



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB2550

Introduced 2/4/2025, by Rep. Natalie A. Manley

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that beginning January 1, 2026, the rate must be multiplied by 5 for nursing facilities which have disclosed their status as Alzheimer's special care units under the requirements of the Alzheimer's Disease and Related Dementias Special Care Disclosure Act. Requires the Department of Healthcare and Family Services to update the status for nursing facilities for rates in effect each January 1.

LRB104 10563 KTG 20639 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-5.2 as follows:

6 (305 ILCS 5/5-5.2)

7 Sec. 5-5.2. Payment.

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

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

14 (c) (Blank).

15 (c-1) Notwithstanding any other provisions of this Code,  
16 the methodologies for reimbursement of nursing services as  
17 provided under this Article shall no longer be applicable for  
18 bills payable for nursing services rendered on or after a new  
19 reimbursement system based on the Patient Driven Payment Model  
20 (PDPM) has been fully operationalized, which shall take effect  
21 for services provided on or after the implementation of the  
22 PDPM reimbursement system begins. For the purposes of Public  
23 Act 102-1035, the implementation date of the PDPM

1 reimbursement system and all related provisions shall be July  
2 1, 2022 if the following conditions are met: (i) the Centers  
3 for Medicare and Medicaid Services has approved corresponding  
4 changes in the reimbursement system and bed assessment; and  
5 (ii) the Department has filed rules to implement these changes  
6 no later than June 1, 2022. Failure of the Department to file  
7 rules to implement the changes provided in Public Act 102-1035  
8 no later than June 1, 2022 shall result in the implementation  
9 date being delayed to October 1, 2022.

10 (d) The new nursing services reimbursement methodology  
11 utilizing the Patient Driven Payment Model, which shall be  
12 referred to as the PDPM reimbursement system, taking effect  
13 July 1, 2022, upon federal approval by the Centers for  
14 Medicare and Medicaid Services, shall be based on the  
15 following:

16 (1) The methodology shall be resident-centered,  
17 facility-specific, cost-based, and based on guidance from  
18 the Centers for Medicare and Medicaid Services.

19 (2) Costs shall be annually rebased and case mix index  
20 quarterly updated. The nursing services methodology will  
21 be assigned to the Medicaid enrolled residents on record  
22 as of 30 days prior to the beginning of the rate period in  
23 the Department's Medicaid Management Information System  
24 (MMIS) as present on the last day of the second quarter  
25 preceding the rate period based upon the Assessment  
26 Reference Date of the Minimum Data Set (MDS).

1           (3) Regional wage adjustors based on the Health  
2           Service Areas (HSA) groupings and adjusters in effect on  
3           April 30, 2012 shall be included, except no adjuster shall  
4           be lower than 1.06.

5           (4) PDPM nursing case mix indices in effect on March  
6           1, 2022 shall be assigned to each resident class at no less  
7           than 0.7858 of the Centers for Medicare and Medicaid  
8           Services PDPM unadjusted case mix values, in effect on  
9           March 1, 2022.

10          (5) The pool of funds available for distribution by  
11          case mix and the base facility rate shall be determined  
12          using the formula contained in subsection (d-1).

13          (6) The Department shall establish a variable per diem  
14          staffing add-on in accordance with the most recent  
15          available federal staffing report, currently the Payroll  
16          Based Journal, for the same period of time, and if  
17          applicable adjusted for acuity using the same quarter's  
18          MDS. The Department shall rely on Payroll Based Journals  
19          provided to the Department of Public Health to make a  
20          determination of non-submission. If the Department is  
21          notified by a facility of missing or inaccurate Payroll  
22          Based Journal data or an incorrect calculation of  
23          staffing, the Department must make a correction as soon as  
24          the error is verified for the applicable quarter.

