



MEETING MINUTES

Hospice and Palliative Care Advisory Board Meeting

May 13, 2021 - 10:30 a.m. – 12:30 p.m.

525 W. Jefferson, 4th Floor, Springfield

122 S. Michigan Ave, 7th Floor, Room 711, Chicago

WebEx Meeting Access Link:

<https://illinois.webex.com/illinois/j.php?MTID=mdac02b64160abba531de87452ada0e03>

Join WebEx Meeting Number (Access Code): 1336687019

Meeting Password: Hospice52021

Join from Mobile device or phone: 1-415-655-0002

Call to Order

Members Present: Sue DeBoer, RN, Susan Fristad RN, Shawna O'Dell, Shelly Taylor, Pamela Cramer, and Daniel Holste

Members Absent: Shelly Taylor, Nancy Flowers; Molly Chapman, and Irene Kelly Fischer

Department Staff: Karen Senger, Elaine Huddleston, Edward Pitts, Siji Varghese, IDPH Staff Attorney, Ellen Bruce; Rebecca Gold, Becky Dragoo, and Betty Stewart

Guests: Hakeem Bello

Introduction of Committee Members and Guests

Karen Senger, Division Chief of Division of Health Care Facilities & Programs called the meeting to order at 10:32 am, and announced that this is the Hospice and Palliative Care Advisory Committee Meeting with today's date is May 13, 2021.

Karen Senger reminded Members and Guests that this meeting is being conducted via WebEx and gave a brief explanation of the protocols for conducting this meeting. This is a public meeting, and it is subject to the Open Meetings Act (OMA) and a recording of this meeting is permitted. Today's meeting is being conducted via WebEx, which allows audio and other information said during the session to be recorded. By joining this session, you are automatically consenting to such recordings and if you do not consent to be recorded, then you should not join this session. This introduction statement is being read so everyone is aware that this meeting is being recorded.

Since we are conducting this meeting from the Springfield conference room via WebEx, you will need to please mute your phone or computer when you are not speaking so we do not get the echo feedback from members and guests of the public that wish to speak. Members of the Public and others wishing to speak will be recognized by the chair during public comment period, which we will open the floor at the end of the meeting for open discussion/comments.

An introduction of Board members was conducted to establish a quorum. After the roll call was conducted, a quorum was established at this time.

Karen Senger wanted to thank everyone for attending as it has been awhile since this Board last met.

Approval of Draft Minutes for November 14, 2019 Meetings

The Draft minutes of the November 14, 2019 meeting was presented to the Board for their review and comments for voting. Karen Senger commented that several of the members were not Board Members during this time and understood if they may not want to vote but abstain on these minutes. A roll call was conducted, by Board members, to approve the minutes as presented. After another roll call was conducted, a motion was made to approve the minutes by Shawna O'Dell, 2nd by Pamela Cramer, and all of those in favor of approving the minutes was unanimously approved as presented.

OLD BUSINESS

Update Approved Regulation Changes

Karen Senger gave an update on the status of the approved rules the Board voted on at their last meeting. The Board approved the updates to the revised proposed rules to the Hospice Administrative Code 280 last February 2019. Board members were given a copy of these approved rules for informational purposes. The changes included updating the rules Section to meet the current Life Safety code (2012) and National Fire Protection Association (NFPA) Codes for Hospice Residents; clarification and enforcement for a change of hospice license ownership and increased the number of hospice residence allowed to be licensed. Therefore, these changes were for reference and there was no action taken since the rules were officially adopted in July of 2020.

No other comments were made.

Palliative Care Language Update

Karen Senger presented to Board members the definition that was previously presented and approved by the Subcommittee and the Board at the last meeting. The Board had agreed on this version of the definition of what Palliative Care means.

The Board was reminded of the process that they will need to go thru to change the definition in the Hospice Statue. The Board can then amend the current rules once the definition is changed in the Act. The Board was reminded they will need to reach out to an Association or Organization to sponsor a new legislative bill to replace this definition in the Statue.

