21 43:15	bad 15:14	43:23 44:1,7	54:13,13,14
associations	45:2 48:15	50:24 51:4	45:24,24	56:5,6,8,11
15:9 18:14	52:1 56:24	54:1 65:6	46:20,20,22	57:6 58:17
assume 22:24	57:11 58:4	balanced 34:6	53:16,17,23	59:2,5,8,8,19
39:1 51:11	59:10 61:24	bank 44:14	54:13,14 57:2	59:23 60:2,17
57:10 84:22	62:4,12,18,21	45:19 49:24	57:7 68:14	60:21,24
assuming 7:9	62:24 69:21	50:22 64:13	72:6,7 79:19	61:15,18
17:15,18 38:5	70:2,8 72:2	65:3	79:24 80:1	62:13,13
72:24	74:3 76:2	banker 49:20	81:17 90:17	63:22 64:13
assumption	81:14,21,23	50:15	bedrooms 21:6	65:2 68:17
18:7	82:18,22 83:9	bankers 49:15	beds 8:3 9:6,7,8	69:6 70:10,12
assumptions	83:13,16 84:2	50:6	9:22,23 11:8	70:21,22,24
18:10	84:6,23 85:15	banker's 46:18	11:14 12:9,10	70:24 71:2,5
attachment 8:6	85:19 86:3,13	banking 49:14	12:13,15 13:2	71:10,11 72:6
attend 7:22	86:17,24 87:3	banks 48:7	13:10,22,22	72:17,17,18
attended 93:4	87:6,13,22	49:23 50:4	14:1,2 15:3,6	75:1,19 77:5
attending 85:8	88:2 90:9,24	51:5	15:24 16:14	77:11,22 78:3
attention 31:17	91:5,21 92:2	bank's 45:21	16:18,24	78:7 79:1
37:9	92:24	barrier 64:10	17:12 19:22	80:7,10 81:4
attest 60:2	award 88:9	65:14	20:3,5,6,8,9	bed-counting
attested 62:4	aware 22:16	base 74:11	20:18,24 21:5	60:5
attesting 62:19	24:13 28:4	based 33:22	21:24 22:3,10	bed-need 17:19
attitude 51:19	awful 70:7	45:8 47:22	22:12 24:11	17:23,23
attorney 44:19	Ayes 8:18	59:11 62:8,24	24:11,13,21	beginning
44:23 95:10	10:21 94:14	70:21,22 78:5	24:21,22	16:13 83:7
audits 48:8	a.m 1:16 3:1	basically 35:1	25:22 26:4,5	believe 15:23
Aurora 27:17		67:15	26:8,17,18,19	16:14 40:4
authorization	B	basing 63:10	26:20 28:8,9	44:24 47:18
93:18	B 43:13 86:15	basis 41:16	28:16,17,20	47:20 80:24
automatically	back 6:17 8:7	45:18 48:23	29:6,7,12,13	89:7
13:12	8:12 16:21	52:8 54:9	29:13,17 30:9	beneficial 91:2
available 56:6	17:4,5 26:6	58:24 69:1	31:18,22	benefit 15:2
56:11 81:5	33:7,9 34:20	71:9 73:7	36:13 37:15	91:9
avenue 42:5	35:21 36:1	bathrooms	37:19,22,23	best 30:7 95:6
64:5	37:2,7 39:2	27:11	38:21 40:6	Betsy 89:5,14
average 58:23	41:21 43:24	baths 21:6	41:15,15 43:3	better 17:16
59:1,6 60:18	45:7,10 47:20	becoming	43:7,17 44:13	20:21 27:19
60:24 73:9	49:23 51:10	26:12 88:23	45:4,5,7,8,9	79:13 89:8,11
78:1 79:11	56:17,24	bed 9:22 15:4	45:15 46:15	91:11
averaged 59:7	58:10 59:11	17:24 19:23	46:22 47:4,9	be-all 53:24
Avery 2:7 4:13	64:24 66:7,10	20:18,18,18	48:21 49:3,5	bias 28:11,12
4:13,19 7:4	69:14 72:13	21:10 27:7,7	49:6,9,15,18	28:13

biased 69:10	52:23 53:1	45:18,19	care 1:11,14	CCR-MO 2:17
big 27:21 34:16	box 65:4,7	49:19,20,21	4:6 5:22 8:1,3	95:17
34:21 50:20	break 65:17,21	50:7 60:5	14:12,16	Cece 2:2 4:1
52:19 64:15	66:14	65:6 87:8,8	18:13 21:1	6:22 17:17
68:15 93:15	breaking 67:16	94:8,8	24:3 25:1	census 39:19
bigger 27:17	breaks 79:19	buy 13:10	27:1,11,12	51:5 63:23
64:3	80:5,8	20:20 22:3	28:3 30:11	centers 74:6
biggest 44:4	brighter 93:14	29:12,13,17	31:5,6,6	certain 24:14
51:20	bring 59:2	32:6 39:17	32:11,12,13	24:14 25:17
Bill 2:10 4:16	76:10 88:15	46:4,5 53:6	32:18,19 33:2	28:9 37:5,9
68:1 72:1	bringing 51:15	53:19	33:3,4,11,12	46:7 48:5
85:22	91:9	buyer 57:9	33:24 34:4,5	53:21 55:9
bit 89:17	broader 92:9	buying 12:10	34:7 35:10,17	79:10
blah 37:13,14	broken 75:7,22	14:2 21:23	36:7 40:18	certainly 12:23
37:14 58:14	brought 77:1,2	42:6 51:8	41:22 43:5	13:3 54:1
58:14 82:19	Bud 72:3	buy/sell 12:8,9	46:14,19	68:23
82:19	budget 38:5	13:1,1,5,8,8	49:17 59:20	CERTIFICA...
board 1:2,14	47:3,22 79:8	13:23 20:4,5	62:5,8,15,23	95:1
4:11,13,14,20	build 14:2,3	20:7 23:3,4,7	63:1,5 77:10	certification
4:21 5:7	21:14 26:20	26:3,15 43:18	80:7 85:21	6:18
18:13,24	29:17,18,22	43:19 51:21	88:13,13,14	certified 37:5
29:11 38:9,19	32:7 36:19,22	52:4,7 54:21	89:23,24	37:15,19,22
39:2 40:19,20	36:23 37:1	55:14 90:17	91:15,23 92:1	38:20 66:18
41:1,1 42:15	38:6,16 39:19	buy/sell/exch...	92:17	70:6 80:9,10
42:23,24 43:5	39:22 53:5,20	12:14 23:11	cares 27:24	95:3
50:17 54:17	53:20 56:19	42:11 54:7,18	47:23	certify 28:16
54:23 57:18	building 15:17	58:16	caring 69:3	38:1,4 95:5
80:4 81:8	24:19,21		Carolyn 2:2	Chair 4:12
83:9,10	25:21 28:20	C	4:5	Chairman 2:1
boards 15:12	28:20 29:3,10	California 89:1	carries 10:24	3:3,14 5:8 6:5
Board's 41:3	29:16 33:16	call 3:10 7:17	Carvalho 48:11	6:10,21 7:12
Bob 4:22	36:5 38:2,4	9:8 65:16	case 32:1 38:8	7:19,24 8:7
body 46:20,20	38:20 59:5	89:14	39:1	8:11,15,17,19
bogged 52:18	71:12	called 37:9	cases 24:6	8:21 9:1,3,18
Bolingbrook	buildings 29:3	calling 9:7 86:8	46:15	10:10,14,17
1:16,17	29:5 33:20	88:1	cash 54:3	10:20,22,24
bond 50:19,21	42:7 63:18	calls 50:20	Cathy 2:9,12	11:17,20 12:1
borrow 29:18	built 28:21	65:21 82:11	5:6 11:12	13:14 14:6,21
47:18	Burman 2:9	cancel 7:5	23:18 86:9,13	15:19 16:17
borrowing	4:11,11 19:21	capacity 36:14	caught 10:6	16:22 17:7,10
47:19	20:1 24:2,10	capita 29:2	37:7,15	17:14 19:6
boss 6:6,7	25:23 55:13	capital 29:2	cause 95:5	20:12 22:4
bottom 44:12	55:20	32:8 51:15	CCRC 74:4,19	23:9,16,22
44:13 47:22	business 11:15	car 6:11	75:5,9 77:20	24:9,12 26:22
bouncing 34:20	26:16 30:6,7	card 44:22	CCRCs 73:22	27:23 28:4
boundary	32:20 38:3	cardiac 25:13	74:15,17	31:2 32:10

