HB2910

104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB2910

Introduced 2/6/2025, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.2

Provides that, if and only if House Bill 4907 of the 103rd General Assembly becomes law, then the Medical Assistance Article of the Illinois Public Aid Code is amended by adding new provisions concerning PDPM Strive staffing ratio calculations for nursing facilities. Provides that, beginning January 1, 2026, the staffing percentage used in the calculation of the per diem staffing add-on shall be its PDPM STRIVE Staffing Ratio. Sets forth how to calculate a nursing facility's PDPM STRIVE Staffing Ratio, PDPM STRIVE Staffing Target, Illinois Adjusted Facility Case-Mix Hours Per Resident Per Day, and STRIVE staffing fee schedule. Effective immediately or on the date House Bill 4907 of the 103rd General Assembly takes effect, whichever is later.

LRB104 09542 KTG 19605 b

A BILL FOR

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. If and only if House Bill 4907 of the 103rd
5 General Assembly becomes law, then the Illinois Public Aid
6 Code is amended by changing Section 5-5.2 as follows:

7 (305 ILCS 5/5-5.2)
8 Sec. 5-5.2. Payment.
9 (a) All nursing facilities that are grouped pursuant to
10 Section 5-5.1 of this Act shall receive the same rate of
11 payment for similar services.
12 (b) It shall be a matter of State policy that the Illinois
13 Department shall utilize a uniform billing cycle throughout
14 the State for the long-term care providers.
15 (c) (Blank).
16 (c-1) Notwithstanding any other provisions of this Code,
17 the methodologies for reimbursement of nursing services as
18 provided under this Article shall no longer be applicable for
19 bills payable for nursing services rendered on or after a new
20 reimbursement system based on the Patient Driven Payment Model
21 (PDPM) has been fully operationalized, which shall take effect
22 for services provided on or after the implementation of the
23 PDPM reimbursement system begins. For the purposes of Public

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

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

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

(2) Costs shall be annually rebased and case mix index quarterly updated. The nursing services methodology will be assigned to the Medicaid enrolled residents on record as of 30 days prior to the beginning of the rate period in the Department's Medicaid Management Information System (MMIS) as present on the last day of the second quarter preceding the rate period based upon the Assessment

Reference Date of the Minimum Data Set (MDS).

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

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

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

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

Beginning October 1, 2024, the staffing percentage

1 used in the calculation of the per diem staffing add-on
2 shall be its PDPM STRIVE Staffing Ratio which equals: its
3 Reported Total Nurse Staffing Hours Per Resident Per Day
4 as published in the most recent federal staffing report
5 (the Provider Information File), divided by the facility's
6 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE
7 Staffing Target is equal to .82 times the facility's
8 Illinois Adjusted Facility Case-Mix Hours Per Resident Per
9 Day. A facility's Illinois Adjusted Facility Case Mix
10 Hours Per Resident Per Day is equal to its Case-Mix Total
11 Nurse Staffing Hours Per Resident Per Day (as published in
12 the most recent federal Provider Information file) times
13 3.662 (which reflects the national resident days-weighted
14 mean Reported Total Nurse Staffing Hours Per Resident Per
15 Day as calculated using the January 2024 federal Provider
16 Information Files), divided by the national resident
17 days-weighted mean Reported Total Nurse Staffing Hours Per
18 Resident Per Day calculated using the most recent State US
19 Averages file.
20 Beginning January 1, 2025, the staffing percentage
21 used in the calculation of the per diem staffing add-on
22 shall be its PDPM STRIVE Staffing Ratio which equals: its
23 Reported Total Nurse Staffing Hours Per Resident Per Day
24 as published in the most recent federal staffing report
25 (the Provider Information File), divided by the facility's
26 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE

Staffing Target is equal to .7122 times the facility's Illinois Adjusted Facility Case-Mix Hours Per Resident Per Day. A facility's Illinois Adjusted Facility Case Mix Hours Per Resident Per Day is equal to its Case-Mix Total Nurse Staffing Hours Per Resident Per Day (as published in the most recent federal staffing report Provider Information file) times 3.79 (which is the Reported Total Nurse Staffing Hours Per Resident Per Day for the Nation as reported in the January 2024 State US Averages file), divided by the Reported Total Nurse Staffing Hours Per Resident Per Day for the Nation as reported in the most recent State US Averages file.

