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HEALTH FACILITIES &  
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**STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**(MEETING HELD OCTOBER 30 & 31, 2012)**

**PROCEEDINGS HELD IN OPEN SESSION  
ON**

**OCTOBER 30, 2012**

NATIONWIDE SCHEDULING

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

217-782-3516

OPEN SESSION

(October 30, 2012)

Regular session of the meeting of the State of  
Illinois Health Facilities and Services Review Board was  
held on October 30 and 31, 2012, at Bolingbrook Golf Club,  
2001 Rodeo Drive, Bolingbrook, Illinois.

1 PRESENT:

Dale Galassie - Chairman

2 John Hayes - Vice-Chairman

James Burden

3 Alan Greiman

Kathy Olson

4 Richard Sewell

David Penn

5 Philip Bradley

6

ALSO PRESENT:

7 Courtney Avery - Administrator

Catherine Clark - Board Staff

8 Frank Urso - General Counsel

Juan Morado - Assistant Counsel

9 Alexis Kendrick - Board Staff

Claire Burman - Board Staff

10 Michael Constantino - IDPH Staff

George Roate - IDPH Staff

11 David Carvalho - IDPH

Bill Dart - IDPH

12 Michael C. Jones - DHFS

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Reported by:

20 Karen K. Keim

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22 Chicago, IL 60611

23

24

1 START TIME: 10:10 A.M.

2

3 CHAIRMAN GALASSIE: Good morning again.

4 Thank you very much. Appreciate everyone being here.

5 Welcome here from all the Board members and myself.

6 I would like to take a brief moment for our  
7 friends and colleagues on the east coast and wish them the  
8 best karma that we can send them, because it certainly  
9 sounds as though they are in great need of it. We're  
10 simply dealing with blustery winds and cold air. They're  
11 dealing with life's devastations that weather can bring.  
12 So, if you will, just take a moment, please.

13 (Pause)

14 CHAIRMAN GALASSIE: Thank you very much.

15 I would like to call the meeting to order.

16 George, can I ask for a roll call, please?

17 MR. ROATE: Yes, sir.

18 Mr. Bradley?

19 MR. BRADLEY: Here.

20 MR. ROATE: Dr. Burden?

21 MR. BURDEN: Here.

22 MR. ROATE: Senator Demuzio?

23 (No response)

24 MR. ROATE: Absent.

**DRAFT**  
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1 Justice Greiman?

2 MR. GREIMAN: Here.

3 MR. ROATE: Mr. Hayes?

4 MR. HAYES: Here.

5 MR. ROATE: Ms. Olson?

6 MS. OLSON: Here.

7 MR. ROATE: Mr. Penn?

8 MR. PENN: Here.

9 MR. ROATE: Mr. Sewell?

10 (No response)

11 MR. ROATE: Absent.

12 Chairman Galassie?

13 CHAIRMAN GALASSIE: Present.

14 MR. ROATE: We have a quorum.

15 CHAIRMAN GALASSIE: Thank you very much.

16 Can I have a motion to approve the agenda?

17 MR. BURDEN: So moved.

18 MS. OLSON: Second.

19 CHAIRMAN GALASSIE: Moved and second. Voice

20 vote. All in favor.

21 ("Ayes" heard)

22 CHAIRMAN GALASSIE: Opposed?

23 (No response)

24 CHAIRMAN GALASSIE: Hearing none, motion

1 passes.

2 Moving on to Item 5, Approval of the Minutes,  
3 September 11th and 12th. I'll entertain a motion and  
4 second.

5 MR. HAYES: So moved.

6 MR. GREIMAN: Second.

7 CHAIRMAN GALASSIE: Moved and seconded by  
8 Judge Greiman. Any questions, comments, or changes for the  
9 minutes?

10 (Pause)

11 CHAIRMAN GALASSIE: Hearing none, voice vote.  
12 All in favor?

13 ("Ayes" heard)

14 CHAIRMAN GALASSIE: Opposed?

15 (No response)

16 CHAIRMAN GALASSIE: Motion passes. Thank you  
17 very much.

18 I would like to thank, despite his absence,  
19 our past member, Ron Eaker, who is from southern Illinois,  
20 who has not been reappointed, but sends his best to both  
21 the Board members and those involved. He said he is very  
22 appreciative of his tenure on the Board, and he will be  
23 moving on to other voluntary work, some of which will  
24 continue to be within the state of Illinois. So, we wish

1 Ron and actually his wife, who we got to meet on a few  
2 occasions -- we wish them all the best.

3 That door closing opens a new door. We would  
4 like to welcome our new member, Phil Bradley. Mr. Bradley  
5 has been known to State Government for many years, to his  
6 credit. Past Director of Public Aid. Our paths used to  
7 cross in that role, when I was at Lake County. Phil is  
8 also familiar with the Board. He has served at least two  
9 administrations during his tenure and spent about 15 years  
10 of his career running an HMO. So, his background and  
11 expertise will be helpful for us. We look forward to his  
12 perspectives, and we will be -- you will be getting to meet  
13 him as time goes on as well. Welcome, Phil.

14 MR. BRADLEY: Thank you.

15 CHAIRMAN GALASSIE: And Professor Manak's  
16 Healthcare Planning class from Governor State University,  
17 I'm going to ask our Governor State University students to  
18 stand up.

19 (Pause)

20 CHAIRMAN GALASSIE: Wow. Okay. Good class  
21 for sure. Welcome here, and we'll be asking each and every  
22 one of you to give us a five-minute oratory on policy,  
23 starting with you (indicating).

24 (Laughter)



1                   So, are there questions on 08-013, Carle  
2 Foundation Hospital permit?

3   (Pause)

4                   CHAIRMAN GALASSIE: On your agenda, it's 1  
5 through 4.

6                   CHAIRMAN GALASSIE: I'm sorry. Yeah, on your  
7 agenda it's 1 through 4. I'm corrected. We don't need a  
8 motion. Just for the record, Permit 10-03 Advocate  
9 BroMenn, Permit 08-051, Good Samaritan, and Permit 10-063,  
10 FMC Lakeview.

11   (Pause)

12                   CHAIRMAN GALASSIE: Hearing no questions,  
13 we'll move on. Thank you. I'll try to get us all on the  
14 same agenda so I'm not confusing you all day.

15                   MR. PENN: Mr. Chairman, that last motion,  
16 did you include Advocate BroMenn?

17                   CHAIRMAN GALASSIE: Yes.

18                   MR. PENN: Okay.

19                   CHAIRMAN GALASSIE: Thank you for asking.

20                   We are moving to Item A-01, Mercy Hospital and  
21 Medical Center. If we have representatives from Mercy  
22 Hospital and Medical Center that would like to come up --  
23 if not, you don't have to.

24   (Pause)



1 MR. PENN: Yes.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Yes.

4 MR. ROATE: That's seven votes in the  
5 affirmative.

6 CHAIRMAN GALASSIE: Motion passes. Thank you  
7 very much.

8 Item B, Extension Requests. We have none.

9 Item H, Applications Subsequent to Initial  
10 Review -- excuse me. Yeah. Again, if there are any  
11 representatives from Mercy Hospital for Project 12-044 --  
12 Mercer. Sorry. My apologies.

13 (Pause)

14 CHAIRMAN GALASSIE: Good morning. If you  
15 would introduce yourselves, spelling your name for our  
16 recorder, we will then have you sworn in.

17 MR. CROPPER: Doug Cropper, President and CEO  
18 of Genesis Health System. (Spells name)

19 MS. GORDON: Lynn Gordon, (spells name), an  
20 attorney with Ungaretti & Harris.

21 MR. ROGALSKI: Ted Rogalski (spells name); I'm  
22 the Administrator for Mercer County Hospital.

23 CHAIRMAN GALASSIE: Thank you. And now we'll  
24 have you sworn.

1 (Oath given)

2 CHAIRMAN GALASSIE: Thank you very much.

3 Staff report, gentlemen?

4 MR. CONSTANTINO: Thank you, Mr. Chairman.

5 The Applicants are proposing to discontinue a  
6 14-bed long-term care category of service and a 3-bed  
7 intensive care service. There is no cost to this project,  
8 and there was no public hearing requested, and we received  
9 no opposition.

10 Thank you, Mr. Chairman.

11 CHAIRMAN GALASSIE: Counsel?

12 MR. URSO: Mr. Chair and Board members, I just  
13 wanted to mention that we did have a compliance issue with  
14 Mercer County Hospital. I'm also pleased to tell you that  
15 we have a resolution on that. They worked very closely  
16 with us in terms of resolving the compliance issue. So, I  
17 believe I'll have a Final Order later this meeting. So, I  
18 just want to commend them on working with us to deal with  
19 the compliance matter. Thank you.

20 CHAIRMAN GALASSIE: Thank you.

21 And for Board members' sake, if you've looked  
22 down the agenda, the next two items are also Mercer County,  
23 C-01 and C-02 on the agenda. So, we'll be dealing with  
24 these subsequent to one another but individually.

1 Any comments for the Board on the long-term  
2 care discontinuation, or do you simply want to take  
3 questions, if there are any?

4 MR. ROGALSKI: I'll have a couple comments.  
5 These categories of services were discontinued pursuant to  
6 a CON permit approved by this Board back in 2009. That CON  
7 also contemplated the modernization of our facility, and  
8 the hospital was ultimately unable to secure financing for  
9 the modernization project. We pursued a couple different  
10 avenues, both USDA financing as well as private commercial  
11 banks, and, as a result, have been unable to secure the  
12 financing. We were wanting to discontinue the project, and  
13 the Board approved that June 6th, 2011.

14 Unfortunately, what we did not realize is that  
15 discontinuation of the modernization program was linked to  
16 the bed discontinuation, and that is why we are here before  
17 you today, to get your formal approval to discontinue the  
18 beds. We have taken those services out of service and have  
19 not operated them since 2009. It would be unfeasible for  
20 us to continue to do that today. We just don't have the  
21 staff, the quality of care, especially from the intensive  
22 care service category, as well as the capital investment  
23 that would be needed to produce those services in our  
24 facility.



1 finance, and I know it's cumbersome. It's expensive for  
2 you guys to go through this process, and I think we are  
3 working to see if we can change that, where the financing  
4 is approved prior to you guys coming before our Board, and  
5 I hope that we can continue to move forward, because of the  
6 cost and time you guys have spent in this process, and the  
7 financing doesn't seem to be as available as it was a few  
8 years ago. That's just my comment. I hope we go forward  
9 and make sure we can help our clients, the applicants, to  
10 get the financing first.

11 CHAIRMAN GALASSIE: Thank you very much.

12 MS. OLSON: All right. That confuses me. I  
13 thought the problem was they couldn't get the financing  
14 until we approved the CON.

15 MR. PENN: It is the problem. I'm sorry. Go  
16 ahead.

17 MS. OLSON: I just want you to clarify,  
18 because I think we're saying the same thing, but I'm not  
19 understanding what you're saying.

20 MR. PENN: They have to get our approval  
21 before they get the financing, and we say we should reverse  
22 that, because there is a lot of expense they have to go  
23 through to get to us and then they don't get financing.  
24 And we're asking to see if we can reverse that.



1 MR. ROATE: Mr. Penn?

2 MR. PENN: Yes.

3 MR. ROATE: Chairman Galassie?

4 CHAIRMAN GALASSIE: Yes.

5 MR. ROATE: That's seven votes in the  
6 affirmative.

7 CHAIRMAN GALASSIE: Motion passes.

8 Moving on -- and you folks do not have to be  
9 sworn in again -- Item E-003-12, Mercer County Hospital.  
10 Comments for the Board?

11 MR. CROPPER: Yes, I do have some comments.  
12 Doug Cropper again, President and CEO of Genesis Health  
13 System.

14 Mr. Chairman and distinguished Board members,  
15 thank you for the opportunity to come and discuss these  
16 projects with you today. Mercer County Hospital is a  
17 22-bed critical access hospital, located in Aledo,  
18 Illinois. It's currently owned by Mercer County. As a  
19 centrally-located critical access hospital and the only  
20 hospital in Mercer County, the hospital provides vital  
21 services to Mercer County and the residents of that county.  
22 Due to increased costs and declining reimbursement and the  
23 challenges of construction that we may discuss, the  
24 hospital has unmet capital needs and has needed management

1 support from Genesis Health System. We've been involved  
2 with them for a couple years now.

3 Similarly, Mercer County Nursing Home is a  
4 92-bed skilled nursing facility, located next to the  
5 hospital in Aledo, Illinois, and owned by Mercer County as  
6 well. It is the only county unskilled nursing facility.  
7 The nursing home provides critical nursing, rehabilitation,  
8 and other services to Mercer County. Without the continued  
9 presence of both the hospital and the nursing home in the  
10 county, Mercer County residents would be required to travel  
11 longer distances for emergency and other medical services,  
12 and this would dislocate current nursing home residents  
13 from their place of residence.

14 Genesis Health System is a not-for-profit  
15 corporation. It's tax exempt under Section 501(c)(3) of  
16 the Internal Revenue Code, and we have a charitable mission  
17 to improve the quality and extend the scope and enhance the  
18 accessibility of healthcare for the people who we serve,  
19 and that is eastern Iowa and western Illinois. In  
20 furtherance of this mission, Genesis operates an integrated  
21 healthcare delivery system with multiple hospitals and  
22 multiple locations throughout that geography. We have  
23 physician practices, hospitals, home health hospice, and  
24 other services in our continuum of care. Additionally,

1 Genesis operates skilled nursing facilities, and we have a  
2 couple of them. One of them is in Illinois, and it is  
3 operated on the GMC Illini Campus. We also have an  
4 independent living facility there, and both of those  
5 facilities have been given the five star quality rating  
6 from the Centers for Medicare and Medicaid Services. So,  
7 we are known for our quality of services that we provide.

8           In the contemplated hospital change of  
9 ownership transaction, Genesis Medical Center, Aledo will  
10 assume the ownership and control of the hospital as well as  
11 all of the hospital's current debt. This transaction, in  
12 conjunction with a nursing home change of ownership  
13 transaction, will relieve taxpayers of Mercer County of the  
14 cost of employee pension costs, which has been funded  
15 through a property tax levy, and that's approximately a  
16 \$100,000 a month. So, that's a significant ticket for  
17 them. Genesis will provide employees with benefits  
18 comparable to those offered to other similar-situated  
19 Genesis employees.

20           Subject to the approval of the Board, these  
21 transactions are anticipated to close in January of 2013.  
22 Consistent with the Board rules, it's not anticipated that  
23 any changes to the hospital's number of beds or clinical  
24 services will result from this transaction, nor will access

1 to services provided by the hospital be diminished as a  
2 result of this transaction. Genesis will adhere to the  
3 Board's rules regarding the hospital's current number of  
4 beds, categories of service, and charitable care policies,  
5 and control of ownership of the hospital.

6 We note that the State Agency Report makes no  
7 negative findings with respect to this project and believe  
8 that this transaction is a cost-effective means of assuring  
9 the continued provision of healthcare services to this  
10 county, and we ask for the Board's approval of this  
11 hospital transaction.

12 Lastly, the contemplated nursing home --  
13 change of nursing home transaction is necessary for the  
14 reasons I stated, same reasons as the hospital transaction.  
15 Subject to the approval of this Board, the transaction is  
16 also anticipated to close in January of 2013, and it's not  
17 anticipated that any change to the nursing home category of  
18 services or number of beds will result from the  
19 transaction. Genesis will adhere to the Board's rules  
20 regarding current number of beds and ownership. We note  
21 also that the State Agency Report makes no negative  
22 findings with respect to this project and ask for the  
23 Board's approval of this transaction.

24 We're all happy to answer any questions that

1 the Board may have about either of these transactions.

2 Thank you.

3 CHAIRMAN GALASSIE: Thank you very much, and  
4 remember, of course, that he explained both the item we're  
5 speaking to and the subsequent item as well. Again I will  
6 ask for a motion and a second, and if there are any  
7 questions from Board members, we'll take them. May I have  
8 a motion to approve Mercer County Hospital, Aledo, for a  
9 change of ownership?

10 MR. BURDEN: So moved.

11 MR. HAYES: Second.

12 CHAIRMAN GALASSIE: Moved and seconded. Any  
13 questions for Mercer County?

14 (Pause)

15 CHAIRMAN GALASSIE: Hearing none, roll call,  
16 please.

17 MR. ROATE: Motion made by Dr. Burden,  
18 seconded by Mr. Hayes.

19 Dr. -- Mr. Bradley?

20 MR. BRADLEY: Yes.

21 MR. ROATE: Dr. Burden?

22 MR. BURDEN: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: Yes.

5 MR. ROATE: Mr. Penn?

6 MR. PENN: Yes.

7 MR. ROATE: Chairman Galassie?

8 CHAIRMAN GALASSIE: Yes.

9 MR. ROATE: Seven votes in the affirmative.

10 CHAIRMAN GALASSIE: Motion passes.

11 Mercer County representatives have been

12 introduced, sworn in, and given comments to the Board.

13 Thus, for Item E-004-12, Mercer County Nursing Home, may I

14 have a motion to approve Mercer County Nursing Home, Aledo,

15 for a change of ownership?

16 MR. HAYES: So moved.

17 MR. BURDEN: Seconded.

18 CHAIRMAN GALASSIE: Moved and seconded. Any

19 questions?

20 (Pause)

21 CHAIRMAN GALASSIE: Hearing none, roll call,

22 please.

23 MR. ROATE: Motion made by Mr. Hayes, seconded

24 by Dr. Burden.

1 Mr. Bradley?

2 MR. BRADLEY: Yes.

3 MR. ROATE: Dr. Burden?

4 MR. BURDEN: Yes.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Yes.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes.

13 MR. ROATE: Chairman Galassie?

14 CHAIRMAN GALASSIE: Yes.

15 MR. ROATE: That's seven votes in the

16 affirmative.

17 CHAIRMAN GALASSIE: Motion passes.

18 Congratulations. Good luck to you.

19 (Pause)

20 CHAIRMAN GALASSIE: We're moving on now to

21 Item C-03, The Glen. Again, the next three items are

22 without opposition. We welcome these folks to the table,

23 asking you to introduce yourselves, spelling your name, and

24 we'll have you sworn in. If you have any brief comments

1 for the Board, we'll entertain those.

2 MR. CLARK: My name is John Clark (spells  
3 name).

4 MR. OURTH: Joe Ourth (spells name).

5 MR. BLOOM: Ronald Bloom (spells name).

6 (Oath given)

7 CHAIRMAN GALASSIE: Thank you very much.

8 Staff report, gentlemen?

9 MR. CONSTANTINO: Thank you, Mr. Chairman.

10 The Applicants are proposing to purchase a 51 percent  
11 interest in the Glen Endoscopy Center, a limited specialty  
12 Ambulatory Surgical Treatment Center. The cost of the  
13 transaction is approximately \$8 million. The anticipated  
14 completion date is December 31st, 2012.

15 Thank you, Mr. Chairman.

16 CHAIRMAN GALASSIE: No opposition?

17 MR. CONSTANTINO: No opposition, no public  
18 hearing requested.

19 CHAIRMAN GALASSIE: Comments for the Board,  
20 gentlemen?

21 MR. BURDEN: Mr. Chairman -- excuse me. I'm  
22 willing to wait until we have --

23 CHAIRMAN GALASSIE: Okay. Go right ahead.

24 MR. CLARK: Mr. Chairman and members of the

1 Board, my name is John Clark. I'm Vice-President of  
2 Development with AmSurg.

3 As this is presented to you today, it's  
4 presented as a change of ownership. It would really be  
5 better can described as forming a new partnership. Along  
6 with me is Dr. Ronald Bloom this morning, one of the ten  
7 physicians currently owning and practicing at The Glen  
8 Endoscopy Center, and we've approached Dr. Bloom, AmSurg,  
9 to come along side of him and fellow physicians to bring  
10 our expertise of healthcare and ASC management and  
11 ownership to help The Glen to continue to provide the care  
12 they've always provided in Cook County for the long term.

13 So, we're excited about this opportunity of  
14 joining our community physicians and presenting that to you  
15 this morning. Thank you.

16 CHAIRMAN GALASSIE: Thank you.

17 MR. BLOOM: I'm Ron Bloom. I'm one of the  
18 physicians here representing our side of this proposed  
19 merger.

20 As John mentioned, we're not looking toward to  
21 selling our bricks and mortars but rather gaining a partner  
22 in continued management of our center. We look forward  
23 less to running the center and more to working in the  
24 center and caring for the patients in our community. We're

1 excited. We believe this is good not only for the center  
2 but for the community and the patients that we care for,  
3 and we ask the Board for its support in this proposal. We  
4 believe it's in accordance with all of the rules that are  
5 set forth here, and we thank the Board for its  
6 consideration in this matter.

7 We'd be happy to answer any questions that you  
8 may have. Dr. Burden, I believe you had one.

9 CHAIRMAN GALASSIE: All yours, Doc.

10 MR. BURDEN: Thank you. I've been retired 13  
11 years. Since I've been on this Board for about five, I've  
12 certainly seen an explosion -- and recognize some of the  
13 reasons why -- of the ambulatory treatment center move. I  
14 guess I have two things I'm curious about, not your  
15 proposal per se.

16 I think we personally see some inventory of  
17 surgical treatment center applications for -- I hate to be  
18 succinct, but not as clean as this one. As a practicing  
19 physician and from my colleagues, with whom I hang around  
20 with a fair number -- golf courses, et cetera -- there  
21 seems to be an overview from comments that there isn't  
22 enough scrutiny of the ambulatory treatment surgery  
23 centers, et cetera. I don't know if that's valid, but I  
24 hear that from individuals who are practicing, considerably

1 younger than I. I am impressed that this is a clean  
2 application. I think it's appropriate to me. I understand  
3 the reasons why you want to move.

4 I'm wondering why Ambulatory Surgical Corp --  
5 have you guys -- has that organization appeared here in the  
6 Chicago area to purchase ambulatory surgical treatment  
7 centers before?

8 MR. CLARK: Yes. We have a partnership right  
9 now in Lake Bluff. It's another endoscopy center, very  
10 similar to Dr. Bloom's, and will be complementing the area  
11 and would have us having expertise in a center we already  
12 have and bringing that out expertise to The Glen Endoscopy  
13 Center as well.

14 MR. BURDEN: You're based in Atlanta?

15 MR. CLARK: We are based out of Nashville,  
16 Tennessee.

17 MR. BURDEN: And your organization is spread  
18 essentially in the south, southwest? I'm just curious. It  
19 has nothing to do with it.

20 MR. CLARK: It's totally national. There's no  
21 nucleus or setting in any one. We're from California to  
22 Chicago to Florida equally. We have 230 ambulatory surgery  
23 centers across America. So, those 230, which is spread  
24 equally across America, and they go from endoscopy to

1 multi-specialty to ophthalmology. It's a pretty diverse  
2 group of surgery centers.

3 MR. BURDEN: Do you solicit, or do you get  
4 solicited by groups who --

5 MR. CLARK: That's a good question. It's  
6 both. There are some surgery centers that we will be aware  
7 of and we will call them and bring our offer to the table,  
8 and sometimes the surgeons seek us out, because of the  
9 complex nature of healthcare, and, as Dr. Bloom said, he's  
10 working 60 hours a week to try to provide care to patients.  
11 It's a lot of work to also manage that surgery center and,  
12 obviously, you -- with all of the regulatory things going  
13 on in healthcare, it's becoming more and more complicated.  
14 CMS is asking more reporting to take place and electronic  
15 medical records and on and on and on, and for an individual  
16 surgery center to operate in that, it just takes a lot of  
17 time and consultants. And this way, he can quit using  
18 consultants and actually have a partner, and that's what is  
19 exciting about us to Dr. Bloom. We are truly a partner,  
20 and we bring these resources to him.

21 MR. BURDEN: Thank you. I appreciate your  
22 answer. It's informative to me personally, as I see the  
23 trends that you just referred to. When I came -- when I  
24 retired in 1960, about 22 percent of physicians were

1 employed, and I think it's up to about 50 now. We're  
2 seeing hospital mergers. This is another avenue, the  
3 ambulatory surgery treatment center, which is relatively  
4 new, is growing, and I sense it will continue to grow, and  
5 I'm curious to see how an organization such as yours grow.  
6 That was all.

7 Thank you.

8 CHAIRMAN GALASSIE: Any other questions?

9 MS. OLSON: Mr. Chairman, I have just one  
10 comment. I see that your charity care is zero and your  
11 Medicaid is 1.2 percent. I hope that once this partnership  
12 is realized that maybe we'll see an increase in those  
13 numbers. That's just a comment.

14 CHAIRMAN GALASSIE: May I have a motion to  
15 approve The Glen Endoscopy Center, Glenview, for a change  
16 of ownership?

17 MR. HAYES: So moved.

18 MR. BURDEN: Second.

19 CHAIRMAN GALASSIE: Moved and seconded. Roll  
20 call?

21 MR. ROATE: Motion made by Mr. Hayes, seconded  
22 by Dr. Burden.

23 Mr. Bradley?

24 MR. BRADLEY: Yes:



1 introduce yourselves, spelling your names, we will get you  
2 sworn in.

3 MR. HOLZHUETER: Hi. I'm Mike Holzhueter  
4 (spells name). I'm General Counsel at Cadence South.

5 MS. SKINNER: Honey Skinner (spells name) with  
6 Sidley Austin.

7 MR. VIVODA: Mike Vivoda (spells name) with  
8 Cadence Health.

9 MR. THOMAS: Richard Thomas (spells name),  
10 physician at OAD Orthopedics.

11 MR. AXEL: Jack Axel (spells name) with Axel  
12 and Associates.

13 CHAIRMAN GALASSIE: Thank you, folks.

14 (Oath given)

15 CHAIRMAN GALASSIE: Staff report, gentlemen?

16 MR. CONSTANTINO: Thank you, Mr. Chairman.

17 The applicants are proposing a change of  
18 ownership for a limited specialty ASTC that performs  
19 orthopedic and pain management services. The cost of the  
20 project is approximately \$44.9 million. There was no  
21 public hearing request and no opposition letters received  
22 by the State Board Staff. The anticipated completion date  
23 is March 31st, 2013.

24 Thank you Mr. Chairman.



1 collaboration between hospitals and physicians, which we  
2 think is going to be a core competency in the healthcare  
3 era in the future.

4 And we'd be happy to answer any questions.

5 CHAIRMAN GALASSIE: Thank you, sir.

6 I am going to ask for a motion and a second,  
7 and then we'll open it up to questions. May I have a  
8 motion to approve DuPage Orthopaedic Surgery Center,  
9 Warrenville, for a change of ownership?

10 MS. OLSON: So moved.

11 MR. HAYES: Second.

12 CHAIRMAN GALASSIE: Moved and seconded.

13 Questions by Board members?

14 MS. OLSON: I'm just curious. So, once this  
15 goes through, then both of these facilities will have an  
16 integrated EMR with the other hospitals at Cadence?

17 MR. VIVODA: Correct.

18 CHAIRMAN GALASSIE: Dr. Burden?

19 MR. BURDEN: Thank you, Mr. Chairman.

20 It's interesting to me -- this is about an \$80  
21 million proposition. I see physicians collaborating. This  
22 is obviously a very viable group. I hang around with a lot  
23 of orthopods. It looks pretty good. The money looks good.  
24 As a family physician, I presume the doctors are going to

1 feel that they need this in order to survive. I'm looking  
2 at it from a doctor's point of view, and this is a business  
3 transaction. I don't think there is any question that  
4 we're going to see more of these. I'm somewhat disturbed  
5 that this has to be a trend that is ongoing because of  
6 economic considerations. The hip guys I hang around with  
7 all see diminishing return on their efforts in the middle  
8 of the night, et cetera, et cetera. I'm wondering what the  
9 hospital -- other than control, do the doctors maintain  
10 their independence? Are they going to become salaried?  
11 These are questions that are going to come in time. They  
12 may not be on the table now, but I -- as a doctor, I was  
13 independent. I was an entrepreneur. I enjoyed that. I  
14 didn't get along extremely well with hospital  
15 administrators. Frankly, I miss Luke. Where is he? He  
16 isn't here to tell his colleagues he's going to create a  
17 whole new economic world in DuPage County -- which I had a  
18 business enterprise in that town. It wasn't in medicine,  
19 but it was a successful business enterprise. I'm just  
20 kidding.