36:24 37:17	21:18 31:9	Clarke 2:9	come 14:16	50:13
39:6 40:1	46:1,2,3	65:19 86:14	15:13 17:13	community-b...
41:17 42:9	49:21 51:19	clear 19:4	26:15 29:11	34:8
43:22 46:17	67:22 87:23	28:12 72:16	31:10 33:2	compact 30:1
48:7 49:11	90:2 92:21	88:2	34:4 36:14,17	companies
50:9 52:11,17	93:7	clearly 10:7	36:21 39:1,13	32:20,23 33:5
54:6,16,24	changing 93:21	42:7	40:14,21	35:2,17
55:5,18,21	charge 93:15	client 31:19,23	42:24 45:6	compared
58:15 59:4	charged 64:15	39:3	47:10 53:22	71:12 72:18
60:6 61:2,4,8	Charles 2:11	clientele 47:15	57:16 63:6	comparing
61:11,20 63:3	4:7	clients 39:7	66:2,5,7 72:7	72:5 76:24
63:12,15	charm 68:2	44:11	84:9 89:15	comparison
65:15,20	Check 65:4,7	close 15:23	90:6	80:13
66:10 67:21	Chicago 27:1	16:8 33:20	comes 12:12	complain 69:11
68:5,8,13	27:17 28:18	60:19 61:19	15:8 41:20	72:13
69:2,7,13	53:6 88:22	68:18	57:15	complaining
72:4,11,23	choices 29:10	closer 77:15	comfortable	72:15
73:16 74:2,20	choose 26:21	closes 16:23	15:7 41:12,18	complains
76:7,13,20	32:15	17:12	41:19 42:19	37:11
77:3,9,17	chooses 33:17	closing 16:11	coming 3:3	completed 6:14
78:11,18,22	choosing 51:2	16:19	24:24 25:11	6:19
80:2,16 81:2	64:12,13	closure 86:1	25:20 26:11	completion
81:18 82:2,14	80:21	cloudy 12:16	27:6 29:10	6:18
82:20 83:2,5	chosen 65:3	Club 1:16	41:4 93:19	compliance
83:11,15,18	Christian 4:24	CMS 21:2	comment 48:19	45:17 48:3
83:23 84:11	Chuck 31:3	coincidence	57:1	complicated
84:13,17,20	53:8	18:4	commercial	13:4 91:13
84:22 85:1,6	Chuck's 31:3	collect 61:13,17	44:8	93:16
85:11,13,17	churches 39:16	61:20 67:11	committee	complied 59:16
86:11,15,22	Cincinnati	70:3 71:13,19	18:12,15,22	complying
87:2,5,7,11	29:14	72:10 73:1,5	19:5 22:6,23	46:11
87:15,19	circulated 92:7	collected 68:11	40:22 41:6,20	component
88:11,19	circumstances	collecting	42:15 55:6	64:22
89:13 90:5,15	55:9	66:17 75:7	66:1 72:12,14	compromise
91:3,6 94:7	cities 27:18,24	79:19	73:5 80:5,12	21:24
94:11,13,15	citizens 21:9	collection 68:4	82:5 88:15	CON 7:18 12:5
challenge 30:23	city 30:18	80:13,24	89:21	36:24
64:7	55:22	collects 66:15	committee-at...	concept 19:6
change 31:5,10	claims 93:18	colleges 86:7	82:8	26:3,15 31:4
44:15,16,19	Claire 2:9 4:11	86:24	commodity	32:10 33:23
45:18,19 64:1	11:8 19:16	Colon 2:5 8:10	20:24	36:6 40:3,8
86:1	24:1 55:11	8:10 16:2,18	communities	42:12,14,20
changed 45:4	87:14	17:2,8 30:14	26:13	51:22,23 52:7
45:21 49:14	clarification	63:22 65:10	community	58:16 81:17
57:9	58:2 80:18	80:3,17	17:4 27:3,5	concern 21:14
changes 10:12	clarify 54:16	combining 86:4	33:21 39:15	30:17 62:22

75:19	7:10	cool 34:16 72:8	91:8 92:7	85:24
concerned	Constantino	copy 11:11,17	CPA 60:15	data 4:21 30:21
62:20	2:8 4:15,15	correct 27:10	create 26:9,9	61:5,7,13,14
conclusion	58:17,20 59:9	27:24 48:14	30:23 34:21	64:4 66:15,17
25:21	59:17,24	54:19 57:9	created 19:15	67:10,12 68:4
conclusions	60:10,15	64:10 65:15	creates 93:24	68:11 69:19
13:16	61:13,16,22	65:23 72:22	creating 24:22	70:6,18 71:8
condition 46:1	70:20,23	73:2 82:15	Credille 2:2 4:1	71:14,16,18
conditions	71:20,24 73:4	corrections	4:1 6:24 7:16	73:1 74:4,16
22:19,19	73:9,13 74:11	10:11,15	7:21 8:16	74:16 76:17
26:16 38:22	74:15,24 75:4	cost 29:8,11	17:18 18:7	77:22 78:5,10
45:20	75:18 76:15	32:7 44:18	23:15 26:2	78:13,14,16
conducted	77:10,13	57:7 66:19	28:1,6 35:3	78:21 79:17
54:22	80:15	67:2,4,13,22	35:16 40:10	80:13,23 81:1
Conducting	constantly	67:23 70:5	40:14 51:21	81:7,9,12,15
30:15	93:21	74:6 78:17,18	52:3 58:2	date 58:5,6,14
conference	consultant 2:11	costly 59:19	73:18,22 74:5	66:24 83:5,7
7:17 50:20	4:8	62:7	83:21 84:5,12	84:15 85:2
91:22	consumer 21:5	costs 29:1	84:16 85:9	91:21 92:3
confidence	21:6,17 26:11	32:22	criteria 12:5	dates 83:24
45:22	94:2	Council 15:10	23:11 56:1	day 34:22 67:9
confiscating	consumers	counsel 2:6,7	61:8	79:13 90:11
9:8	21:9 94:3	4:14 5:24	crossing 55:22	daycare 34:7
confiscation	contact 56:12	95:7,10	CRR 2:17 95:3	days 33:8 38:6
9:7	context 19:20	count 43:13,24	95:17	66:21 67:1
conflicted 18:1	contiguous	44:2,7 45:24	CSR-IL 2:17	79:19,21,21
confusion	52:23	46:1 58:17,19	95:17	79:22,24 80:1
12:11	continue 3:8	59:19,23	current 17:22	84:9 90:21
connection	16:15 21:20	63:22 68:15	21:16 26:17	93:22
45:10	22:8 33:21	72:7 90:17	58:21 64:6	day-to-day
consensus	64:5 71:19	counties 54:15	71:8 78:5	30:23
12:17 18:15	73:7	counting 43:17	currently 17:1	day-treatment
18:17 22:6	continuing	60:14	51:2 61:18	34:23
23:16 40:23	45:22	county 52:21	64:17 68:15	deal 54:1 72:15
42:18	contra 29:21	55:22	80:6	dealing 16:10
consequences	contract 32:14	couple 6:15	cutter 59:13	72:21
31:12	35:11,14,14	25:4 41:9	C3 12:6	debt 35:23
consider 17:20	controversial	91:2,4	C4 12:6	decide 7:14
75:18	23:7	course 49:13		22:20
consideration	conversation	court 3:11,16	D	decided 39:24
55:15 56:23	30:13	65:17 95:3	daily 78:5	55:15 65:5
76:4	conversations	Courtney 2:7	damage 3:4	deciding 16:11
considered	65:10	4:13 7:1 8:3	Dart 2:10 4:16	decision 47:22
19:9 59:1	conversing	11:2 13:14	4:16 61:15,17	52:6
consistent 15:5	48:11	19:17 41:5	68:1,7 69:24	decisions 63:11
consolidated	cookie 59:13	53:15 72:1	73:21 78:13	64:15,17

decision-mak... 65:12	61:19 63:3	13:3,11 22:5	drive 1:17 26:16 64:17 70:13	empty 16:24 28:17 31:18
dedicate 90:13	different 7:8 11:6 13:3	51:11 70:16		encourage 88:6
dedicated 90:11	17:3 19:10,11	disparity 30:17	driving 22:15	ends 57:9
dedicating 91:4	21:21 27:22	divide 47:12	due 16:5 58:5	end-all 53:24
define 23:11 54:6	32:11 35:16	doctor 34:20	dynamics 35:22	energy 54:3
defined 19:10 22:14 81:4	35:22 45:13	doctors 35:12		engineer 60:1
definite 16:4	47:14 75:9	doctor's 34:19	E	entail 24:10,12
definitely 67:16 93:11	differently 75:11	document 7:1,6 7:8,11 8:5 11:3,4 46:11 80:19	earlier 8:13 28:14 29:21 42:10 86:6	enter 30:12 77:5
definition 19:15,18	difficult 17:8 27:16 29:17	documents 8:4 46:3,6 57:5,8	early 43:15 87:12	entering 24:4
definitions 44:1	difficulties 21:4	doing 3:8 9:21 15:8 22:19 30:16 32:20 36:16,18 54:10 56:13 56:22 78:16 81:6 89:16,19 90:17,20 92:14,19	easier 33:6 58:20 85:4	entertaining 87:24
delays 80:20	difficulty 26:23	dollars 26:4 44:18 46:21 46:23,23 78:24 79:2	easiest 3:11 59:14	equipped 24:17
deliver 45:22	direction 14:8 21:22 23:10 23:14 41:22 54:2 82:16	door 24:17 47:10	easily 42:5 79:14	Erin 94:6
demand 24:18	Director 89:6	doors 16:8,19 43:4	eating 65:18	Especially 3:18
denied 43:1	disagree 42:3	double-edged 31:1	economic 16:5	essentially 26:12
department 4:16 5:2 16:21 19:2 64:20 68:2 89:20,22	discover 93:9	doubt 24:23 40:1 76:23	economically 22:18	ethics 6:14,17 6:19
DePaul 86:23	discrepancy 45:6 68:16,24	downstate 28:2 28:18,19 29:1 29:4 39:14 53:6	economics 15:22	evaluate 54:21 54:21
dependable 33:5	discuss 7:9 13:16 40:8 86:1	downward 15:7	effective 23:4	evaluation 54:22 55:1,3
depending 46:21 47:15 64:2 84:7	discussed 86:2 87:3	drafted 87:14	efficient 12:4 29:24 42:7,8	evening 7:2,22
depends 13:20 20:16 21:18	discussing 40:11,12 57:14	draw 13:16 25:21	effort 82:6	Evercare 93:4
derived 78:13	discussion 8:2 9:4,19 11:7 11:10,13,21 14:7 18:10 19:13 23:19 32:2,4 41:13 42:14 43:16 48:22 52:11 52:20,22 53:9 53:12 54:24 55:2,14 64:6 86:5	drills 80:10	eight 29:13 86:13,19	everybody 5:9 5:11 11:17 48:1 67:4 82:10 84:15 84:18 86:4 87:11
descriptions 49:7			either 26:18 50:16 68:1	everybody's 57:13
deserve 88:9			EIU 86:20	everyone's 67:13
determine 17:9 81:3			Eli 7:17	exacerbated 74:10
determined 13:22			eligibility 93:20	exact 16:9
develop 64:11			eliminate 12:3	exactly 20:24 36:22 38:8,11 49:1 62:21 66:16
de-license 56:8			eliminated 11:23	example 20:17 26:8 39:10 60:16
dicing 76:16			emergency 16:10	
difference	discussions		employed 95:8 95:10	
			employee 95:9	

