



Sen. Jacqueline Y. Collins

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1 AMENDMENT TO SENATE BILL 1476

2 AMENDMENT NO. _____. Amend Senate Bill 1476 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Nursing Home Care Act is amended by
5 changing Section 3-202.05 as follows:

6 (210 ILCS 45/3-202.05)

7 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and
8 thereafter.

9 (a) For the purpose of computing staff to resident ratios,
10 direct care staff shall include:

- 11 (1) registered nurses;
- 12 (2) licensed practical nurses;
- 13 (3) certified nurse assistants;
- 14 (4) psychiatric services rehabilitation aides;
- 15 (5) rehabilitation and therapy aides;
- 16 (6) psychiatric services rehabilitation coordinators;

1 (7) assistant directors of nursing;

2 (8) 50% of the Director of Nurses' time; and

3 (9) 30% of the Social Services Directors' time.

4 The Department shall, by rule, allow certain facilities
5 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart
6 S) to utilize specialized clinical staff, as defined in rules,
7 to count towards the staffing ratios.

8 Within 120 days of the effective date of this amendatory
9 Act of the 97th General Assembly, the Department shall
10 promulgate rules specific to the staffing requirements for
11 facilities federally defined as Institutions for Mental
12 Disease. These rules shall recognize the unique nature of
13 individuals with chronic mental health conditions, shall
14 include minimum requirements for specialized clinical staff,
15 including clinical social workers, psychiatrists,
16 psychologists, and direct care staff set forth in paragraphs
17 (4) through (6) and any other specialized staff which may be
18 utilized and deemed necessary to count toward staffing ratios.

19 Within 120 days of the effective date of this amendatory
20 Act of the 97th General Assembly, the Department shall
21 promulgate rules specific to the staffing requirements for
22 facilities licensed under the Specialized Mental Health
23 Rehabilitation Act. These rules shall recognize the unique
24 nature of individuals with chronic mental health conditions,
25 shall include minimum requirements for specialized clinical
26 staff, including clinical social workers, psychiatrists,

1 psychologists, and direct care staff set forth in paragraphs
2 (4) through (6) and any other specialized staff which may be
3 utilized and deemed necessary to count toward staffing ratios.

4 (b) Beginning January 1, 2011, and thereafter, light
5 intermediate care shall be staffed at the same staffing ratio
6 as intermediate care.

7 (c) Facilities shall notify the Department within 60 days
8 after the effective date of this amendatory Act of the 96th
9 General Assembly, in a form and manner prescribed by the
10 Department, of the staffing ratios in effect on the effective
11 date of this amendatory Act of the 96th General Assembly for
12 both intermediate and skilled care and the number of residents
13 receiving each level of care.

14 (d)(1) Effective July 1, 2010, for each resident needing
15 skilled care, a minimum staffing ratio of 2.5 hours of nursing
16 and personal care each day must be provided; for each resident
17 needing intermediate care, 1.7 hours of nursing and personal
18 care each day must be provided.

19 (2) Effective January 1, 2011, the minimum staffing ratios
20 shall be increased to 2.7 hours of nursing and personal care
21 each day for a resident needing skilled care and 1.9 hours of
22 nursing and personal care each day for a resident needing
23 intermediate care.

24 (3) Effective January 1, 2012, the minimum staffing ratios
25 shall be increased to 3.0 hours of nursing and personal care
26 each day for a resident needing skilled care and 2.1 hours of

1 nursing and personal care each day for a resident needing
2 intermediate care.

3 (4) Effective January 1, 2013, the minimum staffing ratios
4 shall be increased to 3.4 hours of nursing and personal care
5 each day for a resident needing skilled care and 2.3 hours of
6 nursing and personal care each day for a resident needing
7 intermediate care.

8 (5) Effective January 1, 2014, the minimum staffing ratios
9 shall be increased to 3.8 hours of nursing and personal care
10 each day for a resident needing skilled care and 2.5 hours of
11 nursing and personal care each day for a resident needing
12 intermediate care.