21 MR. VIVODA: I'll answer your last question  
22 first. Luke is obviously retired. He has a place in  
23 Martha's Vineyard. He is not there today.

24 (Laughter)

1 MR. VIVODA: From a hospital perspective, just  
2 to be clear -- and it didn't meet the threshold for Board  
3 approval, but upon closing these two transactions, the 23  
4 physicians of OAD Orthopedics will become employees of the  
5 health system, fully integrated and aligned going forward.

6 We're joined by Dr. Rick Thomas, who is one of  
7 the physician leaders, so he may want to comment on that.

8 MR. BURDEN: I guess it's just my personal  
9 perspective, and I enjoy independence still. Since I'm a  
10 volunteer and unpaid, I can express my opinions about  
11 what's going on in medicine. I'm interested in seeing  
12 change. I'm sure the doctors who are making this change  
13 recognize it more acutely than I do. That's good. I  
14 appreciate your candor. That's what I read.

15 And lastly but not least, I've been a graduate  
16 of Loyola Academy and I played football. There is a  
17 Skinner on the varsity team. Is that related to you,  
18 Mrs. Skinner?

19 MS. SKINNER: It wasn't. I wish it were,  
20 because they're doing very well.

21 MR. BURDEN: Are you kidding? Unfortunately,  
22 they've got to play Main South before they get down the  
23 street.

24 MS. SKINNER: Every year.

1 MS. OLSON: I'd just like to make another  
2 comment, because I think in my mind, this is more than  
3 about physicians. I believe this is going to enhance  
4 quality of care for patients through the integrated  
5 electronic medical record. I just think that's the best  
6 thing in healthcare to come along, working in a healthcare  
7 facility, where doctors are able to talk much easier to  
8 doctors. So, I would submit that it's more than just a  
9 physician convenience. I think that there is going to be  
10 enhanced care for the patient; at least that would be  
11 expected.

12 CHAIRMAN GALASSIE: Any other questions or  
13 comments?

14 (Pause)

15 CHAIRMAN GALASSIE: Hearing -- Mr. Carvalho?

16 MR. CARVALHO: Thank you.

17 Mr. Vivoda and the applicants, I have a couple  
18 questions, or more to inform the Board for purposes of  
19 their legislative agenda. They may sound like they're  
20 challenging this application, and it's not. So, don't take  
21 it this way.

22 Your patient mix involves 3 percent Medicare,  
23 .1 percent Medicaid, and, of course, zero charity care,  
24 because you don't get revenues for charity care, but your

1 charity care numbers are like five people, I think. Where  
2 do Medicaid and Medicare, let alone uninsured persons in  
3 your neck of the woods, get orthopedic care?

4 MR. THOMAS: You're asking me the question?

5 MR. CARVALHO: Well, Mr. Vivoda is the  
6 hospital person, but you can answer.

7 MR. THOMAS: OAD Orthopedics has had an open  
8 policy for Medicaid and Medicare since its existence, along  
9 with Access DuPage. Not everybody that comes to our  
10 practice needs surgery, as you know. Not everybody we see  
11 is a surgical patient, but we do have a no-holds-barred  
12 policy. Access DuPage, as Mike has been intimately  
13 involved with, has been in our practice for a long time,  
14 and we're one of the primary caregivers for Access DuPage,  
15 free care for patients who fall between the threshold of  
16 Medicaid and having commercial insurance.

17 MR. CARVALHO: Access DuPage is a relatively  
18 affluent community, but the profile of the population  
19 DuPage couldn't possibly be 3 percent Medicare, .1 percent  
20 Medicaid and 7 percent insured. So, where do --  
21 Mr. Vivoda, where do the Medicare and Medicaid patients --

22 MR. VIVODA: Many Medicare patients who are  
23 orthopedic surgical candidates don't qualify for outpatient  
24 surgery. So, a lot of that is done on an inpatient basis,

1 number one. On closing this transaction, OAD Orthopedics,  
2 its medical office building and the surgery center will  
3 adhere to Cadence Health's financial assistance and  
4 participation in Medicaid, Medicare, as well as Access  
5 DuPage. Dr. Thomas mentioned, we do share the same values  
6 consistently today. They were running a physician  
7 for-profit enterprise. This will be part of the Cadence  
8 Health not-for-profit continuum of care, and we will be  
9 offering services for all Medicare, Medicaid, as well as  
10 Access DuPage patients, and take that very seriously.

11 MR. CARVALHO: That's why I characterized this  
12 as not hostile, because, in fact, if you look at the ASTC's  
13 who are partnered with hospitals or owned by hospitals, you  
14 do see a different skew. But the reason I put it in the  
15 context of legislative agenda or potential legislative  
16 agenda is, the Board approves facilities under sort of a  
17 theoretical notion that they're available to everyone  
18 within a community. So, the need is determined by how much  
19 does the community need, and those are the number of  
20 facilities that are authorized and no more. But if a  
21 portion of the facilities that are approved are de facto  
22 not available to the whole population based upon payor mix,  
23 then there is something out of sync between the Board's  
24 determination of need and reality that occurs on the

1 ground, and it kind of presents itself most obviously in  
2 the case of ASTC's, because ASTC's do not have a charity  
3 care obligation and do not have that obligation to seek  
4 Medicaid or Medicare.

5           So, it's an issue that remains a little  
6 unresolved. I was reminded of it yesterday -- last week.  
7 At the Department of Public Health, we work with providing  
8 assistance to refugees, and the specific question I got  
9 last week from our refugee assistance office was, "I can't  
10 find any place in DuPage that will take Medicaid patients  
11 anymore; they've reached their cap." So, Mike from HFS and  
12 I were working on what was this notion of cap, and it  
13 wasn't that Medicaid capped it. It was the facilities. In  
14 this case, it was the private physicians were only willing  
15 to see so many people, and so the whole access to  
16 healthcare for the refugee population in DuPage was  
17 unsettled.

18           So, it doesn't really go to your application,  
19 but it was an opportunity to remind the Board, this issue  
20 is alive, and the access to care is not provided simply by  
21 allowing a brick and mortar to be built, because the  
22 policies within those buildings determine whether there  
23 really is the access that this Board is designed to ensure.

24           Thank you.

1 MR. VIVODA: We firmly believe this project  
2 affirmatively addresses that issue. In exchange, we could  
3 have built a new center. And why would you increase  
4 capacity when the community doesn't need it. So, thank you  
5 for bringing that up.

6 CHAIRMAN GALASSIE: Any other questions?

7 (Pause)

8 CHAIRMAN GALASSIE: Hearing none, I'll ask for  
9 a roll call. We have a motion and a second on the floor.

10 MR. ROATE: Motion made by Ms. Olson, seconded  
11 by Mr. Hayes.

12 Mr. Bradley?

13 MR. BRADLEY: Yes.

14 MR. ROATE: Dr. Burden?

15 MR. BURDEN: Yes.

16 MR. ROATE: Justice Greiman?

17 MR. GREIMAN: Yes.

18 MR. ROATE: Mr. Hayes?

19 MR. HAYES: Yes.

20 MR. ROATE: Ms. Olson?

21 MS. OLSON: Yes.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: Yes.

24 MR. ROATE: Chairman Galassie?

1 CHAIRMAN GALASSIE: Yes.

2 MR. ROATE: Seven votes in the affirmative.

3 CHAIRMAN GALASSIE: Motion passes.

4 Congratulations.

5 I'm going to move forward. Richard discussed  
6 this item. If you have -- do you have additional comments?

7 MR. VIVODA: No additional comments.

8 CHAIRMAN GALASSIE: Thank you very much.

9 That having been said, can I get a motion and  
10 a second to approve DuPage Orthopaedic -- to approve  
11 Cornerstone Medical Office Building, Warrenville, for a  
12 change of ownership?

13 MR. BURDEN: So moved.

14 MR. HAYES: Second.

15 CHAIRMAN GALASSIE: Moved and seconded.

16 Questions from Board members?

17 (Pause)

18 CHAIRMAN GALASSIE: Hearing none, roll call,  
19 please.

20 MR. ROATE: Motion made by Dr. Burden,  
21 seconded by Mr. Hayes.

22 Mr. Bradley?

23 MR. BRADLEY: Yes.

24 MR. ROATE: Dr. Burden?

1 MR. BURDEN: Yes.

2 MR. ROATE: Justice Greiman?

3 MR. GREIMAN: Yes.

4 MR. ROATE: Mr. Hayes?

5 MR. HAYES: Yes.

6 MR. ROATE: Ms. Olson?

7 MS. OLSON: Yes.

8 MR. ROATE: Mr. Penn?

9 MR. PENN: Yes.

10 MR. ROATE: Chairman Galassie?

11 CHAIRMAN GALASSIE: Yes.

12 MR. ROATE: Seven votes in the affirmative.

13 CHAIRMAN GALASSIE: Motion passes.

14 Congratulations. Good luck on moving forward.

15 (Pause)

16 CHAIRMAN GALASSIE: Moving on to Item D,

17 Alteration Requests, I don't believe we have any.

18 Declaratory Rulings or Other Business: None.

19 Healthcare Workers Self-Referral Act: None.

20 And we have a status on some

21 conditional/contingency permits under item G. Mike, why

22 don't you give us the background on Fresenius, and I'm not

23 sure a presentation is going to be necessary for this. Why

24 don't you fill the Board in?

1 MR. CONSTANTINO: Yes. We're asking the  
2 Board -- back up a minute. Projects 11-070 through 11-090  
3 were approved by the Board for a change of ownership.  
4 Essentially, this was a corporate restructuring that would  
5 allow for physician investments. As part of that approval,  
6 the Board asked the applicants to submit semi-annual  
7 reports to the Board regarding their charity care  
8 information.

9 We are requesting -- the Board Staff is now  
10 requesting that that be changed to an annual process, and  
11 we would like the applicants, Fresenius Medical Care, to  
12 certify that all physicians credentialed at the facility  
13 must provide service to all patients. We took this  
14 suggestion from Justice Greiman that he made at the last  
15 Board meeting. It's very similar to what he suggested on  
16 one of the applications provided then. So we just ask for  
17 your approval.

18 CHAIRMAN GALASSIE: Fresenius has agreed to  
19 this?

20 MR. CONSTANTINO: Yes, sir.

21 CHAIRMAN GALASSIE: So this item is -- again,  
22 so Board members understand, it is all inclusive for the 21  
23 projects, 11-070 through and including 11-090. May I have  
24 a motion to remove the conditions placed on the following

1 Fresenius Medical Care CON permits at the time of approval?

2 MR. HAYES: So moved.

3 MR. GREIMAN: Second.

4 CHAIRMAN GALASSIE: Moved and seconded. Any  
5 questions by Board members?

6 (Pause)

7 CHAIRMAN GALASSIE: Hearing none, roll call,  
8 please.

9 MR. ROATE: Motion made by Mr. Hayes, seconded  
10 by Justice Greiman.

11 Mr. Bradley?

12 MR. BRADLEY: Yes.

13 MR. ROATE: Dr. Burden?

14 MR. BURDEN: Yes.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Yes.

17 MR. ROATE: Mr. Hayes?

18 MR. HAYES: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: Yes.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Yes.

1 MR. ROATE: Seven votes in the affirmative.

2 CHAIRMAN GALASSIE: Motion passes. Thank you  
3 very much.

4 We have one other item here. Mike, I assume  
5 you'll speak to Permit 12-025, Lutheran Home for the Aged.

6 MR. CONSTANTINO: Yes, sir. The permit  
7 holders were approved to modernize and expand Lutheran Home  
8 for the Aged in Arlington Heights in June of 2012. As part  
9 of that permit approval, the Board made them attest to a  
10 condition and stipulation that they would have their debt  
11 financing in place by November 1st, 2012. They're asking  
12 for a one-month extension to December 1st, 2012 to meet  
13 that requirement, and we're asking the Board to approve  
14 that extension.

15 CHAIRMAN GALASSIE: Having heard that, may I  
16 have a motion to remove the conditional/contingency placed  
17 on Lutheran Home for the Aged, Permit 12-025, at the time  
18 of permit approval?

19 MR. BURDEN: So moved.

20 MR. HAYES: Second.

21 CHAIRMAN GALASSIE: And amended. I'm sorry.

22 We have a motion and a second. Any other  
23 questions?

24 MR. PENN: Would you reread the motion,

1 please?

2 CHAIRMAN GALASSIE: The motion is to remove  
3 the conditional/contingency placed on Lutheran Home for the  
4 Aged, Permit 12-025, at the time of permit approval and  
5 amend it to December 1st. So, we have a motion and a  
6 second. Ready for roll call.

7 MR. ROATE: Motion made by Dr. Burden,  
8 seconded by Mr. Hayes.

9 Mr. Bradley?

10 MR. BRADLEY: Yes.

11 MR. ROATE: Dr. Burden?

12 MR. BURDEN: Yes.

13 MR. ROATE: Justice Greiman?

14 MR. GREIMAN: Yes.

15 MR. ROATE: Mr. Hayes?

16 MR. HAYES: Yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: Yes.

19 MR. ROATE: Mr. Penn?

20 MR. PENN: Yes.

21 MR. ROATE: Chairman Galassie?

22 CHAIRMAN GALASSIE: Yes.

23 MR. ROATE: That's seven votes in the  
24 affirmative.





1 do, though, when you put that in there is you close the  
2 area for two years, three years, so if somebody wants to  
3 put a station in there, some kind of a project in there, we  
4 say, "Oh, no, no, no. We already have X number of beds in  
5 there." But they really aren't in there. And I look at  
6 it, and there is a number of them, not just one. So, it  
7 seems like some of the people who are running the show want  
8 to close the area. Am I wrong? Why is December 2015 -- if  
9 you really care about this project, why is it 2015?

10 MS. FRIEDMAN: Well, just to be clear, my firm  
11 usually puts together the application, and we usually give  
12 advice on the completion date. We expect this project to  
13 proceed with due diligence after approval, all of the  
14 approvals, the other city permits are procured and design  
15 drawings are complete, negotiations with the landlord are  
16 finalized. I would expect that we would really have a much  
17 shorter time line, but we like to give ourselves adequate  
18 room, in case there are any bumps in the road along the  
19 way. I would admit, this is probably a little far out for  
20 this sort of project.

21 MR. GREIMAN: But, as I say, I -- there are  
22 other ones that have 2015 as their completion date, and I'm  
23 concerned that we're closing this down.

24 MS. FRIEDMAN: I think it's probably a

1 coincidence that you're seeing that date -- well, the  
2 coincidence may be, though, that people want to be  
3 conservative. Permit renewal processes are not very  
4 onerous when there is a good reason for the extension, but  
5 I think applicants are trying to avoid having to over  
6 extend.

7 CHAIRMAN GALASSIE: Judge, are you suggesting  
8 an alternative closing date that we ask the applicant if  
9 they're comfortable with?

10 MR. GREIMAN: Well, we close an area to  
11 competition when we give this thing three years to do it,  
12 when they're not really there. If the rest of you feel  
13 comfortable --

14 MS. OLSON: I think it's a very good point.

15 MS. FRIEDMAN: If I can offer, we can change  
16 the date for two years from permit issuance.

17 CHAIRMAN GALASSIE: So that would be two years  
18 from the date of issuance?

19 MS. OLSON: December 2014.

20 MS. FRIEDMAN: We could say October 31st. We  
21 like end of month, beginning of month.

22 CHAIRMAN GALASSIE: '14?

23 MS. OLSON: I like that.

24 MR. GREIMAN: Thank you.

1 CHAIRMAN GALASSIE: May I have a motion to  
2 approve Project 12-053, Timber Creek Dialysis, DeKalb, to  
3 establish a 12-station ESRD facility, with a permit to be  
4 completed two years -- for completion two years from the  
5 date of issuance, October 31st, 2014?

6 MR. BURDEN: So moved.

7 MS. OLSON: Second.

8 CHAIRMAN GALASSIE: Any other -- moved and  
9 seconded. Any other questions?

10 (Pause)

11 CHAIRMAN GALASSIE: Roll call.

12 MR. ROATE: Motion made by Dr. Burden,  
13 seconded by Ms. Olson.

14 Mr. Bradley?

15 MR. BRADLEY: Yes.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Yes.

18 MR. ROATE: Justice Greiman?

19 MR. GREIMAN: Yes.

20 MR. ROATE: Mr. Hayes?

21 MR. HAYES: Yes.

22 MR. ROATE: Ms. Olson?

23 MS. OLSON: Yes.

24 MR. ROATE: Mr. Penn?

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1 MR. PENN: Yes.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Yes.

4 MR. ROATE: That's seven votes in the  
5 affirmative.

6 CHAIRMAN GALASSIE: Motion passes.  
7 Congratulations. Good luck to you.

8 (Pause)

9 CHAIRMAN GALASSIE: Moving on to Alexius  
10 Medical Center, 12-064.

11 (Pause)

12 CHAIRMAN GALASSIE: Good morning. Welcome.

13 If you would pull the microphone and introduce  
14 yourselves, spelling your name for our reporter, we'll have  
15 you sworn in.

16 MS. CLANCY: Kelley Clancy (spells name).

17 MR. AXEL: Jack Axel, Axel and Associates.

18 MS. SHAREEF: Maliha Shareef (spells name).

19 (Oath given)

20 CHAIRMAN GALASSIE: Thank you.

21 Staff report?

22 MR. CONSTANTINO: Thank you, Mr. Chairman.

23 The applicants are proposing to add 8 NICU  
24 beds, for a total of 16 NICU beds, at St. Alexius Medical

1 Center in Hoffman estates. The cost of the project is  
2 approximately \$4.6 million. The expected project  
3 completion date is October 31st, 2013. There was no  
4 opposition, no public hearing, and the applicants have met  
5 all of the State Board's criteria.

6 Thank you, Mr. Chairman.

7 CHAIRMAN GALASSIE: Thank you, sir.

8 That having been said, any comments for the  
9 Board?

10 (Pause)

11 CHAIRMAN GALASSIE: Do you want comments, or  
12 should I open it up.

13 MR. AXEL: Short presentation?

14 CHAIRMAN GALASSIE: Sure.

15 MS. CLANCY: Good morning, Chairman Galassie  
16 and Board members. My name is Kelley Clancy,  
17 Vice-President of External Affairs for Alexian Brothers  
18 Health System. I have with me Dr. Shareef and Jack Axel.  
19 Dr. Shareef is the neonatologist and NICU Medical Director,  
20 and Jack is our CON consultant.

21 We are here today to request an expansion of  
22 our existing Level 3 Neonatal Intensive Care Unit from 8  
23 beds to 16 beds. When this Board approved our initial  
24 application in 2008, we realized that there was a

1 conservative estimate of beds needed, but we were limited  
2 at that time by space. We are now able to convert existing  
3 doctor office space to the NICU beds that are needed.  
4 Demand has grown quickly for these high level beds, due to  
5 population growth, referrals from high risk neonatology  
6 physician practices on our campus, and referrals from  
7 non-traditional OB practices. This patient population  
8 we're serving is comprised of approximately 47 percent  
9 Medicaid.

10 There has been no opposition to this project.

11 Thank you for your time and attention. We  
12 appreciate your consideration. We'd be happy to answer any  
13 questions you may have.

14 CHAIRMAN GALASSIE: Thank you very much for  
15 those comments.

16 I'm going to ask for a motion and a second,  
17 and I will then open it up for questions. May I have a  
18 motion to approve Project 12-064, St. Alexius Medical  
19 Center, Hoffman Estates to add 8 Neonatal Intensive Care,  
20 NICU, beds at its acute care hospital?

21 MS. OLSON: So moved.

22 MR. HAYES: Second.

23 CHAIRMAN GALASSIE: Moved and seconded.

24 Questions or comments from Board members?

1 (Pause)

2 MS. OLSON: Mr. Chairman?

3 CHAIRMAN GALASSIE: Yes, ma'am.

4 MS. OLSON: I love this project. I don't know  
5 where, but I saw somewhere in the application that your  
6 NICU admissions are over 80 percent Medicaid. You gave a  
7 lower number than that, but somewhere in here it said that.

8 MS. CLANCEY: On average, they average about  
9 half.

10 MS. OLSON: Good for you. I think this is an  
11 awesome project.

12 CHAIRMAN GALASSIE: Any other questions or  
13 comments?

14 MR. BURDEN: Mr. Chairman?

15 CHAIRMAN GALASSIE: Yes, sir.

16 MR. BURDEN: I have the same interest. The  
17 hospital Medicaid percentage and inpatient and outpatient  
18 certified payor source is 21 percent. How come Medicaid is  
19 double that, over double that, in your units? I'm just  
20 curious.

21 MS. CLANCEY: In the units, why is it so high?

22 MR. BURDEN: Yeah, twice what the overall  
23 percentage would be, according to the hospital--

24 MS. CLANCEY: Oh, in the general population?

1 Well, in our pediatric population, in our OB population,  
2 tend to be younger and young families on Medicaid that come  
3 from our western areas, western geographies.

4 MR. BURDEN: So you're finding a demographic  
5 change in your area?

6 MS. CLANCEY: Yes, sir. There is a growing  
7 population to our west of predominantly Medicaid, a lot  
8 uninsured, and Medicare is really more steady.

9 MR. BURDEN: Thank you.

10 CHAIRMAN GALASSIE: Any other questions or  
11 comments?

12 (Pause)

13 CHAIRMAN GALASSIE: Hearing none, roll call,  
14 please.

15 MR. ROATE: Motion made by Ms. Olson, seconded  
16 by Mr. Hayes.

17 Mr. Bradley?

18 MR. BRADLEY: Yes.

19 MR. ROATE: Dr. Burden?

20 MR. BURDEN: Yes.

21 MR. ROATE: Justice Greiman?

22 MR. GREIMAN: Yes.

23 MR. ROATE: Mr. Hayes?

24 MR. HAYES: Yes.

1 MR. ROATE: Ms. Olson?

2 MS. OLSON: Yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: Yes.

5 MR. ROATE: Chairman Galassie?

6 CHAIRMAN GALASSIE: Yes.

7 MR. ROATE: Seven votes in the affirmative.

8 CHAIRMAN GALASSIE: Motion passes. Thank you  
9 very much. Have a good day.

10 (Pause)

11 CHAIRMAN GALASSIE: Next items are both  
12 Fresenius, H-04 and H-05. Again, no opposition, no Staff  
13 findings.

14 (Pause)

15 CHAIRMAN GALASSIE: Good morning. Welcome.  
16 If you folks would, introduce yourselves and spell your  
17 name for our reporter.

18 MS. RANALLI: Certainly. Thank you. Good  
19 morning. Clare Ranalli (spells name) and Lori Wright  
20 (spells name).

21 (Oath given)

22 CHAIRMAN GALASSIE: Thank you.

23 Staff report, please, Mike?

24 MR. CONSTANTINO: Thank you, Mr. Chairman.



1 seconded by Mr. Hayes.

2 Mr. Bradley?

3 MR. BRADLEY: Yes.

4 MR. ROATE: Dr. Burden?

5 MR. BURDEN: Yes.

6 MR. ROATE: Justice Greiman?

7 MR. GREIMAN: Yes.

8 MR. ROATE: Mr. Hayes?

9 MR. HAYES: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: Yes.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: Seven votes in the affirmative.

17 CHAIRMAN GALASSIE: Motion passes.

18 Congratulations. I assume you'll stay there for our next

19 item.

20 12-075, Fresenius Medical Care, Oak Park

21 Dialysis Center. Staff report, please.

22 MR. CONSTANTINO: Thank you, Mr. Chairman.

23 The applicants are proposing a change of

24 ownership for Oak Park Dialysis Center, a 32-station ESRD

1 facility in Oak Park, Illinois. There is no cost to this  
2 project. The expected project completion date is December  
3 31st, 2013. There is no opposition, no request for a  
4 public hearing, and no State Board findings.

5 Thank you, Mr. Chairman.

6 CHAIRMAN GALASSIE: Thank you, sir.

7 Comments, Clare?

8 MS. RANALLI: Unfortunately, I hate to go  
9 there, but the Oak Park facility now is 12 stations,  
10 because after the State Board report -- you may recall that  
11 some time ago, you approved a River Forest permit, and what  
12 we did was, we took 20 stations from Oak Park and moved  
13 them to River Forest. That clinic just recently opened,  
14 and the permit was closed out, and what occurred then is  
15 Oak Park is now 12 stations. So, I just wanted to make  
16 sure -- and it's our fault we didn't catch it, and I  
17 e-mailed Mr. Constantino, but it was just like two minutes  
18 ago, so he must not have seen it yet. So, actually, the  
19 change of ownership would be for 12 stations.

20 CHAIRMAN GALASSIE: Understood.

21 Can I get a -- do we already have a motion,  
22 George?

23 (Pause)

24 CHAIRMAN GALASSIE: May I have a motion to

1 approve Project 12-075, Fresenius Medical Care, Oak Park  
2 Dialysis Center, Oak Park, for a change of ownership  
3 involving 12 stations?

4 MR. BURDEN: So moved.

5 MR. HAYES: Second.

6 CHAIRMAN GALASSIE: Moved and seconded.

7 Questions or comments from Board members?

8 MR. PENN: Mike, this e-mail you just  
9 received, will it change the State findings?

10 MR. CONSTANTINO: Oh, no, no, sure won't.

11 CHAIRMAN GALASSIE: Any other questions or  
12 comments?

13 MR. BURDEN: Mr. Chairman?

14 CHAIRMAN GALASSIE: Yes, sir.

15 MR. BURDEN: I'm just curious about the joint  
16 venture. It appears to be increasing. We approved just  
17 recently a large number of Fresenius ESRD's that have been  
18 previously seen before. However, my question is more  
19 related to numbers.

20 Is this a trend, or is it just an observation  
21 of several more recent applications for Fresenius that I  
22 see joint venture opportunities appearing more regularly?  
23 Does that make this opportunity more appealing to  
24 nephrologists personally, or is this just from a business

1 point of view? I'm just curious. I haven't noticed it to  
2 be that frequent as I have the last couple.

3 MS. RANALLI: Right. Historically, Fresenius,  
4 as we say in our applications, has chosen to be primarily  
5 Fresenius Health Clinic. Many of the other providers have,  
6 again, over the years more commonly had to make ventures,  
7 and you are correct, there is a trend. More and more  
8 physicians are approaching us now, asking for an  
9 opportunity to participate in a joint venture, most likely  
10 because of the changes in the reimbursement that they are  
11 experiencing as a result of healthcare reform and other  
12 issues. So, you're correct, Dr. Burden, there has been  
13 more of a trend.

14 MR. BURDEN: We've seen it with orthopedics  
15 and gastroenterology this morning, the same trend. It's  
16 just what I'm seeing. Thank you for the explanation.

17 MR. HAYES: Mr. Chairman?

18 CHAIRMAN GALASSIE: Yes.

19 MR. HAYES: You know, in the past, all --  
20 basically Fresenius and DaVita, but Fresenius, we'll talk  
21 about -- you discuss the issue of the Stark regulations,  
22 and I believe that in your Annual Report you have a section  
23 that describes the Stark regulations and that this is a  
24 possibility of significant risk to -- if the Federal

1 government comes in and basically describes -- does not  
2 allow these joint ventures and requires them to be unwound.  
3 Have you -- make a comment on that, and what have you done  
4 to be able to assure the Board that these joint ventures  
5 will not trigger the possibility of the Federal government  
6 coming in and unwinding them and with penalties associated  
7 with that.