Excel 76:14,22	extract 74:3	fairly 15:4	38:21 45:7,8	57:10 61:7,14
excellent 87:15	e-mail 7:21	familiar 21:11	find 15:16	67:20 68:21
89:4,5,18	82:18,24	families 17:4	31:20,23 34:2	71:16,22 72:3
excepting		36:3	37:11,12	72:23,24 73:6
28:18	F	family 33:16	48:12 65:24	81:11,15,19
exception 15:5	face 26:14	far 54:4 68:14	70:11 79:11	81:22 82:15
excess 59:1	faced 42:23,24	father 20:19	86:9 88:9	83:3 84:1
81:4	62:14	favor 8:17 9:3	finding 17:3	folks 59:20
exchange 43:19	facilitating	10:20 13:5,6	fine 12:18	follow 27:6
53:23 57:2	25:9	15:10 25:5	38:13 83:2	37:11,12 48:5
90:17	facilities 1:2,13	42:18 94:13	84:19	58:14 85:23
excited 90:16	16:6,11 22:2	February 8:23	firm 60:15	85:24
Excuse 44:24	24:14 26:12	66:23 79:9	first 3:12 5:10	followed 9:12
executed 45:16	28:2 29:17	federal 10:8,9	5:19 9:17	89:2
exempt 74:9	32:9 34:13	fee 63:8	13:7 14:11	following 9:16
exist 43:8,8	43:5 45:23	feedback 62:8	18:1 80:23	31:2 58:8
existing 24:7	56:13 58:22	63:1	83:18 85:3	Follow-up
32:9 56:18	60:22 64:9,12	feel 57:12,13	87:8	85:19
69:11	64:24 67:2,3	61:12	fists 41:10	fondly 6:9
exists 17:20	74:8,13,14	feeling 12:1	fit 27:17	footnote 50:22
expand 29:9	77:12 80:6	41:13	fits 91:17	forced 41:2
expect 79:9	81:6	feels 82:6	five 18:23	forget 47:7
expected 21:1	facility 15:18	field 39:11,13	51:10 53:14	56:15
32:21	17:6,12 20:7	88:24	68:21	Forgive 16:1
expecting 3:6	20:8,9 21:8	figure 10:9	flat 32:22	16:22
36:10 68:24	24:5,6,7,13	12:19,20	flavor 88:7	forgot 11:14
expense 29:12	24:20 26:6,7	31:14 40:16	flawed 17:23	58:13
29:15	26:17,19,21	44:19 45:3	flexible 33:6	form 67:22
expenses 32:22	27:9 29:16,22	55:5 61:17	Floor 1:3	formalized
expensive 22:3	30:1 36:19	68:13 70:9	Florida's 57:20	42:22
56:20	38:7 44:21,21	72:5,19 88:13	Florina 2:11	format 7:8 11:6
experience	46:19 52:24	92:3	4:9,9 80:23	87:22
18:14 28:18	53:1,5 56:12	figured 86:18	focus 43:20	formats 67:10
35:17	56:19,19	file 67:4,5	48:16	former 68:2
experienced	58:24 59:7	filed 52:9	focusing 41:21	forms 66:17
89:1	60:3,17,20	files 67:1	fodder 33:23	formula 17:19
experiencing	61:9 64:2	fill 47:8	Foley 2:11 4:7	17:23,24
33:12	67:1 70:19	filled 24:19	4:7 6:8 14:9	43:16 47:1,16
experimental	71:13,13 78:3	71:2	14:10 19:23	61:12 69:14
52:8	facility-by-fa...	filling 60:20	29:20 30:1	forthcoming
expert 24:3	69:1	final 77:24	38:3,19 39:4	69:12
88:23	fact 9:10,14	finally 90:16	44:3,4,24	forward 25:18
explain 49:1	17:19 22:16	Finance 89:6	45:12 48:10	55:8 65:12
extend 91:5	44:7 52:16	financially	48:18 50:16	foundational
extra 59:8	66:13 73:24	16:12 95:11	52:5,13,20	92:9
67:12	factually 10:1,5	financing	54:8 56:4	founded 36:6

45:24	generates	goals 20:16	good 6:11 8:22	39:10 40:2
four 9:12 34:19	46:20,23	21:18	13:15 15:14	41:12 42:12
51:9,9,17	generating	goes 35:21 36:1	22:8 23:3	43:24 45:13
66:14	45:6	43:24 44:5	29:2,3 30:14	51:16 53:21
frame 58:22,23	generation	47:2 51:22	30:18 31:14	63:4 64:3,3,5
Frank 2:6 4:14	20:22	59:11 79:10	33:5 35:2	68:13 87:8
6:6,7,21 19:6	generic 19:22	92:9	36:15,20,23	guest 5:5,6
frankly 67:17	gentleman	going 5:8,16,17	41:7 63:12	guy 88:18
Frank's 43:24	44:17	5:18,19,21	64:16 67:7	gyms 26:9
freezing 21:13	George 2:8 5:2	12:10 14:16	76:19 80:11	
frequently	getting 29:12	16:6,7,7 17:2	84:5 85:16	H
90:22	45:13 48:9	17:11,13	91:14 92:9	hair 51:10
friends 89:14	51:14 57:24	18:15,16,20	94:3	half 52:6 53:11
frustrated	64:21	18:22 19:4,14	goodness 87:17	hand 66:11
56:15	gift 32:20	20:15 22:21	gosh 56:13	82:3
frustration	give 11:16 16:4	24:5 25:2	government	handled 82:5
53:22	28:11 33:18	26:14,18 27:5	91:11	Handler 2:2
FR&R 89:5	44:22 49:2,4	27:13 29:9	Governor	4:5,5 9:2
fudge 78:23	49:6,9 54:12	30:22,23 31:4	86:20	10:19 17:11
full 25:22,24	70:18 71:17	31:7,11,14,20	Governor's	36:4 37:24
26:2 51:3	76:17 84:1	32:11,13,17	5:23 18:19	45:15 48:3
88:7 90:19	given 15:22	32:24 33:15	19:1	80:18 87:18
fun 34:16	38:22	33:21,24 34:3	grade 60:7	89:16 91:13
fundamentals	gives 55:24	36:1,3 37:18	grasp 91:12	93:11,17
33:9	57:16	38:5,24 40:10	great 6:7,20	hands 31:7
funding 33:6	giving 10:4	40:14,16,17	31:13 38:17	happen 13:21
funds 33:3	go 5:9 7:15 8:7	40:19,22 41:2	53:18 81:2,7	36:2 38:24
further 95:9	8:12 17:15	41:8,23 44:15	87:16,21 94:4	40:7
future 31:21	19:2 21:21	46:22 47:4,10	Green 2:12	happened
91:19	25:2 27:2	49:3,4 50:7	4:22 5:5,5	29:14 32:19
futurist 92:13	29:11 31:14	52:14,16 53:3	Greg 2:3 5:4,11	35:19 52:13
	31:19 32:13	53:6,10 55:14	5:11	58:3 92:22
G	32:15,17 37:2	55:23 56:4,14	Greg's 5:10	93:23
game 14:14	37:12 39:17	56:21 57:6,20	grief 67:12	happening
gasoline 20:19	43:3 44:15,20	59:7 60:6	group 4:4	25:3 91:12
20:20,22	45:14 52:7,22	66:7,11,16	22:13 58:12	happens 14:15
gathering	53:2,19 56:24	68:5 69:10	63:6 82:6,6	52:9 72:9
67:23	57:4 58:18	72:4,11,13,15	82:10	happy 71:20,24
general 5:24	59:20 60:4	73:7 75:19	groups 82:3	89:14
14:15 15:4	63:22 65:5	78:23 79:1,18	growing 75:24	hard 27:19
generally 15:9	69:14 72:11	84:20,20	guess 5:8 12:20	38:4 51:13,13
15:12 18:18	72:13 82:17	85:23,24	14:10 16:3	harder 51:14
19:21 31:20	82:23 85:1,4	87:21 89:22	20:15 22:11	havoc 93:24
31:23	86:19,22	90:23 92:12	22:22 27:15	head 9:21,23
generate 11:13	89:21	92:15 93:4,21	29:5 30:7	heading 41:8
18:9 46:19	goal 48:20	Golf 1:16	31:15 32:2	heads 42:18