Beginning January 1, 2026, the staffing percentage used in the calculation of the per diem staffing add-on shall be its PDPM STRIVE Staffing Ratio which equals: its Reported Total Nurse Staffing Hours Per Resident Per Day as published in the most recent federal staffing report (the Provider Information File), divided by the facility's PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE Staffing Target is equal to .7122 times the facility's Illinois Adjusted Facility Case-Mix Hours Per Resident Per Day. A facility's Illinois Adjusted Facility Case-Mix Hours Per Resident Per Day is equal to its Nursing Case-Mix (as published in the most recent federal staffing report Provider Information File) divided by 1.36671 and then multiplied by 3.79 (which is the Reported Total Nurse

1 Staffing Hours Per Resident Per Day for the Nation as
2 reported in the January 2024 State US Averages file),
3 divided by the Reported Total Nurse Staffing Hours Per
4 Resident Per Day for the Nation as reported in the most
5 recent State US Averages file.

6 (6.5) Beginning July 1, 2024, the paid per diem
7 staffing add-on shall be the paid per diem staffing add-on
8 in effect April 1, 2024. For dates beginning October 1,
9 2024 and through September 30, 2025, the denominator for
10 the staffing percentage shall be the lesser of the
11 facility's PDPM STRIVE Staffing Target and:

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

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

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

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

Facilities with at least 70% of the staffing indicated by the STRIVE study shall be paid a per diem add-on of $9, increasing by equivalent steps for each whole percentage point until the facilities reach a per diem of $16.52. Facilities with at least 80% of the staffing indicated by the STRIVE study shall be paid a per diem add-on of $16.52, increasing by equivalent steps for each whole percentage point until the facilities reach a per diem add-on of $25.77. Facilities with at least 92% of the staffing indicated by the STRIVE study shall be paid a per diem add-on of $25.77, increasing by equivalent steps for each whole percentage point until the facilities reach a per diem add-on of $30.98. Facilities with at least 100% of the staffing indicated by the STRIVE study shall be paid a per diem add-on of $30.98, increasing by equivalent steps for each whole percentage point until the facilities reach a per diem add-on of $36.44. Facilities with at least 110% of the staffing indicated by the STRIVE study shall be paid a per diem add-on of $36.44, increasing by equivalent steps for each whole percentage point until the facilities reach a per diem add-on of $38.68. Facilities

1 with at least 125% or higher of the staffing indicated by
2 the STRIVE study shall be paid a per diem add-on of $38.68.
3 No nursing facility's variable staffing per diem add-on
4 shall be reduced by more than 5% in 2 consecutive
5 quarters. For the quarters beginning July 1, 2022 and
6 October 1, 2022, no facility's variable per diem staffing
7 add-on shall be calculated at a rate lower than 85% of the
8 staffing indicated by the STRIVE study. No facility below
9 70% of the staffing indicated by the STRIVE study shall
10 receive a variable per diem staffing add-on after December
11 31, 2022. Beginning January 1, 2026, the STRIVE staffing
12 fee schedule shall be multiplied by the regional wage
13 adjuster in subsection (d) paragraph (3) of this Section.
14 (7) For dates of services beginning July 1, 2022, the
15 PDPM nursing component per diem for each nursing facility
16 shall be the product of the facility's (i) statewide PDPM
17 nursing base per diem rate, $92.25, adjusted for the
18 facility average PDPM case mix index calculated quarterly
19 and (ii) the regional wage adjuster, and then add the
20 Medicaid access adjustment as defined in (e-3) of this
21 Section. Transition rates for services provided between
22 July 1, 2022 and October 1, 2023 shall be the greater of
23 the PDPM nursing component per diem or:
24 (A) for the quarter beginning July 1, 2022, the
25 RUG-IV nursing component per diem;
26 (B) for the quarter beginning October 1, 2022, the

1 sum of the RUG-IV nursing component per diem
2 multiplied by 0.80 and the PDPM nursing component per
3 diem multiplied by 0.20;
4 (C) for the quarter beginning January 1, 2023, the
5 sum of the RUG-IV nursing component per diem
6 multiplied by 0.60 and the PDPM nursing component per
7 diem multiplied by 0.40;
8 (D) for the quarter beginning April 1, 2023, the
9 sum of the RUG-IV nursing component per diem
10 multiplied by 0.40 and the PDPM nursing component per
11 diem multiplied by 0.60;
12 (E) for the quarter beginning July 1, 2023, the
13 sum of the RUG-IV nursing component per diem
14 multiplied by 0.20 and the PDPM nursing component per
15 diem multiplied by 0.80; or
16 (F) for the quarter beginning October 1, 2023 and
17 each subsequent quarter, the transition rate shall end
18 and a nursing facility shall be paid 100% of the PDPM
19 nursing component per diem.
20 (d-1) Calculation of base year Statewide RUG-IV nursing
21 base per diem rate.
22 (1) Base rate spending pool shall be:
23 (A) The base year resident days which are
24 calculated by multiplying the number of Medicaid
25 residents in each nursing home as indicated in the MDS
26 data defined in paragraph (4) by 365.