8 MS. RANALLI: Certainly. I'll do my best to  
9 comment on that, although I think I may increase my hourly  
10 rate, because that's a bit over my pay rate, to talk about  
11 the FCC findings and Annual Reports, but I do know from  
12 working with corporate legal counsel that are in-house at  
13 Fresenius that whenever they work with us on the change of  
14 ownerships that may allow physician ownership, that part of  
15 that process that they do internally is to sort of analyze  
16 the risk, and they, at least, believe that it's minimal. I  
17 think that they have -- it has to be reported, as you said,  
18 in the Annual Report for those who invest, since Fresenius  
19 is a publicly-traded company. What I would think -- and,  
20 again, I'm not -- don't regularly advise on fraud and abuse  
21 issues, particularly to publicly traded companies, but  
22 because there have been joint ventures in the dialysis  
23 community for so long, I think that internally at  
24 Fresenius, the corporate counsel has concluded that the

1 risk is generally minimal.

2 MR. HAYES: Now, normally when you come to  
3 us -- now, this project doesn't have -- it's a change of  
4 ownership, but it doesn't have an investment for physician  
5 practice in this application per se.

6 MS. RANALLI: Right.

7 MR. HAYES: Now, when you come before us with  
8 applications that have -- that are -- basically have a  
9 partner, have a physician partner or other type of partner,  
10 do you provide a letter from your corporate counsel to the  
11 Board in that application, describing the risks associated  
12 with that?

13 MS. RANALLI: To this Board?

14 MR. HAYES: Yes.

15 MS. RANALLI: As part of the application? No,  
16 that's never been done in the past for any of the  
17 applications. Your rules do require that if there is an  
18 existing investor that owns more than 5 percent, even  
19 though that individual may not be an applicant, required to  
20 be an applicant, that that be disclosed. So that is in  
21 your application, if there is a physician that may be joint  
22 venturing with a particular applicant. But your rules have  
23 never required what I think you are describing, which, I  
24 guess, is sort of an opinion letter on the potential Stark

1 or other issues associated with that. So we've never  
2 provided it, no.

3 MR. HAYES: Now, the Stark regulations are  
4 very complex, and it depends on the percentage of  
5 ownership. You know, why -- you know, is that such a great  
6 burden, for a large company like Fresenius to be able to  
7 have their corporate counsel provide a comfort letter --

8 MS. RANALLI: You know, I honestly don't --

9 MR. HAYES: -- or opinion?

10 MS. RANALLI: I'm not trying to deflect, but I  
11 don't honestly know the answer to that question. In other  
12 words, I don't know if we approached in-house corporate  
13 whether they would say that's simple to do or whether they  
14 would say there are all sorts of issues associated with  
15 that. Again, some of those reasons are above my pay grade  
16 relative to publicly-traded companies.

17 CHAIRMAN GALASSIE: If I may, we may want to  
18 defer that to Mike, because I think we're a little out of  
19 the bound of what they're required to do.

20 MR. CONSTANTINO: Yes. There is nothing in  
21 your rules right now that would require that.

22 MR. HAYES: Yeah. Okay. Thank you very  
23 much.

24 CHAIRMAN GALASSIE: It doesn't mean we can't

1 pursue it.

2 MR. HAYES: No, I understand that, but the  
3 issue of change of ownership and physician investment has  
4 come up at this meeting in a variety of contexts now with  
5 both DaVita and Fresenius, and so it's an issue that we've  
6 raised many times in the past, for almost three years now,  
7 and, you know, basically they have their position, and Mike  
8 has provided us with the information from the 10-K's, from  
9 the financial filings, and they have provided us with a  
10 presentation to the Board from Fresenius corporate at one  
11 time. So, it is an issue, but I certainly would like to  
12 see that, but I can't -- you know, we can visit that in our  
13 rules, but I don't know if that would go anywhere, but it  
14 is certainly something to bring up.

15 I'm satisfied.

16 MR. CONSTANTINO: Yes, sir.

17 CHAIRMAN GALASSIE: Okay. Thank you very  
18 much.

19 Any other comments?

20 (Pause)

21 CHAIRMAN GALASSIE: I believe we have a  
22 motion and a second. Roll call.

23 MR. ROATE: Motion made by Dr. Burden,  
24 seconded by Mr. Hayes.

1 Mr. Bradley?

2 MR. BRADLEY: Yes.

3 MR. ROATE: Dr. Burden?

4 MR. BURDEN: Yes.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Yes.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes.

13 MR. ROATE: Chairman Galassie?

14 CHAIRMAN GALASSIE: Yes.

15 MR. ROATE: Seven votes in the affirmative.

16 CHAIRMAN GALASSIE: Motion passes. Thank you

17 very much. Good luck.

18 (Pause)

19 CHAIRMAN GALASSIE: It's about 11:20. I'm

20 going to recommend a brief, 10-minute break, and we'll

21 bring it back together after that.

22 (Recess)

23 CHAIRMAN GALASSIE: Thank you very much for

24 being timely. Our plan is to go from now to 12:15, break

1 for lunch for an hour or so, and then come back to the  
2 agenda, for those of you who are trying to plan the agenda.

3 We are moving on to Item No. H-07, Advocate  
4 Illinois Masonic. If you folks would introduce yourself,  
5 spell your names, and be sworn in.

6 MS. NORDSTROM-LOPEZ: Susan Nordstrom-Lopez  
7 (spells name).

8 MR. ZADYLAK: Dr. Robert Zadyak (spells  
9 name).

10 MR. OURTH: Joe Ourth (spells name), and Jack  
11 Gilbert (spells name) will be joining us in 30 seconds.

12 CHAIRMAN GALASSIE: Thank you.

13 Staff report, please.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicants are proposing to establish a  
16 three-story outpatient center on the campus of Advocate  
17 Illinois Masonic Medical Center in Chicago, Illinois, at a  
18 cost of approximately \$109 million. The anticipated  
19 project completion date is October 31st, 2015. There was  
20 no opposition comment, no requests for a public hearing,  
21 and no State Board Staff findings.

22 Thank you, Mr. Chairman.

23 CHAIRMAN GALASSIE: Thank you very much.

24 Comments for the Board?

1 MS. NORDSTROM-LOPEZ: Yes. Good morning,  
2 Chairman Galassie and Board members. Again I'm Susan  
3 Nordstrom-Lopez, President of Advocate Illinois Masonic  
4 Medical Center. I'd like to introduce Jack Gilbert, our  
5 Vice-President of Finance and Support Services, Dr. Robert  
6 Zadyak, our Vice-President of Medical Management, and you  
7 know Joe Ourth, our legal counsel.

8 CHAIRMAN GALASSIE: Welcome.

9 MS. NORDSTROM-LOPEZ: We have a number of  
10 people here today, because we're very excited about our  
11 project. Thank you for your time today.

12 We're here today to seek your approval to  
13 construct a three-story outpatient center that we're  
14 calling the Center for Advanced Care. The 144,000 square  
15 foot structure will be connected to our existing  
16 hospital's main building and house our Critical Cancer  
17 Center, a digestive health program, an ambulatory surgery  
18 area in one patient-focused, integrated space.

19 There are significant reasons for this  
20 investment in our community. Currently, these three  
21 outpatient services are spread throughout our campus and  
22 need better patient access. For example, our premiere  
23 cancer center is across a busy street from the main  
24 hospital. The digestive health program has been identified

1 as a much-needed service within our community. To address  
2 this need, we've recruited high-quality gastroenterologists  
3 and surgeons to practice at Illinois Masonic, but they  
4 desperately need updated, expanded facilities for patient  
5 care.

6 The ambulatory surgery will include 6  
7 operating rooms with video integration, 18 prep and  
8 recovery bays, and a state-of-the-art teaching area. This  
9 will enable surgeons to collaborate with digestive health  
10 and cancer physicians to create an opportunity for  
11 high-quality, cost-efficient care in one comprehensive  
12 center.

13 It's been quite a while since we've been  
14 before this Board. I just want to take a few minutes and  
15 give you a little brief background on Illinois Masonic.

16 We're proud to be one of the most diverse  
17 populations in the nation, serving a mix of culture, race,  
18 age, sexual orientation, disability, socioeconomic, and  
19 undocumented status. We serve as one of the state's  
20 disproportionate share hospitals, caring for those in need  
21 regardless of their ability to pay. Last year alone, our  
22 charity care program enabled us to serve nearly 3,500  
23 patients with \$13 million worth of healthcare. About  
24 one-third of our patients use a language other than

1 English, and we've made accommodations to ensure the care  
2 they receive is culturally sensitive. We employ 5  
3 full-time interpreters, translating Spanish, Polish,  
4 American Sign Language, and other languages on demand.

5 Illinois Masonic has been ranked by  
6 Thomson-Reuters as one of the nations top 100 hospitals for  
7 the past three years. This year we were the only City of  
8 Chicago's hospital to be named to this prestigious list,  
9 and last week, we learned that we achieved our second  
10 designation for excellence in nursing.

11 We are approaching our proposed project with  
12 our environment in mind, and the building has been designed  
13 to meet standards for sustainability, including a green  
14 roof. In fact, we feel thrilled by what feels like an  
15 overwhelming support for this project from our community,  
16 our closest neighbors, our local organizations and  
17 congregations, our physicians, associates, legislators,  
18 local elected official, but most of all our patients.

19 So, in closing, I'd like to thank your Staff  
20 and greatly appreciate your positive report, and happy to  
21 respond to any questions. Thank you.

22 CHAIRMAN GALASSIE: Thank you, Ms. Lopez.

23 I would like to ask for a motion and a second  
24 and then open it up to questions or comments from Board

1 members. May I have a motion to approve project 12-065,  
2 Advocate Illinois Masonic Medical Center, Chicago, to  
3 construct a medical center office building.

4 MR. GREIMAN: So moved.

5 MR. PENN: Second.

6 CHAIRMAN GALASSIE: Moved and seconded.

7 Questions or comments from Board members, please.

8 MR. PENN: I have a comment.

9 CHAIRMAN GALASSIE: Member Penn?

10 MR. PENN: It goes back to some of the  
11 earlier applications, about the cost of the project and  
12 time of completion, and I see this is \$109 million, and you  
13 think you will be completed in three years. That always  
14 concerns me, you know. From previous comments, people need  
15 three years to do a \$4 million project. Now you want less  
16 time to do \$109 million project. My concern is, the Board  
17 always has the right to come in and put fines on you  
18 because of the time. Have you built into this project some  
19 type of safety net where the contractor has a  
20 responsibility to complete this project on time?

21 MR. GILBERT: Yes, that is such a good  
22 question. We've worked with the contractor on both time  
23 lines. Our corporate construction and design team have  
24 experience with this type of project, and the contract

1 calls for time of completion.

2 MR. PENN: So you can withhold some of your  
3 contracted dollars if they don't come in on time?

4 MR. GILBERT: Yes. We'll certainly make sure  
5 that that project is completed, and the contract itself  
6 will allow for penalties.

7 MR. PENN: Okay. Good.

8 CHAIRMAN GALASSIE: Is the adverse the case  
9 of that as well? There's incentives.

10 MR. GILBERT: No, sir.

11 CHAIRMAN GALASSIE: Thank you. Interesting.

12 MS. OLSON: I just have a question for my own  
13 interest. I'm somewhat familiar with that campus there.  
14 Are you going to have to demolish something to build this?  
15 I'm trying to think where there is something empty around  
16 there.

17 MS. NORDSTROM-LOPEZ: There used to be a  
18 school called the Inter-American Magnet School, that  
19 Chicago Public Schools sold to us maybe about five years  
20 ago, and it was on about 2.2 acres, and it's that property.  
21 There's nothing there now.

22 MS. OLSON: But it's contiguous with your main  
23 campus?

24 MS. NORDSTROM-LOPEZ: Yes.

1 CHAIRMAN GALASSIE: Other --

2 MR. BURDEN: I just have more of a -- not a  
3 direct comment -- it's a wonderful application -- but a  
4 reflection. I'm 79 years of age. I did pediatric urology  
5 at Children's Hospital when I was 33, and wanted to get on  
6 the staff of Illinois Masonic. I figured this was a  
7 wonderful institution. My wife was a nurse anesthetist at  
8 that time. None of you people were even working then. I  
9 got turned down.

10 (Laughter)

11 MR. BURDEN: I'm happy to hear that you now  
12 are rated number one. It makes me feel better.

13 MS. NORDSTROM-LOPEZ: I wasn't the President  
14 at the time, Dr. Burden.

15 MR. BURDEN: Obviously.

16 CHAIRMAN GALASSIE: Mr. Carvalho, I believe,  
17 has a question or comment.

18 MR. CARVALHO: It's good to know that you  
19 maintain standards.

20 (Laughter)

21 MR. CARVALHO: Mr. Penn's comment reminded me  
22 of something not applicable to you, your application, but I  
23 know in 1994, when the Board approved the CON for the new  
24 Cook County Hospital, they had written into the permit

1 letter a requirement that there be a fixed price contract  
2 with all sorts of guarantees. So, as you consider your  
3 rule making going forward -- that's an issue you've raised  
4 several times -- you may want to look back at the history  
5 of what the Board has done in the past in terms of trying  
6 to assure that projects are done within dollar amounts  
7 provided, and there may be some models from some prior  
8 permit letters for that.

9 CHAIRMAN GALASSIE: Thank you.

10 Other comments or questions?

11 (Pause)

12 CHAIRMAN GALASSIE: Hearing none, roll call,  
13 please.

14 MR. ROATE: Motion made by Justice Greiman,  
15 seconded by Mr. Penn.

16 Mr. Bradley?

17 MR. BRADLEY: Yes.

18 MR. ROATE: Dr. Burden?

19 MR. BURDEN: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Penn?

3 MR. PENN: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: Seven votes in the affirmative.

7 CHAIRMAN GALASSIE: Motion passes.

8 Congratulations. Good luck with the project.

9 (Pause)

10 CHAIRMAN GALASSIE: Moving on to Item H,

11 Applications Subsequent to Initial Review continued.

12 12-062 Wauconda Healthcare and Rehab Center.

13 (Pause)

14 CHAIRMAN GALASSIE: Good morning, folks.

15 Welcome to some Lake County-ans. If you'll introduce

16 yourselves and spell your names, we'll have you sworn in.

17 MR. KNIERY: Thank you, Mr. Chairman.

18 My name is John Kniery (spells name) with

19 Foley and Associates, CON consultant to the applicant.

20 With us today, to my left, is Laura Zung. She's the CEO of

21 the applicant entity. To her left is Mr. Chris Vicere.

22 He's the CFO. I apologize. Laura is the CEO. Also with

23 us today, behind us -- and we'll all be sworn in

24 together -- is Amy Welzer of J P Morgan. She's the

1 Managing Director. Lawrence Zung, also representing the  
2 applicants. He's the Chairman and member of the LLC  
3 entity. And also Mr. Foley, Charles Foley (spells name).

4 CHAIRMAN GALASSIE: Very good.

5 (Oath given)

6 CHAIRMAN GALASSIE: Thank you. Staff report,  
7 please, Michael?

8 MR. CONSTANTINO: Thank you, Mr. Chairman.

9 The applicants are proposing to modernize an  
10 existing long-term care facility and add 40 long-term care  
11 beds, for a total of 175 long-term care beds in Wauconda,  
12 Illinois. The anticipated project cost is approximately  
13 \$9.9 million. The anticipated project completion date is  
14 May 31st, 2014. There was no opposition comments, no  
15 requests for a public hearing.

16 Thank you, Mr. Chairman.

17 CHAIRMAN GALASSIE: Thank you.

18 Comments for the Board?

19 MR. KNIERY: If we may, I would like to have  
20 Laura give you a little history of the project.

21 MS. ZUNG: Wauconda Healthcare and  
22 Rehabilitation Center is a family-owned and operated  
23 business in Wauconda, Illinois. We provide long-term care,  
24 Alzheimer's care. We have the only special care unit in

1 the area providing Alzheimer's care, and also provide  
2 sub-acute rehab to the community. It is a five star rated  
3 facility, and over the last seven years, we have had 90  
4 percent -- above 90 percent occupancy. Our current  
5 occupancy percent today is 97 percent.

6 We provide -- our payor mix year-to-date is 43  
7 percent Medicaid, 30 percent private pay, 25 percent  
8 Medicare, and 2 percent insurance. The building -- we are  
9 proposing to modernize our current facility by adding 40  
10 beds, converting many of our current two bedrooms into  
11 private rooms, and also increasing our therapy space,  
12 increasing our common space, enlarging the size of our  
13 kitchen to serve our population, and also meeting the  
14 demands in our community for a more modern building. When  
15 it's completed, the building will still be Medicare and  
16 Medicaid certified.

17 I'd be happy to answer any other questions.

18 CHAIRMAN GALASSIE: Great. Thank you very  
19 much.

20 I'm going to ask for a motion and second and  
21 open up to questions or comments from Board members. May I  
22 have a motion to approve Project 12-062, Wauconda  
23 HealthCare and Rehabilitation Center, Wauconda, to  
24 modernize and add 40 skilled nursing beds?

1 MR. BURDEN: So moved.

2 MR. HAYES: Second.

3 CHAIRMAN GALASSIE: Moved and seconded. Open  
4 up for dialogue. Questions or comments from Board members?

5 MS. OLSON: Mr. Chairman?

6 CHAIRMAN GALASSIE: Member Olson?

7 MS. OLSON: I see the only negative finding  
8 was the financing. Can you explain how you're going to pay  
9 for the project?

10 MR. VICERE: Hi. My name is Chris Vicere. I  
11 am the Chief Financial Officer of Wauconda, have been since  
12 May 1st of 2000, when we took over as the provider for that  
13 facility. The last time that we renovated that facility  
14 was approximately eight and a half, nine years ago. Since  
15 then, for the last seven years, we've been accumulating and  
16 hoarding cash, and we presently have well in excess of \$10  
17 million that's invested in J P Morgan Chase, and those  
18 funds have been earmarked to pay for this project.

19 MS. OLSON: So why, Mike, was there a negative  
20 finding?

21 MR. CONSTANTINO: I couldn't tell from the  
22 letter they have given me that they had the financing, had  
23 the sufficient funds. They told me it was going to be  
24 funded by internal sources. They provided a letter from J

1 P Morgan. Originally, Lancaster Group was mentioned as  
2 part of this group that was going to provide the cash.  
3 Ultimately, they changed that. Supposedly it was a mistake  
4 in the letter, but, still, I don't know if they do exactly  
5 have \$10 million in cash. All they provided was a letter  
6 from J P Morgan. I'm reluctant to accept these letters  
7 from these banks and the security firms, from these  
8 individuals, without -- they're not notarized, first off,  
9 and this is not an outside auditor. This is someone that  
10 has closely worked with this group. So, I don't know if I  
11 can trust these people, and we've been burned in the past  
12 by accepting these letters. So, that's why I was negative  
13 on that criteria.

14 MS. OLSON: So the J P Morgan person who is  
15 here is willing to say under oath, in fact -- would you say  
16 that under oath?

17 MS. WELZER: Yes.

18 MS. OLSON: Yes what?

19 MS. WELZER: My name is Amy Welzer, Managing  
20 Director from J P Morgan Chase. As the banker for the  
21 Wauconda and Rehabilitation Center, I say under oath that  
22 they do have the financial resources of over \$10 million  
23 for the project.

24 CHAIRMAN GALASSIE: And could you supply us

1 with the financials on that?

2 MS. WELZER: Yes.

3 CHAIRMAN GALASSIE: That would have been a  
4 good idea two months ago.

5 MR. CONSTANTINO: I requested financial  
6 statements.

7 CHAIRMAN GALASSIE: I, for one, would like to  
8 see those supplied. So, would you be willing to accept a  
9 contingency upon our receipt of the financials?

10 MR. KNIERY: Financial statements or bank  
11 statement? Sure.

12 CHAIRMAN GALASSIE: Supporting the \$10  
13 million.

14 MR. KNIERY: Laura?

15 MR. BRADLEY: Mr. Chairman, it doesn't seem to  
16 me that a bank statement is sufficient. I would think we  
17 want to see financials for the company and perhaps an  
18 auditor's statement.

19 MR. CONSTANTINO: They told me that they  
20 didn't have audited financials.

21 MR. VICERE: We don't have any bank loans, so  
22 there is no need for audited financial statements and,  
23 therefore, we just have compiled financial statements that  
24 are prepared within our office and then sent to our

1 accounting firm and they prepare the annual tax returns.  
2 So we don't have audited financial statements, but,  
3 certainly, we have the funds that are invested in J P  
4 Morgan Chase. They're invested in very conservative stocks  
5 and bonds that can be very quickly turned around from  
6 stocks and bonds into cash in a very short period of time,  
7 24 to 48 hours.

8 So, we can certainly provide some kind of a  
9 bank statement, showing that that cash is actually invested  
10 in J P Morgan Chase.

11 MR. BRADLEY: Mr. Chairman?

12 CHAIRMAN GALASSIE: Yes.

13 MR. BRADLEY: I understand that. I don't  
14 doubt that, but how do we know that you don't have other  
15 loans outstanding or you don't have commitments that would  
16 be against that money.

17 MS. ZUNG: We do not have loans. This is a  
18 privately-held company and a family-owned business, and we  
19 made a decision many years ago that we would finance all of  
20 our projects ourselves, and for the last--

21 MR. VICERE: Since 1987.

22 MS. ZUNG: Right. We have financed everything  
23 internally. That is just part of our organization's  
24 philosophy.

1 them that same contingency.

2 MR. VICERE: Thank you.

3 CHAIRMAN GALASSIE: So, this -- do we have a  
4 motion and second? This motion would be changed to a  
5 motion to approve Project 12-060 (sic), Wauconda Healthcare  
6 and Rehab Center to modernize the facility and add 40  
7 long-term care beds, with the condition that a monthly  
8 financial statement from J P Morgan Chase be supplied to  
9 State Staff on a monthly basis until project completion,  
10 period. That's a draft. Is that getting us there?

11 MR. URSO: A monthly statement.

12 CHAIRMAN GALASSIE: A monthly statement. It  
13 still doesn't give us Member Bradley's concern; we don't  
14 know what else is out there. We're taking their word for  
15 it, with all due respect.

16 MR. VICERE: I would also like to answer that,  
17 behind me, Mr. Lawrence Zung, the managing member of all of  
18 these entities -- it's not just one home. We actually own  
19 four homes that we have been providing long-term care in in  
20 the state of Illinois since 1987. This is not our first  
21 project; probably our 20th. It's our first one, though,  
22 coming in this kind of a forum, going with a CON  
23 application. All of the other ones that we've done in the  
24 past have been on a much smaller scale -- building a

1 dedicated, free-standing Alzheimer's unit of over 18,000  
2 square feet for \$3 million. Recently we updated all of our  
3 therapy spaces, because we just needed -- there's been a  
4 need to have those kinds of spaces added, and we soaked a  
5 lot of money into these homes for the betterment of these  
6 communities, and these are really what our intentions are.

7 CHAIRMAN GALASSIE: Appreciate your comments  
8 and take you at your word.

9 MS. ZUNG: Our cost reports are also public  
10 information and available to be reviewed as part of this  
11 process.

12 CHAIRMAN GALASSIE: Well, I have proposed a  
13 motion with an addendum, which I believe would require  
14 another -- I'm hearing you agree to that contingency.

15 MS. ZUNG: Yes.

16 MS. OLSON: We just need a motion to accept  
17 the addendum?

18 CHAIRMAN GALASSIE: Yes.

19 MS. OLSON: So moved.

20 MR. BURDEN: Seconded.

21 MR. PENN: What is the addendum?

22 CHAIRMAN GALASSIE: The addendum is that they  
23 supply us with a monthly statement from J P Morgan on the  
24 status of their funds available for their construction

1 project. So we're going to monitor it monthly to see that  
2 dollars are going to be drawn down and still available for  
3 the project. We want to see some financials that X amount  
4 is coming out of that fund to pay Y amount.

5 MS. KENDRICK: I just want to clarify. This  
6 will be more than just the letter that you previously sent.

7 MR. VICELE: Yes.

8 MR. HAYES: Mr. Chairman?

9 CHAIRMAN GALASSIE: Yes.

10 MR. HAYES: Would you be required -- are you  
11 open to file or provide your compiled financial statements,  
12 as well as your tax return, for the last year?

13 MR. VICELE: We can definitely do that.

14 MR. HAYES: Okay. And on your compiled  
15 financial statements, that would include -- and your tax  
16 return as well, that would include a balance sheet with a  
17 listing of your -- any obligations and contingencies, or at  
18 least obligations or debts that you would have?

19 MR. VICELE: It definitely would.

20 MR. BRADLEY: That gets to my concern.

21 CHAIRMAN GALASSIE: Okay. So let's go back to  
22 our friendly amendment and make it even friendlier. John,  
23 help me with this.

24 MS. OLSON: Do you need both then?

1                   CHAIRMAN GALASSIE:    Yes.  We want a monthly  
2   statement from J P Morgan given to Staff to allow us to  
3   determine the status of dollars.  In addition, we would  
4   like to have a copy of your --

5                   MR. HAYES:    Of the most recent monthly  
6   compiled financial statements, as well as the most recent  
7   tax return.

8                   CHAIRMAN GALASSIE:    And we would like to have  
9   that by -- what's reasonable for you to supply that to us?

10                  MR. VICELE:   I can get it to you by the end of  
11   the day today.

12                  MS. OLSON:   That's reasonable.

13                  CHAIRMAN GALASSIE:    Let's say by November  
14   15th.  For the record, you are in agreement with those  
15   contingencies?

16                  MR. VICELE:  Absolutely.

17                  CHAIRMAN GALASSIE:    That having been said.

18                  MR. PENN:   Let me be clear.  We're voting on  
19   this amendment; we're not voting on the application?

20                  CHAIRMAN GALASSIE:    Right now we have amended  
21   the motion twice.

22                  MR. PENN:   Okay.  But we're not voting to  
23   approve the application?

24                  CHAIRMAN GALASSIE:    We are voting on this

1 motion that will approve this application.

2 MR. PENN: Then I have another question.

3 Mike, if I'm reading this correctly, there's  
4 574 excess beds in this Planning Area; is that correct?

5 MR. CONSTANTINO: That's correct.

6 MR. PENN: As of September 12th, there's 574.

7 MR. VICELE: Wait a second. Are you saying  
8 574?

9 MR. CONSTANTINO: There's a calculated need  
10 for 500-some-odd beds, David.

11 MR. PENN: That isn't what this says. Say  
12 that again, Mike.

13 MR. CONSTANTINO: What page are you on, Dave?

14 MR. PENN: Page 5.

15 MR. CONSTANTINO: Computed excess of 574  
16 long-term care beds in the Lake County Planning Area.

17 MR. PENN: Excess.

18 MR. CONSTANTINO: Yes.

19 CHAIRMAN GALASSIE: I'm going to ask for roll  
20 call, if Board members are comfortable and move forward.  
21 We've had two amendments, and the applicants have agreed to  
22 contingencies.

23 MR. ROATE: We're going with the second  
24 motion, correct?

1 CHAIRMAN GALASSIE: Correct.

2 MR. ROATE: Motion by Ms. Olson, seconded by  
3 Dr. Burden.

4 Mr. Bradley?

5 MR. BRADLEY: Yes.

6 MR. ROATE: Dr. Burden?

7 MR. BURDEN: Yes.

8 MR. ROATE: Justice Greiman?

9 MR. GREIMAN: Yes.

10 MR. ROATE: Mr. Hayes?

11 MR. HAYES: Yes.

12 MR. ROATE: Ms. Olson?

13 MS. OLSON: Yes.

14 MR. ROATE: Mr. Penn?

15 MR. PENN: Yes.

16 MR. ROATE: Chairman Galassie?

17 CHAIRMAN GALASSIE: Yes.

18 MR. ROATE: That's seven votes in the  
19 affirmative.

20 CHAIRMAN GALASSIE: Congratulations. Good  
21 luck.

22 (Pause)

23 CHAIRMAN GALASSIE: Moving forward, 12-066,  
24 Advocate Christ Medical Center has been deferred, per the

1 applicant's request.

2 Item 12-068, Hispanic American Endoscopy  
3 Center in Chicago. Welcome, folks.

4 (Pause)

5 CHAIRMAN GALASSIE: When you sit down, if you  
6 would please use the microphone to introduce yourselves and  
7 spell your name for the reporter.