13 (e) Ninety days after the effective date of this amendatory
14 Act of the 97th General Assembly, a minimum of 25% of nursing
15 and personal care time shall be provided by licensed nurses,
16 with at least 10% of nursing and personal care time provided by
17 registered nurses. ~~These minimum requirements shall remain in~~
18 ~~effect until an acuity based registered nurse requirement is~~
19 ~~promulgated by rule concurrent with the adoption of the~~
20 ~~Resource Utilization Group classification based payment~~
21 ~~methodology, as provided in Section 5-5.2 of the Illinois~~
22 ~~Public Aid Code.~~ Registered nurses and licensed practical
23 nurses employed by a facility in excess of these requirements
24 may be used to satisfy the remaining 75% of the nursing and
25 personal care time requirements. Notwithstanding this
26 subsection, no staffing requirement in statute in effect on the

1 effective date of this amendatory Act of the 97th General
2 Assembly shall be reduced on account of this subsection. Both
3 the 25% licensed nurse requirement and 10% registered nurse
4 requirement shall remain in effect until an acuity based
5 licensed nurse requirement and registered nurse requirement
6 are adopted in administrative rules subsequent to the
7 implementation of the Resource Utilization Group
8 classification-based payment methodology, as provided in
9 Section 5-5.2 of the Illinois Public Aid Code. An acuity based
10 licensed nurse requirement and registered nurse requirement
11 shall not be made effective before January 1, 2014.

12 (Source: P.A. 96-1372, eff. 7-29-10; 96-1504, eff. 1-27-11;
13 97-689, eff. 6-14-12.)

14 Section 10. The Illinois Public Aid Code is amended by
15 changing Sections 5-5.2 and 5-5.4 as follows:

16 (305 ILCS 5/5-5.2) (from Ch. 23, par. 5-5.2)

17 Sec. 5-5.2. Payment.

18 (a) All nursing facilities that are grouped pursuant to
19 Section 5-5.1 of this Act shall receive the same rate of
20 payment for similar services.

21 (b) It shall be a matter of State policy that the Illinois
22 Department shall utilize a uniform billing cycle throughout the
23 State for the long-term care providers.

24 (c) Notwithstanding any other provisions of this Code, the

1 methodologies for reimbursement of nursing services as
2 provided under this Article shall no longer be applicable for
3 bills payable for nursing services rendered on or after a new
4 reimbursement system based on the Resource Utilization Groups
5 (RUGs) has been fully operationalized, which shall take effect
6 for services provided on or after July 1, 2013 ~~January 1, 2014~~.

7 (d) A new nursing services reimbursement methodology
8 utilizing RUGs IV 48 grouper model shall be established and may
9 include an Illinois-specific default group, as needed. The new
10 RUGs-based nursing services reimbursement methodology shall be
11 resident-driven, facility-specific, and cost-based. Costs
12 shall be annually rebased and case mix index quarterly updated.
13 The methodology shall include regional wage adjustors based on
14 the Health Service Areas (HSA) groupings in effect on April 30,
15 2012. The Department shall assign a case mix index to each
16 resident class based on the Centers for Medicare and Medicaid
17 Services staff time measurement study utilizing an index
18 maximization approach.

19 (e) Notwithstanding any other provision of this Code, the
20 Department shall by rule develop a reimbursement methodology
21 reflective of the intensity of care and services requirements
22 of low need residents in the lowest RUG IV groupers and
23 corresponding regulations.

24 (f) Notwithstanding any other provision of this Code, on
25 and after July 1, 2012, reimbursement rates associated with the
26 nursing or support components of the current nursing facility

1 rate methodology shall not increase beyond the level effective
2 May 1, 2011 until a new reimbursement system based on the RUGs
3 IV 48 grouper model has been fully operationalized.

4 (g) Notwithstanding any other provision of this Code, on
5 and after July 1, 2012, for facilities not designated by the
6 Department of Healthcare and Family Services as "Institutions
7 for Mental Disease", rates effective May 1, 2011 shall be
8 adjusted as follows:

9 (1) Individual nursing rates for residents classified
10 in RUG IV groups PA1, PA2, BA1, and BA2 during the quarter
11 ending March 31, 2012 shall be reduced by 10%;

12 (2) Individual nursing rates for residents classified
13 in all other RUG IV groups shall be reduced by 1.0%;

14 (3) Facility rates for the capital and support
15 components shall be reduced by 1.7%.

16 (h) Notwithstanding any other provision of this Code, on
17 and after July 1, 2012, nursing facilities designated by the
18 Department of Healthcare and Family Services as "Institutions
19 for Mental Disease" and "Institutions for Mental Disease" that
20 are facilities licensed under the Specialized Mental Health
21 Rehabilitation Act shall have the nursing,
22 socio-developmental, capital, and support components of their
23 reimbursement rate effective May 1, 2011 reduced in total by
24 2.7%.

25 (Source: P.A. 96-1530, eff. 2-16-11; 97-689, eff. 6-14-12.)