Karen Senger commented that she wanted to confirm that this the definition the subcommittee and board approved in 2019. Karen Senger wanted to make sure that the Board members were still in agreement with the language presented at the last meeting. One of the associations was looking about trying to take this definition back as a legislative initiative to update the statute. The Board would then draft this new definition and incorporate it within the Hospice rules.

Board Member, Pamela Cramer commented that the State Organization, Illinois-Hospice & Palliative Care Organization (IL-HIPCO), has not changed this definition and it still stands with them as presented. Karen Senger additionally asked if this is something that the IL-HIPCO Organization would be willing to look at legislatively to try and put an initiative for this change or otherwise she will see if the Department can add to their legislative initiatives, but uncertain since the Department is limited to the number of new legislative recommendations.

Pamela Cramer commented that the IL-HIPCO has reinstated a palliative care work group to work with other states on legislative issues, but until they really get some traction, they are limited with what they can accomplish at this time. Since this has not happened yet, the definition will have to stand as is and asked if the Board needed a reaffirmation of this definition.

Karen Senger answered no, as the Board has already approved the definition at their last meeting, but just wanted to make sure and to confirm the definition still stands as written and nothing has changed.

The Board was given a copy of the information (definition) for review in case anyone had concerns or questions.

Pamela Cramer further commented that she was sure everybody knows that there has been a lot of rebranding law in the Joliet area and they are using the language of “serious illness” instead of palliative care. So, once we get some traction at the state level on the definition of palliative care. She just wanted to make the Board aware that “serious illness” is the new language.

Karen Senger asked if any other Board Member had any comments or concerns with this definition that they would like to share before we move on.

No other comments or questions were shared.

Psychotropic Medications

Karen Senger commented that this topic was discussed several meetings in the past on dealing with nursing homes and their regulatory requirements. The Board had expressed some problems or issues they are seeing with the LTC surveyor staff and some concerns with providing quality of care to LTC Hospice Patients.

Karen Senger asked other members how they felt and if this something we need to continue to keep on the agenda as an item, or something we need to move on from. Several Board members commented that they had no recent problems with this issue and the Board was okay with moving on.

Karen Senger commented that she will take this task off the agenda then.

No other comments were made.

Pediatric Palliative Care

Karen Senger commented on the next agenda item the Board has under old business that addressed Pediatric Palliative Care. At previous meetings the Board had a representative come and address this concern and this topic as Hospice Board initiative. The Board was asked if they wanted to leave as a topic/issue for discussion or maybe come back to address how we are managing pediatric patients within the hospice industry.

Board member Shawna O’Dell commented that she felt this was still a major issue and expressed that she would like to keep the topic open for discussion.

Karen Senger commented that she felt that there are not enough services out there for pediatric patients, and maybe this is something that board members can think about once we get forward on the Hospice Palliative Care definition. Karen suggested the Board maybe form a work group to be able to research and investigate this topic more. The Department could do some more research and bring something to the Board. The Board agreed with inviting the previous individual, who spoke on pediatric hospice, back to the next meeting to see if there were any legislative initiatives, or changes related to pediatrics.

Board Member, Pamela Cramer commented that she had received an email from IL-HIPCO Governmental Affairs Contractor, Ellen Byrne asking her to bring this topic to this group for discussion about Palliative Care. Pamela Cramer commented she could send this information/link to the Department for their information. Karen Senger agreed, and asked if she would send us the link and the Department can share this link to members and others.

Pamela Cramer asked that this topic be documented in the minutes about a discussion with the Board on developing a new website page to inform citizens about “serious illness” resources and including Plan of Care (POC). The Illinois Chapter of the American Cancer Society and the Alzheimer’s Association have

approached IL-HIPCO about collaborating on development of a new website page. They are not asking to develop or host the Website directly as that will be done with private funding. They would like to let Illinois know there maybe a new website page on Serious illness. There is a model of this website in Colorado that has a Palliative Care Agency mapping and that is what Illinois would like to do.