8 MR. GARCIA: I'm Dr. Ramon Garcia (spells  
9 name).

10 MS. FRIEDMAN: Kara Friedman.

11 MR. VAN LEER: Joseph Van Leer.

12 (Oath given)

13 CHAIRMAN GALASSIE: Thank you.

14 Staff report?

15 MR. CONSTANTINO: Thank you, Mr. Chairman.

16 The applicants propose to add pain management  
17 services to an existing limited specialty ASTC in  
18 approximately 3,500 gross square feet of space. This ASTC  
19 currently offers gastro urological surgical services in  
20 Chicago. If approved, this facility will become a  
21 multi-specialty ASTC. The cost of the project is  
22 approximately \$50,000. There was no opposition and no  
23 requests for a public hearing.

24 Thank you, Mr. Chairman.

1 CHAIRMAN GALASSIE: Thank you, sir.

2 Comments for the Board?

3 MR. GARCIA: Good morning, Mr. Chairman, Board  
4 members. Thank you for giving me this opportunity to come  
5 before you. I have three short comments, which I'm just  
6 going to ad lib. First of all, we are a safety net  
7 facility, pretty much operating in the Logan Square  
8 neighborhood, serving underserved, underinsured, and  
9 uninsured patients. The -- we are the only facility in the  
10 state, I believe, doing \$700 colonoscopies, as we mentioned  
11 the last time we were here, comparing that to hospitals  
12 charging \$8,000 and my attorney said that downtown, some  
13 other places are charging up to \$16,000 for a colonoscopy,  
14 for example.

15 Anyway, we also want to bring up to the Board  
16 that we will not be adding capacity to the system. We will  
17 be doing pain management at our present facility, without  
18 adding any structural additions to the place.

19 The cost of the project is \$50,000, which we  
20 will pay with cash.

21 Also, I'd like to bring up to the Board that  
22 we are probably one of very few ambulatory surgery centers  
23 that are actively seeing Medicaid patients on a regular  
24 basis, despite the trouble we had getting our Medicaid

1 designation because of, basically, application problems  
2 that we had for over a year and a half.

3           Anyway, thank you, and I respectfully request  
4 that you grant our permit.

5           CHAIRMAN GALASSIE: Thank you, Dr. Garcia.

6           May I have a motion to approve Project 12-068,  
7 Hispanic American Endoscopy Center in Chicago to add pain  
8 management to its existing limited specialty ASTC? Motion?  
9 And then I'll open it up to questions.

10           MR. BURDEN: So moved.

11           MR. HAYES: Second.

12           CHAIRMAN GALASSIE: Moved and seconded.

13           Questions or comments from Board members?

14           MS. OLSON: I've got a question. I'm  
15 confused. You said you're a safety net clinic, yet I see  
16 that your profile says that you're 1 percent charity care,  
17 zero percent Medicaid, and 10 percent Medicare. How does  
18 that qualify you as a safety net?

19           MS. FRIEDMAN: I think first we need to  
20 address why it says there is no Medicaid enrollment or  
21 provision of services. When Dr. Garcia approached us about  
22 6 or 9 months ago about this project, he indicated he had  
23 been working with HFS on his own to try to enroll in  
24 Medicaid. He submitted that application and it was

1 rejected because of a disregarded entity issue, which is a  
2 tax identification issue. So, we actually assisted him  
3 with refiling this sometime in the spring, and we had the  
4 same issue that he had. Ultimately, we called in special  
5 forces in our office, one of my colleagues who used to work  
6 at HFS, to clear up that issue, and he was able to  
7 enroll -- when was your enrollment through?

8 DR. GARCIA: I'm not sure. I couldn't tell  
9 you the exact date. Sometime --

10 MS. FRIEDMAN: June? In June. So his  
11 provision of Medicaid services is recent from that  
12 enrollment date.

13 MS. OLSON: And this report was compiled on --

14 MS. FRIEDMAN: Well, the 2011 date, I think,  
15 is what you're looking at.

16 MS. OLSON: So, how do you explain 1 percent  
17 charity care, because that, you don't have to be enrolled?

18 MS. FRIEDMAN: Dr. Garcia, do you want to  
19 explain yourself -- the private pay patients of 21 percent  
20 is, I think, what you need to address, who those patients  
21 are.

22 MR. GARCIA: We do a lot of the -- I think we  
23 have a problem designating what charity care is. When we  
24 do the endoscopies -- which we do hundreds of them every

1 month, basically charging them \$700 for -- it's a global  
2 fee -- anesthesia, facility fee, and also the physician  
3 fee. What we could be doing -- which we would show  
4 thousands of charity cases -- is not charge for the  
5 facility fees and just basically pay the physician that  
6 comes and does the procedure that amount of money. But it  
7 was my understanding that cannot be done unless either the  
8 physician doing the procedure or the facility or the  
9 anesthesiologist charges.

10                   So, basically, that's what's going on. But,  
11 basically, we are the only places these people can come to  
12 get these procedures done, you know, at a very minimal  
13 cost, which should be allocated as charity case, but  
14 because of the regulations, I don't think I can.

15                   MS. OLSON: So what would be the normal fee  
16 for that \$700 value?

17                   MR. GARCIA: For an insurance patient that is  
18 covered, we charge \$5,500 for the endoscopic procedures,  
19 which includes colon, gastro, as well as cystoscopies.

20                   CHAIRMAN GALASSIE: Do you have any  
21 affiliation with the Community Health Center on Logan  
22 Square.

23                   MR. GARCIA: Not on Logan Square. I'm  
24 affiliated with the University of Illinois, and that's

1 where we take our complicated cases to.

2 CHAIRMAN GALASSIE: Any other questions?

3 MR. CARVALHO: Mr. Chair?

4 CHAIRMAN GALASSIE: Yes.

5 MR. CARVALHO: If I understand the charity  
6 issue, I think maybe a question or two can eliminate it.

7 In a facility, for example -- well, in a  
8 facility that normally charges \$3,000 for something, if  
9 based on the person presenting for care being under, let's  
10 say, 200 percent of poverty, the facility provides a  
11 discount down to \$500. We allow that facility to reflect  
12 \$2,500 as charity care. Charity care doesn't mean you  
13 charge zero. If you provide a discount from your regular  
14 charges to someone, based on their meeting your charity  
15 care test, we allow facilities to count that as charity  
16 care. Are you not reflecting it that way in the numbers  
17 you provide to us? Which would tend to understate your  
18 charity.

19 MR. GARCIA: Not at all. None of those cases  
20 have been designated as charity care. Should I be able to  
21 do that, the charity care would easily be 20 percent, 30  
22 percent, maybe.

23 MR. CARVALHO: So you're only counting as  
24 charity care someone who you charge nothing?

1 MR. GARCIA: Exactly, zero.

2 MR. CARVALHO: I don't think that's what our  
3 form intends. Does someone else want to chime in on that?  
4 Our form intends that you show -- it's to your detriment,  
5 if I'm right here, but I believe the questionnaire that we  
6 have people fill out allows them to count as charity care  
7 the discounts they're providing to lower income persons  
8 from their normal charges.

9 MS. FRIEDMAN: I would be -- I'd like to  
10 revisit that issue, because I never understood that and  
11 provided advice in that format in part because of tax  
12 exemption laws.

13 MR. CARVALHO: Tax exemption is different.  
14 We're not a tax exemption authority here. You may be  
15 presenting yourself in a less favorable light.

16 MR. GARCIA: I thought it was very --

17 CHAIRMAN GALASSIE: Mike, can you clarify?

18 MR. CONSTANTINO: I believe what we ask in the  
19 questionnaire is that charity care is for services in which  
20 no payment was received, is how we define it, and I don't  
21 think we take into consideration -- I think it's -- Dave  
22 might be referring to a revised charity care that we will  
23 be using next year.

24 MR. CARVALHO: Okay. So I'm ahead of the

1 game. Sorry.

2 MR. GARCIA: Mr. Carvalho, if we were able to  
3 present the work that we do under that light, I think it  
4 would be a whole different presentation in terms of those  
5 cases.

6 MR. CARVALHO: I think it's part of the reason  
7 we're changing. Otherwise, if a facility charges 10,000  
8 and doesn't discount it for anybody, they show zero charity  
9 care; and a facility charges 3,000 and they knock it down  
10 to 300 for lower income persons, in our current way they  
11 also show no charity care. Yet those are two different  
12 stories, to us they look exactly the same.

13 CHAIRMAN GALASSIE: I'm going to go ahead and  
14 move us forward. I'll suggest a roll call.

15 MS. OLSON: I have another question. I just  
16 want to make sure -- my report states there are 17  
17 hospitals and 14 ASTC's in this Planning Area not at  
18 capacity.

19 MR. CONSTANTINO: That's correct.

20 MS. FRIEDMAN: If I may, if you added his  
21 facility to it -- he's looking to fill his capacity. He's  
22 not on the list, but he has capacity.

23 CHAIRMAN GALASSIE: Roll call?

24 MR. ROATE: Motion made by Dr. Burden,

1 seconded by Mr. Hayes.

2 Mr. Bradley?

3 MR. BRADLEY: Yes.

4 MR. ROATE: Dr. Burden?

5 MR. BURDEN: Yes.

6 MR. ROATE: Justice Greiman?

7 MR. GREIMAN: Yes.

8 MR. ROATE: Mr. Hayes?

9 MR. HAYES: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: No, based on excess capacity.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: No, based on excess capacity.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: Five votes in the affirmative, two

17 votes in the negative.

18 CHAIRMAN GALASSIE: Motion passes.

19 MR. GARCIA: Thank you.

20 CHAIRMAN GALASSIE: Thank you.

21 We have time to move forward on another item,

22 H-10, Project 12-070, Vi at the Glen, Glenview.

23 I think following this project we'll break for

24 lunch.

1 Good afternoon, folks. You know the drill.

2 MR. KNIERY: John Kniery, CON consultant for  
3 the applicant.

4 MR. SHEETS: Chuck Sheets with Polsinelli  
5 Shughart, attorney for the applicant.

6 MS. COPE: Tara Cope, Associate General  
7 Counsel for the applicant (spells name).

8 MR. KNIERY: Also with us is John Hoover; he's  
9 the President of Project Management. And Todd Miller,  
10 Executive Director of the applicant, Vi at the Glen.

11 (Oath given)

12 CHAIRMAN GALASSIE: Thank you very much.  
13 Staff report, please.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicant is proposing to add 9 long-term  
16 care beds to an existing 38-bed, long-term care facility.

17 The total cost of the project is approximately \$5.1  
18 million. The anticipated completion date is December 31st,  
19 2014. There was no opposition comments, no requests for a  
20 public hearing.

21 Thank you, Mr. Chairman.

22 CHAIRMAN GALASSIE: Thank you very much.

23 Any comments for the Board?

24 MR. SHEETS: Briefly, Mr. Chairman. I'm going

1 to have Ms. Cope give you a general layout of what the  
2 project is. And I'd like to welcome Mr. Bradley back, as  
3 well.

4 CHAIRMAN GALASSIE: Thank you.

5 MS. COPE: Again, thank you. My name is Tara  
6 Cope. I'm the Associate General Counsel for Vi at the  
7 Glen. Our project is to expand an existing long-term care  
8 facility at Vi at the Glen. Vi at the Glen is a continuing  
9 care retirement community that opened in 2002. The  
10 community campus includes independent living apartments, as  
11 well as assisted living dementia care and skilled nursing.  
12 The Vi at the Glen is licensed by the Illinois Department  
13 of Public Health as a provider of Life Care Contracts,  
14 which means we offer our residents a combination of  
15 housing, dining, amenities, and healthcare services all on  
16 our campus. Our healthcare services provided out of our  
17 on-campus care center include assisted living, dementia  
18 care, and skilled nursing.

19 The continuum care variance is in place for  
20 this project and will remain in place. What's happening in  
21 our community and what is behind our project and our  
22 request is that as our community matures, our residents are  
23 using our care center services more and more, such that at  
24 this point in time, it has happened on occasion that our

1 skilled nursing beds are completely full when our residents  
2 have a need to use them and, in fact, as of today, we have  
3 two residents of our community who we've had to outsource  
4 to another local skilled nursing facility, because our 38  
5 existing beds are completely full. So, our project is to  
6 expand skilled nursing to add an additional 9 beds to the  
7 existing facility.

8 Our residents are fully in support of this  
9 project, and in our application materials, you will find a  
10 letter of support from our resident council.

11 We can briefly address, before your questions,  
12 if you like, the two negative findings in the Staff Report.  
13 The first was regarding the availability of funds. We plan  
14 to finance this project with cash on hand. There is no  
15 debt to be associated with this project. After we paid off  
16 our initial construction loan for this community back in  
17 2003, the community has continued to operate without any  
18 debt, and that is our plan, to continue to do so. In our  
19 application, we provided an account statement from our bank  
20 account, which showed a balance of over \$6 million of cash  
21 in that account. The Board Staff noted in their report  
22 that the bank statement wasn't sufficient evidence of the  
23 availability of funds, due to their concern that there  
24 could be outstanding checks against that account. So, we

1 have provided a more current bank statement, showing that  
2 those funds are still in the account and, in addition, we  
3 provided a Resolution of the Board of Directors of the  
4 applicant, resolving to leave sufficient funds in that  
5 account to cover the project costs and to use those funds  
6 only for the cost of this project.

7 Our second finding in the Staff report had to  
8 do with our project costs and whether they fall within the  
9 matrix within the State's parameters. They were outside  
10 those parameters in two areas -- the first one, new  
11 construction costs. Our anticipated construction costs for  
12 this project are about \$840,000, plus a contingency puts it  
13 in the ballpark of about \$900,000, but it is a very small  
14 project in terms of square footage. It's 3,440 square  
15 feet. So when you do that math, the cost per square foot  
16 is about \$263, which is above the State Board's standard of  
17 about \$199. However, we believe this additional cost is  
18 explained by the size of this project and the complexity of  
19 this project. As I mentioned, it's a very small space that  
20 we are expanding our skilled nursing facility into, so the  
21 square footage that we are dividing those dollars by is  
22 quite small, and we're working with the complexity of  
23 matching the design of an existing building.

24 The second matrix was the modernization costs.

1 Our modernization costs of this project are expected to be  
2 about \$100,000 plus a contingency, puts it at about  
3 \$110,000, but the modernization portion of this project is  
4 only about 100 square feet. So, again, we have the  
5 economies of scale problem. When you divide that number by  
6 only a 100 square feet, it ends up with a cost per square  
7 foot that exceeds the State matrix. However, though it's a  
8 relatively small amount of square footage, the  
9 modernization of that square footage includes moving  
10 plumbing lines and moving a fire alarm panel, which add to  
11 the costs of the modernization category.

12 As was noted by the State Agency Report, no  
13 public hearing was requested, and no opposition was noted.

14 We thank the Board for their technical  
15 assistance with our project, and we're available to answer  
16 any of your questions.

17 CHAIRMAN GALASSIE: Thank you very much.

18 May I get a motion and a second and open it up  
19 for questions? May I have a motion to approve Project  
20 12-070, Vi at the Glen, to add 9 skilled nursing beds to  
21 its existing skilled nursing facility?

22 MR. PENN: So moved.

23 MR. BURDEN: Second.

24 CHAIRMAN GALASSIE: Moved and seconded.

1 Thank you very much.

2 Questions or comments from Board members?

3 MR. BURDEN: Mr. Chairman. For

4 Mr. Constantino -- how is it that we can have State Agency

5 calculate such a significant need for long-term beds? The

6 prior applicant had an excess number, which allowed votes

7 to be opposed to that application's approval. The

8 disparity is amazing to me. 250 short, a large number.

9 How do we react to this?

10 MR. CONSTANTINO: Well, the inventory we're

11 working with is a 10-year projection. We haven't done new

12 projections since the new census has come out. We're

13 working on that. That's one reason why you see the large

14 discrepancy.

15 MR. BURDEN: One reason?

16 MR. CONSTANTINO: Yeah, that's one big reason.

17 MR. BURDEN: There's more reasons that you're

18 implying. I don't quite grab it, because we certainly

19 would see entrepreneurs in this business wanting to expand,

20 if there is such an acute shortage.

21 MR. CONSTANTINO: There is an issue of

22 over-bedding of beds in this state. There's approximately

23 20,000 beds that are not being used in this state,

24 long-term care beds that are not being used in the state.

1 So, we have a lot of facilities that have got unused beds  
2 and, therefore, they don't meet our 90 percent occupancy  
3 standard.

4 MR. BURDEN: I think that question partially  
5 solves my angst, but not totally. But, anyway, that's  
6 fine. I have another inquiry to pursue.

7 I thought for sure I'd hear it from the man in  
8 the middle. Five-star rating, and you haven't commented  
9 about the five-star rating. We have many discussions --  
10 when it's not five-star, you paint it as not necessary to  
11 talk about it. Now is your chance.

12 MR. SHEETS: I knew you would bring it up,  
13 Doctor Burden.

14 MR. BURDEN: This is the second applicant on  
15 my home turf. I have several pals in there, which probably  
16 influences me not to vote on this. I heard enough. These  
17 insufficient funds seems to be addressed to my  
18 satisfaction. That's all from me.

19 CHAIRMAN GALASSIE: Thank you, Doctor.  
20 Any other questions or comments?

21 MR. HAYES: Mr. Chairman?

22 CHAIRMAN GALASSIE: Mr. Hayes?

23 MR. HAYES: Yes. You provided -- why haven't  
24 you provided financial statements, either audited financial

1 statements to the Board Staff?

2 MR. SHEETS: Well, we actually did provide  
3 financial statements. We don't have audited financial  
4 statements for the applicant, but we did provide financial  
5 statements in the application.

6 MR. HAYES: Okay. And then when they talk  
7 about -- you provided a bank statement. Okay. Why -- so  
8 you did provide to the Board compiled financial statements?

9 MR. SHEETS: That's correct. But the compiled  
10 financial statements we provided were last year's, and they  
11 didn't show enough money in the actual bank account at that  
12 time. So, we supplemented the financial statements with  
13 the current bank information, to show that there's cash on  
14 hand. And then we did a Board Resolution to try to make  
15 the Board comfortable. We're not going to move the money.  
16 It's going to stay in the bank account until the end of the  
17 project. It's kind of difficult, when you actually have  
18 the money to build these things, how to prove that to you  
19 and show you. I thought we took the unique approach. I  
20 hope it's sufficient.

21 CHAIRMAN GALASSIE: Mike, what advice can we  
22 give them to make us feel more comfortable in seeing the  
23 financials?

24 MR. CONSTANTINO: They've told us they're

1 going to fund it internally. We need to know -- we have to  
2 have evidence of that. When they send me a financial  
3 statement that doesn't show that, we're going to have a  
4 negative finding. They sent me a bank statement. I  
5 don't -- like Mr. Bradley mentioned, we don't know what  
6 obligations are going against that amount, so we're left  
7 here with, okay, do we give these a positive findings or we  
8 don't. All I'm telling the Board is that they didn't  
9 provide me with sufficient information. That's all I'm  
10 telling the Board.

11 CHAIRMAN GALASSIE: Right.

12 MR. SHEETS: But to be honest with you, I  
13 suppose we could have done quarterly financials. I mean,  
14 that's a better way to address it, because the financials  
15 that were completed for 2011 didn't support the amount.  
16 That's why we supplemented with the bank account.

17 MS. COPE: And the Board Resolution, I thought,  
18 was one of the items mentioned in that category on the form  
19 as a way to do that, that the Board resolved to leave those  
20 dollars in that account and use them only for this project.

21 MR. SHEETS: And the financial statements we  
22 did provide did show that there is no debt. They're  
23 obviously not updated.

24 MR. HAYES: What was the date of those

1 financial statements that was provided?

2 MR. SHEETS: I think it's on page 146 of the  
3 application. It's year-end financials for 2009, 2010,  
4 2011.

5 MR. CONSTANTINO: Mr. Chairman, I'm reluctant  
6 to accept compiled financials, because they're just  
7 management's representations. John and I have had  
8 discussions about this. You know, we would be a hell of a  
9 lot more comfortable if these people were submitting  
10 audited financial statements to us.

11 MR. SHEETS: I think our accounting firm would  
12 be happy to, but also it's an additional cost.

13 MR. HAYES: Well, could you provide reviewed  
14 financial statements?

15 MS. COPE: I'm not sure what the legal  
16 significance of that is, Mr. Hayes. Maybe -- I mean, we  
17 certainly could have our accountants look over the  
18 financials. It wouldn't be an audited financial, though.

19 MR. HAYES: Well, it's something that gives  
20 greater assurance of the numbers through analysis and ratio  
21 analysis. It is not an attest function. It doesn't attest  
22 to the validity of the financial statements, but it does  
23 give a certain level of review and ratio analysis and -- of  
24 the financial statements, which allows for greater

1 assurance there, and the management has to make  
2 representations. Compiled financial statements, the  
3 management -- they are management's representations, but  
4 there is no notes to them. There is no -- and the reviewed  
5 financial statements give a greater representation by  
6 management and analysis by management to the validity of  
7 those accounts.

8 MR. SHEETS: We certainly could do attestation  
9 by the management. I think I know where you're going. I  
10 don't see a problem with that, but without our CFO here --

11 MS. COPE: At what point in time are we  
12 talking about? The other project agreed to do monthly  
13 compiled statements. Are we talking about monthly  
14 statements reviewed by the auditors? That sounds cost  
15 prohibitive.

16 MR. SHEETS: I think they're talking about --  
17 Mr. Hayes, you're talking about a picture in time now to  
18 verify what we submitted somehow; is that accurate?

19 MR. HAYES: Yes. That would be a current.

20 CHAIRMAN GALASSIE: What we have here that we  
21 didn't have before is a Resolution signed by their board,  
22 committing these monies to be utilized only for this  
23 construction purpose.

24 MR. SHEETS: Well, we can certainly attest to

1 statements we provided. The company is willing to do that  
2 for sure.

3 MR. JONES: Mr. Chairman?

4 It's been a while since I read the Life Care  
5 Act, and I'll defer to Dave and Bill, but under the  
6 provisions of holding a Life Care Permit, aren't you  
7 required to annually submit audited financial statements to  
8 the Department?

9 MR. SHEETS: I don't believe that's accurate.  
10 I think it depends on whether we have a line of credit in  
11 place to support the obligations.

12 MR. JONES: No. I think the Section 7(b)  
13 escrow is if you have credit, but you're still supposed to  
14 submit your financials every year.

15 MS. COPE: I don't know off the top of my head.

16 MR. SHEETS: That's a great question. I mean,  
17 if we had audited, we would have submitted them for sure.

18 MR. JONES: You may have already done it.

19 MR. SHEETS: If we've done it, we don't know  
20 it.

21 (Laughter)

22 CHAIRMAN GALASSIE: I think it's coming down  
23 to the Board members' comfort level with transparency of  
24 information and, based on what you've heard, you're

1 comfortable in approving this or not. That having been  
2 said --

3 MR. PENN: I got to comment, and I'll try to  
4 keep it short. Just the integrity of the applicants -- so,  
5 as we said, we don't want to be duped. We also don't want  
6 to be accusing good applicants, and I think if we can find  
7 out if it is to be required, that they must submit an  
8 audited statement in our rules, wherever it is, so we're  
9 not challenged to figure out where the truth is. I don't  
10 know if we can do that in the rules process or not, but  
11 maybe just kind of clean this up, because I don't want to  
12 set a precedence with people coming in and leaning on  
13 Mr. Hayes or maybe Mr. Bradley, figuring out what is the  
14 truth in these statements.

15 MR. CONSTANTINO: Like I said, we would be  
16 better off if they provided us with audited financials. I  
17 didn't know until today, until Mike just spoke, that  
18 they're required to submit audited financials under the  
19 Life Care Contract. If that's the case, then I will go  
20 back and get the audited financials.

21 MR. PENN: Okay.

22 CHAIRMAN GALASSIE: If that's the case, I  
23 would think they would be supplying them to you.

24 MR. CONSTANTINO: That's true, too. One of

1 the things we're running into is, these financial  
2 statements -- all of the information we receive goes on our  
3 web site, and individuals are reluctant to have us put this  
4 type of information out there at times.

5 CHAIRMAN GALASSIE: Yeah, I appreciate that.  
6 That's a dilemma.

7 We have a motion on the floor without an  
8 addendum. So, I'm going to call for roll call on that  
9 motion. And just to remind folks, it's a motion to approve  
10 Project 12-070, Vi at the Glen, Glenview, to add 9 skilled  
11 nursing beds to its existing skilled nursing facility.

12 MR. ROATE: Motion made by Mr. Penn, seconded  
13 by Dr. Burden.

14 Mr. Bradley?

15 MR. BRADLEY: Yes.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Yes.

18 MR. ROATE: Justice Greiman?

19 MR. GREIMAN: Yes, but I think we should have  
20 a clearer financial statement from them. I think -- I'm  
21 not going to make it an additional requirement to do that.  
22 We need to make it for a comfort level of this Board.

23 Thank you.

24 MR. ROATE: Mr. Hayes?

1 MR. HAYES: Yes, and I want to bring up the  
2 Judge's comments there, that, you know, this has to do with  
3 the process here. It doesn't have to do with the applicant  
4 themselves, because in this case, you're asking only for a  
5 small amount of beds at a CCR that will not -- that  
6 basically will still be a CCR, and this is just to be able  
7 to meet the needs of people at this facility, and it  
8 doesn't have any idea to be able to go to the outside here.  
9 So, I don't want to impugn the applicant itself. So, I  
10 think what we've said -- I'm going to vote yes.

11 CHAIRMAN GALASSIE: Just a reminder for  
12 members, we accepted a motion without addendum. So we're  
13 really at a yes or a no. You're more than welcome to come  
14 back with another motion, if it doesn't pass.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: Yes.

17 MR. ROATE: Mr. Penn?

18 MR. PENN: I vote no for non-sufficient  
19 financial information.

20 MR. ROATE: Chairman Galassie?

21 CHAIRMAN GALASSIE: I'll vote yes.

22 MR. ROATE: That's six votes in the  
23 affirmative, one vote in the negative.

24 CHAIRMAN GALASSIE: Motion passes.



1 anyone here who prefers not to participate in this film in  
2 any way, shape or form, you probably are best to be in the  
3 back of the room or advising our staff as such.

4 That having been said, picking back up where  
5 we left off on our agenda, the Carle Foundation Hospital,  
6 Urbana, Item 12-071. Good afternoon, folks.

7 (Pause)

8 CHAIRMAN GALASSIE: If you would come up and  
9 introduce yourselves, using the microphone, and spell your  
10 names, and prior to you getting started, let's let the  
11 record show that Member Hayes had to leave this afternoon  
12 for personal reasons, and Member Sewell is now present.

13 And if someone wouldn't mind closing those  
14 back doors, we would appreciate that. Thank you again.  
15 Sorry for interrupting.

16 MS. BEEVER: Hi. My name is Stephanie Beever  
17 from Carle Foundation Hospital (spells name).

18 MS. FRIEDMAN: Hi. I'm Kara Friedman,  
19 Polsinelli Shughart.

20 MR. HARDING: Scott Harding with the Carle  
21 Foundation Hospital (spells name).

22 CHAIRMAN GALASSIE: Thank you, folks.

23 (Oath given)

24 CHAIRMAN GALASSIE: Thank you.

1 Staff report, please.

2 MR. CONSTANTINO: Thank you, Mr. Chairman.

3 The applicants are proposing to modernize and  
4 expand its Emergency Department. The cost of the project  
5 is approximately \$19.5 million. There was no opposition to  
6 this project and no request for a public hearing. The  
7 anticipated completion date is December 31st, 2014.

8 Thank you, Mr. Chairman.

9 CHAIRMAN GALASSIE: Thank you, sir.

10 Comments for the Board?

11 MS. BEEVER: Good afternoon. My name is  
12 Stephanie Beever. I'm the Vice-President of Strategic  
13 Development and Diagnostic Services at the Carle Foundation  
14 Hospital. With me is Scott Harding, our Vice-President of  
15 Facilities and Support Services, and our legal counsel,  
16 Kara Friedman. I appreciate that you have quite a few  
17 items on the agenda, so I'm going to be really, really  
18 brief.