25          Beginning October 1, 2024, the staffing percentage  
26          used in the calculation of the per diem staffing add-on

1 shall be its PDPM STRIVE Staffing Ratio which equals: its  
2 Reported Total Nurse Staffing Hours Per Resident Per Day  
3 as published in the most recent federal staffing report  
4 (the Provider Information File), divided by the facility's  
5 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE  
6 Staffing Target is equal to .82 times the facility's  
7 Illinois Adjusted Facility Case-Mix Hours Per Resident Per  
8 Day. A facility's Illinois Adjusted Facility Case Mix  
9 Hours Per Resident Per Day is equal to its Case-Mix Total  
10 Nurse Staffing Hours Per Resident Per Day (as published in  
11 the most recent federal staffing report) times 3.662  
12 (which reflects the national resident days-weighted mean  
13 Reported Total Nurse Staffing Hours Per Resident Per Day  
14 as calculated using the January 2024 federal Provider  
15 Information Files), divided by the national resident  
16 days-weighted mean Reported Total Nurse Staffing Hours Per  
17 Resident Per Day calculated using the most recent federal  
18 Provider Information File.

19 (6.5) Beginning July 1, 2024, the paid per diem  
20 staffing add-on shall be the paid per diem staffing add-on  
21 in effect April 1, 2024. For dates beginning October 1,  
22 2024 and through September 30, 2025, the denominator for  
23 the staffing percentage shall be the lesser of the  
24 facility's PDPM STRIVE Staffing Target and:

25 (A) For the quarter beginning October 1, 2024, the  
26 sum of 20% of the facility's PDPM STRIVE Staffing

1 Target and 80% of the facility's Case-Mix Total Nurse  
2 Staffing Hours Per Resident Per Day (as published in  
3 the January 2024 federal staffing report).

4 (B) For the quarter beginning January 1, 2025, the  
5 sum of 40% of the facility's PDPM STRIVE Staffing  
6 Target and 60% of the facility's Case-Mix Total Nurse  
7 Staffing Hours Per Resident Per Day (as published in  
8 the January 2024 federal staffing report).

9 (C) For the quarter beginning March 1, 2025, the  
10 sum of 60% of the facility's PDPM STRIVE Staffing  
11 Target and 40% of the facility's Case-Mix Total Nurse  
12 Staffing Hours Per Resident Per Day (as published in  
13 the January 2024 federal staffing report).

14 (D) For the quarter beginning July 1, 2025, the  
15 sum of 80% of the facility's PDPM STRIVE Staffing  
16 Target and 20% of the facility's Case-Mix Total Nurse  
17 Staffing Hours Per Resident Per Day (as published in  
18 the January 2024 federal staffing report).

19 Facilities with at least 70% of the staffing  
20 indicated by the STRIVE study shall be paid a per diem  
21 add-on of \$9, increasing by equivalent steps for each  
22 whole percentage point until the facilities reach a per  
23 diem of \$16.52. Facilities with at least 80% of the  
24 staffing indicated by the STRIVE study shall be paid a per  
25 diem add-on of \$16.52, increasing by equivalent steps for  
26 each whole percentage point until the facilities reach a

1 per diem add-on of \$25.77. Facilities with at least 92% of  
2 the staffing indicated by the STRIVE study shall be paid a  
3 per diem add-on of \$25.77, increasing by equivalent steps  
4 for each whole percentage point until the facilities reach  
5 a per diem add-on of \$30.98. Facilities with at least 100%  
6 of the staffing indicated by the STRIVE study shall be  
7 paid a per diem add-on of \$30.98, increasing by equivalent  
8 steps for each whole percentage point until the facilities  
9 reach a per diem add-on of \$36.44. Facilities with at  
10 least 110% of the staffing indicated by the STRIVE study  
11 shall be paid a per diem add-on of \$36.44, increasing by  
12 equivalent steps for each whole percentage point until the  
13 facilities reach a per diem add-on of \$38.68. Facilities  
14 with at least 125% or higher of the staffing indicated by  
15 the STRIVE study shall be paid a per diem add-on of \$38.68.  
16 No nursing facility's variable staffing per diem add-on  
17 shall be reduced by more than 5% in 2 consecutive  
18 quarters. For the quarters beginning July 1, 2022 and  
19 October 1, 2022, no facility's variable per diem staffing  
20 add-on shall be calculated at a rate lower than 85% of the  
21 staffing indicated by the STRIVE study. No facility below  
22 70% of the staffing indicated by the STRIVE study shall  
23 receive a variable per diem staffing add-on after December  
24 31, 2022.