No other comments were made on the Topic.

Karen Senger commented will keep the last two items discussed as agenda items for the Board to work on. Board members were asked if there were other comments or concerns before we move on to discussion of Agenda items under New Business.

No other comments were made.

NEW BUSINESS

Revised Advisory By-Laws

Karen Senger shared the next Agenda item for discussion with the Board. It has been awhile since the Board updated their Bylaws and with all the changes to the Open Meetings Act (OMA) during this time with the pandemic and issues of trying to convene Board Meetings. The Department has been working with the Departments Legal team to update all advisory board Bylaws. The changes will not be voted on at this meeting. A brief review was given, and the Board will vote and approve at the next Board Meeting for a formal vote.

Some of the basic changes made were as follows:

- 1) One item was about the section that is already written within the statue for a Board Member to have a proxy that is permitted for an absent Board member and will continue to carryover in the new Bylaws.
 - a. The only change being made is to the proxy delegation form is how it looks;
 - b. The Board member needing to send/recommend someone to represent them in the absents at a specified meeting, and
 - c. The proxy form/request would need to be sent to and received by the Department prior too the meeting so it could be approved and recommended that the proxy would be able to attend the meeting in place of the member.
- 2) Another section covered under the Bylaws is the Board Members terms would remain the same for the individual at 4 years.
 - a. The Department has not made any major changes then outside the language, but just being a little more scripting.
- 3) One of the biggest changes that was add to the Bylaws was under conducting business;
 - a. Article IV, Section 4-1 - was on the requirement of meeting a quorum.
 - i. Under the old Bylaws, a quorum itself insisted a majority of currently appointed members;
 - ii. Legal has reviewed this section and determined that vacancies in membership positions are not included to determine a quorum. Therefore, meeting a quorum is based on those Board Members that are appointed at the time of the Meeting. This change is going to help when the Board is dealing with vacancies and trying to get those individuals appointed or through the appointment process;
 - iii. The Board will still need to have members present and if attending in person by telephone or audio or video conference; but physical presence is strongly encouraged.

- 4) Another change added is addressing about the individuals having public comments and allowing that time into the meeting giving everyone about 5 minutes to be able to speak and able to bring up a topic for discussion.
- 5) Other changes to the Bylaws that was added was more information about the reimbursements, Ethics Training and Sexual Harassments Training,

The Board was reminded that the Department is not asking for them to vote on these Bylaws at this time. Board members were given two separate handouts for review that included a copy of the Old Bylaws (last adopted 2.9.2015) and a copy of the new revised Bylaws to compare with. Board members were asked to read thoroughly through both documents and compare the changes being made. The Board will take a formal vote at their next meeting to vote and adopt the new Bylaws.

Karen Senger asked if the Board members had any other questions to this topic.

No other comments were made.

Proposed changes to Adm Code 280 – Nurse Delegation

Karen Senger presented the next topic for review and discussion. Board Members were given a copy of the Administrative Code from the Nurse Practice Act, Section 1300.20, which allows a registered nurse to delegate individually herself or himself with delegation of medication administration to an unlicensed individual. Karen Senger gave a brief explanation of the scope of this delegation. This nurse delegation task would cover under a school, assisted living facilities, physicians' and APRNs' office, clinics, and Home Health, and residences where individuals receiving services under Home Health, Home Services, and Home Nursing Licensing Act [210 ILCS 55] or Hospice Program Licensing Act [210 ILCS 60] and then hospice.

This scope of delegation does not include individuals in the Home Services or Home Services Placement. So, if you are working with a Hospice, and then there also is a Home Services Agency client provider, they could not delegate to those individuals as an unlicensed person because they are exempt from this delegation.