19 As we documented in our application, the  
20 expansion of the Carle Emergency Department will address  
21 the increasing demand for emergency care that we are  
22 experiencing at Carle Foundation Hospital. Carle is the  
23 only Level 1 Trauma Center and the Level 3 Neonatal  
24 Intensive Care Unit in our 22-county Service Area. We're

1 also designated as a primary stroke center.

2 Due to our space limitations, on a daily basis  
3 we are set up for 5 to 10 hallway beds for patients in our  
4 Emergency Department.

5 There was one negative finding in our report  
6 that related to project costs. While the construction  
7 costs exceed your standard, when measured against the  
8 standard for gross square foot, we are significantly below  
9 the size standards for both the ED room spaces for patient  
10 days, as well as the imaging space. For example, our space  
11 for the patient base is only two-thirds of what is  
12 permitted under the size standards.

13 Further, we will maintain operation of our ED  
14 while the addition is actually built and then tied into an  
15 existing building, which will also be modernized. Working  
16 to expand an active clinical service area while it remains  
17 operational requires significant phasing of the  
18 construction project. This can present some challenges,  
19 which inevitably will add to our costs. We believe our  
20 proposed costs are reasonable, given the additional  
21 capacity this space will provide and based upon our  
22 experience in recent construction projects.

23 My colleague, Scott Harding, can address  
24 specific questions in terms of the details that the Board

1 may have.

2 Thank you very much for your time. We're  
3 happy to answer questions.

4 CHAIRMAN GALASSIE: Thank you, Mrs. Beever.

5 Can I get a motion and a second? And we will  
6 open it up to questions or comments from Board members.

7 I'd like to ask for a motion to approve Project 12-071,  
8 Carle Foundation Hospital, Urbana, to modernize and expand  
9 its Emergency Department.

10 MR. GREIMAN: So moved.

11 MR. PENN: Second.

12 CHAIRMAN GALASSIE: Moved and seconded.

13 Questions or comments from Board members, please?

14 MR. SEWELL: Mr. Chairman?

15 CHAIRMAN GALASSIE: Sir?

16 MR. SEWELL: Yes. I guess I just wanted you  
17 to say more about the standard that you don't meet, the  
18 cost. Are there some factors that you'd like to discuss  
19 that went into why the costs exceed our standard?

20 MR. HARDING: One large reason is that we're  
21 doing a very, very intense construction project in a very  
22 small space. It's about 14,000 square foot, give or take,  
23 a lot of very intense electrical, HVAC, med gases, linings  
24 for the radiology, much more than you see in the typical

1 standard. I believe the standard that we use for all of it  
2 is just general hospital space. So, I think that drives  
3 the cost up considerably. The site is in between several  
4 eras of buildings from 1966 all the way to 2012. So, it  
5 complicates that. It's also the phasing we've got to do to  
6 keep the busy ED going while making all this happen, and  
7 the site itself is really a postage stamp, so we're really  
8 going to be trucking things in from other locations to keep  
9 our Emergency free and accessible at all times.

10 CHAIRMAN GALASSIE: Any other comments or  
11 questions?

12 MR. PENN: You said "increasing Emergency  
13 Room need". What's driving this need? Is there a  
14 consistency with some type of services being provided?

15 MS. BEEVER: We actually think it's a couple  
16 different things. One, the area around Carle and around  
17 Champaign County is all very rural. So, we have seen more  
18 transfers in for high risk patients, stroke, acute MI's, et  
19 cetera, and some of the services in our surrounding  
20 communities are waning and not as robust. In the local  
21 community, we've been seeing about a four and a half  
22 percentage gain each year for multiple years in that local  
23 area, and the best that we can presume at this point in  
24 time is, we seem to have Emergency Department volume

1 increasing and convenient care volume -- both increasing as  
2 people are trying to get more immediate access to care.

3 MR. GREIMAN: I have --

4 CHAIRMAN GALASSIE: Judge?

5 MR. GREIMAN: Now, usually when I speak here,  
6 I generally say bad things to people who are witnesses.  
7 But I wanted to just comment that looking at the material,  
8 I'm so impressed by your charity. Your charity is way  
9 beyond what most of the other hospitals have. It's almost  
10 4 percent, and that's really significant, and I hope you  
11 will keep up the good work. Please do.

12 MS. BEEVER: Thank you.

13 MS. OLSON: I second that.

14 CHAIRMAN GALASSIE: So noted. Any other  
15 comments or questions?

16 (Pause)

17 CHAIRMAN GALASSIE: Hearing none, roll call,  
18 please.

19 MR. ROATE: Mr. Bradley?

20 MR. BRADLEY: Yes.

21 MR. ROATE: Dr. Burden?

22 MR. BURDEN: Yes.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

1 MR. ROATE: Ms. Olson?

2 MS. OLSON: Yes.

3 MR. ROATE: Mr. Penn?

4 MR. PENN: Yes.

5 MR. ROATE: Mr. Sewell?

6 MR. SEWELL: Yes.

7 MR. ROATE: Chairman Galassie?

8 CHAIRMAN GALASSIE: Chair votes yes.

9 MR. ROATE: That's seven votes in the  
10 affirmative.

11 CHAIRMAN GALASSIE: Motion passes.  
12 Congratulations. Good luck to you.

13 Item 12-073, MetroSouth Medical Center. We  
14 have or had one public comment request. Ms. Rita Pacyga.

15 Just as a reminder -- and I know there are  
16 many folks who are here for the next agenda item on public  
17 comment. We are absolutely committed to open disclosure  
18 throughout out all of our processes. At the same time, we  
19 have determined over time that as a result of agendas that  
20 we have, this being a two-day meeting again, we put certain  
21 limitations on public comment. Counsel Morado is going to  
22 read his guidelines, and I have the honor -- or not -- of  
23 being time keeper as well, and I will try to do it only  
24 respectfully. I hope you understand that. If I do have to

1 cut you off, we're doing so out of respect for everyone  
2 else in the room, trying to give them an opportunity for  
3 time as well. Thank you.

4 Juan.

5 MR. MORADO: Yes. The Open Meeting Act  
6 requires any person shall be permitted an opportunity to  
7 address public officials under the rules established and  
8 recorded by the public body. The following is the  
9 procedure which the Illinois Health Facilities and Services  
10 Review Board will adhere to.

11 If you have previously participated in any  
12 public hearings or submitted written comments related to  
13 projects listed on today's agenda, you will not be allowed  
14 to repeat your previous comments, because each Board member  
15 has already received those materials. Board Staff will be  
16 comparing a speaker's public hearing testimony and/or  
17 previous written comments to ensure that the public  
18 participation testimony is not repetitive. Speakers will  
19 be reminded not to provide repetitive comments.

20 So that the Board is able to accomplish other  
21 agenda items, each speaker will be allowed a maximum of two  
22 minutes to provide their comments. Please understand, when  
23 the Chairman signals, you must conclude your comments. I  
24 will also be providing you with a thirty-second warning

1 when your time is about to expire.

2 Inflammatory or derogatory comments are  
3 prohibited. No more than three persons representing the  
4 same organization are allowed to provide testimony  
5 regarding the same project. Public comment for each  
6 speaker is limited to the testimony for one project or  
7 issue. The Board asks that you please make sure that all  
8 comments are focused and relevant to the specific projects  
9 on the current agenda. Comments should not be repetitive  
10 and not be disruptive to the Board's proceedings.

11 The public is strongly urged to participate in  
12 the long standing opportunities for oral and written  
13 comment provided by the public hearings conducted for CON  
14 projects under review, as well as draft rule making.  
15 Scheduled public hearings are posted on the Health  
16 Facilities and Services Review Board web site.

17 Speakers who do not comply with these  
18 guidelines will not be allowed to provide comment at the  
19 Board's open meeting. And please note, anyone wanting to  
20 provide public participation comments at the Board meeting  
21 must pre-register. The only time to pre-register will be  
22 30 minutes before a scheduled Board meeting.

23 Thank you.

24 CHAIRMAN GALASSIE: Thank you, Juan. And

1 just to remind the Board members as well, during public  
2 comment it is the public's opportunity to comment; it is  
3 not a time for Board members to be questioning.

4 We are pleased to welcome you again,  
5 Ms. Pacyga. Thank you very much for your patience.

6 MS. PACYGA: My name is Rita Pacyga, and I am  
7 the Director of Senior Citizen Office in the City of Blue  
8 Island.

9 We have approximately 1,200 seniors on my  
10 mailing list, but there's, according to the census of 2010,  
11 I believe there's 5,000 seniors in Blue Island. I deal  
12 with at least 1,200 of them.

13 MetroSouth has provided us with speakers,  
14 screening for seniors, workshops, and many other things,  
15 speakers for nutrition, diabetes, heart disease, and those  
16 are just a few examples that they provide our community  
17 with.

18 And I just want to speak for all of the  
19 seniors in Blue Island, if I may, that I think this is  
20 something -- the insight, inpatient psych ward -- that is  
21 necessary, because we do -- and I work with these people  
22 all the time, the seniors. We have a lot of hoarders, sad  
23 to say, seniors that are depressed, some that have sun  
24 down, some that don't take their medication regularly, they

1 don't eat healthy, and all of this is related to their  
2 mental state, also, and it would be great to have the  
3 doctors in town with the psych doctors, working together in  
4 the community. It's a small community of 24,000, which  
5 isn't really that small, but it's a community where if you  
6 get to go out of town -- for people who don't drive --  
7 there have been some seniors who have had their license  
8 taken away. They can't drive because they can't see. They  
9 have to go somewhere else to take public transportation.  
10 It doesn't do them justice. They have a hard time.  
11 Relatives coming into town, they come in to see them at the  
12 hospital. It would be nice to have it here in Blue Island  
13 at MetroSouth.

14 I think it would be an asset to the community,  
15 and on behalf of all of the seniors in Blue Island, I want  
16 to thank you for listening to me speak, and I hope you'll  
17 make the right decision for the seniors and the patients in  
18 the community.

19 CHAIRMAN GALASSIE: Thank you very much. We  
20 appreciate your comments.

21 Moving forward, if we have representatives  
22 from MetroSouth Medical Center, Blue Island, this would be  
23 the time to come up. Please introduce yourselves with the  
24 microphone, spell your names for the recorder, and we'll

1 have you sworn in.

2 MR. BECKMANN: Good afternoon. My name is  
3 Enrique Beckman (spells name).

4 MS. RANALLI: Clare Ranalli (spells name).

5 MR. BECKMANN: With us, also sworn in, are  
6 Scott Stegall, who is the Vice-President of Business  
7 Development for Signet Corporation, and Greg Grafton, who  
8 is our Director of Geriatric Psychiatry, and Dr. Eric  
9 Nussbaum, who is the Chairman of our Department of  
10 Emergency Medicine at MetroSouth.

11 (Oath given)

12 CHAIRMAN GALASSIE: Thank you very much.

13 Staff report, please.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicants are proposing to add a 14-bed  
16 acute mental illness category of service and discontinue 14  
17 medical/surgical beds. The cost of the project is  
18 approximately \$900,000. The anticipated completion date is  
19 December 31st, 2013. There was no public hearing  
20 requested. We did receive negative impact letters  
21 regarding this project.

22 Thank you, Mr. Chairman.

23 CHAIRMAN GALASSIE: Thanks, Michael.

24 Comments for the Board.

1 MR. BECKMANN: Yes. I'd like to thank the  
2 Staff for their help in this proposal. I'm the CEO and  
3 Chief Medical Officer of MetroSouth Medical Center.  
4 MetroSouth was the old St. Francis in Blue Island, and it  
5 has served the community since 1905. I've had the pleasure  
6 of holding my current position since 2009.

7 We serve a patient population that is aging.  
8 More than 50 percent of our patients are Medicare  
9 beneficiaries, the vast majority being 65 and older. In  
10 addition, close to 30 percent are Medicaid.

11 We are doing well, but are constantly  
12 challenged by the reimbursement environment and the patient  
13 demographics we serve. We look to the future by developing  
14 clinical care strategies that we, our community, needs and  
15 help us sustain our mission. In doing so, it became clear  
16 that we needed a geriatric inpatient behavioral health  
17 unit.

18 Blue Island and surrounding communities are  
19 experiencing natural population trends. The older than 65  
20 represent 12 percent of the U.S. population now, and by  
21 2030, 71.5 million Americans, or 20 percent, will be 65 and  
22 older. In contrast, these older than 65 only represent 7  
23 percent of inpatient psychiatric services, even though they  
24 may have the highest suicide rate at 21 percent. Mental

1 illness among older adults manifests itself differently  
2 than in younger populations. Instead of typical bipolar  
3 disease or schizophrenia, older psychiatric patients suffer  
4 from anxiety disorders, severe cognitive impairment, and  
5 mood disorders. The National Association of State Mental  
6 Health Program Directors Presidential Task Force on Mental  
7 Health and Aging states in their report, "Older adults  
8 remain the most underserved and inappropriately served  
9 population in mental health services."

10 While there are rapidly growing needs for  
11 services for the elderly mentally ill, state mental  
12 institutions continue to close nationwide, as well as in  
13 Illinois. The CEO of the National Association of  
14 Psychiatric Health Systems accurately states that the need  
15 for more psychiatric beds is a national trend.

16 In MetroSouth's primary service area, we  
17 expect the population of 65 and older to grow from 34,991  
18 to 37,350 in just five years. Similarly, in the secondary  
19 service area, the growth in the same period will be from  
20 76,650 to 80,891, an increase of 6,660 seniors in just five  
21 years. Since 25 percent of persons older than 65 will  
22 develop serious mental illness, in a period of five  
23 years -- from 2010 to 2015 -- 1,650 more seriously mentally  
24 ill patients will be in need of psychiatric services in

1 MetroSouth's service area.

2 Last year MetroSouth transferred via ambulance  
3 from our ED approximately 150 elderly patients, most of  
4 them over 65 years of age, for inpatient behavioral  
5 healthcare. This places an enormous burden on an already  
6 over burdened healthcare delivery system and the patient.  
7 Many of our patients, because of their age, have medical  
8 comorbidities that disqualify them from being treated on an  
9 inpatient adult behavioral health unit. Many of these  
10 patients are being treated by primary care physicians or  
11 specialists at MetroSouth, but due to the need to be  
12 treated for behavioral health issues at another hospital,  
13 they lose the continuity of these relationships.

14 Our specialty and primary care physicians tell  
15 us their aging patients are facing dementia, depression,  
16 and in some instances behavioral issues brought on by  
17 physical diseases, all of which would be best treated by  
18 behavioral health services in the family's and patient's  
19 local area hospital. Only 45 percent of older adults with  
20 mental health get treatment, according to the Geriatric  
21 Mental Health Alliance of New York, and frequently care is  
22 provided by the family.

23 Proximity of family to local community  
24 hospitals such as MetroSouth is a key component of success

1 to proper mental healthcare for this patient population.  
2 The establishment of an inpatient behavioral health unit at  
3 MetroSouth will create the availability of additional  
4 support for our current inpatients and outpatients and the  
5 availability at MetroSouth of mental health providers will  
6 enhance the quality of overall care given to the geriatric  
7 population we serve.

8 Let me now turn to what you may be concerned  
9 about regarding the State Board Report you received and  
10 MetroSouth apparently not meeting some of your standards.  
11 There seem to be three areas of concern. One is the  
12 calculated excess of beds in the Planning Area. We are  
13 proposing to open a small, 14-bed geriatric psychiatry  
14 unit. Our intent is to provide inpatient services only to  
15 this patient population, which is where the need resides.  
16 The need for adult acute mental illness beds is going down,  
17 and need for specialty beds, such as adolescent and  
18 geriatric beds, is going up. While according to a formula,  
19 the calculated excess suggests that too many beds are  
20 available, the fact is that daily, older patients at  
21 MetroSouth cannot be placed in an inpatient behavioral unit  
22 close to home to attend to their behavioral health needs.  
23 This mismatch occurs because the Board's standards do not  
24 acknowledge the very real differences between adult,

1 geriatric, pediatric, and adolescent AMI units, although  
2 based on this Board's prior decisions, you clearly do. In  
3 fact, there is a shortage in our community of geriatric AMI  
4 beds, as we demonstrated in the materials that we submitted  
5 in our application.

6           A second related area concerns unnecessary  
7 duplication of service. The typical (unintelligible) in my  
8 facility does not want to care for the medically  
9 compromised patients, which is frequently the case in the  
10 elderly population. It can be very dangerous to mix adults  
11 and adolescents with the elderly. In addition, having a  
12 geriatric psychiatry unit in a medical/surgical hospital is  
13 a great benefit, since it is not uncommon for the elderly  
14 to need emergent medical care. Of the four hospitals in  
15 our Service Area, only two have dedicated geriatric units  
16 for inpatient care, and of those within a 30-minute drive,  
17 there is only one (unintelligible) open.

18           Given the demographic shift to an older  
19 population, the need is great for inpatient geriatric  
20 psychiatry services. There is no duplication of this type  
21 of service in our community. This is manifested in the  
22 common experience across the area, of seniors awaiting  
23 transfer from the Emergency Department to remote locations  
24 for their mental healthcare, sometimes for days. In our

1 case, patients are regularly referred to hospitals 10, 20  
2 or 30 miles away. The need for specialty beds to treat  
3 this unique population would, I hope, permit the Board to  
4 exercise its discretion in going over the Planning Area  
5 need for MetroSouth Medical Center to allow families to  
6 continue to receive treatment for their loved ones in the  
7 community.

8           Finally, the State Board report questions the  
9 average length of stay of 12 days we provided for  
10 calculating the need for beds, as the state average is 6  
11 days. We provided information showing that, according to  
12 CMS, the national average length of stay is around 12 days  
13 for geriatric behavioral health patients. This is a  
14 national standard. The 6-day state average relates to all  
15 patients blended and not to dedicated geriatric units. In  
16 our application, we focused on the average length of stay  
17 for a geriatric patient, as this is the patient we will  
18 serve. These patients almost always have medical  
19 comorbidities, requiring additional medical care to  
20 complement behavioral healthcare, and the titration of  
21 their medications needs to be done slowly and carefully. I  
22 find it reasonable for us to rely on the CMS average length  
23 of stay for elderly behavioral health patients in  
24 anticipating our proposed small unit's average length of

1 stay versus the 6-day average for Illinois, which includes  
2 a wide variety of patients.

3 I know it is important to address your  
4 criteria, but, as a Board, you may exercise discretion when  
5 it makes sense. If your rules were dispositive, then many  
6 good projects would not be approved, such as the Roseland  
7 AMI Hospital project you approved to add 28 beds to address  
8 adolescent psychiatric issues; much needed, I am sure, for  
9 that community.

10 I know you have a busy agenda, and I will now  
11 turn it over to you, in the event you have any questions.  
12 Thank you very much.

13 CHAIRMAN GALASSIE: Thank you.

14 I'm going to ask for a motion and a second to  
15 put this on the table and open it up to Board member  
16 questions and/or comments. May I have a motion to approve  
17 Project 12-073, MetroSouth Medical Center, Blue Island, to  
18 establish a 14-bed AMI unit and discontinue 14  
19 medical/surgical beds?

20 MR. PENN: So moved.

21 MR. BURDEN: Seconded.

22 CHAIRMAN GALASSIE: Moved and seconded.

23 Questions or comments from Board members, please?

24 MR. SEWELL: Mr. Chairman?

1 CHAIRMAN GALASSIE: Yes, Mr. Sewell.

2 MR. SEWELL: So, I wanted to ask the Staff a  
3 question. So we don't have a category of service known as  
4 called specialty geriatric mental illness beds?

5 MR. CONSTANTINO: No, sir.

6 MR. SEWELL: So, if someone wanted to -- if  
7 this were not a discontinuation and conversion and someone  
8 wanted to come new into the marketplace with this category  
9 for beds, how would they do that?

10 MR. CONSTANTINO: They could apply and then --  
11 they could apply to establish that service. Roseland  
12 Hospital was approved by this Board to establish a 30-bed  
13 adolescent psych unit at their facility, I think back in  
14 2009. We just -- the Board just accepted their arguments,  
15 even though we were negative on the report, similar to what  
16 we've done here.

17 MR. SEWELL: I see.

18 CHAIRMAN GALASSIE: Other questions or  
19 comments?

20 (Pause)

21 CHAIRMAN GALASSIE: Hearing none, roll call,  
22 please.

23 MR. ROATE: Mr. Bradley?

24 MR. BRADLEY: No.

1 MR. ROATE: The reason, sir?

2 MR. BRADLEY: The reasons stated in the  
3 report: Project utilization, Planning Area need, and  
4 unnecessary duplication of service.

5 MR. ROATE: Dr. Burden?

6 MR. BURDEN: I'm going to vote yes.

7 MR. ROATE: Justice Greiman?

8 MR. GREIMAN: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Penn?

12 MR. PENN: Yes.

13 MR. ROATE: Mr. Sewell?

14 MR. SEWELL: No. Too many excess AMI beds.

15 MR. ROATE: Chairman Galassie?

16 CHAIRMAN GALASSIE: Yes.

17 MR. ROATE: That's 5 votes in the affirmative,  
18 2 votes in the negative.

19 CHAIRMAN GALASSIE: Motion passes.

20 Congratulations. Good luck to you.

21 (Pause)

22 CHAIRMAN GALASSIE: We are now moving to Item  
23 H-13, 12-074, Jacksonville Developmental Center. We have  
24 approximately 30 requests for public comment. We have not

1 organized you by pro or con, so we would expect everyone to  
2 be respectful of one another.

3 We will be calling up five members to the  
4 table. Ms. Avery will announce your name. We apologize if  
5 we destroy the ethnic variation of your name. They're in  
6 some semblance of alphabetical order. So, we'll call folks  
7 up and hear from those five and call five more, until we've  
8 exhausted the requests for public comment, and, again, we  
9 will ask you to be conscious of time and try not to be  
10 redundant. We will be respectful, if we have to cut you  
11 off, but we do have to cut people off.

12 That having been said, thank you very much for  
13 your cooperation.

14 (Speakers identified)

15 CHAIRMAN GALASSIE: As folks come up to the  
16 table, you can just introduce yourself when you're  
17 speaking. It would be wise for you to tell us up-front if  
18 you are in support or opposed. You do not have to be sworn  
19 in for public comment. We'll ask that you use the  
20 microphones.

21 MS. BROWN: Hi. My name is Linda Brown, and  
22 my daughter was living at Howe Center when it was closed,  
23 and we actually had a lot more time between the time  
24 closure was announced to find new places. At that time, I

1 took my daughter to five different community placements.  
2 None of them could meet her needs as far as health is  
3 concerned, and I took her to Shapiro and also to Ludeman  
4 and Fox Center, which are State-operated developmental  
5 centers. I finally decided on Fox Center, because it had  
6 the best medical that she needs.

7 She has cancer. She's been fighting it for  
8 about five years. But the main concern right now is that  
9 she has asthma and allergies, and she's had numerous  
10 respiratory pneumonias caused by aspiration pneumonia. At  
11 Fox Center, she has had pneumonias in the last two years,  
12 but for the first time in 27 years, she has not been  
13 hospitalized for that.

14 Thank you very much.

15 CHAIRMAN GALASSIE: Thank you very much.

16 MR. BROOKS: I'm Dr. David Brooks. I'm a CILA  
17 provider, Community Integrated Living Arrangements. We  
18 provide community support services for people who have  
19 intellectual and developmental disabilities across  
20 Illinois, and we provide those services for people who come  
21 from the family home, people who come from DCFS, ICF/DD's,  
22 and also State facilities. We have people from many  
23 different State facilities, Shapiro, Howe, Mabley, and so  
24 forth across the state. These individuals have lived

1 successfully and are still in programs for the 13 years we  
2 have been providing services.

3 We have been able to create the capacity as  
4 needed, when it's needed. So, one of the issues, I think,  
5 that has been of some concern is whether capacity is  
6 available, and it's needed as needed. We have created it  
7 in as short as one week for up to two to four people. All  
8 of our settings are four people or fewer. We have one  
9 person set-ups up to four person set-ups, and we've taken a  
10 very wide range of people from all types of settings,  
11 including State facilities.

12 I'm here to say that many people can  
13 successfully live in community settings, and you should  
14 consider that as you go through this process.

15 CHAIRMAN GALASSIE: Dr. Brooks, can you advise  
16 the Board what CILA stands for?

17 MR. BROOKS: Community Integrated Living  
18 Arrangement.

19 CHAIRMAN GALASSIE: And I apologize, but are  
20 you in support or opposition of this project?

21 MR. BROOKS: Support.

22 CHAIRMAN GALASSIE: Thank you very much.

23 MS. FOGARTY: Hi. My name is Tina Fogarty.  
24 I'm from Neumann Family Services. (Spells name)

1                   We are also a provider of services in the  
2 community for individuals with developmental disabilities  
3 and mental illness, and Alfreda came to us many years ago  
4 and was actually--

5                   (Conversation held between Ms. Fogarty and Ms. Burski, much  
6 of which was inaudible and/or unintelligible.)

7                   MS. BURSKI: I've been (unintelligible) for 10  
8 years.

9                   MS. FOGARTY: Alfreda Burski (spells name).

10                   I don't like (unintelligible) workshop,  
11 because I'm sick and tired of looking at it. (Inaudible)  
12 I've been there 10 years, and I like it sometimes. I want  
13 to live someplace, get away from them, because they are  
14 terrible. I want to live someplace. I don't care what it  
15 is. Because I don't like the (unintelligible) at the wood  
16 shop. Getting terrible. They don't take care of me like  
17 you people. I like you people better, because you could  
18 take care and do something, because I've been getting  
19 (unintelligible) every day. Every Monday I been getting  
20 some. Yeah. Yeah, that's why I don't go to wood shop  
21 anymore. I been getting it. Yeah. You going to help me?  
22                   MS. OLSON: We're going to try.  
23                   MS. BURSKI: You going to (unintelligible)?  
24 When?

1 MS. OLSON: Probably today.

2 MS. BURSKI: I hope you don't.

3 CHAIRMAN GALASSIE: Thank you, Alfreda.

4 MS. BURSKI: Thank you.

5 CHAIRMAN GALASSIE: Thank you.

6 When you introduce yourself, will you just  
7 advise us if you're in support or for the project?

8 MR. BURDEN: Mr. Chair, may I ask, by  
9 "support", do you expect the support proposing closure or  
10 not closure?

11 CHAIRMAN GALASSIE: Well said.

12 MR. BURDEN: Tell me -- when we ask that  
13 question, can we hear a clear response about closure versus  
14 not closure?

15 CHAIRMAN GALASSIE: I accept the  
16 recommendation in terms of closure or non-closure, support  
17 or lack thereof.

18 MR. EZARD: Good afternoon. I'm in support --  
19 I'm for not closure of JDC. My name is Andy Ezard (spells  
20 name). I'm the Mayor of the City of Jacksonville.

21 CHAIRMAN GALASSIE: Welcome, Mayor.

22 MR. EZARD: Thank you.

23 When I first began, we heard JDC was going to  
24 close, and my initial impact as Mayor is jobs, economic

1 development, public safety, and that's the first thing.  
2 That's the charge of the Mayor, to make sure those things  
3 happen in the community. But when you take a step back as  
4 a Mayor and get to know the individuals and the citizens of  
5 JDC, the parents, the families, the employees, they are a  
6 developmental center, number one. They are trying to  
7 develop folks to go out in the community. But some folks  
8 just cannot do it. Some folks need that extra care. It is  
9 very similar -- the quality of care, if you close JDC, will  
10 diminish. It's just going to diminish, and that is not  
11 fair to these citizens and the families and the employees  
12 of JDC.

13 For over a hundred years, Jacksonville has  
14 embraced individuals with disabilities. We have the  
15 Illinois School for the Deaf, the Illinois School for the  
16 Visually Impaired and the Jacksonville Developmental  
17 Center. There is nowhere in America who has embraced folks  
18 with disabilities as much as Jacksonville, Illinois has.  
19 The residents are accepted in our restaurants, our  
20 businesses, our movie theaters. I have two little  
21 children. They understand when the folks get off a bus  
22 from JDC. They understand these folks have disabilities,  
23 and that's part of Jacksonville for over a hundred years.