25 (7) For dates of services beginning July 1, 2022, the  
26 PDPM nursing component per diem for each nursing facility

1 shall be the product of the facility's (i) statewide PDPM  
2 nursing base per diem rate, \$92.25, adjusted for the  
3 facility average PDPM case mix index calculated quarterly  
4 and (ii) the regional wage adjuster, and then add the  
5 Medicaid access adjustment as defined in (e-3) of this  
6 Section. Transition rates for services provided between  
7 July 1, 2022 and October 1, 2023 shall be the greater of  
8 the PDPM nursing component per diem or:

9 (A) for the quarter beginning July 1, 2022, the  
10 RUG-IV nursing component per diem;

11 (B) for the quarter beginning October 1, 2022, the  
12 sum of the RUG-IV nursing component per diem  
13 multiplied by 0.80 and the PDPM nursing component per  
14 diem multiplied by 0.20;

15 (C) for the quarter beginning January 1, 2023, the  
16 sum of the RUG-IV nursing component per diem  
17 multiplied by 0.60 and the PDPM nursing component per  
18 diem multiplied by 0.40;

19 (D) for the quarter beginning April 1, 2023, the  
20 sum of the RUG-IV nursing component per diem  
21 multiplied by 0.40 and the PDPM nursing component per  
22 diem multiplied by 0.60;

23 (E) for the quarter beginning July 1, 2023, the  
24 sum of the RUG-IV nursing component per diem  
25 multiplied by 0.20 and the PDPM nursing component per  
26 diem multiplied by 0.80; or

1 (F) for the quarter beginning October 1, 2023 and  
2 each subsequent quarter, the transition rate shall end  
3 and a nursing facility shall be paid 100% of the PDPM  
4 nursing component per diem.

5 (d-1) Calculation of base year Statewide RUG-IV nursing  
6 base per diem rate.

7 (1) Base rate spending pool shall be:

8 (A) The base year resident days which are  
9 calculated by multiplying the number of Medicaid  
10 residents in each nursing home as indicated in the MDS  
11 data defined in paragraph (4) by 365.

12 (B) Each facility's nursing component per diem in  
13 effect on July 1, 2012 shall be multiplied by  
14 subsection (A).

15 (C) Thirteen million is added to the product of  
16 subparagraph (A) and subparagraph (B) to adjust for  
17 the exclusion of nursing homes defined in paragraph  
18 (5).

19 (2) For each nursing home with Medicaid residents as  
20 indicated by the MDS data defined in paragraph (4),  
21 weighted days adjusted for case mix and regional wage  
22 adjustment shall be calculated. For each home this  
23 calculation is the product of:

24 (A) Base year resident days as calculated in  
25 subparagraph (A) of paragraph (1).

26 (B) The nursing home's regional wage adjustor

1 based on the Health Service Areas (HSA) groupings and  
2 adjustors in effect on April 30, 2012.

3 (C) Facility weighted case mix which is the number  
4 of Medicaid residents as indicated by the MDS data  
5 defined in paragraph (4) multiplied by the associated  
6 case weight for the RUG-IV 48 grouper model using  
7 standard RUG-IV procedures for index maximization.

8 (D) The sum of the products calculated for each  
9 nursing home in subparagraphs (A) through (C) above  
10 shall be the base year case mix, rate adjusted  
11 weighted days.

12 (3) The Statewide RUG-IV nursing base per diem rate:

13 (A) on January 1, 2014 shall be the quotient of the  
14 paragraph (1) divided by the sum calculated under  
15 subparagraph (D) of paragraph (2);

16 (B) on and after July 1, 2014 and until July 1,  
17 2022, shall be the amount calculated under  
18 subparagraph (A) of this paragraph (3) plus \$1.76; and

19 (C) beginning July 1, 2022 and thereafter, \$7  
20 shall be added to the amount calculated under  
21 subparagraph (B) of this paragraph (3) of this  
22 Section.

23 (4) Minimum Data Set (MDS) comprehensive assessments  
24 for Medicaid residents on the last day of the quarter used  
25 to establish the base rate.