health 1:2,13 4:3,17 5:3 35:11 50:3 70:17 89:8,11 89:19 92:3,5	44:19 59:18 60:2,7	47:21 48:11 48:13,20 57:4	54:18 67:22	information 7:7,11 11:5 17:17 41:4 56:10 64:10 64:14,16,19 64:21 65:1,2 67:23,24 69:20 72:16 73:8 80:4,11
healthcare 2:11 4:2,7 15:10 47:14 85:6,21	holders 50:19 50:21	huge 34:24	implication 57:3	informed 5:15
hear 28:19 30:16,20 49:22 91:17	home 2:11 3:23 4:10 16:23 17:15,16 24:16 25:2,5 26:24 27:3 31:19,20 33:21,24 34:7 35:11 39:18 46:5 47:2 48:24 72:11 91:24 92:10	hundred 16:23 16:24 47:5,8 47:11,14	importance 18:4	infuse 54:2
heard 8:18 10:21 28:23 58:10 62:2 91:1,7,8 93:3 94:14	home-based 5:1 15:23 22:17 25:17 27:20 33:22 36:7 37:2 43:5 58:18 77:9 92:16	hundreds 49:4 49:5	important 82:4	initial 68:12
hearing 22:22 44:6,9,11 46:13 57:3,23	homes 5:1 15:23 22:17 25:17 27:20 33:22 36:7 37:2 43:5 58:18 77:9 92:16	<hr/> I <hr/>	imposed 18:18 40:11,13,17 40:23 41:2	initiates 90:2
held 1:15 9:19 36:16 37:6	hope 3:4 39:2 11:11	idea 15:11,14 15:18 39:17 41:7 70:10 87:21 88:12	improve 26:1	innovate 21:20
help 3:16,20 22:20 40:5 51:15 54:2 57:1,17 69:22 71:18 81:8	hopefully 11:11	ideas 11:12	inaudible 82:10	innovation 21:12,17 22:1 22:7 34:13 39:22 42:5 54:3
helpful 89:22 90:3	hospice 4:5	identified 63:24	incentives 32:3	innovative 22:14,15 30:3 65:5
helping 81:9	hospital 24:24 25:2,12,20 26:11 27:6 33:16 34:5,17 34:18,20,24 60:1 62:2,9 62:10 63:6 77:20	identify 3:11 3:16 8:9 74:15 75:4	inclined 23:24	inquiring 64:4
helps 26:3	hospitals 59:12 59:15,18,18 60:1 62:6,13	IDPH 4:21 85:20 92:3	include 23:12 23:12 34:13 55:18 70:21 70:23 75:17	inspections 64:22
Hey 72:8	hour 1:16 91:6	ignore 21:7	includes 74:13	institute 55:9
HFS 66:15,17 66:21 67:8 72:1 73:12 89:7,11 90:2 92:2	hours 91:2,4	ill 3:6	Including 77:19	institution 47:21 49:8
HFSRB 2:6,7,7 2:8,8,9,9,10	house 46:4	Illinois 1:1,4,13 1:17 3:23 4:1 5:2 11:8 12:15 14:2 15:9 26:14 28:3 32:21 35:4,22 36:1 36:8 39:12,21 51:13 58:1 81:5 85:6 86:21 92:24 95:4	incorporate 73:17	institutional 33:3,4,11 34:4
high 78:23	HUD 44:8,14 44:16,20	Illinois-Chic... 86:18	increase 16:15 16:17,19 22:9	institutions 38:23
higher 24:15 27:11,12 74:2		impact 9:22 19:14,15 28:7 45:21 47:16 48:12 53:4 57:4,24 88:14 92:16	increases 29:8 32:7	intensive 34:23
highest 61:9 66:22,24 67:9 70:19 78:6,7 79:5,9,12,13		impacts 47:18	incredibly 82:4	interact 14:5
hire 31:13		implement	indicate 9:13 indicated 48:11 indicates 17:24 indicating 8:24 9:2,14 94:12	interested 58:9 86:10 94:4 95:11
			individual 58:24 69:1 81:6	interesting 35:3,7,24
			individually 78:10,12	interests 30:7
			industry 14:15 40:18,19 49:14 63:2 75:24	internally 82:22
			informally 45:9	inventory 15:24 17:13 19:22 43:8,10

51:23 62:14 71:23 75:14 75:16,24 investment 30:22 50:22 invite 89:14 involve 55:17 involved 89:2 issue 11:8 12:20 13:15 13:24 14:4,8 14:19 15:8 18:16 27:14 28:5 29:19 31:17,23 32:4 33:17 34:3 36:13 38:15 42:17 43:18 44:4 48:18 49:18,18 50:12,12,14 50:14,15,15 51:7,20 56:4 60:12 62:2 82:4,8 issues 12:12,22 12:24 13:15 13:19 14:20 28:15 34:2 39:11 42:23 44:1 57:21 62:14 85:21 86:2 93:9,9 item 6:12 8:1 18:1 43:13 85:18 90:14 I's 86:20 i.e 29:22	joined 82:10 Jr 5:7 Juan 2:7 5:7 judgment 33:18 Julie 91:16 July 83:7,17,18 83:19,19 84:10,12,13 84:16,17 85:3 85:6,7 jump 85:17 jumped 17:14 89:11 June 83:7,10 83:12,20,21 83:22 84:2 jurisdiction 66:3,4	93:10 kinds 44:9 knees 89:12 knew 4:22 know 3:7,17,18 3:19 7:1,19 13:4,11 14:17 15:8,15,19 16:9 18:21,24 19:19 20:19 22:20 25:11 25:14 26:22 27:9 28:15,19 29:2,15 31:12 31:21 32:17 32:18,19,21 33:3,11 35:21 36:1 39:21 41:4 42:7 43:11 44:11 45:12,19 46:4 46:14,17 47:2 48:15,16,17 48:20 49:10 49:10 53:16 56:1,3,10,12 56:21 57:19 58:16 61:3 64:20 65:7 66:3 67:1,3 68:12,16 69:18,22 70:15 71:10 72:20 74:20 74:22,23 76:15 79:8,24 81:22 82:2 85:5,7 87:11 88:17,17,18 92:18,21 93:1 93:12,12,15 93:17,18 94:4 knows 3:17 5:11 31:9 71:10 89:2	L lack 63:9 laid 69:19 large 26:9 49:3 82:5 larger 27:24 LaSalle 49:24 last-minute 84:8 late 7:1,21 Laughter 5:20 38:12 39:5,8 65:9 77:8 81:10 82:13 93:6 law 19:7 67:17 lead 19:19 54:22,23 leaders 18:19 leading 8:3 lean 23:13 leaning 41:6 leaped 17:21 learn 52:10 93:8 leave 80:13 87:12 leaves 57:11 leaving 34:18 led 11:10 left 66:11 legal 2:6,7 37:23 46:10 88:3 legislation 43:18 legislative 18:19 40:15 legislatively 18:12 legislative-wise 40:20 41:3 legitimate 43:10 lending 38:23 47:21 49:8	length 33:12 Leslie 2:12 5:5 letter 48:24 49:5,8 58:3,5 58:12 66:4 letters 66:2 86:6 let's 26:14 29:10 52:7,8 52:9,10,14,15 52:22 53:2,10 53:11,22 54:16 65:10 level 22:17 24:15 25:1,18 28:9 30:11 53:22 levels 19:10 27:1 license 10:3 16:21 67:14 licensed 4:9 17:6 44:13,21 45:4,24 46:15 50:23 59:5 67:3 70:21,24 71:10,11 72:6 72:18 74:13 74:23,24 77:5 77:22 80:6,8 80:9 licensing 78:17 78:21 lie 6:8 limit 5:19 52:21 55:24 line 15:5 44:12 44:13 47:23 53:1 liner 31:13 lines 52:23 55:22,22 link 13:12 linked 13:17 23:8 linking 13:4
J jail 70:7 January 66:23 Jefferson 1:3 job 6:20 72:3 89:5 94:3 John 2:11 4:9	K K 2:16 95:3,16 Karen 2:16 95:3,16 keep 12:22 16:16 32:22 52:2 63:23 90:23 keeping 25:18 Keim 2:16 95:3 95:16 Kelly 68:3 Kendrick 9:7 kept 25:9 key 36:8 killed 47:6 kind 12:16 19:13 21:7,20 22:18 25:5 26:24 27:7,8 27:9 34:15 39:11 43:17 43:20 50:19 51:19 52:17 65:21 66:3,4 69:19 82:8			

23:5	63:1,5 80:7	maintaining	44:12,13 47:9	25:19 27:18
list 11:23 12:2	85:21 88:14	28:9	66:13	46:2 57:14
40:4 43:13,20	89:24 91:23	major 31:9,10	maximum 78:3	76:5 83:12
57:23 58:11	92:1	50:4,15 55:14	MB 50:2	85:20 90:22
listed 18:3	look 12:21	86:7	mean 12:17	90:22
listen 91:17	14:19 28:24	majority 59:16	13:10,17 15:3	meeting 1:12
listened 91:15	30:6,16 42:15	90:12	17:21 19:7	1:13 5:10,16
little 12:16 18:1	48:1 50:24	making 18:12	28:23 29:6	5:22 7:4,10
63:7 69:10	51:4 57:15	31:9 42:6	30:4,12 31:13	7:13 8:23
84:6	58:12 68:19	45:10 48:4	37:22 41:11	10:12 14:7
live 46:9	69:15 76:2	64:15 72:12	44:10 46:9	40:24 43:2
lived 92:21	78:21 81:24	72:14 90:16	52:14 53:2,9	44:17 48:10
Living 3:23	looked 12:18	male/females	60:21 62:2	48:16,19,20
loan 44:8,8,8	48:1 58:4	47:7	65:7 66:15	50:4,4,21
45:16,16,17	81:24	managed 14:16	67:16 68:16	59:3 82:17
45:21,22 46:2	looking 16:2	31:5,6 32:11	69:2 84:15	83:4,9 84:8
46:4,6,8,11	22:7 24:16,23	32:12,13,18	92:20 93:13	88:7 90:12,19
48:13 49:7,17	25:24 27:10	32:19 33:1,12	means 19:21	91:4
50:8	30:20 46:18	33:24 35:17	21:13	meetings 36:17
loans 45:23	57:21 63:15	36:8 88:13	meant 19:20	49:13 50:6
46:14 57:4	70:9 73:10	89:23 91:14	mechanism	82:12 89:3
locally 53:5	76:4,18 77:4	92:17	64:6,12 81:3	90:6,13
location 14:3	78:2 81:3	Manager 4:21	Medicaid 28:8	Meka 4:22
84:24	86:3 92:13	mandated	28:9,15,17,20	member 5:11
locations 17:3	looks 27:7	64:11	28:21,22,22	80:16
24:14	88:10	Manor 27:24	29:4,7,18	members 2:1
logically 45:3	lost 43:20,21	28:3 35:10	31:18,23	11:10 80:5,12
long 20:3 21:23	lot 20:17 23:21	March 79:9	36:12,13,15	88:21,23 93:3
33:9 34:15	34:2 46:23	margins 63:4,7	38:5,6,16,20	93:20,21
36:12 38:17	48:7 62:5	mark 9:16	46:24 67:2	membership
39:23 42:4	67:12 68:24	market 13:24	Medicaid-cer...	93:20
47:23 49:17	70:7 71:17,18	21:16 22:15	77:15	memorandum
51:8,16 54:5	74:8 75:20	22:19,19	Medicaid-lic...	11:18
75:7 79:6	76:17 91:10	26:16 27:1	37:12	mention 6:16
89:15 91:2	loud 16:23	33:2 36:14	medical 36:6,7	39:9
longer 57:24,24	lower 51:5	38:15,16 40:5	Medicare	mentioned
63:7	LSN 2:12,12	marketed	33:13,14 36:8	42:10
long-term 1:11	5:5,6 15:10	26:23	46:23 79:19	mentioning
1:14 5:22 8:1	21:12 23:18	marketplace	79:21,22 80:1	70:2
8:3 14:12	88:21,23 93:2	15:2 51:15	94:5	merger 89:24
18:13 20:23	lucky 27:23	markets 39:14	Medicine 4:4	meshed 12:13
24:3 34:5,7	lunch 65:22	marks 9:13	50:3 89:19	message 50:5
40:18 41:22		match 10:8,9	92:3	met 35:18
43:5 46:14,19	M	materials 6:17	Medicine's	48:15
59:20 62:5,8	main 56:4	math 60:7	92:5	Michael 2:1
62:15,23 63:1	maintain 30:24	matter 44:12	meet 21:17	26:19 49:16

