



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2407

Introduced 2/7/2025, by Sen. Ram Villivalam

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision concerning payments to nursing facilities to increase compensation for certified nursing assistants (CNA), removes language requiring the Department of Healthcare and Family Services to establish, by rule, payments to nursing facilities equal to Medicaid's share of the tenure wage increments for all reported CNA employee hours compensated. Instead provides that, based on the schedule set forth in the amendatory Act, the Department shall pay to each facility Medicaid's share of the facility's estimated CNA hours performed by employees and agency workers, estimated overtime hours, and benefits and taxes paid to and on behalf of CNA workers at the beginning of each quarter. Provides that moneys paid by the Department to each facility and moneys paid by each facility to workers and agencies or on behalf of workers and agencies shall be reconciled at the end of each quarter. Sets for a schedule concerning the calculation of tenure compensation which shall include: (i) compensation for regular CNA hours; (ii) overtime calculated at time and a half; and (iii) benefits and taxes at 25%. Provides that estimates of overtime shall be calculated at time and a half and benefits and taxes at 25%. Requires the Department to pay the facility for qualifying promotions estimated at the beginning of each quarter and reconciled at the end of the quarter.

LRB104 08540 KTG 18592 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 (2) \$2.67 for each resident who scores either a "1" or
13 "2" in any items S1200A through S1200I and also scores in
14 RUG groups PA1, PA2, BA1, or BA2.

15 (e-1) (Blank).

16 (e-2) For dates of services beginning January 1, 2014 and
17 ending September 30, 2023, the RUG-IV nursing component per
18 diem for a nursing home shall be the product of the statewide
19 RUG-IV nursing base per diem rate, the facility average case
20 mix index, and the regional wage adjustor. For dates of
21 service beginning July 1, 2022 and ending September 30, 2023,
22 the Medicaid access adjustment described in subsection (e-3)
23 shall be added to the product.

24 (e-3) A Medicaid Access Adjustment of \$4 adjusted for the
25 facility average PDPM case mix index calculated quarterly
26 shall be added to the statewide PDPM nursing per diem for all

1 facilities with annual Medicaid bed days of at least 70% of all
2 occupied bed days adjusted quarterly. For each new calendar
3 year and for the 6-month period beginning July 1, 2022, the
4 percentage of a facility's occupied bed days comprised of
5 Medicaid bed days shall be determined by the Department
6 quarterly. For dates of service beginning January 1, 2023, the
7 Medicaid Access Adjustment shall be increased to \$4.75. This
8 subsection shall be inoperative on and after January 1, 2028.

9 (e-4) Subject to federal approval, on and after January 1,
10 2024, the Department shall increase the rate add-on at
11 paragraph (7) subsection (a) under 89 Ill. Adm. Code 147.335
12 for ventilator services from \$208 per day to \$481 per day.
13 Payment is subject to the criteria and requirements under 89
14 Ill. Adm. Code 147.335.

15 (f) (Blank).

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

21 (1) (Blank);

22 (2) (Blank);

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

25 (h) Notwithstanding any other provision of this Code, on
26 and after July 1, 2012, nursing facilities designated by the

1 Department of Healthcare and Family Services as "Institutions
2 for Mental Disease" and "Institutions for Mental Disease" that
3 are facilities licensed under the Specialized Mental Health
4 Rehabilitation Act of 2013 shall have the nursing,
5 socio-developmental, capital, and support components of their
6 reimbursement rate effective May 1, 2011 reduced in total by
7 2.7%.

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

13 (i-1) Subject to federal approval, on and after January 1,
14 2024, the reimbursement rates for the support component of the
15 nursing facility rate for facilities licensed under the
16 Nursing Home Care Act as skilled or intermediate care
17 facilities shall be the rate in effect on June 30, 2023
18 increased by 12%.