24 Please vote against this motion to close JDC.

1 As a Mayor -- it's philosophical for a lot of you. I've  
2 learned a lot from this process. I can sit up here, like I  
3 said earlier, and talk about the jobs and things like that  
4 and the impact. 400 jobs at Jacksonville is like 60,000  
5 jobs to the City of Chicago. But let's not talk about  
6 that. Let's talk about some of these parents that are out  
7 there that are having a tough time with this and let's help  
8 them out, because some of these folks just can't get along  
9 without it.

10 And I appreciate your time.

11 CHAIRMAN GALASSIE: Thank you, Mayor.

12 MR. FREDERICK: My name is Tom Frederick. I'm  
13 the CEO of Elm City Center in Jacksonville. (Spells name).

14 I work on a daily basis with the men and women  
15 who come from JDC, come to our workshop and to our  
16 residential programs and the other things we do in our  
17 town, and I see on a regular basis that when I look at this  
18 process, I fall on both sides of this. There are a large  
19 number of people at JDC who can succeed in the community  
20 and have. There's also an equal number of people who have  
21 been out in the community multiple times and failed or have  
22 very difficult times because of their behaviors and other  
23 activities.

24 I have 8 to 10 men right now that I work with

1 on a daily basis that are looking for a place to go to, and  
2 they're probably going to move to another State out  
3 program. To get them in the community setting, I am going  
4 to need 3 or 4 people per work shift to be with these guys  
5 because of their behavior. It's going to be expensive.  
6 It's not going to be something to walk into. I've got  
7 people on a regular basis -- if I'm going to work with them  
8 at two o'clock in the morning, I've got to be assured that  
9 I have staff who are strong enough to handle some of the  
10 situations that will pop up. I don't want imply all of our  
11 people are like that. We have a number of people who will  
12 be very successful through some therapy process. And good  
13 for them. But I see on a regular basis people who I work  
14 with regularly who I have gotten physically involved with.  
15 I have pulled them off of streets in front of trucks. When  
16 we have a situation in our building, I become a bouncer  
17 really quickly to stop something.

18 In our setting, we are a workshop, like she  
19 was talking about, for products we package for Wal-Marts  
20 and CVS's across United States and North America. You have  
21 probably bought the things that we have packaged and we  
22 work on. We provide a pretty good work setting and good  
23 residential programs. Even in that setting --

24 MR. MORADO: Thirty seconds.

1 MR. FREDERICK: -- I have people who do well  
2 in the structure of JDC. They do well in the structure we  
3 have. Step out a little bit and their world starts falling  
4 apart.

5 So, I'm on both sides of this game. Yes, I  
6 understand the process. At the same time, there is a need  
7 for a place like JDC for people we work with.

8 CHAIRMAN GALASSIE: So, are you advocating  
9 foreclosure or no closure?

10 MR. FREDERICK: No closure; a change, but no  
11 closure.

12 CHAIRMAN GALASSIE: Thank you very much.

13 MS. FOGARTY: I just want to mention, I'm  
14 against closure also.

15 CHAIRMAN GALASSIE: We'll be calling five more  
16 folks up, please. Thank you for your comments.

17 (Speakers are identified.)

18 CHAIRMAN GALASSIE: Good afternoon, folks.

19 MS. FOGARTY: Tina Fogarty from Neumann Family  
20 Services. I want to say, on behalf of Neumann Family  
21 Services, we are in favor of the closure.

22 And this is June Schreiber (spells name). I  
23 asked June if she wanted to talk a little bit about why  
24 she's here today.

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1                   MS. SCHREIBER: Talk about where I live. I  
2 like Touhy, because I got friends and I get along with  
3 everybody.

4                   MS. FOGARTY: Can you tell them what Touhy is?

5                   MS. SCHREIBER: Touhy is a house.

6                   MS. FOGARTY: June, can you tell them where  
7 you were prior to when you came to Neumann?

8                   MS. SCHREIBER: (unintelligible) I didn't  
9 like it. It was bad. I didn't like it there. I have no  
10 freedom and punishment.

11                  MS. FOGARTY: I just wanted to state, June had  
12 been at an SODC at Ludeman prior to coming Neumann. That's  
13 what she's talking about.

14                  Is there anything else you wanted to say to  
15 them today?

16                  MS. SCHREIBER: I live at Victor Neumann. I do  
17 a good job of washing and drying.

18                  CHAIRMAN GALASSIE: Thank you very much.

19                  MS. SCHREIBER: You're welcome.

20                  CHAIRMAN GALASSIE: Thank you.

21                  MS. HARKNESS: Hi. Good afternoon. I'm  
22 Margaret Harkness. I'm with the Illinois Council on  
23 Developmental Disabilities, and we support the closure of  
24 Jacksonville Developmental Center.

1                   The council is dedicated to improving the  
2 lives of Illinois-ans with intellectual developmental  
3 disabilities. All people with intellectual disabilities  
4 have the same rights and opportunities as any other  
5 Illinois citizen. We believe people of intellectual  
6 developmental disabilities should live in the communities  
7 near their family and friends.

8                   In 2007, the council produced a report, the  
9 blueprint for system redesigning Illinois. We updated the  
10 report in 2012 to reflect the current situation in Illinois  
11 and to provide a seven-year guide for the State to move  
12 from an institutional system of services to community-based  
13 service. The updated report has put Illinois at the  
14 tipping point and can be found on the council's web site.

15                   There is no denying that our current system is  
16 broken. The recommendations outlined in the blueprint  
17 would move us towards a more effective and more efficient  
18 system, even in these difficult times. One of the  
19 recommendations made was the closure of 5 to 9  
20 State-operated developmental centers by 2014. Achieving  
21 this goal would bring Illinois to the national average  
22 related to providing services in the community. Let me  
23 repeat: That would only make us average. We would not be  
24 a national leader. One facility was closed in 2010. The

1 Governor has recommended two more, including JDC for  
2 closure. This is a step in the right direction, but we do  
3 have a long way to go.

4 Even with the closure of JDC, we still support  
5 more people and institutions than almost every other state  
6 in the nation. We urge you to support the closure of  
7 Jacksonville Developmental Center. This is an opportunity  
8 to begin to fix our broken system, and let's not waste it.

9 Thank you.

10 CHAIRMAN GALASSIE: Thank you very much.  
11 Appreciate your comments.

12 Good afternoon sir.

13 MR. IACONO-HARRIS: I oppose. Good afternoon.  
14 My name David Iacono-Harris. I have a Master's Degree in  
15 Social Work and a PhD in Child and Family Studies, and I am  
16 the father and guardian of Jonathan Iacono-Harris, a  
17 40-year-old developmentally disabled human being, who has  
18 made Jacksonville Developmental Center his home for over 9  
19 years. I had prepared some very personal testimony about  
20 how we adopted Jonathan and how we hoped that he would some  
21 day be able to be semi-independent and how he needs  
22 institutional, rather than community care; but then I  
23 realized that two minutes was not sufficient time to tell  
24 you all of that and why you should keep the Developmental

1 Center open.

2 Governor Quinn is trying to save money by  
3 putting my son and hundreds of persons like him in  
4 jeopardy. Their care, their happiness, their security,  
5 even their lives are in jeopardy. He found some well  
6 meaning -- I can only assume they are well meaning, even if  
7 they are wrong -- know-it-all advocates to back him up and  
8 some State Government employees to carry out his lies and  
9 manipulation.

10 Look at the record. Jacksonville  
11 Developmental Center and Murray Developmental Center are  
12 both scheduled to be closed. That leaves no State-operated  
13 developmental center in the center of the state. Community  
14 Resource Associates, with whom the Governor contracted to  
15 place JDC individuals, has covered itself in shame. CRA  
16 personnel have lied. They have disrespected families' and  
17 guardians' rights to make informed choices for their loved  
18 ones. CRA has repeatedly placed large groups of  
19 individuals in community houses at the end of each month.  
20 Just this month, almost 50 persons were to be shipped out  
21 by October the 30th, just before the meeting of this Board,  
22 so that the number of residents at JDC would seem too few  
23 for you to consider keeping it open.

24 MR. MORADO: Thirty seconds.

1 MR. IACONO-HARRIS: But the residents  
2 can't go back home to JDC. But not all of those residents  
3 will be out of JDC. Some guardians have not agreed to any  
4 placement yet, but their loved ones were scheduled to  
5 leave. Some have left, but their meetings have not even  
6 been held yet. My son was scheduled to leave at 8:30 a.m.  
7 this morning for Shapiro Developmental Center, even though  
8 his assessment meeting was not held until 2:00 p.m. last  
9 Friday. I said no. First, I have to visit Shapiro  
10 Developmental Center -- which I was prohibited from doing  
11 several weeks ago -- to see if it is appropriate for  
12 Jonathan.

13 There are also credible reports of residents'  
14 medical histories being doctored so that providers will  
15 make more -- will take more difficult individuals. These  
16 allegations must be investigated thoroughly before JDC is  
17 allowed to close.

18 Finally, a good number of residents have been  
19 and will be transitioned to other State-operated  
20 developmental centers. Why? Because there are simply not  
21 enough community placements, either appropriate or  
22 inappropriate, for all the residents who are being kicked  
23 out of their home. Tell the Governor, the know-it-alls,  
24 and the-one-solution-fits-all advocates they are wrong.

1 They do not know me. They do not know my son. Please,  
2 take the advice of your own staff and vote against the  
3 closure of Jacksonville Developmental Center and stop the  
4 closure of Murray Developmental Center in its tracks.

5 Thank you.

6 CHAIRMAN GALASSIE: Thank you for your  
7 comments.

8 Good afternoon.

9 MS. IRVING: Hi. My name is Anne Irving. I'm  
10 the Director of Public policy with AFSCME Council 31, and  
11 we oppose the closure of Jacksonville Developmental Center,  
12 not because we think (unintelligible) the community at all.  
13 We believe there should be a continuum of care. As  
14 Mr. Iacono-Harris just noted, there are a number of  
15 individuals at State developmental centers who have very  
16 extreme needs, usually either medical needs -- Ms. Brown  
17 talked about her daughter -- or behavioral needs, and  
18 because of the under funding in our community agencies.

19 Let me just say, we represent as many direct  
20 care workers who work in private sector community agencies  
21 as we do who work in State developmental centers. Because  
22 of the under funding we see -- no increase in five years  
23 for community services -- it's been very difficult for  
24 community service providers to, as was mentioned by

1 Mr. Frederick, extend themselves to be able to support  
2 people with very extreme needs. And so what we're seeing  
3 at Jacksonville and what your Staff report has documented  
4 is, there aren't the alternatives in the community that the  
5 individuals at Jacksonville need in order literally to  
6 survive. And so we see things like Joann Dorn (phonetic),  
7 who intended to speak to you today, the guardian and sister  
8 of a resident of Jacksonville Developmental Center. She  
9 was assured he could function in the community. He  
10 transitioned out. He broke up his home within the first  
11 few days. They said, "Come again." Jacksonville went and  
12 brought him back. Monday, Joann intended to speak.  
13 Tuesday, she got a call, "Okay, he can go to another State  
14 center. We admit he needs that level of care. But it will  
15 be Shapiro in Kankakee," not as close as Jacksonville to  
16 Joann and other members of his family.

17 I think you also should consider the fact that  
18 currently the State intends to close this facility November  
19 21st, I believe is the date. That is in three weeks.  
20 There were 181 residents 9 months ago. There are roughly  
21 100 residents as of this morning. In 9 months they moved  
22 80 people. They intend to move almost 100 people in three  
23 weeks. So, even if there were facilities available in the  
24 community that could serve their needs, my concern is this

1 is happening far too rapidly, and so you have an example  
2 like David just gave you, where, boom, your son is going  
3 and he's going in a few days.

4 I lived through the closure of Lincoln  
5 Developmental Center. We documented 26 individuals who  
6 left Lincoln under very similar circumstances, a rapid  
7 closure. People were moved out very quickly in the last  
8 days of that facility. People fell through the cracks.  
9 They went to the wrong places. They went without the  
10 proper documentation. We documented 26 individuals who  
11 died as a result.

12 And so, we are here today to say, we don't  
13 think there should be a decision made one versus the other.  
14 We think it should be based upon what the individual needs.  
15 We think our state should do a much better job of building  
16 up community services before a decision is made to clear  
17 State centers. But mostly, we're here to say, please,  
18 listen to your Staff report. Don't provide this permit  
19 today, because we think people are in danger.

20 Thank you.

21 CHAIRMAN GALASSIE: Thank you very much.

22 MS. HOWLETT: Good afternoon. I'm Kathleen  
23 Howlett (spells name). I'm here as an attorney  
24 representing the Illinois League of Advocates for the

1 Developmentally Disabled. We oppose the closing of JDC at  
2 this time.

3                   Basically, I would like to not repeat all of  
4 the testimonies that you have heard and will hear today,  
5 but I'd like to speak to this from a legal perspective. We  
6 believe that the closing of the JDC will cause -- while we  
7 acknowledge that there are some people who can move to this  
8 person-centered, community-based care and will probably  
9 thrive and it will be beneficial for them, it is also true  
10 that the severely and profoundly disabled will not thrive  
11 in that situation, and we do fear for their life. We fear  
12 for many things that could happen to them in a  
13 community-based setting.

14                   For example, if an individual has pica -- and  
15 that is the condition that causes a person to eat things  
16 like dirt or paper -- or if a person is in a  
17 (unintelligible) and there is a kitchen there with a stove  
18 and hot water and fire, and a person who can't understand  
19 that those things could hurt them, or a person who could  
20 wander away from a community-based setting and end up in a  
21 stranger's car and not know where they are --

22                   MR. MORADO: Thirty seconds.

23                   MS. HOWLETT: -- or all of the situations that  
24 could occur to land such a developmentally disabled person

1 in the ER or in some kind of a police confrontation. We  
2 understand from the testimony of the people that we work  
3 with that these are very real possibilities, and what we  
4 are asking you to do, to consider today, is to understand  
5 that from our perspective. All of these individuals are  
6 entitled to certain rights under federal law and under  
7 state law, and we believe that without appropriate and  
8 equivalent care that they are receiving right now in JDC  
9 and in other State-operated institutions, that they will  
10 literally not have the safety net that is guaranteed to  
11 them by federal and state law.

12 CHAIRMAN GALASSIE: Thank you, ma'am. I'm  
13 going to have to cut you off.

14 MS. HOWLETT: We oppose it.

15 CHAIRMAN GALASSIE: Thank you very much.  
16 Thank you, all of you. I do so respectfully and out of  
17 respect for others.

18 (Speakers identified)

19 CHAIRMAN GALASSIE: Welcome, ladies and  
20 gentlemen. Again, if you'll use the microphone, and be  
21 clear with us if you're supporting closure or no closure.

22 MS. JANSEN: Good afternoon, Chairman Galassie  
23 and members of the Board. My name is Cheryl Jansen. I'm  
24 the Legislative Director at Equip for Equality, the

1 federal-mandated protection and advocacy organization for  
2 people with disabilities in Illinois. We fully support the  
3 Governor's plan to rebalance Illinois' long-term care  
4 system by increasing community-based services for people  
5 with disabilities, and we fully support the closure of  
6 Jacksonville Developmental Center.

7 In reviewing the impact of closing  
8 Jacksonville, the Board should consider the availability  
9 and benefit of community options, including Community  
10 Integrated Living Arrangements, or CILA's. An assessment  
11 that is limited to making a bed-to-bed comparison of other  
12 ICF/DD's fails to provide a full or accurate picture of the  
13 State's ability to provide services for those now residing  
14 at Jacksonville. The Governor's rebalancing plan calls for  
15 expansion of the number of homes in the community for  
16 people with disabilities through enhanced rates and  
17 services. The person-centered approach being utilized and  
18 developed for residents of Jacksonville will allow them to  
19 be served in accordance with their individual needs and  
20 preferences and in the community that they choose.

21 We are actively involved in the monitoring of  
22 Jacksonville Developmental Center. We, in fact, have staff  
23 there on a weekly basis. We also have staff who have begun  
24 to follow up on persons who have been transitioned into the

1 community, to determine how well they're doing.

2 MR. MORADO: Thirty seconds.

3 MS. JANSEN: Individuals are happy with their  
4 new surroundings, the ability to access the community,  
5 recreational activities, and work. They're energized.  
6 They're eager to show off their homes and rooms and provide  
7 information about their lives. They have their own  
8 bedrooms, many of which are filled with their own  
9 furnishings. Their homes are well maintained. They're  
10 fresh, airy. They have plenty of outdoor spaces, and they  
11 have very positive interaction with staff and house mates.

12 I would like to comment briefly on the  
13 statement that was made previously about some individuals  
14 not being able to live in the community. The research  
15 actually shows that people with disabilities are both  
16 healthier and happier living in the community and that  
17 their family members, even though initially opposed to a  
18 move to the community, are happier as well, once their  
19 family members are there. In fact, research shows that  
20 what are perceived as behaviors actually diminish when  
21 those individuals live in the community, and the Institute  
22 on Disability and Human Development at the University of  
23 Illinois has done research that shows that the most  
24 significant people with the most significant disabilities

1 are the ones who improve the most in the community.

2 Thank you.

3 CHAIRMAN GALASSIE: Thank you.

4 MR. JOHNS: I'm Lonnie Johns, Chairman of the  
5 Committee to Protect the Residents of JDC. We're opposed  
6 to closure at this time.

7 As your Staff has recommended, you should vote  
8 no on the motion to close JDC as DHS has failed to meet  
9 your review criteria for discontinuation. You should also  
10 vote no on the motion, because federal law has been  
11 misquoted.

12 The process actually being used to attempt to  
13 close JDC is contrary to best practice, and there is a  
14 critical need for the intensive services provided by JDC,  
15 as no comparable services exist in our region of Illinois.  
16 DHS and several of the proponents mention Olmstead, a U.S.  
17 Supreme Court decision. None of them actually quote from  
18 the Olmstead decision, because it doesn't say what they say  
19 it says. The majority opinion in the Olmstead decision  
20 stated that current residents of a facility like JDC should  
21 be moved to smaller group homes, quote, when the State's  
22 treatment professionals have determined that community  
23 placement is appropriate, the transfer from institutional  
24 care to a less restrictive setting is not opposed by the

1 affected individual, and placement can be reasonably  
2 accommodated, taking into account the resources with the  
3 state and the needs of others with mental disabilities, end  
4 quote. Also, in a concurring opinion as part of the  
5 majority --

6 MR. MORADO: Thirty seconds.

7 MR. JOHNS: -- Justices Breyer and Kennedy  
8 stated, quote, it would be unreasonable, it would be a  
9 tragic event then for the Americans with Disabilities Act  
10 be so interpreted that states had some incentive for fear  
11 of litigation to deprive those in need of medical care and  
12 treatment other than appropriate care and in the settings  
13 with too little assistance and supervision, end quote.  
14 That was part of the majority in Olmstead.

15 MR. MORADO: Please conclude your comments.

16 MR. JOHNS: This is exactly what is happening  
17 at JDC. DHS stated to you that JDC has to be closed for  
18 budgetary reasons; the closing will save millions of  
19 dollars a year. Rarely have public agency statements been  
20 so at variance with what they were actually doing. Last  
21 comment.

22 CHAIRMAN GALASSIE: Thank you.

23 MR. JOHNS: Please vote no on the motion to  
24 close JDC. If JDC is to close, it must be done slowly,

1 carefully, humanely, and in the true person-centered way  
2 that DHS, until now, can only claim to be doing, while the  
3 facts and the documents confirm that DHS is rushing to  
4 close JDC at whatever cost to its residents and to their  
5 parents and guardians.

6 Mr. Chairman, I'd like to raise a procedural  
7 issue that I mentioned before the meeting began. You want  
8 the facts, and these can be ascertained during questions  
9 and answers. If you have questions, I would be happy to  
10 attempt to answer them. Thank you.

11 CHAIRMAN GALASSIE: Thank you.

12 As the Board recalls, just for your purposes,  
13 we don't ask questions during public comment, because it's  
14 very difficult having back and forth comments. So, we  
15 found this to be more productive.

16 Good afternoon, sir.

17 MR. JONES: My name is Ernest Jones, President  
18 of the Friends of the Jacksonville Developmentally Disabled  
19 Parents Support Group. On behalf of the parents, guardians  
20 and residents of JDC, I'm asking that you vote to keep JDC  
21 open. There aren't enough community homes available to  
22 care for these most vulnerable clients that we have there.

23 JDC is the only centrally-located facility in  
24 the state that can adequately serve the needs of these

1 vulnerable clients that are there. If JDC closes, many of  
2 us then will have to travel long miles, long hours, to  
3 visit our loved one. Now because of our age, some of us  
4 may not get to be able to travel as often. That would be  
5 detrimental not only to us but to our loved ones, because  
6 they look forward to our visits. Please, vote no to close  
7 JDC.

8 Thank you for letting me speak.

9 CHAIRMAN GALASSIE: Thank you, Mr. Jones.

10 MS. KEAN: Good afternoon. My name is Vickie  
11 Kean. I'm with Don Moss & Associates, (spells name), and  
12 we are an organization that represents local service  
13 providers that provide services to people with intellectual  
14 and developmental disabilities across the state.

15 I share many of the same points -- I am in  
16 support of the closure of Jacksonville Developmental  
17 Center, and I do share many of the same points that my  
18 colleagues have made. I do have a couple of things that I  
19 would like to add to that.

20 In its day, there was a need for Jacksonville  
21 Developmental Center. There were no other choices for  
22 parents. They had no supports, so they did have to utilize  
23 those types of centers. This is a new day, and there are  
24 more options available. I know that you have a lot of

1 concerns that there are not enough community services,  
2 especially in the central and southern parts of the state.  
3 In keeping with the person-centered planning process, it  
4 would not make sense to develop community-based supports in  
5 a specific area of the state before a need has been  
6 identified through a person-centered plan. It's been our  
7 experience that once the need has been established, the  
8 Department has upheld their commitment to invest in the new  
9 capacity for community-based living. We believe that the  
10 Department has ensured a safe transition, with every person  
11 having gone through a careful and detailed planning  
12 process, which included guardians, JDC staff, and new  
13 providers of services.

14 MR. MORADO: Thirty seconds.

15 MS. KEAN: Thank you.

16 Something that we need to understand is that  
17 if a guardian or a parent refuses to take part in the  
18 process, that's not the same as not being invited to the  
19 table. That's not the same as saying that I haven't been  
20 involved and decisions haven't been made without me.

21 And, finally, we understand the economic  
22 impact that this will have on the Jacksonville community.  
23 However, we must never lose sight that institutions for  
24 persons with developmental disabilities were not originally

1 built with the purpose of creating more State jobs or to be  
2 a financial benefit to the communities in which they are  
3 located. Those should not, therefore, be the excuses now  
4 to keep those facilities open, when there are better  
5 alternatives for the individuals who reside in them.

6 There are 14 states with no state-operated  
7 facilities. Illinois has an opportunity to do the right  
8 thing for people with developmental disabilities. We have  
9 an opportunity to move up from 48th in the nation --

10 MR. MORADO: Please conclude your comments.

11 MS. KEAN: -- in providing community services  
12 to persons with developmental disabilities. I urge your  
13 support in the closure of Jacksonville.

14 CHAIRMAN GALASSIE: Thank you, Ms. Keen.  
15 Please give my regards to Don Moss. I haven't seen him for  
16 many years.

17 MR. LEZU: Good afternoon. My name is Rick  
18 Lezu. I am a Staff Representative for the Illinois Nurses  
19 Association, and I think Jacksonville Developmental  
20 Center -- the title alone says what it means. People come  
21 there with the hope that the staff, who is outstanding, be  
22 able to help them get into the community -- and I am  
23 strongly opposed to the closure, by the way -- that will  
24 help them get back into the community and that staff is

1 trained in trying to do that.

2                   However, as we've heard, some people are not  
3 ever going to be able to do that, and that is a sad thing,  
4 but it's a reality of life that we have to live with every  
5 day. The community homes are not going to be able to give  
6 24/7 care like is given at the facility, where you have  
7 registered nurses on duty and able to make a critical  
8 health decision for people in an emergency situation, the  
9 places where you are sending these people, these patients,  
10 these other state facilities. I want you to understand  
11 that, and you can check this for yourself. They are all  
12 severely under staffed in every area. So now these  
13 patients are going to be going to a facility where there  
14 are not enough nurses, there are not enough technicians,  
15 and there are not enough staff out there to help them get  
16 the help they need.

17                   We hope that everybody would be able to some  
18 day live in a community home. That would be the ideal  
19 situation.

20                   MR. MORADO: Thirty seconds.

21                   MR. LEZU: Reality tells us that's not going  
22 to happen. So, our position is that we would strongly urge  
23 you not to close Jacksonville or Murray or Singer or any  
24 other facility, because this is about the need of the

1 community and the patients. It's not about the need for  
2 the Governor to balance the budget.

3 CHAIRMAN GALASSIE: Thank you, folks.

4 (Speakers are identified)

5 (Pause)

6 CHAIRMAN GALASSIE: Good afternoon, folks.

7 If you would just introduce yourself and spell your name  
8 for our reporter.

9 MR. MC CANN: My name is Sam McCann (spells  
10 name). I'm the State Senator for the 49th Legislative  
11 District within which Jacksonville Developmental Center  
12 sits. Thank you for having us today.

13 CHAIRMAN GALASSIE: Good afternoon, Senator.

14 MR. MC CANN: I'm in opposition to the closure  
15 of Jacksonville Developmental Center.

16 My colleagues and I in the General Assembly,  
17 the Legislative Branch, 177 folks in this state who are  
18 charged to be -- out of the government, charged to be the  
19 closest to the people. We have voted three times in the  
20 last year to keep Jacksonville Developmental Center open,  
21 twice through COGFA, the Commission on Government  
22 Forecasting and Accountability, twice voted to keep the  
23 center open, and then the full General Assembly, both  
24 chambers, to fully fund it for the 2013 budget year.

1                   The Governor says that he wants to close the  
2 facility for two main purposes: One, balance the budget;  
3 and, two, to provide community care. I believe, as the  
4 Mayor alluded, Jacksonville has been a provider of  
5 community care throughout the city in all the -- through  
6 all the service providers there for more than a century,  
7 and I believe with some of the data that's come forth just  
8 within the last week or so, showing the DHS is prepared  
9 to -- and is offering premiums above and beyond the normal  
10 rates of reimbursement to providers, that it's not going to  
11 cost less; it's going to cost more. So we're not going to  
12 get better care, and we're not going to get it for less  
13 dollars.

14                   I have constituents on both sides of the  
15 aisles. I have constituents on both sides of this issue,  
16 and I fully respect each and every one of their opinions,  
17 but this is not the way to go about it. If we were to  
18 consider closing the facility, we need to do it through  
19 conversation; we need to do it with sincere thought and  
20 process, not just out of politics. So, I have struggled  
21 for the last 48 to 72 hours to come up with something new  
22 to tell you, something that you haven't heard before, and  
23 other than this, other than the fact that I have called on  
24 the Inspector General of the State of Illinois to launch an

1 investigation into impropriety with recordkeeping -- we  
2 have reports of resident files being tampered with,  
3 diagnoses fully removed, and ask at the very least, please  
4 delay your decision until the Inspector General has had an  
5 opportunity to launch an investigation and has come down  
6 with a decision, so that you can fully make an educated  
7 decision.

8 Other than that, the only thing new that I can  
9 offer is this: Is when I was speaking to my children last  
10 night, my 5 and my 10-year-old, they asked me where I was  
11 going today and I told them. My 10-year-old said, "Why are  
12 you going up there?" And I said, "Because a home for --  
13 what used to be a home for 200 people and a place to work  
14 for over 400 folks is going to be closed, and these folks  
15 are going to vote on it tomorrow." And he said, "Are you  
16 going to vote," because he hears me talk about what we do  
17 in the Senate. I said, "No, it will just be the 9 members  
18 of that Board." And one of the things that we usually like  
19 to do is read a little story from the Children's Bible.  
20 And as my 10-year-old said last night, "They're going to  
21 need the wisdom of Solomon." So I pray that you're given  
22 the wisdom of Solomon today. I pray that you have the  
23 courage to rule, using that wisdom, and I humbly request  
24 that you vote no to close.