1 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

2 Sec. 5-5.4. Standards of Payment - Department of Healthcare
3 and Family Services. The Department of Healthcare and Family
4 Services shall develop standards of payment of nursing facility
5 and ICF/DD services in facilities providing such services under
6 this Article which:

7 (1) Provide for the determination of a facility's payment
8 for nursing facility or ICF/DD services on a prospective basis.
9 The amount of the payment rate for all nursing facilities
10 certified by the Department of Public Health under the ID/DD
11 Community Care Act or the Nursing Home Care Act as Intermediate
12 Care for the Developmentally Disabled facilities, Long Term
13 Care for Under Age 22 facilities, Skilled Nursing facilities,
14 or Intermediate Care facilities under the medical assistance
15 program shall be prospectively established annually on the
16 basis of historical, financial, and statistical data
17 reflecting actual costs from prior years, which shall be
18 applied to the current rate year and updated for inflation,
19 except that the capital cost element for newly constructed
20 facilities shall be based upon projected budgets. The annually
21 established payment rate shall take effect on July 1 in 1984
22 and subsequent years. No rate increase and no update for
23 inflation shall be provided on or after July 1, 1994 and before
24 January 1, 2014, unless specifically provided for in this
25 Section. The changes made by Public Act 93-841 extending the
26 duration of the prohibition against a rate increase or update

1 for inflation are effective retroactive to July 1, 2004.

2 For facilities licensed by the Department of Public Health
3 under the Nursing Home Care Act as Intermediate Care for the
4 Developmentally Disabled facilities or Long Term Care for Under
5 Age 22 facilities, the rates taking effect on July 1, 1998
6 shall include an increase of 3%. For facilities licensed by the
7 Department of Public Health under the Nursing Home Care Act as
8 Skilled Nursing facilities or Intermediate Care facilities,
9 the rates taking effect on July 1, 1998 shall include an
10 increase of 3% plus \$1.10 per resident-day, as defined by the
11 Department. For facilities licensed by the Department of Public
12 Health under the Nursing Home Care Act as Intermediate Care
13 Facilities for the Developmentally Disabled or Long Term Care
14 for Under Age 22 facilities, the rates taking effect on January
15 1, 2006 shall include an increase of 3%. For facilities
16 licensed by the Department of Public Health under the Nursing
17 Home Care Act as Intermediate Care Facilities for the
18 Developmentally Disabled or Long Term Care for Under Age 22
19 facilities, the rates taking effect on January 1, 2009 shall
20 include an increase sufficient to provide a \$0.50 per hour wage
21 increase for non-executive staff.

22 For facilities licensed by the Department of Public Health
23 under the Nursing Home Care Act as Intermediate Care for the
24 Developmentally Disabled facilities or Long Term Care for Under
25 Age 22 facilities, the rates taking effect on July 1, 1999
26 shall include an increase of 1.6% plus \$3.00 per resident-day,

1 as defined by the Department. For facilities licensed by the
2 Department of Public Health under the Nursing Home Care Act as
3 Skilled Nursing facilities or Intermediate Care facilities,
4 the rates taking effect on July 1, 1999 shall include an
5 increase of 1.6% and, for services provided on or after October
6 1, 1999, shall be increased by \$4.00 per resident-day, as
7 defined by the Department.

8 For facilities licensed by the Department of Public Health
9 under the Nursing Home Care Act as Intermediate Care for the
10 Developmentally Disabled facilities or Long Term Care for Under
11 Age 22 facilities, the rates taking effect on July 1, 2000
12 shall include an increase of 2.5% per resident-day, as defined
13 by the Department. For facilities licensed by the Department of
14 Public Health under the Nursing Home Care Act as Skilled
15 Nursing facilities or Intermediate Care facilities, the rates
16 taking effect on July 1, 2000 shall include an increase of 2.5%
17 per resident-day, as defined by the Department.

18 For facilities licensed by the Department of Public Health
19 under the Nursing Home Care Act as skilled nursing facilities
20 or intermediate care facilities, a new payment methodology must
21 be implemented for the nursing component of the rate effective
22 July 1, 2003. The Department of Public Aid (now Healthcare and
23 Family Services) shall develop the new payment methodology
24 using the Minimum Data Set (MDS) as the instrument to collect
25 information concerning nursing home resident condition
26 necessary to compute the rate. The Department shall develop the

1 new payment methodology to meet the unique needs of Illinois
2 nursing home residents while remaining subject to the
3 appropriations provided by the General Assembly. A transition
4 period from the payment methodology in effect on June 30, 2003
5 to the payment methodology in effect on July 1, 2003 shall be
6 provided for a period not exceeding 3 years and 184 days after
7 implementation of the new payment methodology as follows:

8 (A) For a facility that would receive a lower nursing
9 component rate per patient day under the new system than
10 the facility received effective on the date immediately
11 preceding the date that the Department implements the new
12 payment methodology, the nursing component rate per
13 patient day for the facility shall be held at the level in
14 effect on the date immediately preceding the date that the
15 Department implements the new payment methodology until a
16 higher nursing component rate of reimbursement is achieved
17 by that facility.