67:20 84:1 middle 22:1 46:24 53:1 Mike 2:8 4:12 4:15 5:19 6:22 7:17,19 15:21 60:4,16 61:12 69:21 70:11 72:11 72:24 73:2,11 77:4,7 78:11 79:18 80:14 88:18 89:4 Mike's 69:14 92:24 million 9:24 10:4,8,8 mind 13:10,18 63:23 84:4 minute 16:11 59:5 minutes 10:15 81:24 82:17 87:14 88:12 90:6 misquoted 28:2 missed 87:24 missing 43:12 Missouri 95:4 mistake 88:9 Mitzen 2:3 4:3 4:3 28:7,13 29:5 30:4 32:1 34:10,12 49:12 50:3 60:8,11 61:3 61:5 62:1,10 62:16,19,22 63:9 69:17 71:9 72:9,22 75:13,16,23 76:5,8,23 77:6,21 78:9 78:15,20 79:4 79:16 87:17 88:10 89:9,18	91:7,20,24 92:5,14,23 93:14 94:2,10 mix 12:16 47:16 model 23:3 30:7 49:19,21 50:7 59:11,12 modernize 32:8 modification 67:11 68:4 modify 67:8 moment 3:9 31:16 47:24 81:13 88:20 momentum 90:19,22,23 money 26:6,15 29:18 32:23 32:24 33:7 34:17,17,21 34:24 35:6 57:7 month 67:6,7,9 70:19 78:4,6 78:7 79:12,15 80:1,23 90:23 monthly 68:11 70:18 73:7 80:19,20,22 months 68:12 71:16,18 73:1 73:4,12,13,15 73:19 76:6,6 76:21 78:2 82:17 83:1 Morado 2:7 5:7 5:7,18,21 6:3 6:7,9 moratorium 12:8,24 13:6 13:7,7 14:8 14:12,19,24 15:18 17:18 17:21 18:2,16 18:24 19:2,7	19:9,11,11,12 19:14,18,20 20:2,16 21:15 21:22 22:11 22:23 23:5,6 23:8,12 40:3 40:7,9 41:6 41:10,15 42:2 42:2,10,16 65:16 mortgage 46:8 Mother 42:15 54:17,23 81:8 motion 8:13,22 10:15,24 94:9 motivation 52:1 mouth 25:10 move 8:1 12:3 14:6,18 33:3 33:10 42:13 42:19 55:8 58:10 65:11 81:6 82:15 moved 8:14 25:18 43:17 94:10 moving 25:9 54:14 93:11 Mt 39:14 Muldota 89:7 89:10 multiple 39:15 50:18 <hr/> <p style="text-align:center">N</p> <hr/> naive 38:14 39:12,13,17 name 66:24,24 87:24 88:10 89:7,9 94:6 names 6:16 necessarily 14:4 17:5 55:17 92:12 necessary	25:19 need 3:19 6:17 8:1,13,15,22 9:1 12:18,20 13:17 17:24 19:12,13 20:11 21:17 24:22,23 25:12,22 28:8 28:10 30:9,11 34:22 36:2 37:1 40:6,8 41:14 42:17 42:19 43:3,7 43:7,10,16,23 51:15 53:16 55:7 56:9 57:1,17 58:16 59:22 60:13 65:16,24 66:18 69:20 73:3 79:4,7 79:16,17 82:15,20 83:11 84:9 91:11 92:12 94:9 needed 20:8 22:10 25:1 51:3 58:6 needs 25:20 26:20 27:18 30:15 55:6 56:22 neglected 58:5 neither 95:7 Nelson 2:10,12 3:14 4:18,19 5:6,6 23:20 23:23 72:2,3 72:12 network 36:6 never 7:5 15:13 23:5 47:5,8,9 47:10 new 4:19 15:18	20:7,9 21:14 21:21 22:1,2 24:4,5,6,8,12 25:12 28:20 28:20 29:3,5 29:12,17 39:17,19,23 54:3 56:19 69:5,9 73:21 87:7,8 89:6 91:17 93:9 94:8 nice 93:24 nodding 42:18 non-certified 67:3 note 87:19 noted 10:11 notice 84:23 noticed 9:5 notion 49:15 number 15:3 15:22 16:4,6 16:9,14,18 20:10 40:5 47:5 49:13 50:23 54:12 54:14 56:11 60:2 64:9 65:24 66:1,2 66:20 68:18 69:15 70:12 72:7,16,19 77:4,12 78:3 80:5,6,10 numbers 10:5 17:9 63:10 79:9 nursing 2:11 3:23 4:9 15:23 16:6,23 17:15,16 25:2 25:5,7,13,19 26:12,24 27:3 27:11 31:19 31:20 33:22
---	---	--	--	---

34:13 37:2 39:18 43:5 47:2 48:24 58:18 77:9,20 91:24 92:9,16	87:17 Ohio 20:2,5,6 23:2 okay 6:12,13 6:21 7:12,19 8:7,21 11:2 17:7 23:16 25:8 41:24 52:7 65:22 78:20 80:17 81:2 85:12,13 85:13,15 87:22 92:2 old 39:22 46:17 87:8,8 94:8 older 33:7 89:20 once 30:21 47:6 61:22 63:19 72:19 77:4 84:20 90:4 92:6 ones 25:24 26:2 51:1,1 92:21 one-liner 66:22 one-to-one 54:10 open 20:7 21:23 36:18 69:5 opening 20:9 operate 29:1 45:15 60:23 operated 42:8 operation 30:24 operational 45:9 65:3 operationalize 30:22 Operationally 30:21 operators 22:8 48:24 opinion 13:12 14:21,23 19:4	23:17 56:9 57:18 opportunities 25:10,24 opportunity 7:2 21:21 34:12 85:20 opposed 8:19 10:22 15:11 94:15 opposite 50:18 51:4 opt 93:21 option 52:4 56:17 64:13 options 56:19 94:3,5 order 11:7 18:3 18:5 54:13 organization 32:14 35:10 oriented 53:10 original 47:16 outcome 95:11 outpatient 33:4 34:23 35:1 outside 57:1,16 60:9,13 62:16 63:6 90:11 outstanding 6:15 overall 54:9 overhead 33:1 overlaps 86:4 overnight 84:10 overwhelming 91:20 over-bedded 17:22 over-reports 67:17 ownership 86:1 oxygen 26:8	page 9:5,20 88:9 paid 49:17 80:22 pain 57:13,13 Palliative 4:6 paperwork 44:20 parameters 26:5 52:15 76:18 parking 6:10 part 19:13 23:12 36:24 46:15 52:1 54:11 55:2 58:15 62:1 64:23 67:13 75:13,16,24 75:24 participate 56:3 74:7,8 participated 90:24 participating 57:7 particular 78:4 particularly 31:21 41:8 89:24 parties 48:8 95:8,10 partnership 49:20 90:10 parts 31:24 party 57:1,16 pass 36:11 passed 19:7 passion 10:6 passionate 65:13 patient 43:4 66:20 patients 35:12 36:2 Pause 3:13	10:13 11:19 11:24 84:21 87:10 pay 30:10,11 31:17 33:15 47:1 50:7 63:5 71:1,6 73:22,24 75:2 75:10 79:1,20 79:22,24 80:22 93:12 paying 46:21 78:24 payment 47:24 payments 47:24 48:4 payor 47:13 peak 60:23 61:10,15,18 64:1,1 67:1,7 68:12 73:16 78:2,2 79:15 peaks 79:7 peak-time 67:12 people 3:5,15 6:14,15,19 15:10,11,15 22:20 24:16 24:19,23,24 25:11,20 27:5 27:10 28:10 28:16,19 29:3 30:10 33:10 33:15,21,23 34:6,18,22 35:14 36:21 36:23 37:1,19 37:23 39:13 39:16 44:14 46:5 49:24 51:11,15,17 56:14 63:18 63:19 66:14 69:17,18 82:11 88:8,15	
O					
Obama 31:6 88:13 objective 54:9 obligation 65:1 obligations 45:23 46:3 obviously 14:12 15:1,17 17:16 29:21 46:11 49:3 56:20 71:19 73:6 occupancy 10:2 45:5 47:11,12 47:12 58:21 58:23 59:6 60:18,24 61:10,19 66:17,20,23 66:24 67:6,9 70:19 78:2,6 78:7 occupied 24:21 47:4 69:12,12 70:22,24 71:1 71:5 72:17 78:4 occupy 16:24 46:6 occurs 58:6 64:2 offer 66:8 office 5:23 18:19 19:2 66:5 official 5:10 Oh 39:20 47:8 57:22 61:6 73:23 75:6					
P					