1 (B) Each facility's nursing component per diem in
2 effect on July 1, 2012 shall be multiplied by
3 subsection (A).
4 (C) Thirteen million is added to the product of
5 subparagraph (A) and subparagraph (B) to adjust for
6 the exclusion of nursing homes defined in paragraph
7 (5).
8 (2) For each nursing home with Medicaid residents as
9 indicated by the MDS data defined in paragraph (4),
10 weighted days adjusted for case mix and regional wage
11 adjustment shall be calculated. For each home this
12 calculation is the product of:
13 (A) Base year resident days as calculated in
14 subparagraph (A) of paragraph (1).
15 (B) The nursing home's regional wage adjustor
16 based on the Health Service Areas (HSA) groupings and
17 adjustors in effect on April 30, 2012.
18 (C) Facility weighted case mix which is the number
19 of Medicaid residents as indicated by the MDS data
20 defined in paragraph (4) multiplied by the associated
21 case weight for the RUG-IV 48 grouper model using
22 standard RUG-IV procedures for index maximization.
23 (D) The sum of the products calculated for each
24 nursing home in subparagraphs (A) through (C) above
25 shall be the base year case mix, rate adjusted
26 weighted days.

1 (3) The Statewide RUG-IV nursing base per diem rate:
2 (A) on January 1, 2014 shall be the quotient of the
3 paragraph (1) divided by the sum calculated under
4 subparagraph (D) of paragraph (2);
5 (B) on and after July 1, 2014 and until July 1,
6 2022, shall be the amount calculated under
7 subparagraph (A) of this paragraph (3) plus $1.76; and
8 (C) beginning July 1, 2022 and thereafter, $7
9 shall be added to the amount calculated under
10 subparagraph (B) of this paragraph (3) of this
11 Section.
12 (4) Minimum Data Set (MDS) comprehensive assessments
13 for Medicaid residents on the last day of the quarter used
14 to establish the base rate.
15 (5) Nursing facilities designated as of July 1, 2012
16 by the Department as "Institutions for Mental Disease"
17 shall be excluded from all calculations under this
18 subsection. The data from these facilities shall not be
19 used in the computations described in paragraphs (1)
20 through (4) above to establish the base rate.
21 (e) Beginning July 1, 2014, the Department shall allocate
22 funding in the amount up to $10,000,000 for per diem add-ons to
23 the RUGS methodology for dates of service on and after July 1,
24 2014:
25 (1) $0.63 for each resident who scores in I4200
26 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.

1 (2) $2.67 for each resident who scores either a "1" or
2 "2" in any items S1200A through S1200I and also scores in
3 RUG groups PA1, PA2, BA1, or BA2.
4 (e-1) (Blank).
5 (e-2) For dates of services beginning January 1, 2014 and
6 ending September 30, 2023, the RUG-IV nursing component per
7 diem for a nursing home shall be the product of the statewide
8 RUG-IV nursing base per diem rate, the facility average case
9 mix index, and the regional wage adjustor. For dates of
10 service beginning July 1, 2022 and ending September 30, 2023,
11 the Medicaid access adjustment described in subsection (e-3)
12 shall be added to the product.
13 (e-3) A Medicaid Access Adjustment of $4 adjusted for the
14 facility average PDPM case mix index calculated quarterly
15 shall be added to the statewide PDPM nursing per diem for all
16 facilities with annual Medicaid bed days of at least 70% of all
17 occupied bed days adjusted quarterly. For each new calendar
18 year and for the 6-month period beginning July 1, 2022, the
19 percentage of a facility's occupied bed days comprised of
20 Medicaid bed days shall be determined by the Department
21 quarterly. For dates of service beginning January 1, 2023, the
22 Medicaid Access Adjustment shall be increased to $4.75. This
23 subsection shall be inoperative on and after January 1, 2028.
24 (e-4) Subject to federal approval, on and after January 1,
25 2024, the Department shall increase the rate add-on at
26 paragraph (7) subsection (a) under 89 Ill. Adm. Code 147.335

for ventilator services from $208 per day to $481 per day. Payment is subject to the criteria and requirements under 89 Ill. Adm. Code 147.335.