18 (B) For a facility that would receive a higher nursing
19 component rate per patient day under the payment
20 methodology in effect on July 1, 2003 than the facility
21 received effective on the date immediately preceding the
22 date that the Department implements the new payment
23 methodology, the nursing component rate per patient day for
24 the facility shall be adjusted.

25 (C) Notwithstanding paragraphs (A) and (B), the
26 nursing component rate per patient day for the facility

1 shall be adjusted subject to appropriations provided by the
2 General Assembly.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as Intermediate Care for the
5 Developmentally Disabled facilities or Long Term Care for Under
6 Age 22 facilities, the rates taking effect on March 1, 2001
7 shall include a statewide increase of 7.85%, as defined by the
8 Department.

9 Notwithstanding any other provision of this Section, for
10 facilities licensed by the Department of Public Health under
11 the Nursing Home Care Act as skilled nursing facilities or
12 intermediate care facilities, except facilities participating
13 in the Department's demonstration program pursuant to the
14 provisions of Title 77, Part 300, Subpart T of the Illinois
15 Administrative Code, the numerator of the ratio used by the
16 Department of Healthcare and Family Services to compute the
17 rate payable under this Section using the Minimum Data Set
18 (MDS) methodology shall incorporate the following annual
19 amounts as the additional funds appropriated to the Department
20 specifically to pay for rates based on the MDS nursing
21 component methodology in excess of the funding in effect on
22 December 31, 2006:

23 (i) For rates taking effect January 1, 2007,
24 \$60,000,000.

25 (ii) For rates taking effect January 1, 2008,
26 \$110,000,000.

1 (iii) For rates taking effect January 1, 2009,
2 \$194,000,000.

3 (iv) For rates taking effect April 1, 2011, or the
4 first day of the month that begins at least 45 days after
5 the effective date of this amendatory Act of the 96th
6 General Assembly, \$416,500,000 or an amount as may be
7 necessary to complete the transition to the MDS methodology
8 for the nursing component of the rate. Increased payments
9 under this item (iv) are not due and payable, however,
10 until (i) the methodologies described in this paragraph are
11 approved by the federal government in an appropriate State
12 Plan amendment and (ii) the assessment imposed by Section
13 5B-2 of this Code is determined to be a permissible tax
14 under Title XIX of the Social Security Act.

15 Notwithstanding any other provision of this Section, for
16 facilities licensed by the Department of Public Health under
17 the Nursing Home Care Act as skilled nursing facilities or
18 intermediate care facilities, the support component of the
19 rates taking effect on January 1, 2008 shall be computed using
20 the most recent cost reports on file with the Department of
21 Healthcare and Family Services no later than April 1, 2005,
22 updated for inflation to January 1, 2006.

23 For facilities licensed by the Department of Public Health
24 under the Nursing Home Care Act as Intermediate Care for the
25 Developmentally Disabled facilities or Long Term Care for Under
26 Age 22 facilities, the rates taking effect on April 1, 2002

1 shall include a statewide increase of 2.0%, as defined by the
2 Department. This increase terminates on July 1, 2002; beginning
3 July 1, 2002 these rates are reduced to the level of the rates
4 in effect on March 31, 2002, as defined by the Department.

5 For facilities licensed by the Department of Public Health
6 under the Nursing Home Care Act as skilled nursing facilities
7 or intermediate care facilities, the rates taking effect on
8 July 1, 2001 shall be computed using the most recent cost
9 reports on file with the Department of Public Aid no later than
10 April 1, 2000, updated for inflation to January 1, 2001. For
11 rates effective July 1, 2001 only, rates shall be the greater
12 of the rate computed for July 1, 2001 or the rate effective on
13 June 30, 2001.

14 Notwithstanding any other provision of this Section, for
15 facilities licensed by the Department of Public Health under
16 the Nursing Home Care Act as skilled nursing facilities or
17 intermediate care facilities, the Illinois Department shall
18 determine by rule the rates taking effect on July 1, 2002,
19 which shall be 5.9% less than the rates in effect on June 30,
20 2002.