The Department looked at a temporary draft language to incorporate this language into our regulations. If the department is waiting to be able to monitor or regulate this new practice, we may need to add this language into to our licensing rules. We are working on trying to add this language for the Home Health and Home Nursing program. This practice of nurse delegation must be part of the plan of care (POC) and that this nurse delegation can only occur by a nurse individually. This nurse practice is not an Agency decision and the delegation could only be in effect while that nurse is responsible for and coordinating that client's care. If the nurse would leave the agency or is no longer providing care for that delegation for that caregiver would go away because it's all nurse driven based on that individual's clinical assessment of the individual and what type of medications are being administered.

Karen Senger asked Board members on any thoughts to this new nursing delegation process and was looking at incorporating some of this definition in the Hospice Services Rules, under Section 282.010 identifying the section about the POC, what they can do and add a section about the nurse delegation process that would need to occur. Board Member, Susan Fristad asked about if an individual nurse can delegate just one (1) unlicensed person that can administer medication.

This Section under the Nurse Practice Act reads that the delegating nurse would be delegating to other personnel, and it would be part of the client's POC, but also must determine the competency of to whom they are delegating too, so this section could not be to all caregivers. If you look under the Nurse Practice Act, Section 1300.20, letter (b)(1) and letter (E) about competency of this person to whom the nursing intervention is delegating to needs to insure competency. Karen Senger expressed may have to provide more direction to the individual or evaluate the individual's experience, training, and their education.

Karen Senger asked if we needed to address this within our rules, due to a concern with individual agency's interpretation that the agency can make this a practice across the agency without having some parameters of ensuring that it is nurse driven.

Karen Senger also commented that within the nurse practice act, it identifies a few other items as follows:

- 1) Letter (f) – covers the delegation of medication administration in a community-based setting shall be rescinded upon the discharge of the patient from the Home Health, Home Nursing, or Hospice Agency, or when the nurse who delegated the nursing intervention is no longer providing or coordinating the nursing clinical care.
- 2) Letter (g), the Registered Nurse (RN) is delegating a nursing intervention does not have to physically be present while the individual is performing the delegation task as long as the RN has satisfied the conditions of the delegation that are set forth in subsection (b), and is available to assist in person, or by telecommunications.

Karen Senger further addressed that this is some of those things that we really want to put into our licensing rules. Karen Senger commented that she just wanted to really make sure that this process is understood, and that it is not just once it is on the POC it cannot be done by anybody, but that delegating nurse is the one implementing that POC specific criteria. Karen Senger asked the Board does anyone have any concerns or heard people talk about this topic since this has been brought out through the Nurse Practice Act (adopted in January) for Hospice Agencies.

Board Member, Susan Fristad commented that it has not come into our practice in their region, and she is still trying to process this task.

Karen Senger asked the Board does anyone have any thoughts about this topic. Do we need to at least address the rules to be able to if any agency does have this happen that were making sure that they are aware of what their limitations are? Or, do we not want to put it in our rules and just leave it as a part of the Nurse Practice Act and not address it in the hospice rules?

Karen Senger also identified some key things the Board might want to consider in the review of the regulations that this practice is nurse driven and not agency driven, and the type of medications that can be administered, (oral subcutaneous dosage, topical or transdermal application). Karen shared a concern regarding the nurse delegation of some of the medications that are subcutaneous and transdermal utilized in Hospice being administered by an unlicensed person. Karen commented that she did not think our regulations could spell out those specific individual drugs that could not be administered, because it is going to be a nurse delegated function.

A few Board members shared their concerns with this topic. Board Member, Shawna O'Dell commented that she thought that the biggest problem is that many of us are not seeing this process yet, and we are not sure how our agency even wants to address it yet. Board Member, Daniel Holste commented would like to share this topic with his agency and get their perspectives on it. They have not seen see this practice much, but just because we can, I am not sure we want to do it.

Karen Senger commented that she understood, and we can table this agenda item for the next meeting. Members can take this topic back to the industries that they represent and see if this is something the Board needs to put in the rules, or just be aware of it in the Nurse Practice Act. The Board agreed that they needed more time to think on it.