89:2,3 90:6 91:9,10 93:3 93:3,8 percent 19:23 39:18 42:8 47:6,8,11 60:19,23 61:1 percentage 37:9 46:22 47:4 68:22 performer 65:7 period 9:9,15 19:23 46:7 52:8 73:16 76:9,10 77:23 periods 19:11 60:23 person 4:19 32:12 62:17 personal 39:10 39:10 personally 21:22 23:5 29:16 48:12 71:4 82:7 90:20 perspective 16:16 30:8 46:18 64:21 pertaining 43:19 Phillippe 2:4 4:24,24 8:14 8:24 10:16 13:19 20:14 23:1 27:22 28:11,14 29:8 29:24 32:16 34:14 35:15 36:11 37:18 37:22 38:1,8 38:13 39:9 42:1,4 44:22 50:11,17 63:13,17 67:19 71:4	73:23 75:8,15 79:6 80:20 82:9 84:14,19 85:4,12 87:16 88:8,17,20 93:2,7,23 94:12 phone 65:21 82:11 Phyllis 2:3 4:3 31:16 49:11 69:16 physically 58:19 physicians 36:4 36:7 pick 32:15 47:11 52:8 74:6 83:7 84:15 85:1 picture 26:24 piece 42:11 56:18 92:9 pike 93:19 pilot 55:16,17 piped-in 26:8 place 14:11 55:7 57:3 placed 36:3 Plan 86:15 planning 15:17 40:21 52:21 83:10 play 12:12 14:16 59:4 please 3:16 8:9 58:13 pleasure 6:3 plenty 63:20 plus 10:8,8 17:11 68:9 point 14:24 19:1 25:15,17 30:15 40:11 69:7 78:22 79:5 83:8	points 22:18 55:15 68:22 76:3 policy 4:4 14:24 18:13 pool 34:21 poor 35:13 65:6 position 4:20 5:23 possibilities 12:2 possibility 64:11 possible 6:18 11:6 12:17 23:10 48:22 49:10 86:3 90:10 possibly 64:18 70:12 pot 34:16 potential 32:12 56:11 potentially 30:16 pounding 41:10 power 57:15 practical 14:13 28:23 29:19 50:11,12 51:7 predicated 17:19 predict 31:12 preparation 80:12 present 2:1,6 80:4 presentation 47:6 presentations 28:24 presents 43:4 pretend 79:1 pretty 23:6	27:23 49:16 60:19 71:8 90:16 price 20:23 primary 36:7 primer 92:12 priorities 43:21 private 21:6,6 26:10 27:10 27:11 29:22 29:22 30:11 32:9 38:7 47:1 65:5 75:10 privately 32:24 proactive 41:14 probably 7:9 18:14,15 21:11 22:17 23:3 24:3 27:19 40:3 41:7 51:5,19 63:7 67:8 76:18 77:3 85:17 91:16 problem 27:4 36:22 68:19 72:20,20 74:10 83:23 84:3 91:3 problems 38:23 49:6 53:24 55:22 66:12 procedures 81:17 proceed 81:16 proceeding 81:11 proceedings 95:5 process 13:5 36:20 37:1 39:23,24 46:16 55:1,3 57:2,5,19 64:23 65:12	81:17 87:3 processes 63:18 procurement 87:4 profiles 56:10 profit 47:17 program 12:8 12:9,14 13:1 13:1,6,8,9,23 13:23 20:4,5 20:8 23:3,4,7 23:11 25:19 33:14 36:8 42:11 43:19 53:24 54:18 54:21 55:14 55:16 57:2,8 59:21 programs 22:1 22:7,14,16 24:4,22 25:12 25:14 30:2,3 34:7,8,23,23 progress 90:16 90:18 progression 15:7 progressive 13:11 project 31:5 47:5 projected 47:22 projecting 38:6 47:3,3 projections 15:22 16:4 property 46:7 46:8 56:18 propose 62:7 protect 21:19 protects 21:15 provide 24:4,8 24:15 30:2,10 65:1 provided 22:21
--	--	---	--	---

27:13				
provider 44:6	Q	real 50:14	64:16 83:14	13:21
51:12 67:5,6	qualify 19:12	64:14 65:1,10	recommended	relative 95:9
67:14,18	quantify 68:19	68:17	50:21	religiously 5:13
68:11 70:6,14	quarter 65:20	reality 60:19	record 9:19	5:13
71:17 73:20	question 9:12	realized 25:15	37:13	rely 56:16
73:21,22	9:13,16 13:6	really 10:3	reduce 31:22	remember 9:21
74:11,12	14:1 24:2	13:20,22 14:1	32:22 33:2	43:20 53:11
78:15,21	30:9,19,24	15:13 20:16	34:4,24 41:14	82:9,14 86:4
80:19	31:9 63:12,13	21:8,17,18	41:15 44:7	86:11 87:3
providers	64:3 69:17	24:6 25:16	48:21 54:9	remind 86:9
21:11,16,19	77:21,24 78:8	33:23 35:1,21	reduced 15:3	renovate 24:7
35:11 39:15	87:13	35:22 36:5,7	41:16 95:7	rep 23:18
51:7 52:2	questioning	37:3 40:6	reducing 9:22	replaced 4:22
58:1 69:11	45:2	45:13 46:2	reduction 15:4	4:23
providing 21:5	questions 48:2	47:23 51:10	reflect 9:15	replacing 88:3
22:8 32:3	57:12 63:16	51:13 59:10	49:23	report 45:17
57:5	76:12 89:3	65:14,24	reflecting	48:6 50:23
provision 13:9	quick 56:22	72:17,17,20	49:12	64:4 66:20
prudent 91:18	59:10	76:19 79:6	Reforms 8:2	67:2,4,6,13
public 4:16 5:3	quickly 9:23	80:11 88:24	regard 10:7	67:16,22,23
14:24 22:10	17:14 25:6	91:1,10,11	93:19	69:23 70:5,11
29:23 35:9	quit 72:14	94:3	regarding	70:17,20,23
70:17 74:7,8	quite 12:7	realtime 65:1	30:17 64:6	71:2 72:5,6,6
publicly-trad...	39:23 67:17	reason 14:11	74:17	72:15 73:18
32:23	89:17	16:12 40:22	region 80:10	74:6,12,12,18
published	quorum 3:5,6	41:20 51:3	regions 81:5	76:11,19,23
61:24	6:10 8:12	56:7,8	region-wise	78:18,24
purchase 20:6	R	reasonable	52:19	79:19,23
purpose 43:9	Rainbow 4:5	71:14 76:10	regular 41:16	81:12 89:19
pursue 48:22	raise 32:4	reasons 57:23	45:18	90:3,7 92:6,6
push 40:20,21	raised 13:14	65:4	regularly 5:14	92:18
64:24	ranked 18:6	recall 55:13	regulate 40:5	reported 2:16
pushing 34:6	ranking 35:8	receive 49:3	regulations	79:22 86:6
push-back 62:6	rate 38:22 74:2	64:10	85:22	reporter 3:12
64:8	rates 28:24	Recess 66:9	rehab 25:13	3:16 65:17
put 6:16 7:7	29:2 30:11	recipients	reimbursed	95:1,4
11:5,14 18:5	47:15	22:10	46:23	reporting 48:4
26:4,5,8	ratio 54:8	recognize 32:1	reimburseme...	64:6,8,11
34:22 40:3	reach 18:15	recollection	35:5,6,9,13	67:12 71:5
50:22 55:6,16	68:3	44:17 53:9	35:20,23	78:17 79:5
58:5 62:10	reaching 53:21	recommend	70:16 89:7	reports 66:19
puts 32:8 68:8	read 88:1,6	76:5 90:21	reiterate 42:22	68:12 70:15
putting 46:20	ready 43:3	recommenda...	related 45:24	76:2
p.m 94:18	82:19 84:7	54:17 87:23	64:8 95:7	representative
	89:21 92:6	recommenda...	relating 7:18	4:2
		18:13 54:23	relationships	require 46:6

required 24:5 26:10 59:18	62:16 63:19 65:14 68:10	44:11,14 49:16 50:6	29:7 42:6 51:8	settle 8:8
requirements 45:17 46:12 48:4,5	69:13 74:23 75:2 77:6,23 78:10,17 85:23 90:2	53:17 68:16 93:10 says 9:9 22:12 66:22 78:24	sell/exchange 57:8	seven 86:16
rescheduled 7:5	road 14:15	scarce 74:17	send 41:1 58:11 82:18,24 84:23 90:7 92:8 93:18	shape 6:11
Research 4:4	Roate 2:8 5:2,2	Scavotto 6:22 88:19	senior 81:12 88:20	share 5:17,17 66:15
resident 32:12 46:8	Rodeo 1:17	schedule 7:9,14 66:22 85:5	sending 48:8	shelf 64:13 65:4
residents 16:24 16:24 29:4 58:1	role 54:16,17	scheduled 1:15 7:5,13 85:22	sense 15:4 21:16,23 23:21 30:6 51:24 56:1 62:7 67:7	she'll 3:7
resources 71:15	roll 3:10	school 33:8	sent 7:1,6,7,8 7:21 8:5 11:3 58:3,4,8,13 86:6,12,19	shift 33:7
respond 56:17 58:13 86:16	room 17:22 21:12 45:5	scrambles 48:1	sensing 40:2	shifting 54:11
responded 86:17	rooms 26:10 27:11 29:22 29:23 32:9 38:7 45:4 65:5	second 8:15,16 9:1,20 10:17 10:18 35:4 83:19 87:9 94:11	sent 7:1,6,7,8 7:21 8:5 11:3 58:3,4,8,13 86:6,12,19	short 3:5 63:5
responding 31:16 86:10	Roosevelt 86:23	secret 51:11	separate 12:20 12:22 13:16 13:18,19	shorter 33:13
response 8:20 10:23 49:4 56:14 58:6,7 86:8 94:16	round 44:5,5,5 91:1	see 13:19 14:13 14:15 34:20 35:7,9,12 43:10 48:12 49:2,9 52:9 52:15 68:3 69:22 70:1 72:7 75:6 76:11 79:14 79:16 87:20	separately 13:17 79:20	show 3:8 61:5
revenue 45:6 46:19 47:17	RPR 2:17 95:3 95:17	SEIU 5:4	September 85:2,9,10	shown 73:15
reverse 32:5	RUGs 70:16	self-reported 60:12,12 61:23 62:4	serve 28:22	shows 56:10 61:7 70:11
review 1:2,14 7:3,18 12:5 80:12	rule 27:16 62:6 62:18	self-reporting 62:1,20 70:4	service 31:24	shut 25:10
reviews 48:8	rules 27:17 36:20	seeing 16:5	services 1:2,14 21:21 22:8,9 22:21 24:5,15 26:1 35:1 89:20,24	sicker 24:24 27:5
RFP 11:16 58:12 81:14 81:15 86:7,10	run 26:22 55:21 79:6	SEIU 5:4	servicing 28:21 47:15	side 21:12 28:3 32:5,8 34:18 62:3,9,11 70:16 78:23 93:14 94:2
rhetorical 9:12	running 39:18	self-reported 60:12,12 61:23 62:4	sessions 88:22	sides 54:4,4 93:15
richer 35:6	rural 27:13 28:3 30:18	self-reporting 62:1,20 70:4	set 13:23,24 43:3 50:24 51:1 52:15 55:9 61:15,18 62:13 65:2 71:20,24 82:23 83:5	sign 66:5
right 5:13 7:24 14:18 17:1 20:1 30:1 33:17 37:21 37:24 41:17 42:9 45:20 47:10 50:9 53:1,21 54:2 59:12 60:10	rush 57:12,17 57:18,20	sell 12:9 13:2 13:10,21 26:3 26:5,17,18 51:22,23 57:2 57:6 81:17	setting 80:7	signed 80:19
	S	selling 12:10,13 21:24 29:6,6		significant 43:14
	sample 72:5			significantly 31:22
	sardonic 9:12			signs 67:13
	sat 38:9 91:13			similar 59:15
	saw 60:21			simple 39:20 39:24
	saying 27:15 29:21 30:5,21 33:14,20 41:10 43:1,6			simply 3:11 16:8,19 49:7
				single 42:14 45:4
				sink 23:8
				sitting 53:12 76:21
				situation 35:23 35:24
				situations