1 Thank you.

2 CHAIRMAN GALASSIE: Thank you, Senator  
3 McCann.

4 MS. BEN-MOSHE: Hi. I'm going to state my  
5 name and spell it. My name is Lait Ben-Moshe (spells  
6 name). I am a post-doctoral fellow at the Institute of  
7 Disability and Human Development at the University of  
8 Illinois, Chicago, which is the university center for  
9 excellence and developmental disabilities for the State of  
10 Illinois.

11 I have researched deinstitutionalization  
12 trends nationally in both developmental and mental health,  
13 and would like to provide a brief testimony of some of the  
14 findings from the research on the impact of institutional  
15 closures and transfers to the community.

16 Numerous studies and reviews of outcomes of  
17 closures and deinstitutionalization in several states  
18 report the following outcomes across (unintelligible)  
19 disabilities from what is called mild to profound. Number  
20 one: Improved quality of life, including more choice  
21 making opportunities, more friends, greater community  
22 participation, and greater residential satisfaction for  
23 people in community living.

24 Two: Improved adaptive behaviors, including

1 social skills, self-care and domestic skills and in some  
2 results, (unintelligible) behaviors in the community.

3 Similar or improved health status and  
4 healthcare access in the community. And greater  
5 satisfaction of families with community placement versus  
6 the previous institutions.

7 (Unintelligible) the closure of Howe, which we  
8 did an evaluation for, surveys and interviews with families  
9 and guardians and the residents themselves indicated that  
10 while many were dissatisfied with the decision to close  
11 Howe, attitudes were more positive after the closure.  
12 Residents who moved to CILA's, which are Community  
13 Integrated Living Arrangements, were generally happy with  
14 their placements and wanted to remain in the community  
15 setting, while residents who moved to SODC's, which are  
16 State-Operated Developmental Centers --

17 MR. MORADO: Thirty seconds.

18 MS. BEN-MOSHE: -- often express their desire  
19 to live in the community.

20 I want to end with a quote, and this is a  
21 quote. "No hospital in the United States but that affords  
22 abundant evidence of the capacity of the insane to work  
23 under the direction of suitable attendance and recovery  
24 from utter helplessness to a considerable degree and

1 capacity for various employments. I ask for the Senate  
2 House of Representatives of the United States with respect  
3 for earnest importunity assistant to the several states in  
4 the Union in providing appropriate care and support for the  
5 curable and incurable, indigent insane."

6 This was Dorothea Dix in 1848. Based on  
7 the pleas of Dorothea Dix and other reformers at the time,  
8 the Illinois State Asylum and Hospital for the Insane was  
9 established in Jacksonville in 1847. On November 3rd,  
10 1851, the first patient was admitted. Today, 161 years  
11 later, almost to the day, we can say with confidence that  
12 large state institutions, although progressive for the time  
13 that they were built, should now be a relic of the past.

14 Change is hard, but progress is inevitable.  
15 Community living has been a national trend since the  
16 1970's, and Illinois is lagging far, far behind. If there  
17 is not enough adequate placement in the community, let's  
18 address that, not keep an institution open. We need to be  
19 on the right side of history. As an independent researcher  
20 and a person who identifies as a personal with disability,  
21 I urge you to close Jacksonville Developmental Center.

22 Thank you.

23 CHAIRMAN GALASSIE: Thank you, Doctor.

24 Good afternoon, folks.

1 MS. MILLIGAN: My name is Rosetta Milligan  
2 (spells name). I am opposed to the closure of Jacksonville  
3 Developmental Center. My son lives at JDC, and I have  
4 absolutely nothing against community placements, as long as  
5 they are appropriate and consider the individual's needs.  
6 My son has behavioral needs which make placement difficult.

7 Initially, we checked into ICF/DD's and found  
8 that he needed more supervision than they were able to  
9 provide. They said he needed a one-on-one and they did not  
10 have the funding mechanism for that. We then checked into  
11 community placements, and we have gone along with the CRA  
12 process from the start, and we have not said no to any  
13 community provider who is interested in looking at my son's  
14 packet. Well, no provider from central Illinois is  
15 interested in serving him. There is a provider in Chicago  
16 who is interested. Now, we live in Springfield, and we  
17 would rather not travel 200 miles to see him.

18 So, what I'm saying is, I'm having a difficult  
19 time finding placement. And, also, since I have so few to  
20 choose from, what if something wouldn't work out? Then  
21 where would he go?

22 So I am urging you to keep it open; and it's  
23 my experience that the individuals that are hard to place  
24 cannot be placed in central Illinois at this point, that

1 the facilities are not developed sufficiently. And on top  
2 of that --

3 MR. MORADO: Thirty seconds.

4 MS. MILLIGAN: -- the State is closing the  
5 SODC's in central Illinois -- Lincoln, Jacksonville, and  
6 Murray. So, my question for you is, who is going to serve  
7 these high-need individuals?

8 Thank you.

9 CHAIRMAN GALASSIE: Thank you.

10 MR. MILLIGAN: My name is Dan Mulligan -- same  
11 spelling -- and Rosetta has already talked about  
12 specifically my son. I'd like to talk about the so-called  
13 choice.

14 We are told we are offered a location. You've  
15 heard her. The location we're offered is Cicero, Illinois.  
16 That is not an appropriate location. Yes, it's selfish for  
17 us to want to go visit, but that improves our son's life  
18 enhancement. What we provide and other parents provide who  
19 can go in and are close by, as we are in Jacksonville, and  
20 visit regularly is another set of eyes. I have gone in and  
21 seen things and reported to the upper management staff. It  
22 is those eyes that are necessary, and it's only available  
23 when you've got family visiting on a regular basis, which  
24 they can only do if it's short travel.

1                   Also, you need -- the family needs to be  
2 involved in the residents, with the residents, and it's  
3 more than just the parent. You need the children, the  
4 nephews and the nieces, because when the parents go,  
5 somebody else is going to have to step in and be the  
6 guardian and do the visits, and if they don't step in, it's  
7 going to be the Office of State Guardian. When they  
8 proposed closing JDC, I was at the hearing in which the  
9 Office of State Guardian said they would need more money  
10 when the residents were scattered about the state for their  
11 travel and other expenses.

12                   The Governor may be able to have a plane, a  
13 driver, and a staff to take him from Chicago to Springfield  
14 and back. We do not, and we need a facility in central  
15 Illinois so that for the sake of our son, we can continue  
16 to be involved in his life and to be involved in inspecting  
17 JDC and the institution where he is at.

18                   And, finally, I wanted to make a remark with  
19 regard to -- this morning, you heard the hospital in Blue  
20 Island talk about family involvement for the mentally ill  
21 and they need to be within 10 or 20 miles. We're talking  
22 about my son being placed 200 miles away, and how will he  
23 be involved -- how will the family be involved from 200  
24 miles away? You approved the placement, an increase in

1 psychiatric beds, so people could be within 10 or 20 miles.

2 I ask that you keep JDC open so that we can be within 30

3 miles.

4 Thank you.

5 CHAIRMAN GALASSIE: Thank you. Thank you,

6 all of you.

7 (Speakers identified)

8 (Pause)

9 CHAIRMAN GALASSIE: Good afternoon, folks. I

10 think we're going to have to pass one of those microphones

11 down to this end of the table, please.

12 (Pause)

13 CHAIRMAN GALASSIE: If you would, just

14 introduce yourself and spell your name for our recorder.

15 MS. POWELL: I'm Sara Powell (spells name)

16 with the Coalition of Citizens with Disabilities in

17 Illinois. CCDI is a state-wide, grassroots membership,

18 advocacy organization with no financial interest in

19 Jacksonville's closing.

20 People with disabilities of any severity can

21 and should live independently in the community with the

22 right services. Illinois is 47th in funding community

23 services for people with disabilities. Other states have

24 deinstitutionalized, including Indiana, Minnesota, and

1 Michigan, similar to Illinois in size and population.  
2 People with disabilities here are no more difficult to  
3 serve than people there. If it can be done there, it can  
4 be done here.

5 From a fiscal perspective, a conservative  
6 guess for necessary updates to JDC is over \$5 million. The  
7 kitchen needs modernization; the roof needs replacement;  
8 the heat system is so old that parts can't be found to keep  
9 it running. The EPA has threatened fines of \$150,000 per  
10 day, starting in January, if the chimneys are not modified  
11 to meet emissions requirements.

12 Federal Medicaid has shown their preference  
13 for community services over institutionalization through  
14 incentives since 2001's New Freedom Initiative. It's not  
15 clear how long CMS will support a system that doesn't move  
16 toward rebalancing from institutionalization to community  
17 services. The DOJ is uncomfortable with Illinois' progress  
18 as it relates to Olmstead. Olmstead has led to lawsuits  
19 that were decided against the State.

20 MS. KENDRICK: Thirty seconds.

21 MS. POWELL: Refusing to move towards  
22 deinstitutionalization, Illinois puts itself in a position  
23 of spending sums on litigation.

24 The cost of community service is \$80,000 per

1 person per year, compared to \$180,000 in an institution.

2 Jobs at Jacksonville won't go away. They will  
3 transfer to private sector, reducing the size of  
4 government, while serving people with disabilities in the  
5 most integrated setting possible.

6 In closing, JDC is the fiscally responsible  
7 thing to do and the right thing to do for people with  
8 disabilities.

9 Thank you.

10 CHAIRMAN GALASSIE: Thank you, Miss Powell.

11 Good afternoon, sir.

12 MR. PAULAUSKI: Good afternoon. I'm Tony  
13 Paulauski, Executive Director of The Arc of Illinois, and  
14 we certainly support the closing of Jacksonville  
15 Developmental Center.

16 First of all, we believe that the report that  
17 your Staff put together for you is a flawed report, because  
18 it really does not take fully into account the Governor's  
19 rebalancing initiative, which we strongly support, and it's  
20 come a long way, because we're doing a closure in Illinois  
21 like we've never done before, and that's why we stand  
22 behind it so strongly as The Arc. We think this plan could  
23 be a model for the nation.

24 One of the reasons that family members are --

1 offspring are now going to other State facilities is  
2 because that's their choice. The Governor has put on the  
3 table that there is a continuum of care. People can move  
4 to State facilities. Were we in charge, we would say no,  
5 that should not be an option. We need to close those  
6 facilities.

7 I'm not going to repeat what others have said,  
8 but what hasn't been touched upon is that -- what do the  
9 editorial boards around the state know about this? The  
10 State Journal Register in Springfield, Chicago Tribune  
11 three times, the Chicago Sun Times, the Pantagraph, and the  
12 Rockford Register Star all say that this system needs to be  
13 rebalanced and institutions need to close in Illinois.  
14 You've heard that there are 14 states that don't have state  
15 institutions. Actually, in about the next five years, over  
16 half the states in the nation will not have state  
17 institutions.

18 MS. KENDRICK: Thirty seconds.

19 MR. PAULAUSKI: Lastly, this graph probably  
20 best represents where the State facilities are nationally.  
21 You can see here, in 1960 there were about 200,000  
22 individuals in state institutions around the nation. This  
23 graph here shows dramatically that other states in the  
24 Union have chosen to close those state facilities, and

1 Illinois is finally finding a way. And it looks like my  
2 retirement graph here, but it is dramatic. You can't  
3 ignore the fact that state facilities are closing around  
4 the nation. They need to close in Illinois.

5 The Governor has put an excellent plan on the  
6 table. Please vote your conscience and be courageous and  
7 vote for the closing of Jacksonville Developmental Center.

8 Thank you.

9 CHAIRMAN GALASSIE: Thank you, sir.

10 MS. PRITCHARD: Hello. My name is Barbara  
11 Pritchard, and I am in favor of closure. I'm a member of  
12 the Community for All Coalition, which I co-founded with my  
13 late husband, Lester Pritchard.

14 The most important things I want to talk about  
15 today is the closing of JDC and the residents' transition  
16 to their new situations. People should be free to move to  
17 the community of their choice with services and supports  
18 designated specifically for each individual. The  
19 Governor's transition plan puts people's choices and needs  
20 at the forefront, using a person-centered planning approach  
21 and developing community capacity.

22 I have followed the progress of many of the  
23 former residents of JDC as they have transitioned into the  
24 community, and there's a good friend of mine who is now

1 very proud to show off the apartment to anybody that wants  
2 to see it. I know another individual who wanted to learn  
3 how to fish, and when he moved into his group home, small  
4 group home in the Chicago suburbs, he learned how to fish,  
5 and he's now supplying his roommates and himself with one  
6 fish dinner a week. These two gentlemen achieved their  
7 dreams with individualized supports that met their personal  
8 needs. These supports are key to the success in the  
9 community.

10 Neither of these successes would have been  
11 possible had the gentlemen not moved out of JDC. It would  
12 be unjust to hold people back from reaching their  
13 potential --

14 MR. MORADO: Thirty seconds.

15 MS. PRITCHARD: -- in life, and the Governor's  
16 rebalancing initiative -- if you don't follow that and keep  
17 JDC open, people won't reach their potential.

18 I request that the Board members vote for  
19 closure of JDC and support the Governor's initiative. We  
20 are at a pivotal point in Illinois, and your decision to  
21 close JDC will be a powerful statement, ensuring people  
22 with disabilities that they can lead their own lives with  
23 dignity, happiness, and the right to freedom.

24 I have copies of my statement, which I'll

1 leave on the table.

2 Thank you.

3 CHAIRMAN GALASSIE: Thank you, Miss  
4 Pritchard.

5 MR. RYERSON: Wayne Ryerson (spells name).  
6 I'm Treasurer of the Illinois League of Advocates for the  
7 Developmentally Disabled, and we oppose the closure of the  
8 Jacksonville Developmental Center.

9 I believe some of you may be aware that ICF/MR  
10 is a Federal right under Medicaid law. In fact, it is just  
11 as much a right as the right to community. But there's a  
12 loophole. The loophole is, if the Governor and his staff  
13 can close down all the ICF/MR's, that will make it  
14 impossible for anyone to make that choice. Thus, the  
15 Governor and his staff have the simple but effective  
16 methodology to swindle guardians out of their Medicaid  
17 rights. What this Board must do is make the Governor and  
18 his staff follow the law. Please vote against the closure  
19 of the Jacksonville Developmental Center.

20 Thank you.

21 CHAIRMAN GALASSIE: Thank you, Mr. Ryerson.

22 Good afternoon, folks. We appreciate your  
23 comments.

24 (Speakers identified)

1                   CHAIRMAN GALASSIE:    Good afternoon, folks.  
2    If you could just introduce yourself and speak into the  
3    microphone.  When you do so, we will entertain your  
4    comments.

5                   MS. TERRILL:  Honorable Chairman and Members  
6    of the Board, my name is Cathy Terrill (spells name).  I am  
7    the parent of a child with intellectual disabilities who  
8    lives successfully in the community, and I'm also the CEO  
9    of the Institute on Public Policy for People with  
10   Disabilities.  The Institute on Public Policy for People  
11   with Disabilities supports fully the closure of the  
12   Jacksonville Developmental Center.

13                   The State of Illinois should get out of the  
14   business of operating any residential programs for people  
15   with disabilities.  This important human service should be  
16   privatized.  The Health Facilities Planning Board, through  
17   the Certificate of Need, is charged with evaluating cost  
18   and need for healthcare.  The Federal government removed  
19   this requirement from statute years ago.  The need for  
20   states to continue this process, as we all know, is  
21   optional.

22                   As you as a Board evaluate the cost, please  
23   remember that the cost for the State to provide this level  
24   of long-term care averages more than \$168,000 per person

1 per year. The cost for private sector, often  
2 not-for-profits, to provide the exact same level of care  
3 averages \$55,000 per person per year. In your deliberation  
4 on cost, closure is the correct choice.

5 In addition, JDC requires extensive physical  
6 plant upgrades that are estimated to cost in excess of \$7  
7 million and, if not completed, will result in EPA fines of  
8 over \$100,000 a day --

9 MR. MORADO: Thirty seconds.

10 MS. TERRILL: -- starting January 1, 2013.

11 Why would you approve keeping a campus for less than a 150  
12 people open that could cost more than \$7 million to even  
13 come into Code?

14 As you evaluate need, there is no need for the  
15 State to continue to operate publicly-run institutions.  
16 Numerous states have closed their operations. It is the  
17 prudent thing to do.

18 I took a quick survey yesterday of 10 percent  
19 of the more than 300 CILA providers in Illinois. As of  
20 yesterday, with a 10 percent sample, there were CILA  
21 providers in Illinois with empty, vacant capacity -- or, as  
22 you would say, beds -- of 107 empty beds in CILA's in  
23 Illinois, ready and waiting, and that's in only a survey of  
24 10 percent of the existing 300 CILA providers, in addition

1 to the 300 ICF/DD providers.

2 MR. MORADO: Please conclude your comments.

3 MS. TERRILL: The system has capacity to serve  
4 people who currently live in Jacksonville. As you  
5 deliberate on need, there is no need for Jacksonville to  
6 continue to exist.

7 Thank you so much.

8 CHAIRMAN GALASSIE: Thank you.

9 MR. GELDER: Thank you, Mr. Chairman and all  
10 the members of the Board, for this opportunity to address  
11 you on behalf of Governor Quinn and in support of the  
12 Department of Human Services' application to close  
13 Jacksonville Developmental Center. My name is Michael  
14 Gelder (spells name), and I'm Governor Quinn's Senior  
15 Health Policy Advisor.

16 On January 19th of this year, Governor Quinn  
17 announced his intention to transform the way Illinois  
18 provides care to people with mental illness and  
19 developmental disabilities. This transformation requires  
20 rebalancing spending on care from large, obsolete,  
21 State-run institutions to smaller community-based settings.  
22 This transformation and the closure of Jacksonville is  
23 required to meet our obligations under the Americans with  
24 Disabilities Act and the subsequent Supreme Court Ohmstead

1 decision, which calls for state programs to offer care to  
2 people with disabilities in community-integrated settings.

3           Importantly, this transformation also  
4 coincides with national and international trends, as well  
5 as the demands of the consumers for care in small settings  
6 where they can better maintain their dignity with as much  
7 independence as possible.

8           The Governor has taken several important steps  
9 to fulfill this commitment. We have settled three federal  
10 class action lawsuits based on violations of the ADA and  
11 the Ohmstead decision that were pending when we took  
12 office. We have reorganized programs and secured  
13 additional federal funds by safely moving hundreds of older  
14 adults and people with disabilities from nursing homes into  
15 the community, and we are closing State institutions and  
16 reallocating funds to provide care in smaller community  
17 settings.

18           We are here today to address the urgent need  
19 to close Jacksonville. This large State institution was  
20 built in the 1800's, when isolating people with  
21 disabilities was common, but the state-of-the-art for care  
22 for people who need help is no longer state institutions,  
23 as you've heard, and hasn't been for several decades.  
24 You've heard experts from universities and people within

1 the Department. You've heard people throughout Illinois  
2 and across the country and, indeed, world, where we learn  
3 that Community Integrated Living Arrangements, small group  
4 homes where people receive the support they need to call  
5 their own, is the best way to meet the needs of people with  
6 these disabilities.

7 MR. MORADO: Thirty seconds.

8 MR. GELDER: As we all know, the State is in  
9 dire financial straits, and operating State Government  
10 efficiently is the number one concern of Governor Quinn and  
11 taxpayers throughout the state. Simply, there is no  
12 fiscally responsible way to spend more on urgently-needed  
13 community services without cutting spending on obsolete and  
14 very operationally expensive State institutions.

15 To conclude, with the Jacksonville closing, we  
16 have the confluence of good public policy that is enhancing  
17 the urgent need for community services with responsible  
18 fiscal stewardship of the State. The closing of JDC will  
19 enable us to spend money on care rather than on obsolete  
20 physical plants. On behalf of the Governor, I urge you to  
21 support this policy-driven and fiscally prudent application  
22 to modernize the delivery of State support for people with  
23 developmental disability.

24 Thank you.

1 CHAIRMAN GALASSIE: Thank you, Mr. Gelder.

2 MR. WATSON: Representative Jim Watson, 97th  
3 District, and I oppose this measure.

4 CHAIRMAN GALASSIE: Welcome, Senator.

5 MR. WATSON: Thank you, sir.

6 Ms. Olson, Dr. Burden, Mr. Sewell, if I were  
7 to say to you, "I know exactly what's best for your child.  
8 You may have never seen me before. You may not have heard  
9 of the expert that I brought forth, but I know what's best  
10 for your child." That's what we're being told today.

11 Nobody wants to deny anybody access to  
12 community-based settings. The only people that are trying  
13 to deny people decisions and options are this  
14 administration and these advocates who are telling these  
15 parents that they do not know what's best for their  
16 children. This is the United States of America, where we  
17 give to people. We are blessed to provide people,  
18 especially those with such severe disabilities, options,  
19 and to sit here and to hear over and over again that on one  
20 hand, we're only going to pay \$50,000 to take care of these  
21 individuals, and somehow that's better than if we're paying  
22 \$150,000. Do you believe that? Do you believe that paying  
23 minimum wage to take care of some of these individuals is  
24 going to result in better care?

1 I urge you to allow this Governor -- if he's  
2 going to make this decision, let him go it alone. The  
3 General Assembly said you were wrong in the COGFA debates,  
4 in the COGFA hearings and the COGFA vote. The General  
5 Assembly told this governor he was wrong when he passed the  
6 last budget. Your own Staff said they are wrong, with the  
7 report they produced. If this governor wants to go along  
8 this reckless path, let him do it alone, but tell him he  
9 will not do it with your support.

10 Thank you.

11 CHAIRMAN GALASSIE: Thank you.

12 That concludes this portion of the public  
13 comment on Item 12-074.

14 MR. CONSTANTINO: Mr. Chairman, I was  
15 wondering if we could take a small break.

16 CHAIRMAN GALASSIE: You're my favorite person  
17 right now, Mike. It is 3:15. Let's take a 10-minute break  
18 and resume back here.

19 (Recess)

20 CHAIRMAN GALASSIE: Mike, did you want to  
21 address the comments we received? Did we get something  
22 late?

23 MR. CONSTANTINO: Yeah. We got three comments  
24 on the State Board Staff Report. We distributed them to

1 the Board members.

2 CHAIRMAN GALASSIE: So, for the record, I  
3 need to ask for a motion to accept the comments on the  
4 State Agency Report for Jacksonville Developmental Center,  
5 just to get them in the record.

6 MS. OLSON: So moved.

7 MR. SEWELL: Second.

8 CHAIRMAN GALASSIE: Moved and seconded. Voice  
9 vote. All in favor?

10 ("Ayes" heard)

11 CHAIRMAN GALASSIE: Any opposed?

12 (No response)

13 CHAIRMAN GALASSIE: Motion passes. Thank you  
14 very much.

15 MR. URSO: All of these were responsive to the  
16 State Agency Reports and they were timely filed?

17 MR. CONSTANTINO: Yes.

18 CHAIRMAN GALASSIE: I would like to invite  
19 representatives to the table who are representing  
20 Jacksonville Developmental Center, Item 12-074.

21 (Pause)

22 CHAIRMAN GALASSIE: If we could ask you to  
23 use the microphone and introduce yourselves for the  
24 recorder, and we'll have you sworn in. Thank you.

1 MR. TURNER: I'm Joe Turner with the  
2 Department of Human Services (spells name).

3 MR. CASEY: I'm Kevin Casey (spells name) with  
4 the Department of Human Services.

5 CHAIRMAN GALASSIE: Can you gentlemen just  
6 tell us what position you're in?

7 MR. TURNER: I'm the Deputy Director for the  
8 Bureau of Clinical Services within the Division of  
9 Developmental Disabilities.

10 CHAIRMAN GALASSIE: Thank you, Mr. Turner.

11 MR. CASEY: I'm the Division Director for the  
12 Division of Developmental Disabilities.

13 CHAIRMAN GALASSIE: Thank you, Mr. Casey.

14 MR. GELDER: Michael Gelder. I'm Senior  
15 Health Policy Advisor to Governor Pat Quinn.

16 CHAIRMAN GALASSIE: Thank you, Mr. Gelder.

17 (Oath given)

18 Michael, Staff report, please.

19 MR. CONSTANTINO: Thank you.

20 The applicants are proposing the closure of a  
21 329-bed ICF/DD facility in Jacksonville, Illinois. There  
22 is no cost to this project.

23 Thank you, Mr. Chairman.

24 CHAIRMAN GALASSIE: Thank you.

1                   Gentlemen, who would like to make comments to  
2   the Board.

3                   MR. CASEY: Let me start.

4                   Chairperson Galassie and members of the Board,  
5   my name is Kevin Casey. I'm the Division Director for the  
6   Division of Developmental Disabilities in the Department of  
7   Human Services. We are responsible for supervision and  
8   oversight of the Jacksonville Developmental Center.

9                   The Developmental Disabilities Program in  
10   Illinois is a federal Medicaid program that contains two  
11   parts: The ICF program certifies larger facilities,  
12   usually 16 beds or more, either public or private.  
13   Jacksonville is a public, intermediate care facility,  
14   certified under the federal (unintelligible). In the mid  
15   80's, Congress created Medicaid waivers that would allow  
16   certain groups of people served in large facilities to be  
17   served in smaller and more integrated community programs.  
18   In order to do so, the State must file for a waiver of the  
19   building standards for large facilities and must commit  
20   that the community programs will not on average be more  
21   expensive than the intermediate care facilities. Illinois  
22   has had such a waiver in its DD program for over 20 years.  
23                   Just to respond to the Staff analysis, it's  
24   important to understand that neither JDC, Jacksonville

1 Developmental Center, nor any of the other public  
2 (unintelligible) are regional facilities. They are all  
3 state-wide programs, and all serve people from around the  
4 state.

5           The DD system in Illinois has never operated  
6 any State facilities on a catchment area theory, nor have  
7 most other (unintelligible). In order to make an  
8 assessment as to whether adequate services are available,  
9 it is necessary to consider the programs in the community  
10 waiver to the ICF programs. We will not lessen the ability  
11 to serve people in the Medicaid program under this plan.  
12 In fact, we will expand that ability, both through this  
13 closure and other activities in which we are involved.

14           Each person who leaves Jacksonville for a  
15 community home has a complete assessment of their needs and  
16 has had a person-centered plan written, tailored to meet  
17 those needs. The person-centered plan is an extensive  
18 evaluation of the support needs of each person. Each  
19 person is given a series of assessments addressing health,  
20 social and behavioral demands. To date, the 180 people who  
21 were at Jacksonville when we started this process have had  
22 an average of 7 different assessments, each to look at what  
23 their community support needs might be. After the  
24 evaluations have been completed, a person-centered plan is

1 drafted and then amended and finalized, based on input from  
2 JDC staff, families, guardians, individuals, and community  
3 providers who are interested in supporting the individual.  
4 Based on the input derived from this process, the  
5 person-centered plan is again amended and finalized. The  
6 providers are then asked to indicate what level of  
7 financial support is needed to adhere to the plan, and a  
8 rate is deemed for each person, based on that discussion.

9           Some families and guardians indicated a desire  
10 to have their family members transferred to either private  
11 intermediate care facilities or to other public  
12 intermediate care facilities. We have attempted to respect  
13 that request on the part of the family where it has been  
14 made. Illinois has, unfortunately, lagged behind other  
15 states in the movement of individuals from large care  
16 facilities to small and more integrated community homes.  
17 This closure and the Governor's rebalancing plan are an  
18 attempt to start to bring us into compliance with legal and  
19 best practice methodologies and plans for serving people  
20 with developmental disabilities.

21           We ask you to approve this application and,  
22 obviously, I'm glad to take any questions that the Board  
23 might have.