(f) (Blank).

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

(1) (Blank);

(2) (Blank);

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

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

(i) On and after July 1, 2014, the reimbursement rates for the support component of the nursing facility rate for facilities licensed under the Nursing Home Care Act as skilled or intermediate care facilities shall be the rate in effect on

1 June 30, 2014 increased by 8.17%.
2 (i-1) Subject to federal approval, on and after January 1,
3 2024, the reimbursement rates for the support component of the
4 nursing facility rate for facilities licensed under the
5 Nursing Home Care Act as skilled or intermediate care
6 facilities shall be the rate in effect on June 30, 2023
7 increased by 12%.
8 (j) Notwithstanding any other provision of law, subject to
9 federal approval, effective July 1, 2019, sufficient funds
10 shall be allocated for changes to rates for facilities
11 licensed under the Nursing Home Care Act as skilled nursing
12 facilities or intermediate care facilities for dates of
13 services on and after July 1, 2019: (i) to establish, through
14 June 30, 2022 a per diem add-on to the direct care per diem
15 rate not to exceed $70,000,000 annually in the aggregate
16 taking into account federal matching funds for the purpose of
17 addressing the facility's unique staffing needs, adjusted
18 quarterly and distributed by a weighted formula based on
19 Medicaid bed days on the last day of the second quarter
20 preceding the quarter for which the rate is being adjusted.
21 Beginning July 1, 2022, the annual $70,000,000 described in
22 the preceding sentence shall be dedicated to the variable per
23 diem add-on for staffing under paragraph (6) of subsection
24 (d); and (ii) in an amount not to exceed $170,000,000 annually
25 in the aggregate taking into account federal matching funds to
26 permit the support component of the nursing facility rate to

1 be updated as follows:
2 (1) 80%, or $136,000,000, of the funds shall be used
3 to update each facility's rate in effect on June 30, 2019
4 using the most recent cost reports on file, which have had
5 a limited review conducted by the Department of Healthcare
6 and Family Services and will not hold up enacting the rate
7 increase, with the Department of Healthcare and Family
8 Services.
9 (2) After completing the calculation in paragraph (1),
10 any facility whose rate is less than the rate in effect on
11 June 30, 2019 shall have its rate restored to the rate in
12 effect on June 30, 2019 from the 20% of the funds set
13 aside.
14 (3) The remainder of the 20%, or $34,000,000, shall be
15 used to increase each facility's rate by an equal
16 percentage.
17 (k) During the first quarter of State Fiscal Year 2020,
18 the Department of Healthcare of Family Services must convene a
19 technical advisory group consisting of members of all trade
20 associations representing Illinois skilled nursing providers
21 to discuss changes necessary with federal implementation of
22 Medicare's Patient-Driven Payment Model. Implementation of
23 Medicare's Patient-Driven Payment Model shall, by September 1,
24 2020, end the collection of the MDS data that is necessary to
25 maintain the current RUG-IV Medicaid payment methodology. The
26 technical advisory group must consider a revised reimbursement

1 methodology that takes into account transparency,
2 accountability, actual staffing as reported under the
3 federally required Payroll Based Journal system, changes to
4 the minimum wage, adequacy in coverage of the cost of care, and
5 a quality component that rewards quality improvements.
6 (l) The Department shall establish per diem add-on
7 payments to improve the quality of care delivered by
8 facilities, including:
9 (1) Incentive payments determined by facility
10 performance on specified quality measures in an initial
11 amount of $70,000,000. Nothing in this subsection shall be
12 construed to limit the quality of care payments in the
13 aggregate statewide to $70,000,000, and, if quality of
14 care has improved across nursing facilities, the
15 Department shall adjust those add-on payments accordingly.
16 The quality payment methodology described in this
17 subsection must be used for at least State Fiscal Year
18 2023. Beginning with the quarter starting July 1, 2023,
19 the Department may add, remove, or change quality metrics
20 and make associated changes to the quality payment
21 methodology as outlined in subparagraph (E). Facilities
22 designated by the Centers for Medicare and Medicaid
23 Services as a special focus facility or a hospital-based
24 nursing home do not qualify for quality payments.
25 (A) Each quality pool must be distributed by
26 assigning a quality weighted score for each nursing