16:10 SIU 86:20 six-oh-seven 10:2 size 72:20 skilled 26:12 75:1,10 77:10 77:20 skilled-care 75:19 skip 6:12 slicing 76:16 slides 94:5 slow 15:7 small 27:2,12 61:18 63:4 75:10 77:19 82:6 smaller 27:18 snapshot 63:24 sold 26:7 solution 11:22 12:7 18:20 42:16 44:5 48:22 66:8 solutions 68:19 solve 66:11 93:9 somebody 12:10 13:2,5 13:9,10 14:3 15:17 26:18 28:14 36:14 38:16 53:5 56:17 71:10 71:13 soon 6:18 8:8 85:22 sophisticated 24:15 sorry 12:6 15:24 45:14 54:5 65:13 69:9 71:5 74:12 81:13 90:20	sort 18:21 91:15,17 sound 20:14 93:7 sounds 20:18 40:4 46:15 70:3 71:14 90:12 sources 47:13 space 51:3 speak 3:17 special 37:1 specific 16:3 spend 91:18 spending 34:24 spot 6:16 25:4 spreadsheet 76:14,22 Springfield 1:4 4:20 27:17 88:22 squeeze 35:8 stab 76:9 staff 2:7,8,8,9,9 2:10 4:11,13 4:21 5:7 24:17 25:7,14 25:19 41:6,12 41:14 69:4 72:4 80:16 84:9 85:14 staffing 21:7 stage 14:13 standard 20:20 21:1 standpoint 38:4 65:3 stand-alone 23:1,2 42:12 start 3:1,21 11:21 14:7,7 14:10 36:9 48:2 58:7 81:19,19 started 51:10 starting 5:24	state 1:1,13 11:8 14:2 15:21 17:22 20:17 21:2 26:14,23 28:8 30:17 31:18 31:22,24 32:21,22 35:10 38:22 39:21 48:21 48:23 49:1,1 55:17,19,23 56:2 58:1 63:17,18 70:13 80:21 81:4 86:7,20 86:24 91:10 91:11 92:18 92:20 stated 37:13 statement 9:11 9:16 69:9 states 15:1,15 18:18 20:7 32:19 35:5,8 35:18,19 93:24 95:4 statewide 13:24 52:18 53:2,4 53:11 54:12 92:4 state's 30:8 statistical 80:3 statistically 68:14 statistician 31:13 statistics 32:18 status 16:5 statutory 54:20 stay 33:12 step 54:1 Stephanie 89:16 step-down 26:13	sterilization 67:15 stipulation 46:5 stop 90:18 stopping 90:21 stories 44:9 straight 33:15 street 1:3 52:24 strength 25:7 25:16 strengths 25:6 strictly 80:8 strong 13:13 14:23 36:9 stronger 41:13 stuff 89:12,17 subbing 5:12 SUBCOMIT... 1:11 Subcommittee 1:15 subcommittee 11:11 14:12 41:22 43:12 48:21 52:6 67:21 81:16 83:3 submitting 16:20 Sub-Commit... 5:22 success 82:3 suffering 3:4 suffice 49:8 suggest 18:11 suggested 87:22 suggesting 23:9 suggestion 89:5 Sullivan 2:4 3:22,22 9:4 9:20 12:5,23 14:23 18:11 23:2,13 31:8 32:5 34:11	41:5,18,24 42:3 50:2 53:8 59:22 60:4,16 61:6 61:10 66:7,13 68:1,10,23 69:4,8 70:5 70:14,22 71:1 71:7 73:11,14 73:20,24 74:14,18,22 75:2,6,12,21 76:16 77:12 77:14,19 78:1 79:18 84:3 87:24 89:4,10 92:11,15 summary 87:14 88:5 summer 83:16 supervised 21:2 support 64:21 supports 90:1 supposed 22:20 sure 3:22 5:18 8:10 22:9 38:14 68:7 76:3,24 79:23 80:15 81:18 92:7 surprised 68:22 surprises 49:22 survey 64:20 70:3 suspect 43:22 76:17 sustain 16:8,12 30:24 switch 31:6 sword 31:1 system 15:6,16 31:10,11 32:8 33:1 35:8 42:6 54:2,3
--	---	---	---	---

92:22 94:1	71:1,17 72:6	thereto 95:10	73:11 75:6,8	65:8
T	72:6 73:20,21	thing 11:14	75:9,11,23	tie 12:21 45:7
table 22:6	73:22 74:12	21:19 36:11	76:1,13 77:24	45:10
41:10 43:23	78:15,16,21	36:15,21,23	78:22 79:2	Tim 2:4 4:24
69:18	78:24 79:2,21	67:14	80:11,21 82:3	13:18 20:13
tables 91:1	79:22,24	things 8:12 9:5	82:4,4,6,7,15	27:6,19 30:20
tackle 39:24	80:19	14:6 21:7	83:13 88:8	32:5 37:17
tailor 20:10	teacher 60:7	22:13 57:23	89:4,10,13	50:10 53:13
91:23	team 84:7	76:24 84:8	90:15 91:18	71:3 73:22
tailored 92:24	tear 39:19,22	think 3:10 6:9	92:11,13	time 3:1,12 6:9
take 3:9 14:19	teleconference	6:13 12:11,16	thinking 10:7	10:5 16:10
15:24 18:23	90:11 91:22	12:23 13:2,14	11:9 16:22	19:11 20:3
23:10 27:5	tell 16:9 78:10	13:18 14:4,18	21:9 23:18	31:13 33:9
41:21 47:12	Tennessee	15:6,11,12	25:23 32:2	34:15 36:5
50:23 58:18	92:20	16:13,15	76:20 81:17	38:10 41:7,7
65:17,21	Teresa 68:3	17:12 19:1,5	81:20,21	45:1 46:7
66:21 67:11	term 19:14	19:8,9,12,12	third 48:8 60:7	49:22,24 51:2
75:20 76:3,9	terms 14:11	19:15,17	thirty 56:6	52:8 53:10
88:12 89:23	23:19 54:7	20:11,23	thought 7:7	55:24 56:15
90:1,5,19	60:17 81:4,16	21:10,22 22:4	25:15 34:16	56:16 57:14
taken 45:9	terrific 94:6	22:11,15,16	40:18 48:10	58:22,23 64:1
56:23 69:7	Terry 2:4 3:21	22:21 23:2,20	48:19 52:7,20	64:1 70:7
78:23 95:6	3:22 14:22	25:2,23 27:9	55:4,15 58:20	76:10 77:1
talk 14:8 20:17	15:21 16:2	27:14,16 29:3	59:14 70:8	83:8 86:2
21:7 44:16	21:11 23:20	29:9,16,18	77:15,16,17	87:4 89:15
50:6 53:3	23:22,23	30:14,19 31:1	87:20 90:9	91:5,16,18
65:22 82:22	32:16 40:11	31:8,14,16	thousands	94:18
90:7	63:24 66:5,11	32:10,17 34:1	44:18	times 9:23,24
talked 22:13	69:19 70:21	34:5 35:1	threat 70:6	10:3,3 16:20
38:9 42:10	75:5 79:7	36:9,15 38:17	threatened	28:15 60:20
49:14,19 54:5	88:8	39:2,6,10,14	67:15	67:7 79:10
talking 9:6,21	Terry's 78:22	41:9,11 42:1	three 9:12	91:16
19:17 24:4	test 52:19	42:4,9,21	12:23 13:3,11	timetables
26:19 30:5	53:10 55:6,9	44:4,18 45:12	15:9,12 18:23	82:23
31:3 36:12	55:16,24	46:13 49:5,7	34:19 54:13	timing 56:13
51:8,12,16,18	Texas 92:23	49:16 50:5,15	59:6 60:18	tired 53:22
53:14 71:11	thank 3:3 6:4	51:7,17 52:17	71:16,18 73:1	57:13
73:18 75:9	6:14,19,21	54:4,5,23	73:4 76:6	today 17:20
target 93:12	10:24 17:10	55:3,23,24,24	91:16 92:16	23:24 33:12
task 66:10	19:3 20:12	56:9,12,14,22	three-month	40:16
tasked 18:12	61:11 85:15	59:20 60:21	73:9 76:9	told 44:14
tasks 82:23	87:18,18,18	63:3 64:17	77:23	tomorrow 58:7
tax 9:22 10:2,3	theoretically	65:13,15,16	three-year	58:14 86:8
67:5,6,14,18	69:3	65:23,24	58:22,23	Toni 2:5 8:8,10
68:11 70:6,14	therapy 26:9	66:21 70:14	throw 16:7	8:11 16:1
	27:12	72:16,18 73:6	throwing 31:7	17:16 22:16