Karen Senger commented will table this agenda item for now and bring it back at the next meeting.

No other comments were shared.

LTC/Hospice Visitation

Karen Senger briefly commented on this agenda item on Long Term Care and Hospice Visitations. Board Member, Pamela Cramer had put together a nice summary of what has happened throughout the Long-Term Care and Hospice visitation. Karen Senger introduced Long-Term Care Division Chief, Betty Stewart to Board Members and opened the floor for anyone who had questions in general that wanted to be able to address arrangements of individuals of Hospice Clients in Nursing Homes requiring care and visitation by Hospice staff.

Betty Stewart commented that she has been working with several individuals over some of the problems they are experiencing with facilities letting individuals in the Hospice section of the Nursing Home. If the Nursing Home does not let you in, you need to call the hotline and the Department will investigate the facility. Betty commented that she has been calling administrators directly and talking to them as she thinks it is just the facility having a fear from the COVID pandemic and their facility has had positive cases and them getting positive cases again. There are new guidelines that has come down from the Federal Government to allow visitation. Some of the problem is there is two (2) people in a room with visitation and you must have separate times with the families and making all those arrangements is cumbersome. The Department is developing new guidelines for whenever we do the bridge over. The Board was asked if they have any questions for her.

Board Member, Pamela Cramer commented the IL-HIPCO members are 31 members, and she is not hearing the frustration that they heard at the beginning of 2020 through the middle of 2020 on this topic. They are still getting calls from some Downstate Agencies saying that the Nursing Homes are not letting them in the facility and not sure what to do about this. Pamela further commented that now that the telehealth is being used widely in the Chicago area there seems to be less of a problem. This problem is not so big now with the vaccination things are much better.

Betty Stewart commented that was good to hear and the individual could always email her or call the complaint hotline and that way the Department will try to get out to the facility and take care of the situation. With the increase in vaccinations, the residents are pretty much all vaccinated. The problem is more with Staff that refuse the vaccination and that is how some of the facilities become positive again. The numbers have been going down this week, and we are surveying less facilities for infection control, which is an improvement and shows the vaccine is working.

Karen Senger asked if Board Members had any other questions or concerns for Betty Stewart from Long-Term Care while we had here about Hospice and Long-Term Care Facilities.

No other comments were made.

Hospice Statistics

Karen Senger presented this topic on Hospice Statistics to the Board. This information is all of 2020 data and wanted to point out a few points and the statistical data from January through December 2020. The handout that was given gave a brief overview with a statistical comparison given regarding the number of complaints received and the types of allegations for complaints received during the time period in Jan-July 2020. There were 11 complaints received conducted during January – July of 2020 that included 7 complaints investigation during the time period Jan 2020 through December 2020. Of these complaints conducted, three (3) were substantiated and five (5) were unsubstantiated. No sample validations were conducted because those surveys were on hold for Medicare for 2020 were recertification surveys.

A break down was also given on the number of recertification surveys conducted with the number and types of tags cited and the number and types of Hospice Agencies that are licensed through the period of January-July of 2020. We did 18 recertification surveys conducted on non-Accredited Hospice as we did not complete half of the survey workload from the middle of March until about the 1st part of September, due to the pandemic and Medicare stopping survey work. Medicare implemented a Medicare infection control (IFC) focus survey to be conducted during that time. We did 19 of those IFC focus surveys, and we continue to do those IFC focus surveys during our recertification surveys. Karen Senger commented

that she has also attached a tool that Medicare has put out just to be monitoring the infection control practices of all provider types that are under Medicare.

We have four (4) more initials that are looking to become Hospice Residence Facilities; one (1) in Champaign and one (1) in Coles County, and one (1) in Cook and Lake County. This leaves us with only two (2) vacancies for Hospice Residence Facilities.