21 Notwithstanding any other provision of this Section, for
22 facilities licensed by the Department of Public Health under
23 the Nursing Home Care Act as skilled nursing facilities or
24 intermediate care facilities, if the payment methodologies
25 required under Section 5A-12 and the waiver granted under 42
26 CFR 433.68 are approved by the United States Centers for

1 Medicare and Medicaid Services, the rates taking effect on July
2 1, 2004 shall be 3.0% greater than the rates in effect on June
3 30, 2004. These rates shall take effect only upon approval and
4 implementation of the payment methodologies required under
5 Section 5A-12.

6 Notwithstanding any other provisions of this Section, for
7 facilities licensed by the Department of Public Health under
8 the Nursing Home Care Act as skilled nursing facilities or
9 intermediate care facilities, the rates taking effect on
10 January 1, 2005 shall be 3% more than the rates in effect on
11 December 31, 2004.

12 Notwithstanding any other provision of this Section, for
13 facilities licensed by the Department of Public Health under
14 the Nursing Home Care Act as skilled nursing facilities or
15 intermediate care facilities, effective January 1, 2009, the
16 per diem support component of the rates effective on January 1,
17 2008, computed using the most recent cost reports on file with
18 the Department of Healthcare and Family Services no later than
19 April 1, 2005, updated for inflation to January 1, 2006, shall
20 be increased to the amount that would have been derived using
21 standard Department of Healthcare and Family Services methods,
22 procedures, and inflators.

23 Notwithstanding any other provisions of this Section, for
24 facilities licensed by the Department of Public Health under
25 the Nursing Home Care Act as intermediate care facilities that
26 are federally defined as Institutions for Mental Disease, or

1 facilities licensed by the Department of Public Health under
2 the Specialized Mental Health Rehabilitation Act, a
3 socio-development component rate equal to 6.6% of the
4 facility's nursing component rate as of January 1, 2006 shall
5 be established and paid effective July 1, 2006. The
6 socio-development component of the rate shall be increased by a
7 factor of 2.53 on the first day of the month that begins at
8 least 45 days after January 11, 2008 (the effective date of
9 Public Act 95-707). As of August 1, 2008, the socio-development
10 component rate shall be equal to 6.6% of the facility's nursing
11 component rate as of January 1, 2006, multiplied by a factor of
12 3.53. For services provided on or after April 1, 2011, or the
13 first day of the month that begins at least 45 days after the
14 effective date of this amendatory Act of the 96th General
15 Assembly, whichever is later, the Illinois Department may by
16 rule adjust these socio-development component rates, and may
17 use different adjustment methodologies for those facilities
18 participating, and those not participating, in the Illinois
19 Department's demonstration program pursuant to the provisions
20 of Title 77, Part 300, Subpart T of the Illinois Administrative
21 Code, but in no case may such rates be diminished below those
22 in effect on August 1, 2008.

23 For facilities licensed by the Department of Public Health
24 under the Nursing Home Care Act as Intermediate Care for the
25 Developmentally Disabled facilities or as long-term care
26 facilities for residents under 22 years of age, the rates

1 taking effect on July 1, 2003 shall include a statewide
2 increase of 4%, as defined by the Department.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as Intermediate Care for the
5 Developmentally Disabled facilities or Long Term Care for Under
6 Age 22 facilities, the rates taking effect on the first day of
7 the month that begins at least 45 days after the effective date
8 of this amendatory Act of the 95th General Assembly shall
9 include a statewide increase of 2.5%, as defined by the
10 Department.

11 Notwithstanding any other provision of this Section, for
12 facilities licensed by the Department of Public Health under
13 the Nursing Home Care Act as skilled nursing facilities or
14 intermediate care facilities, effective January 1, 2005,
15 facility rates shall be increased by the difference between (i)
16 a facility's per diem property, liability, and malpractice
17 insurance costs as reported in the cost report filed with the
18 Department of Public Aid and used to establish rates effective
19 July 1, 2001 and (ii) those same costs as reported in the
20 facility's 2002 cost report. These costs shall be passed
21 through to the facility without caps or limitations, except for
22 adjustments required under normal auditing procedures.