33:20 65:23 80:2 Toni's 66:5 top 29:15 toss 19:18 total 18:17 54:12 80:6 totally 42:2 69:11 towel 16:7 town 27:3 39:18 towns 27:2,13 track 11:2 training 6:15 6:17,20 24:18 24:20 88:21 transcript 9:5 9:9,15 88:1,3 88:4,7 transcripts 8:23 10:12 transfer 13:22 transferred 17:5 transitioning 17:4 travel 84:9 treat 21:10 treated 33:24 75:11 treatment 34:7 trends 16:4 tried 38:21 trouble 70:17 true 35:15 36:4 56:1 67:19 truly 46:2 trust 63:10 try 12:19 33:24 48:12,22 53:22 74:3 76:3 88:13 trying 21:19,20 27:16 33:10 33:18 35:13	40:24 49:1 55:5 56:14 59:2 68:13 70:11 72:18 78:8 91:15,19 Tuesday 83:21 83:22 84:22 85:9,10 turning 43:6 turnover 25:8 tweak 20:1 twelve 39:12 65:18 twice 50:20 84:20 two 3:5 9:4 10:15 12:12 12:18 27:4 29:10 31:5 54:13 58:22 58:23 66:17 76:6,7,20 81:1 82:17 83:1,24 84:9 90:6 92:16 type 64:11 73:2 80:7 typically 7:16 33:3 39:16	understands 27:19 under-utilized 70:10 unintended 31:11 unique 47:14 unit 75:10 77:20 units 26:13 universities 58:8 86:7 87:1 University 86:18,21 unoccupied 16:14,18 17:12 56:6 59:8 62:13 68:17 72:17 unused 50:12 unutilized 11:8 update 6:24 7:3 11:16 71:22 73:7 upgrade 26:7 26:17 32:9 uphill 33:8 upset 43:6 Urso 2:6 4:14 4:14 6:13 19:8 39:3 54:20 55:2,11 88:6 use 20:6 51:2 58:21,24 68:1 69:14 78:19 useful 12:4 usually 37:10 84:6 utilization 8:2 12:15 62:12 62:24 64:8 71:12 utilize 26:4 utilized 11:14	52:2 <hr/> V <hr/> vacations 83:17 valleys 79:7 value 33:18 varies 50:17 51:5 various 60:20 60:22 verification 64:23 verify 37:2 63:23 Vernon 39:14 versus 30:18 68:15 video 91:22 view 14:24 63:24 volume 34:3 voluntarily 16:20 volunteer 48:23 vote 3:9 18:23 18:23 42:17 42:22 88:4	55:3 56:8 59:20 60:11 63:19 67:8 68:12 69:5 73:1,10,13 74:3 79:1,14 79:24 81:7 85:1,2 88:7 90:13,18,19 wanted 11:12 32:16 36:11 42:22 55:11 60:9 wanting 39:16 53:5 79:11 wants 12:8 14:3 21:5,6 36:14 38:17 45:19 73:5 87:11 wasn't 10:6,18 28:4 49:18 59:12 wasting 34:17 water 3:4 Waxman 2:1 3:3,14 4:12 4:12 5:8 6:5 6:10,21 7:12 7:19,24 8:7 8:11,15,17,19 8:21 9:1,3,18 10:10,14,17 10:20,22,24 11:17,20 12:1 13:14 14:6,21 15:19 16:17 16:22 17:7,10 17:14 19:6 20:12 22:4 23:9,16,22 24:1,9,12 26:22 27:23 28:4 31:2 32:10 36:24 37:17 39:6
	<hr/> U <hr/> U 86:20 ultimately 19:8 19:8 54:21 77:21 Um-hum 23:13 85:15 undergoing 90:2 understand 12:7 30:5 50:11 63:14 63:17 91:19 understanding 19:19 22:5 53:3 91:14	Urso 2:6 4:14 4:14 6:13 19:8 39:3 54:20 55:2,11 88:6 use 20:6 51:2 58:21,24 68:1 69:14 78:19 useful 12:4 usually 37:10 84:6 utilization 8:2 12:15 62:12 62:24 64:8 71:12 utilize 26:4 utilized 11:14	<hr/> W <hr/> wait 85:2 waiting 7:6 81:12,12 walking 31:4 33:8 want 5:16,17 6:19 12:21,21 12:22 13:9 19:2 20:14 21:9 22:7,14 23:7 24:19 26:16 28:1 30:3 31:19 32:15 35:14 38:7,14 43:9 46:10 53:20	

40:1 41:17	week 64:2	89:14 90:1,18	Y	10 19:23 58:18
42:9 43:11,22	83:18,19,19	willing 49:2	yeah 42:21	10,000 68:18
46:17 48:7	84:10,11 93:8	50:6 68:2,3,6	47:8 52:5	10:00 1:16
49:11 50:9	weeks 34:19	wise 24:17,18	55:20 61:6	10:09 3:1
52:11,17 54:6	Weir 94:6	WIU 86:20	73:14,23	100 45:4
54:16,24 55:5	welcome 5:11	wondered 93:4	77:13 78:9	100-bed 44:20
55:18,21	went 9:23	wondering	81:15,22,24	109 88:9
58:15 59:4	38:21 81:23	88:11	82:20 85:24	119 9:20
60:6 61:2,4,8	West 1:3	word 5:13,19	86:19 91:6	12 73:11,13,14
61:11,20 63:3	Western 86:21	work 12:3	year 15:5 31:5	73:19
63:12,15	we'll 3:8 6:11	15:16 41:1	43:18 50:20	12th 85:7
65:15,20	8:7 12:18	52:16 55:23	51:14 52:5,5	121 9:5
66:10 67:21	18:22,23	57:22 58:12	53:11 60:20	14,000 15:3
68:5,8,13	65:21 69:24	62:20 64:14	60:23 61:1,22	15 15:2 28:2
69:2,7,13	70:9 72:15	75:20 82:3,10	63:19 66:21	15,000 9:6,22
72:4,11,23	76:2 83:13	84:17 89:8	66:23 68:8,10	9:23 10:3
73:16 74:2,20	86:19	94:5	79:7,8,12,14	16th 84:16,17
76:7,13,20	we're 5:8,16	worked 57:22	years 15:2 22:5	160 59:7 60:18
77:3,9,17	11:2 14:11	88:24	25:4,8 26:24	17th 85:9,11
78:11,18,22	16:5,10 17:3	working 6:3	34:15 38:9	18th 83:22 84:2
80:2,16 81:2	21:8,18,20	37:6,15 38:23	39:12 41:9	84:3
81:18 82:2,14	24:3,13 31:4	81:19 92:2	49:13 51:9,17	180 60:21
82:20 83:2,5	32:3,3 34:17	94:3	53:14 59:6	19th 8:23
83:11,15,18	35:4 37:6	workload	60:18 79:10	19,000 68:18
83:23 84:11	40:16,24 41:8	63:20	81:1 92:16,17	190 60:21
84:13,17,20	41:9,19,21	works 45:3	92:19	
84:22 85:1,6	43:16 44:6,9	world 32:11	year's 79:4	2
85:11,13,17	44:10 45:12	66:12	yell 72:12	2nd 1:3 66:23
86:11,15,22	51:2,18 54:14	worry 74:5	yesterday 7:2	20 19:23 25:7
87:2,5,7,11	62:14 63:10	worst 39:18	7:22 58:5	27:20 92:19
87:15,19	63:15 64:14	worth 14:1,2	yet-to-be-defi...	20,000 31:18
88:11,19	65:17 68:16	30:20 56:16	54:18	68:17
89:13 90:5,15	69:2 72:4,21	79:4	young 20:19	20-bed 77:19
91:3,6 94:7	73:6,10 75:7	wouldn't 9:8,9		200 24:21,21
94:11,13,15	75:8,11 76:12	9:11 23:7	\$	59:5
way 3:11 20:4	76:18,24	62:7 75:17	\$1.50 10:2,3	200-bed 26:19
20:15 22:2	77:22 78:2,8	write 48:23	\$10,000.00	60:17 61:9
29:9,20 37:23	78:9,10,15,20	66:4	29:14	2001 1:16
47:10 51:14	81:9 84:7,10	writing 95:7	\$50,000 44:19	2011 80:24
55:24 56:22	89:19 92:13	wrong 33:18	\$6.00 9:24 67:5	2013 1:15
58:21 59:14	we've 7:16	34:11 79:3	\$6.07 67:5	15:22
71:15 81:7	17:21 37:6,7	wrote 62:18	\$8,000 32:6	217-782-3516
ways 15:16	41:13 51:8	87:19		1:5
20:10	54:5 61:14		1	23 1:15
weakness	71:15 72:8	X	1st 6:1	24th 83:20
25:16	81:21 82:3	X 46:20	1:12 94:18	85:10

<p>25th 83:21 84:2 84:5 26th 83:10,12 84:8 29th 66:23</p> <hr/> <p style="text-align: center;">3</p> <hr/> <p>3 12:6,7 30 93:22 300 9:24 365 10:3</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 12:6 4th 83:19 84:10 40 15:6 59:7,8 49 35:8</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5 6:12 66:22 50 15:6 35:8 39:18 50-bed 44:21 525 1:3</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>60 42:8 62761 1:4</p> <hr/> <p style="text-align: center;">7</p> <hr/> <p>7 8:1 70 42:8 70.5 9:24 10:8 770 77:11 790 77:11</p> <hr/> <p style="text-align: center;">8</p> <hr/> <p>8 85:18 8.2 10:4,8 80 60:19 61:1 850 77:14 870 67:2</p> <hr/> <p style="text-align: center;">9</p> <hr/> <p>9th 84:12,13 85:7 90 60:23</p>	<p>900 77:16,17 970 77:9</p>			
--	--	--	--	--