A brief comparison and the number of standard tags that were cited during surveys conducted was given for the period of 2014 – December of 2020. Effective November 15th, 2017, the Department starting surveying tags for Emergency Preparedness. These tags were listed on the last page of the report and are based on what needs to be done and not an issue with the Survey process. Karen Senger conducted a brief review of this spreadsheet on the common deficiencies and tags that have been cited that were listed. Karen Senger commented that she will try and bring this type of reporting to the Board every six (6) months for better comparison for the Board to review.

Karen Senger commented that this review/comparison gives the Board a brief history of the types of allegations and number of tags cited during this period for informational purposes. Karen Senger commented that she wanted to point out is she has attached a copy of those actual citations where there were two (2) reports that Medicare had put out two (2) guidance's that were attached for your information about creating an Active Hospice Plan of Care (POC) and ensuring your supervision of Hospice AIDS. Nationally these were identified as concerns and represents some of our deficiencies that we have identified in Illinois. This information is something that we want to make sure to get sent out to all Hospices. Board members shared some of their concerns and agreed it would not hurt to send them out again to the industry as educational. IDPH will put together a memo and send out via email notification to all the providers and attach a copy of both memos to let them know the common deficiencies nationally and in Illinois.

Karen Senger asked if anyone had any further questions about this data. Board member, Pamela Cramer asked what the numbers were on license agencies from the year 2014 -2020? Karen Senger commented that the number was slightly down, and this was probably down maybe by 5 or 6. The numbers has not changed much outside we had 5 initial licensure surveys conducted. The average number is probably anywhere between 12 to 20 as far as licensed entities and eventually go on to get Medicare certified. We also did have some Hospices close in 2020 due to mergers where they merged within their systems and then the entity dissolved. Karen said she could bring back the actual overall data from the last few years so you can compare that information to the next meeting. Pamela Cramer commented that would be great to see if there is a trending going on with all the consolidations.

Karen Senger asked if there were any other questions about this report and as we continue will drop off the older years, so we don't have a large amount of information listed on the spreadsheet. She will try to include five (5) to six (6) years of statistics for comparison.

No other comments were made to this report.

CMS Updates

Karen Senger presented the next item agenda item. The board was given a handout listing a few CMS Waivers for informational purposes. Karen Senger reviewed a few of the Waivers listed and reminded the Board that they are still in effect for now. Centers for Medicare & Medicaid Services (CMS) is looking at some of these waivers to eventually eliminate and putting things back into normal compliance. However, for now these waivers are still in effect and will keep the Board updated of any changes in these waivers.

Karen Senger asked if there were any comments to this topic.

No other comments were made to this report.

Board Membership Updates

Karen Senger presented this section on Board Membership;

- a. New Members: No positions have been newly appointed by the Directors at this time.
- b. Membership vacancies:
 1. One (1) position for Member Recommended by Advocates on behalf of Hospice Patients & Families vacated by former Board member Ronette McCarthy; resigned effective 5/30/17; pending nominee approval by the Director's Office.
 2. One (1) position appointment by HFS Director for replacement of former member Aimee Isham – resigned effective 11/1/2018; nominee none.
 3. One (1) – position for Licensed Physician (1) vacated by former member Dr. David Lockhart – resigned effective 12/2019; nominee none.
 4. One (1) – position for Member from Hospice Program vacated by Nancy Flowers – resigned effective 05/2021; nominee pending Director appointment
- c. Membership reappointments; Four (4) Memberships are up for Reappointment:
 1. Shelly Taylor – term expires 04/25/2021
 2. Daniel Holste – term expires 08/08/2021
 3. Shawna O'Dell – term expires 08/08/2021
 4. Pamela Cramer – term expires 07/12/2021

Karen Senger commented that we are still waiting to hear back from the Director of HFS for a name of a nominee for replacements of representatives from State Office of HFS for their respective Division to serve on the Board. We still need a nominee for one of our vacant positions for the Advocate on Behalf of the Hospice on behalf of the Hospice Patients and Families and then one for a Physicians. The nominee that Dr. David Lockhart recommended did not take the position. For our other vacancy, which is a Member from Hospice Program is pending Director appointment. Karen Senger commented that she did not know the status of Irene Kelly Fischer and if she is planning on continuing to serve on the Board, so we might have a possible vacancy under the Member from Hospice Program.