26 (5) Nursing facilities designated as of July 1, 2012

1 by the Department as "Institutions for Mental Disease"  
2 shall be excluded from all calculations under this  
3 subsection. The data from these facilities shall not be  
4 used in the computations described in paragraphs (1)  
5 through (4) above to establish the base rate.

6 (e) Beginning July 1, 2014, the Department shall allocate  
7 funding in the amount up to \$10,000,000 for per diem add-ons to  
8 the RUGS methodology for dates of service on and after July 1,  
9 2014:

10 (1) \$0.63 for each resident who scores in I4200  
11 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.  
12 Beginning January 1, 2026, the rate must be multiplied by  
13 5 for nursing facilities which have disclosed their status  
14 as Alzheimer's special care units under the requirements  
15 of the Alzheimer's Disease and Related Dementias Special  
16 Care Disclosure Act. The Department must update the status  
17 for nursing facilities for rates in effect each January 1.

18 (2) \$2.67 for each resident who scores either a "1" or  
19 "2" in any items S1200A through S1200I and also scores in  
20 RUG groups PA1, PA2, BA1, or BA2.

21 (e-1) (Blank).

22 (e-2) For dates of services beginning January 1, 2014 and  
23 ending September 30, 2023, the RUG-IV nursing component per  
24 diem for a nursing home shall be the product of the statewide  
25 RUG-IV nursing base per diem rate, the facility average case  
26 mix index, and the regional wage adjustor. For dates of

1 service beginning July 1, 2022 and ending September 30, 2023,  
2 the Medicaid access adjustment described in subsection (e-3)  
3 shall be added to the product.

4 (e-3) A Medicaid Access Adjustment of \$4 adjusted for the  
5 facility average PDPM case mix index calculated quarterly  
6 shall be added to the statewide PDPM nursing per diem for all  
7 facilities with annual Medicaid bed days of at least 70% of all  
8 occupied bed days adjusted quarterly. For each new calendar  
9 year and for the 6-month period beginning July 1, 2022, the  
10 percentage of a facility's occupied bed days comprised of  
11 Medicaid bed days shall be determined by the Department  
12 quarterly. For dates of service beginning January 1, 2023, the  
13 Medicaid Access Adjustment shall be increased to \$4.75. This  
14 subsection shall be inoperative on and after January 1, 2028.

15 (e-4) Subject to federal approval, on and after January 1,  
16 2024, the Department shall increase the rate add-on at  
17 paragraph (7) subsection (a) under 89 Ill. Adm. Code 147.335  
18 for ventilator services from \$208 per day to \$481 per day.  
19 Payment is subject to the criteria and requirements under 89  
20 Ill. Adm. Code 147.335.

21 (f) (Blank).

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

1 (1) (Blank);

2 (2) (Blank);

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

5 (h) Notwithstanding any other provision of this Code, on  
6 and after July 1, 2012, nursing facilities designated by the  
7 Department of Healthcare and Family Services as "Institutions  
8 for Mental Disease" and "Institutions for Mental Disease" that  
9 are facilities licensed under the Specialized Mental Health  
10 Rehabilitation Act of 2013 shall have the nursing,  
11 socio-developmental, capital, and support components of their  
12 reimbursement rate effective May 1, 2011 reduced in total by  
13 2.7%.

14 (i) On and after July 1, 2014, the reimbursement rates for  
15 the support component of the nursing facility rate for  
16 facilities licensed under the Nursing Home Care Act as skilled  
17 or intermediate care facilities shall be the rate in effect on  
18 June 30, 2014 increased by 8.17%.

19 (i-1) Subject to federal approval, on and after January 1,  
20 2024, the reimbursement rates for the support component of the  
21 nursing facility rate for facilities licensed under the  
22 Nursing Home Care Act as skilled or intermediate care  
23 facilities shall be the rate in effect on June 30, 2023  
24 increased by 12%.