24           CHAIRMAN GALASSIE: Thank you, Mr. Casey.

1 I'm going to open it up to the Board for questions and  
2 comments. I will ask to put the motion on the table with a  
3 second and then open up discussion.

4 May I have a motion to approve Project 12-074,  
5 Jacksonville Developmental Center, Jacksonville, for the  
6 discontinuation of a 329-bed ICF/DD facility?

7 MS. OLSON: Moved.

8 MR. GREIMAN: Second.

9 CHAIRMAN GALASSIE: Moved and seconded.

10 Discussion, please.

11 Judge?

12 MR. GREIMAN: So, thank you for developing  
13 what these folks need. How many people are there now?

14 MR. CASEY: As of this morning, there are 99  
15 people living at the facility.

16 MR. GREIMAN: Your program provides that it  
17 will end tomorrow. It says October 31st. Theoretically,  
18 tomorrow evening you could close the door and say good-bye  
19 to everybody, put them out on the street.

20 MR. CASEY: Actually, sir, our letter back to  
21 the Board, commenting on the Staff analysis, essentially  
22 moved that closure date back to November 21st.

23 MR. GREIMAN: Well, all right. So the  
24 question is whether November 21st is reasonable time for

1 them to be put in different places. It sounds like it's --  
2 it would be very difficult to get them to do that. Maybe  
3 you should have a longer period of time to close,  
4 essentially to put these people someplace else.

5 MR. CASEY: We've consistently taken the  
6 position, as has the Governor, as has the Governor's  
7 office, that an important part of planning is to set target  
8 dates for closure. We will not close the facility until  
9 every person in the facility has a safe and sound and  
10 reasonable placement in a community program or in another  
11 ICF.

12 MR. GREIMAN: You say that, but how can you  
13 say that if you have until the 21st of November?

14 MR. CASEY: We will attempt to do that by the  
15 21st of November. I will tell you, I am not going to be  
16 put in a professional position to move people by the 21st  
17 of November if I think it's unsafe to do so. I think that  
18 the Governor's office and my staff have been very  
19 supportive of the concept that the type of individual  
20 planning that I talked about in my formal testimony has to  
21 be done for each person living at the facility. We will  
22 continue to do that planning. We have committed providers  
23 at this point for the vast majority of the folks in the  
24 center.

1 MR. GREIMAN: Why not 60 days?

2 MR. CASEY: Because our goal at the moment is  
3 November 21st.

4 MR. GREIMAN: I understand, but that sounds  
5 like it's difficult to do.

6 MR. GELDER: Maybe I could just add  
7 perspective, that we've undertaken that -- as Director  
8 Casey has said, we aren't going -- we're going to move  
9 everyone as safely, securely, according to the individual  
10 care planning process that we've undertaken. Selection of  
11 the date of November 21st is that we anticipate being  
12 finished with that process, and we have community-based  
13 providers and intermediate care facilities that will be  
14 caring for the remaining residents, and they expect those  
15 residents as of a certain date, and so we have a process in  
16 place that when you look at who is moving where and when,  
17 the facility is virtually going to be empty in the middle  
18 part of November.

19 MR. GREIMAN: Now it's Thanksgiving and the  
20 staff goes home for Thanksgiving dinner and there are  
21 people that you haven't taken care of. Out of 100, there's  
22 20 left. What do we do with those 20?

23 MR. GELDER: If there's 20 people remaining in  
24 that facility, the facility will stay open with the

1 appropriate staff.

2 MR. GREIMAN: Can you stay open? You said  
3 it's going to be closed on a day certain and the Board  
4 agrees it's going to be closed.

5 MR. GELDER: Justice, all I can say is that's  
6 the date -- the graph that we use, that's the date that we  
7 anticipate the last resident leaving. If there are still  
8 residents there because of delays or because of facility  
9 problems or because they may have changed their mind, then  
10 we will continue to staff the --

11 MR. GREIMAN: Do you have an Attorney General  
12 report that says you can do that?

13 MR. GELDER: Based on the closure date that  
14 our proposal requests, I think we can close after the date.  
15 We can't close before you issue a permit, but I don't know  
16 the problem of closing after. A facility can't open  
17 before --

18 MR. GREIMAN: You're saying you can just stay  
19 open and continue on?

20 MR. CONSTANTINO: Justice Greiman, if you  
21 should approve this project and they see they can't close  
22 the facility by the 21st of November, they could request a  
23 permit renewal that the Board could approve and extend  
24 their completion date.

1 MS. KENDRICK: They would need to request that  
2 prior to the completion date.

3 MR. GREIMAN: I'm just suggesting --

4 CHAIRMAN GALASSIE: I'm sorry, Judge. In  
5 practicalities, we don't meet against until December 10th.

6 MR. GREIMAN: So I'm just suggesting -- I'm  
7 preparing to vote for you, but I think it would be -- I  
8 would be more comfortable if I knew that we had a 60-day  
9 period for you to take care of these people and not three  
10 weeks. Three weeks? That's what it is?

11 CHAIRMAN GALASSIE: So, Judge, you're  
12 suggesting rather than November 21st, this should be  
13 running into December 21st?

14 MR. GREIMAN: Yeah, you know, December. Merry  
15 Christmas. Right.

16 CHAIRMAN GALASSIE: No, I understand.

17 Member Olson has a question.

18 MR. GREIMAN: I guess I made my point.

19 MS. OLSON: Actually, I have several comments,  
20 and I know that's shocking. I actually -- I don't know if  
21 people realize. I had the distinct pleasure of working  
22 with individuals with developmental disability for over 20  
23 years, and in those 20 years, I obviously had the privilege  
24 of attending many conferences nationwide. I am so tired of

1 Illinois always being 47th or 48th worst for still serving  
2 way too many of our individuals in institutional settings.  
3 I think it's unfortunate that as a state, we had to be in a  
4 horrible financial situation to move to this point.

5 But for whatever the reason, I applaud the  
6 Governor's office for closing down these facilities, and I  
7 don't think our job is done until they're all closed.

8 I believe that there's appropriate placement.  
9 I will tell you, I treated individuals at Singer  
10 Developmental Center when it had a DD component, an ICF/DD,  
11 individuals I thought there was no way would ever make it  
12 in a community setting. I was literally locked in a locked  
13 room with an armed guard to treat those individuals. I now  
14 see those individuals all the time, thriving in community  
15 placement. This can be done. It should be done. It  
16 should be done now.

17 CHAIRMAN GALASSIE: Mr. Sewell?

18 MR. SEWELL: Do you have an estimate of how  
19 many of the 99 residents there are where you have completed  
20 this person-centered plan and you're aware of what the  
21 alternative to Jacksonville is? Just an estimate? I don't  
22 have to have an exact number.

23 MR. CASEY: Yes, we do, actually. I gave you  
24 a number here this morning of 99 folks there. There are 16

1 people in the process of moving today to their new  
2 community home. That will take us to 83. Of the 83, 52 of  
3 them have an identified transition point and planning  
4 continuum for their move. 9 others have providers willing  
5 to serve, and guardian consent is pending. 13 others  
6 continue to explore transition options. So, there are  
7 basically 13 people left in the facility at this point for  
8 which we do not have an identified place for them to live.  
9 We will continue to work on those 13 people, and both  
10 Mr. Gelder and I have indicated, if there are 13 people  
11 still living at Jacksonville on November 22nd, we will  
12 continue to provide services for them. Obviously, we are  
13 not going to simply drop those people. We will continue  
14 the planning process at that point. If there is a  
15 procedure we need to follow to ask for an extension, we  
16 will certainly do that, and, frankly, it is our desire to  
17 follow the Board's process throughout the closure of this  
18 facility.

19 CHAIRMAN GALASSIE: I believe Dr. Burden had  
20 a question.

21 MR. BURDEN: Thank you very much,  
22 Mr. Chairman.

23 I confess to being very conflicted. I  
24 certainly share the Judge's point. Perhaps, since he and I

1 are by far the oldest members of this Board, we may see  
2 ourselves being served some sort of eviction notice, when  
3 my time comes, out of whatever facility my wife has put me  
4 in. I am a retired urologist and my wife is a nurse  
5 anesthetist and now she's a licensed clinical social  
6 worker.

7           The only place that comes close to what I'm  
8 hearing is not a State institution is where I grew up.  
9 It's (inaudible). My wife is on the Board. We've been  
10 very involved. Yes, I contribute regularly. That's a  
11 unique institution.

12           I, like fellow Board Member Olson, have cared  
13 for people in that community, including a daughter of one  
14 of our more notable politicians who is serving currently  
15 very prominently in a presidential campaign. So, I have a  
16 lot of experience with that institution, and I will tell  
17 you without question, most individuals in that institution  
18 have no intention to leaving. Sister does have individual  
19 outlyers, I call them, facilities where they have places  
20 for people who are more able to survive.

21           I'm listening, and I have not seen your  
22 institution. I'm told and I read that it's elderly and it  
23 has a lot of -- had a lot of problems, and it is costly to  
24 maintain it. So, it's difficult. And I'm not being

1 Solomon here. I've listened to the parents of the children  
2 who are being asked to move, and I really don't know how to  
3 answer what you want from me or other members of this  
4 Board. I'm on the fence about the whole deal, but I don't  
5 think I would make a good bureaucrat. I couldn't function  
6 in a bureaucracy. If I told you your prostate is coming  
7 out, you can find somebody else if you want with no  
8 guarantees. That's how I did it. I didn't have to sit in  
9 front of a bunch of people to do something that I feel  
10 strongly about. I feel for you in your position, just like  
11 I feel for the parents sitting out there who wonder where  
12 they're going to have to go in terms of where their child  
13 may be placed after being here.

14 So, I haven't said anything different than  
15 anybody here. I don't know. I'll wait until we have to  
16 stand up and be counted, but I recognize this as a very  
17 difficult decision for me.

18 MR. CASEY: Doctor, I am about 5 months away  
19 from being eligible for Medicare. I've been at this for 44  
20 years in terms of managing programs of this type.

21 CHAIRMAN GALASSIE: Are you starting to get a  
22 hang of it?

23 MR. CASEY: I'm starting to get a hang of it,  
24 and Mr. Gelder might tell you, if he would be totally

1 honest, that I'm not a particularly good bureaucrat either.  
2 My interest is in providing quality support services for  
3 people with developmental disabilities. I've watched this  
4 process over a 44-year period. This is the direction this  
5 service system is going. It's going to continue to go this  
6 way. The federal funders in particular are going to  
7 continue to insist that we take it this way, and we can,  
8 through the person-centered planning process we have used,  
9 build programs around individuals so that they get the  
10 services they need. I've been doing it for a very long  
11 time. Illinois has its own unique set of problems, but  
12 Illinois can, in fact, and has, by the way, through this  
13 process, put together a set of services that will serve the  
14 individuals from Jacksonville well.

15 MR. GELDER: Let me add to that. I think you  
16 raised some very important points. I echo some of the  
17 comments that we heard earlier today in this discussion. I  
18 would add that Governor Quinn did not pick me because of my  
19 proclivity for being a good bureaucrat either, but he does  
20 bring into the Cabinet and into State Government people who  
21 care deeply about the subject matter that they're working  
22 on, and we have demonstrated to him that the  
23 person-centered planning process is the way to move  
24 Illinois into the future, assure that the care and the

1 supports are going to be available, and put Illinois back  
2 into the mainstream of State efforts in this area by paying  
3 for care and not for the administrative costs of running  
4 large, currently obsolete, institutions.

5 So, we are not here to sell you anything or --  
6 I heard the term "swindle" before. There is certainly no  
7 swindling going on. This is a sincere effort that Illinois  
8 can do something that we've talked about for a long time in  
9 this field, and I'm sure Commissioner Olson would reflect  
10 on this herself. We've talked about this. This is our  
11 chance to do it, and I think we're doing it as well as we  
12 possibly could.

13 CHAIRMAN GALASSIE: Mr. Sewell and then  
14 Member Penn.

15 MR. SEWELL: I have a question about  
16 technicalities. If it's November 22nd and all the patients  
17 have not been placed and this Board doesn't meet again  
18 until -- what is it, December --

19 MS. AVERY: 10th.

20 MR. SEWELL: -- December 10th, what's the  
21 status of Jacksonville Developmental Center in terms of  
22 providing the care for those remaining patients?

23 MR. CONSTANTINO: As far as the Board is  
24 concerned, the Chairman can sign off on the permit renewal.

1 It wouldn't have to go before the full Board.

2 MR. SEWELL: Okay.

3 CHAIRMAN GALASSIE: I was going to ask the  
4 same question, but, as usual, Member Sewell is ahead of me.  
5 Member Penn.

6 MR. PENN: I guess part of my concern is the  
7 process of a resident assessment, what I've heard here  
8 today. I think -- I believe I heard that usually a  
9 resident assessment is done by a facility, staff, and  
10 involves interaction with the clients, patients, doctors,  
11 and medical staff, and their family members. But what I'm  
12 hearing today is that this wasn't followed; this was done  
13 on a fast-track basis and just recently fast-tracked for  
14 purposes of closing the facility, and I just picked up some  
15 information here about a contract given to Community  
16 Resource Association for their assessment and then charging  
17 approximately \$5,300 per resident for each assessment, and  
18 I'm a little confused about who is the most qualified to  
19 give an assessment of the resident -- this team, who is  
20 trying to fast-track it to close the facility, or the  
21 resident, the doctors, their family, and their staff? Who  
22 would have the best insight to the real assessment of the  
23 patient?

24 MR. CASEY: We do have a contract with an

1 organization called Community Resource Associates, who is  
2 helping us with the assessment of consumers. Assessments,  
3 however, are based on the consumer's file; they're based on  
4 interaction with the family, where the family chooses to  
5 have that interaction; they are based on interaction with  
6 the current JDC staff, who serves those folks; and they're  
7 based on conversation with the community provider who is  
8 interested.

9 Let me stress that there have been a ton of  
10 rumors floating around this process, and the suggestion  
11 that we are fast-tracking at this point is simply not  
12 accurate. Every consumer who will leave the facility in  
13 the next week to week and a half to month has gone through  
14 an exhaustive assessment process that has, at times, taken  
15 months and days to evolve. We've done a total of -- as I  
16 indicated in my testimony, an average of 7 assessments on  
17 each consumer in speech and psychology, in mobility, in  
18 physical therapy and occupational therapy, a wide range of  
19 things.

20 One of the things about institutional closures  
21 that I have found true across my career is that if you do  
22 an exhaustive process, where you are planning consumer by  
23 consumer, a lot of the movement, in fact, comes at the end,  
24 because you're going through a process of evaluating people

1 in the early days of the closure process. If you -- I will  
2 tell you, if you want to hint this to something I would be  
3 very concerned about, if I were a Board member, is if you  
4 saw a lot of movement at the beginning of the process,  
5 because if you see movement at the beginning of the  
6 process, you're not doing the assessment that needs to be  
7 done. When you see movement at the end of the process,  
8 it's because we're going through an exhaustive process of  
9 doing assessments on individual consumers.

10 MR. PENN: That's not what I heard today from  
11 the parents, adoptive parents, who gave their testimony.  
12 Also, I just read where the Commission of Government  
13 Forecast and Accountability voted 7-4 and recommended to  
14 keep Jacksonville open. Can you comment on that?

15 MR. CASEY: We went through a process with  
16 them and presented information on the closure. They made  
17 the vote they made. The vote by COGFA is not a binding  
18 vote on the Governor or the Administration. It is  
19 essentially an opinion. We think we are moving in the  
20 right direction here. We are moving the direction that the  
21 country is moving. We are moving in the direction that our  
22 funders expect us to move, and, most important, we are  
23 moving in a direction that allows individuals with  
24 developmental disabilities and intellectual disabilities to

1 have an everyday life in the community. That's a good  
2 thing. The young woman from UIC indicated a body of  
3 research that's been done on how people do in community  
4 programs. That body of research is not done just at UIC.  
5 There have been studies from the University of Colorado;  
6 there have been studies from Temple University; there have  
7 been studies from the University of Minnesota; there have  
8 been studies from the University of Nebraska, all of which  
9 indicate that individuals do better in community programs  
10 than they do in institutional programs. That's why we're  
11 moving this direction.

12 MR. PENN: I was fortunate to attend a lecture  
13 at Georgetown University. The March program lecture was  
14 (unintelligible). I know some of his successes. I know  
15 some of the failures. But when I'm looking at these  
16 reports from our State Agency Reports and hearing testimony  
17 from State Senators and State Representatives and they're  
18 testifying that the General Assembly is not in support of  
19 this and Commissions are in favor of keeping Jacksonville  
20 open, then I reduce it down to the families. I think they  
21 have the best assessment, more so than the General  
22 Assembly, more so than this Commission, what's best for  
23 their resident, their child, their brother, their mother,  
24 whomever may be the resident, and I think that weighs a lot

1 with me -- as opposed to all these theories -- for what  
2 direction we should be going.

3 MR. CASEY: And we have -- in every case where  
4 a family or guardian desired to be involved in discussion  
5 about where their family member is going, we have had them  
6 exhaustively involved in the discussion. In situations  
7 where families have indicated a preference for a move to  
8 another State-operated developmental center or to a private  
9 ICF, private intermediate care facility, we respected that  
10 request.

11 MR. PENN: Again, that's not what I heard  
12 here today from the testimony.

13 MR. CASEY: I understand.

14 MR. GELDER: And I would just add, on the  
15 issue of the Commission, that the people of Illinois  
16 elected Pat Quinn to be the Governor. It's easy in some  
17 elected offices to vote the popular approach. It's easy to  
18 recognize things that are going on in the community.  
19 Sometimes it's essential for Representatives and Senators  
20 to pay attention to what they perceive to be the needs of  
21 their overall community. But these are the tough choices  
22 in Illinois' perilous economic times that the Governor has  
23 to make. He's making it in good faith, in a transparent  
24 fashion, surrounding himself with experts who care deeply

1 about people. So, I don't think it's reflective of the  
2 reality of the state to say that everybody is for keeping  
3 it open and only the Governor is for closing it. I hope  
4 you also heard all of the other testimony today from people  
5 who have developmental disabilities and people who work  
6 with people with developmental disabilities, who see it the  
7 other way and are trying to work with every parent, every  
8 family member, every resident, to come up with a care plan  
9 that meets their particular need, given the fact that we  
10 cannot afford to keep Jacksonville open with its incredible  
11 cost, when we have a lot of need to meet in terms of paying  
12 for care that that money could go towards.

13 CHAIRMAN GALASSIE: David?

14 MR. CARVALHO: Thank you.

15 As the ex-officio representative from the  
16 Department of Public Health, we're often in a position of  
17 watching the world dissect our State Agency Reports like  
18 criminologists and try to figure out what does the Agency  
19 mean and what does it say. And so, I've sat here today and  
20 also read some of the articles that have been published and  
21 heard the mischaracterizations and misinterpretations and  
22 misunderstandings of what the State Agency Report is  
23 saying.

24 The State Agency analyzes applications within

1 the narrow confines of the rules and the methodology and  
2 the jurisdiction of this Board, and we've had this kind of  
3 problem before in the interpretation of our State Agency  
4 Reports, because, as you know, you don't regulate the  
5 entirety of the healthcare industry. You regulate slices  
6 of it. And so you're a little bit -- if I can make a  
7 medical analogy, if a person with cancer goes to a surgeon,  
8 the surgeon doesn't say, "Well, let's consider whether you  
9 should have radiation or surgery or chemotherapy or let's  
10 adjust your diet or maybe acupuncture." Here she just  
11 says, "You're a surgical candidate or you're not, and if  
12 you're not, I'll refer you back to your primary care  
13 physician."

14 Our State Agency analysis goes along the same  
15 lines. The only thing in the continuum of possible ways to  
16 care for people with developmental disabilities that we  
17 have jurisdiction over is these types of facilities. So,  
18 we don't have inventories on alternatives; we don't have  
19 inventories on community-based; we don't have expertise on  
20 community based. So, it's a mischaracterization -- as some  
21 people did today -- to say the Staff documented a lack of  
22 community resources.

23 Let me state what the Staff did do. The Staff  
24 said that we do not have the information on the alternative

1 providers that will be in place. That's a very different  
2 statement than to say that we documented that there is a  
3 lack of community resources, and yet that has been the  
4 characterization stated. The State agency did not report  
5 that there is a lack of community resources. It's just  
6 that we don't have that information.

7           What you've heard today from the applicants is  
8 information on those areas beyond what we regulate. So, I  
9 don't want the State Agency Report to be mischaracterized.

10           Similarly, we've heard a lot of information on  
11 should everybody be institutionalized, should nobody be  
12 institutionalized. That's a policy choice for the State  
13 that really hasn't been charged to this Board, and it's not  
14 even a question that's being presented to this Board. The  
15 Board isn't being asked to close all institutional  
16 facilities. It's not being asked to keep them all open.  
17 It's being asked should this particular one be closed? To  
18 answer that question yes is not to say that all  
19 institutions should be closed and so is not to deny access  
20 to institutional care to persons seeking it. But to answer  
21 it the other way and say no, this particular one should be  
22 open because there are people who want this particular one  
23 open is, in effect, to say they all should remain open; and  
24 to make that policy choice that they all should be open,

1 because if not this one -- because some people want it  
2 open -- then none of them will meet that test, we must keep  
3 it open if someone wants it open.

4           The last thing I think needs clarification --  
5 because I think there's been some confusion in the  
6 discussion here, because this type of application is kind  
7 of turned on its head from your normal application. Your  
8 normal application is to build something. So, the date by  
9 which it has to be built is kind of an obvious thing. It's  
10 either built or not built by that time. It's either open  
11 or not open by that time. When you reverse it and you have  
12 a closure -- just listening to the conversation, I think  
13 there's some confusion that perhaps Frank and Mike can help  
14 and clarify for the Board and the applicant. If you have  
15 the kind of situation that you have described, where they  
16 have a plan to close by the certain date, is the right  
17 process to have a further-out date in the permit, but it's  
18 okay if they finish the process earlier, to close early?  
19 Or does that put them in jeopardy? Conversely, should the  
20 right process be to have a closer end date, and if they --  
21 does that mean they cannot close by that date, they have to  
22 wait until that date to close; and, should they need to  
23 stay open longer, then they come in for an extension?

24           So, I think there's been some confusion, both

1 in the discussion here and at the table. If you have a  
2 date -- let's just pick one out of the air. If you have  
3 December 1st, does that mean it cannot be closed after  
4 December 1st, or it has to be closed by December 1st? And  
5 if they finish early, may they close early? Perhaps Mike  
6 or Frank or --

7 MR. URSO: The completion date is entirely up  
8 to the applicant, and it can be a completion date that  
9 there is a buffer in it beyond the time that you actually  
10 need, and that's okay also. You can complete your project,  
11 complete your discontinuation, complete your closure prior  
12 to that completion date, and that's totally permissible;  
13 there are no consequences to that. The consequences,  
14 potential consequences, come into place if you set a  
15 completion date and just blow it off and you're not closed  
16 in that period of time. As was alluded to previously, if  
17 you have a closure date that you're getting -- that you're  
18 moving toward and you know that you cannot complete all  
19 your tasks by that period of time, then you need to submit  
20 written requests for a renewal, and that's appropriate and  
21 that can be done, and that's one of the rules of the Board.

22 CHAIRMAN GALASSIE: As Chair, I will say that  
23 not 44 years, Mr. Casey, but for 30, I've opened and closed  
24 a lot of programs. It's a lot more enjoyable opening them

1    than it is closing them.  So the complications aren't just  
2    for you but everyone else here in the family.  It's very  
3    difficult and very difficult for us as Board members.  But  
4    as Mr. Gelder also suggested, there are points in time when  
5    there is a greater good that one believes is the direction  
6    which we should go.

7                    I'm going to poll the Board and ask if you are  
8    now ready to take a vote.  We have a motion on the table,  
9    and, as you recall, the motion is to approve the  
10   application of the applicants, which, in effect, would mean  
11   closure of the Jacksonville Developmental Center November  
12   21st.  Are you ready for a vote?

13                   (No response)

14                   CHAIRMAN GALASSIE:  Roll call, please?

15                   MR. ROATE:  Motion made by Ms. Olson, seconded  
16   by Justice Greiman.

17                   Mr. Bradley.

18                   MR. BRADLEY:  I think in voting, I need to  
19   explain why to the people who have been here today and who  
20   are very concerned about this.  It is not an easy situation  
21   in an individual case such as this to make a decision.  
22   When I was Director of Rehabilitation Services under  
23   Governor Thompson, I was invited to the White House to  
24   watch President Bush sign the Americans with Disabilities

1 Act. That codified the dreams of many families and  
2 advocates who had fought for years for this country to  
3 accept the idea that people with disabilities, to the  
4 extent possible, should be able to live lives like the rest  
5 of us. Part of what that meant was, we moved away from the  
6 idea that people who were different had to be walled up in  
7 institutions away from the rest of us. It was a  
8 codification and public policy which has been a settled  
9 public policy in this state ever since. Both the Thompson  
10 Administration and the Edgar Administration were committed  
11 to the idea that this public policy should be implemented.

12 Illinois, as many have said today, has lagged  
13 in this; but this is nothing new, and this is nothing  
14 radical. This is what the people -- speaking for people  
15 with disabilities -- fought for for years, and this is the  
16 logical outcome of adopting that public policy.

17 And I vote yes.

18 MR. ROATE: Dr. Burden?

19 MR. BURDEN: I'm not as eloquent as the prior  
20 speaker. I still find it very difficult to imagine how I  
21 would vote, knowing that the closure date has been  
22 established. It would be a lot easier for me to vote yes  
23 if I knew that the date was a little further down the line.  
24 But that again doesn't solve your problem. It doesn't

1 solve what you came to hear.

2 With a lot of angst -- I probably have thought  
3 a long time about this -- I will vote yes.

4 MR. ROATE: Justice Greiman?

5 MR. GREIMAN: I can vote yes, understanding  
6 that if you are not there for Thanksgiving, you could be  
7 there for Christmas, and you merely talk to the Chairman  
8 and have the Chairman extend the time. So that takes care  
9 of one of my great concerns.

10 And another thing about voting is, sometimes  
11 we vote on things that happen that we see outside in our  
12 life, and I have a friend who has a son who -- he's 21  
13 years old and never -- he lived at home, never spoke, never  
14 smiled and never spoke a single word in his whole life, and  
15 he went into a community situation and he talks now. So  
16 for him, I'll vote yes.

17 MR. ROATE: Ms. Olson?

18 MS. OLSON: It will be no surprise that I'm  
19 voting yes for Alfreda, for Margaret, and for your friend,  
20 and all of the people with developmental disability who  
21 fought long and hard for this day. I vote yes.

22 MR. ROATE: Mr. Penn?

23 MR. PENN: I'm voting no, based on the State  
24 Agency Report.

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1 MR. ROATE: Mr. Sewell?

2 MR. SEWELL: I vote yes.

3 MR. ROATE: Chairman Galassie?

4 CHAIRMAN GALASSIE: Yes.

5 MR. ROATE: That's six votes in the  
6 affirmative, one vote in the negative.

7 CHAIRMAN GALASSIE: Motion passes. Good luck  
8 to you.

9 (Pause)

10 CHAIRMAN GALASSIE: It is -- for those of you  
11 who are coming back tomorrow morning, we will be starting  
12 the day only momentarily and then going into Executive  
13 Session, which will probably last about a half hour, 45  
14 minutes.

15 That having been said, I will entertain a  
16 motion to recess until 10:00 a.m. tomorrow morning.

17 MS. OLSON: So moved.

18 MR. SEWELL: Second.

19 CHAIRMAN GALASSIE: All in favor?

20 ("Ayes" heard)

21 CHAIRMAN GALASSIE: Thank you very much.

22

23

24 PROCEEDINGS ADJOURNED TO RECONVENE ON OCTOBER 31, 2012

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3     END TIME: 4:12 P.M.

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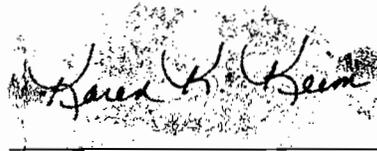
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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, 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 typewriting under my direction; 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.



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

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