1 home which is calculated by multiplying the nursing
2 home's quality base period Medicaid days by the
3 nursing home's star rating weight in that period.
4 (B) Star rating weights are assigned based on the
5 nursing home's star rating for the LTS quality star
6 rating. As used in this subparagraph, "LTS quality
7 star rating" means the long-term stay quality rating
8 for each nursing facility, as assigned by the Centers
9 for Medicare and Medicaid Services under the Five-Star
10 Quality Rating System. The rating is a number ranging
11 from 0 (lowest) to 5 (highest).
12 (i) Zero-star or one-star rating has a weight
13 of 0.
14 (ii) Two-star rating has a weight of 0.75.
15 (iii) Three-star rating has a weight of 1.5.
16 (iv) Four-star rating has a weight of 2.5.
17 (v) Five-star rating has a weight of 3.5.
18 (C) Each nursing home's quality weight score is
19 divided by the sum of all quality weight scores for
20 qualifying nursing homes to determine the proportion
21 of the quality pool to be paid to the nursing home.
22 (D) The quality pool is no less than $70,000,000
23 annually or $17,500,000 per quarter. The Department
24 shall publish on its website the estimated payments
25 and the associated weights for each facility 45 days
26 prior to when the initial payments for the quarter are

1 to be paid. The Department shall assign each facility
2 the most recent and applicable quarter's STAR value
3 unless the facility notifies the Department within 15
4 days of an issue and the facility provides reasonable
5 evidence demonstrating its timely compliance with
6 federal data submission requirements for the quarter
7 of record. If such evidence cannot be provided to the
8 Department, the STAR rating assigned to the facility
9 shall be reduced by one from the prior quarter.

10 (E) The Department shall review quality metrics
11 used for payment of the quality pool and make
12 recommendations for any associated changes to the
13 methodology for distributing quality pool payments in
14 consultation with associations representing long-term
15 care providers, consumer advocates, organizations
16 representing workers of long-term care facilities, and
17 payors. The Department may establish, by rule, changes
18 to the methodology for distributing quality pool
19 payments.

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

24 (G) The Department shall publish any changes in
25 the methodology for distributing quality pool payments
26 prior to the beginning of the measurement period or

1 quality base period for any metric added to the
2 distribution's methodology.
3 (2) Payments based on CNA tenure, promotion, and CNA
4 training for the purpose of increasing CNA compensation.
5 It is the intent of this subsection that payments made in
6 accordance with this paragraph be directly incorporated
7 into increased compensation for CNAs. As used in this
8 paragraph, "CNA" means a certified nursing assistant as
9 that term is described in Section 3-206 of the Nursing
10 Home Care Act, Section 3-206 of the ID/DD Community Care
11 Act, and Section 3-206 of the MC/DD Act. The Department
12 shall establish, by rule, payments to nursing facilities
13 equal to Medicaid's share of the tenure wage increments
14 specified in this paragraph for all reported CNA employee
15 hours compensated according to a posted schedule
16 consisting of increments at least as large as those
17 specified in this paragraph. The increments are as
18 follows: an additional $1.50 per hour for CNAs with at
19 least one and less than 2 years' experience plus another
20 $1 per hour for each additional year of experience up to a
21 maximum of $6.50 for CNAs with at least 6 years of
22 experience. For purposes of this paragraph, Medicaid's
23 share shall be the ratio determined by paid Medicaid bed
24 days divided by total bed days for the applicable time
25 period used in the calculation. In addition, and additive
26 to any tenure increments paid as specified in this

paragraph, the Department shall establish, by rule, payments supporting Medicaid's share of the promotion-based wage increments for CNA employee hours compensated for that promotion with at least a $1.50 hourly increase. Medicaid's share shall be established as it is for the tenure increments described in this paragraph. Qualifying promotions shall be defined by the Department in rules for an expected 10-15% subset of CNAs assigned intermediate, specialized, or added roles such as CNA trainers, CNA scheduling "captains", and CNA specialists for resident conditions like dementia or memory care or behavioral health.

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

(Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21; 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102, Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50, Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff. 7-1-24; 10300HB4907enr.)

Section 99. Effective date. This Act takes effect upon becoming law or on the date House Bill 4907 of the 103rd General Assembly takes effect, whichever is later.