25 (j) Notwithstanding any other provision of law, subject to  
26 federal approval, effective July 1, 2019, sufficient funds

1 shall be allocated for changes to rates for facilities  
2 licensed under the Nursing Home Care Act as skilled nursing  
3 facilities or intermediate care facilities for dates of  
4 services on and after July 1, 2019: (i) to establish, through  
5 June 30, 2022 a per diem add-on to the direct care per diem  
6 rate not to exceed \$70,000,000 annually in the aggregate  
7 taking into account federal matching funds for the purpose of  
8 addressing the facility's unique staffing needs, adjusted  
9 quarterly and distributed by a weighted formula based on  
10 Medicaid bed days on the last day of the second quarter  
11 preceding the quarter for which the rate is being adjusted.  
12 Beginning July 1, 2022, the annual \$70,000,000 described in  
13 the preceding sentence shall be dedicated to the variable per  
14 diem add-on for staffing under paragraph (6) of subsection  
15 (d); and (ii) in an amount not to exceed \$170,000,000 annually  
16 in the aggregate taking into account federal matching funds to  
17 permit the support component of the nursing facility rate to  
18 be updated as follows:

19 (1) 80%, or \$136,000,000, of the funds shall be used  
20 to update each facility's rate in effect on June 30, 2019  
21 using the most recent cost reports on file, which have had  
22 a limited review conducted by the Department of Healthcare  
23 and Family Services and will not hold up enacting the rate  
24 increase, with the Department of Healthcare and Family  
25 Services.

26 (2) After completing the calculation in paragraph (1),

1 any facility whose rate is less than the rate in effect on  
2 June 30, 2019 shall have its rate restored to the rate in  
3 effect on June 30, 2019 from the 20% of the funds set  
4 aside.

5 (3) The remainder of the 20%, or \$34,000,000, shall be  
6 used to increase each facility's rate by an equal  
7 percentage.

8 (k) During the first quarter of State Fiscal Year 2020,  
9 the Department of Healthcare of Family Services must convene a  
10 technical advisory group consisting of members of all trade  
11 associations representing Illinois skilled nursing providers  
12 to discuss changes necessary with federal implementation of  
13 Medicare's Patient-Driven Payment Model. Implementation of  
14 Medicare's Patient-Driven Payment Model shall, by September 1,  
15 2020, end the collection of the MDS data that is necessary to  
16 maintain the current RUG-IV Medicaid payment methodology. The  
17 technical advisory group must consider a revised reimbursement  
18 methodology that takes into account transparency,  
19 accountability, actual staffing as reported under the  
20 federally required Payroll Based Journal system, changes to  
21 the minimum wage, adequacy in coverage of the cost of care, and  
22 a quality component that rewards quality improvements.

23 (l) The Department shall establish per diem add-on  
24 payments to improve the quality of care delivered by  
25 facilities, including:

26 (1) Incentive payments determined by facility

1 performance on specified quality measures in an initial  
2 amount of \$70,000,000. Nothing in this subsection shall be  
3 construed to limit the quality of care payments in the  
4 aggregate statewide to \$70,000,000, and, if quality of  
5 care has improved across nursing facilities, the  
6 Department shall adjust those add-on payments accordingly.  
7 The quality payment methodology described in this  
8 subsection must be used for at least State Fiscal Year  
9 2023. Beginning with the quarter starting July 1, 2023,  
10 the Department may add, remove, or change quality metrics  
11 and make associated changes to the quality payment  
12 methodology as outlined in subparagraph (E). Facilities  
13 designated by the Centers for Medicare and Medicaid  
14 Services as a special focus facility or a hospital-based  
15 nursing home do not qualify for quality payments.

16 (A) Each quality pool must be distributed by  
17 assigning a quality weighted score for each nursing  
18 home which is calculated by multiplying the nursing  
19 home's quality base period Medicaid days by the  
20 nursing home's star rating weight in that period.

21 (B) Star rating weights are assigned based on the  
22 nursing home's star rating for the LTS quality star  
23 rating. As used in this subparagraph, "LTS quality  
24 star rating" means the long-term stay quality rating  
25 for each nursing facility, as assigned by the Centers  
26 for Medicare and Medicaid Services under the Five-Star

1           Quality Rating System. The rating is a number ranging  
2           from 0 (lowest) to 5 (highest).

3                   (i) Zero-star or one-star rating has a weight  
4                   of 0.

5                   (ii) Two-star rating has a weight of 0.75.