There are some Board memberships that are up for reappointment and these Board Members were reminded to submit their paperwork if they are still interested in continuing to serve on the Board. Karen Senger asked these members to notify the Department if they are no longer interested in continuing to serve on the Board so the Department can move on to fill their vacancy. The Board members that have submitted their reappointment paperwork, these applications are pending Director approval for reappointment. Board members were asked to send any names and their contacts for these vacancies' so the Department can reach out to them.

Public Comments

Karen Senger commented that she is opening the meeting up for Public Comment and asked if anyone had any comments they would like to share.

Board Member, Pamela Cramer commented that she had something she would like to share on behalf of former Board Member, Nancy Flowers. There is an advocate, Aurora Health that had discovered the Spanish version of the Uniform PLOST form is not accurately translated in the Spanish version. A request was made with a medical translator from the American Association with Hospital and Healthcare Educator for a better translation. They have not heard back from the Association and would like to get this issue resolved. There is also a change in the appearance of the PLOST form without communicating with PLOST Illinois, so it is different from the Illinois PLOST form and requested those forms be the same. They are working with the same individual on this request as the translation request.

Karen Senger commented that she will follow-up with someone to get the issues with these forms resolved. Karen asked if anyone from the general public had a topic or concerns, they would like to bring up for discussion or add to our agenda for the next meeting.

Board Member, Dan Holste wanted to say thank you to Department staff for keeping this meeting together and finding an alternative means (WebEx) for the Board to Meet.

Deputy director of Office of Health Care Regulations (OHCR) asked to take a moment to introduce herself as she is a new arrival to the Department late in February. She just wanted to introduce herself and is looking forward to working with this Board. She wanted to say thanks for everyone's feedback and input and staff for running a great meeting.

Karen Senger asked Department staff, Siji Varghese if she had anything to share from the regulatory standpoint. Siji Varghese responded No nothing more to add.

No other comments were made or shared.

Meeting Schedule

Karen Senger presented the next agenda item for Board Members information. The next meeting is scheduled for August, and at this point, we will still probably have a video conference unless you are told differently. Board members were also given a copy of the meeting schedule for the remainder of the year and the proposed meeting dates for 2022 for review. Board Members were asked to contact her with any questions or concerns to this agenda item.

Meeting Schedule for 2021

Board members were given a copy of the meeting dates for 2021 schedule that have already been established for Informational purposes. Board members were reminded to mark their calendars and plan to attend. Due to the COVID Pandemic and Governor's Ordinance with social distancing, the remaining meetings for this fiscal year (2021) meeting dates are adjusted due to calendar dates and tentatively scheduled via WebEx to better accommodate Board members and guests. Meeting information for these meeting will be sent out later.

Tentative Meeting Schedule for 2022

Members were given a copy of the tentative meeting schedule for 2022 for Board review. The Department is currently working on scheduling these dates, times, and meeting locations for the next year (2022). Board member were reminded to mark their calendars and make note of the meeting times, locations and meeting tentatively scheduled via WebEx.

Next meeting dates:

- a. August 12, 2021 • 10:30 am (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield). This meeting is tentatively scheduled via WebEx.
- b. November 9, 2021 • 10:30 a.m. (122 S. Michigan Avenue, 7th Floor, Room 711 in Chicago, 525 W. Jefferson Street, 4th Floor in Springfield). This meeting is tentatively scheduled via WebEx.

Karen Senger commented if there were nothing else, could she get a motion to adjourn the meeting. Board Members, Pamela Cramer motioned to adjourn with Susan Fristad to 2nd the motion with all in favor the meeting was adjourned.

Meeting adjourned at 11:54 a.m.