23 Rates established effective each July 1 shall govern
24 payment for services rendered throughout that fiscal year,
25 except that rates established on July 1, 1996 shall be
26 increased by 6.8% for services provided on or after January 1,

1 1997. Such rates will be based upon the rates calculated for
2 the year beginning July 1, 1990, and for subsequent years
3 thereafter until June 30, 2001 shall be based on the facility
4 cost reports for the facility fiscal year ending at any point
5 in time during the previous calendar year, updated to the
6 midpoint of the rate year. The cost report shall be on file
7 with the Department no later than April 1 of the current rate
8 year. Should the cost report not be on file by April 1, the
9 Department shall base the rate on the latest cost report filed
10 by each skilled care facility and intermediate care facility,
11 updated to the midpoint of the current rate year. In
12 determining rates for services rendered on and after July 1,
13 1985, fixed time shall not be computed at less than zero. The
14 Department shall not make any alterations of regulations which
15 would reduce any component of the Medicaid rate to a level
16 below what that component would have been utilizing in the rate
17 effective on July 1, 1984.

18 (2) Shall take into account the actual costs incurred by
19 facilities in providing services for recipients of skilled
20 nursing and intermediate care services under the medical
21 assistance program.

22 (3) Shall take into account the medical and psycho-social
23 characteristics and needs of the patients.

24 (4) Shall take into account the actual costs incurred by
25 facilities in meeting licensing and certification standards
26 imposed and prescribed by the State of Illinois, any of its

1 political subdivisions or municipalities and by the U.S.
2 Department of Health and Human Services pursuant to Title XIX
3 of the Social Security Act.

4 The Department of Healthcare and Family Services shall
5 develop precise standards for payments to reimburse nursing
6 facilities for any utilization of appropriate rehabilitative
7 personnel for the provision of rehabilitative services which is
8 authorized by federal regulations, including reimbursement for
9 services provided by qualified therapists or qualified
10 assistants, and which is in accordance with accepted
11 professional practices. Reimbursement also may be made for
12 utilization of other supportive personnel under appropriate
13 supervision.

14 The Department shall develop enhanced payments to offset
15 the additional costs incurred by a facility serving exceptional
16 need residents and shall allocate at least \$8,000,000 of the
17 funds collected from the assessment established by Section 5B-2
18 of this Code for such payments. For the purpose of this
19 Section, "exceptional needs" means, but need not be limited to,
20 ventilator care, tracheotomy care, bariatric care, complex
21 wound care, and traumatic brain injury care. The enhanced
22 payments for exceptional need residents under this paragraph
23 are not due and payable, however, until (i) the methodologies
24 described in this paragraph are approved by the federal
25 government in an appropriate State Plan amendment and (ii) the
26 assessment imposed by Section 5B-2 of this Code is determined

1 to be a permissible tax under Title XIX of the Social Security
2 Act.

3 Beginning July 1, 2013, ~~January 1, 2014~~ the methodologies
4 for reimbursement of nursing facility services as provided
5 under this Section 5-5.4 shall no longer be applicable for
6 services provided on or after July 1, 2013 ~~January 1, 2014~~.

7 No payment increase under this Section for the MDS
8 methodology, exceptional care residents, or the
9 socio-development component rate established by Public Act
10 96-1530 of the 96th General Assembly and funded by the
11 assessment imposed under Section 5B-2 of this Code shall be due
12 and payable until after the Department notifies the long-term
13 care providers, in writing, that the payment methodologies to
14 long-term care providers required under this Section have been
15 approved by the Centers for Medicare and Medicaid Services of
16 the U.S. Department of Health and Human Services and the
17 waivers under 42 CFR 433.68 for the assessment imposed by this
18 Section, if necessary, have been granted by the Centers for
19 Medicare and Medicaid Services of the U.S. Department of Health
20 and Human Services. Upon notification to the Department of
21 approval of the payment methodologies required under this
22 Section and the waivers granted under 42 CFR 433.68, all
23 increased payments otherwise due under this Section prior to
24 the date of notification shall be due and payable within 90
25 days of the date federal approval is received.

26 On and after July 1, 2012, the Department shall reduce any

1 rate of reimbursement for services or other payments or alter
2 any methodologies authorized by this Code to reduce any rate of
3 reimbursement for services or other payments in accordance with
4 Section 5-5e.

5 (Source: P.A. 96-45, eff. 7-15-09; 96-339, eff. 7-1-10; 96-959,
6 eff. 7-1-10; 96-1000, eff. 7-2-10; 96-1530, eff. 2-16-11;
7 97-10, eff. 6-14-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
8 97-584, eff. 8-26-11; 97-689, eff. 6-14-12; 97-813, eff.
9 7-13-12.)

10 Section 99. Effective date. This Act takes effect upon
11 becoming law."