6                   (iii) Three-star rating has a weight of 1.5.

7                   (iv) Four-star rating has a weight of 2.5.

8                   (v) Five-star rating has a weight of 3.5.

9           (C) Each nursing home's quality weight score is  
10           divided by the sum of all quality weight scores for  
11           qualifying nursing homes to determine the proportion  
12           of the quality pool to be paid to the nursing home.

13           (D) The quality pool is no less than \$70,000,000  
14           annually or \$17,500,000 per quarter. The Department  
15           shall publish on its website the estimated payments  
16           and the associated weights for each facility 45 days  
17           prior to when the initial payments for the quarter are  
18           to be paid. The Department shall assign each facility  
19           the most recent and applicable quarter's STAR value  
20           unless the facility notifies the Department within 15  
21           days of an issue and the facility provides reasonable  
22           evidence demonstrating its timely compliance with  
23           federal data submission requirements for the quarter  
24           of record. If such evidence cannot be provided to the  
25           Department, the STAR rating assigned to the facility  
26           shall be reduced by one from the prior quarter.

1           (E) The Department shall review quality metrics  
2           used for payment of the quality pool and make  
3           recommendations for any associated changes to the  
4           methodology for distributing quality pool payments in  
5           consultation with associations representing long-term  
6           care providers, consumer advocates, organizations  
7           representing workers of long-term care facilities, and  
8           payors. The Department may establish, by rule, changes  
9           to the methodology for distributing quality pool  
10          payments.

11          (F) The Department shall disburse quality pool  
12          payments from the Long-Term Care Provider Fund on a  
13          monthly basis in amounts proportional to the total  
14          quality pool payment determined for the quarter.

15          (G) The Department shall publish any changes in  
16          the methodology for distributing quality pool payments  
17          prior to the beginning of the measurement period or  
18          quality base period for any metric added to the  
19          distribution's methodology.

20          (2) Payments based on CNA tenure, promotion, and CNA  
21          training for the purpose of increasing CNA compensation.  
22          It is the intent of this subsection that payments made in  
23          accordance with this paragraph be directly incorporated  
24          into increased compensation for CNAs. As used in this  
25          paragraph, "CNA" means a certified nursing assistant as  
26          that term is described in Section 3-206 of the Nursing

1 Home Care Act, Section 3-206 of the ID/DD Community Care  
2 Act, and Section 3-206 of the MC/DD Act. The Department  
3 shall establish, by rule, payments to nursing facilities  
4 equal to Medicaid's share of the tenure wage increments  
5 specified in this paragraph for all reported CNA employee  
6 hours compensated according to a posted schedule  
7 consisting of increments at least as large as those  
8 specified in this paragraph. The increments are as  
9 follows: an additional \$1.50 per hour for CNAs with at  
10 least one and less than 2 years' experience plus another  
11 \$1 per hour for each additional year of experience up to a  
12 maximum of \$6.50 for CNAs with at least 6 years of  
13 experience. For purposes of this paragraph, Medicaid's  
14 share shall be the ratio determined by paid Medicaid bed  
15 days divided by total bed days for the applicable time  
16 period used in the calculation. In addition, and additive  
17 to any tenure increments paid as specified in this  
18 paragraph, the Department shall establish, by rule,  
19 payments supporting Medicaid's share of the  
20 promotion-based wage increments for CNA employee hours  
21 compensated for that promotion with at least a \$1.50  
22 hourly increase. Medicaid's share shall be established as  
23 it is for the tenure increments described in this  
24 paragraph. Qualifying promotions shall be defined by the  
25 Department in rules for an expected 10-15% subset of CNAs  
26 assigned intermediate, specialized, or added roles such as

1 CNA trainers, CNA scheduling "captains", and CNA  
2 specialists for resident conditions like dementia or  
3 memory care or behavioral health.

4 (m) The Department shall work with nursing facility  
5 industry representatives to design policies and procedures to  
6 permit facilities to address the integrity of data from  
7 federal reporting sites used by the Department in setting  
8 facility rates.

9 (Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21;  
10 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102,  
11 Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50,  
12 Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.  
13 7-1-24.)