19 (j) Notwithstanding any other provision of law, subject to
20 federal approval, effective July 1, 2019, sufficient funds
21 shall be allocated for changes to rates for facilities
22 licensed under the Nursing Home Care Act as skilled nursing
23 facilities or intermediate care facilities for dates of
24 services on and after July 1, 2019: (i) to establish, through
25 June 30, 2022 a per diem add-on to the direct care per diem
26 rate not to exceed \$70,000,000 annually in the aggregate

1 taking into account federal matching funds for the purpose of
2 addressing the facility's unique staffing needs, adjusted
3 quarterly and distributed by a weighted formula based on
4 Medicaid bed days on the last day of the second quarter
5 preceding the quarter for which the rate is being adjusted.
6 Beginning July 1, 2022, the annual \$70,000,000 described in
7 the preceding sentence shall be dedicated to the variable per
8 diem add-on for staffing under paragraph (6) of subsection
9 (d); and (ii) in an amount not to exceed \$170,000,000 annually
10 in the aggregate taking into account federal matching funds to
11 permit the support component of the nursing facility rate to
12 be updated as follows:

13 (1) 80%, or \$136,000,000, of the funds shall be used
14 to update each facility's rate in effect on June 30, 2019
15 using the most recent cost reports on file, which have had
16 a limited review conducted by the Department of Healthcare
17 and Family Services and will not hold up enacting the rate
18 increase, with the Department of Healthcare and Family
19 Services.

20 (2) After completing the calculation in paragraph (1),
21 any facility whose rate is less than the rate in effect on
22 June 30, 2019 shall have its rate restored to the rate in
23 effect on June 30, 2019 from the 20% of the funds set
24 aside.

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

1 percentage.

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

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

20 (1) Incentive payments determined by facility
21 performance on specified quality measures in an initial
22 amount of \$70,000,000. Nothing in this subsection shall be
23 construed to limit the quality of care payments in the
24 aggregate statewide to \$70,000,000, and, if quality of
25 care has improved across nursing facilities, the
26 Department shall adjust those add-on payments accordingly.

1 The quality payment methodology described in this
2 subsection must be used for at least State Fiscal Year
3 2023. Beginning with the quarter starting July 1, 2023,
4 the Department may add, remove, or change quality metrics
5 and make associated changes to the quality payment
6 methodology as outlined in subparagraph (E). Facilities
7 designated by the Centers for Medicare and Medicaid
8 Services as a special focus facility or a hospital-based
9 nursing home do not qualify for quality payments.

10 (A) Each quality pool must be distributed by
11 assigning a quality weighted score for each nursing
12 home which is calculated by multiplying the nursing
13 home's quality base period Medicaid days by the
14 nursing home's star rating weight in that period.

15 (B) Star rating weights are assigned based on the
16 nursing home's star rating for the LTS quality star
17 rating. As used in this subparagraph, "LTS quality
18 star rating" means the long-term stay quality rating
19 for each nursing facility, as assigned by the Centers
20 for Medicare and Medicaid Services under the Five-Star
21 Quality Rating System. The rating is a number ranging
22 from 0 (lowest) to 5 (highest).

23 (i) Zero-star or one-star rating has a weight
24 of 0.

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

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

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

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

3 (C) Each nursing home's quality weight score is
4 divided by the sum of all quality weight scores for
5 qualifying nursing homes to determine the proportion
6 of the quality pool to be paid to the nursing home.

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

21 (E) The Department shall review quality metrics
22 used for payment of the quality pool and make
23 recommendations for any associated changes to the
24 methodology for distributing quality pool payments in
25 consultation with associations representing long-term
26 care providers, consumer advocates, organizations

1 representing workers of long-term care facilities, and
2 payors. The Department may establish, by rule, changes
3 to the methodology for distributing quality pool
4 payments.

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

9 (G) The Department shall publish any changes in
10 the methodology for distributing quality pool payments
11 prior to the beginning of the measurement period or
12 quality base period for any metric added to the
13 distribution's methodology.

14 (2) Payments based on CNA tenure, promotion, and CNA
15 training for the purpose of increasing CNA compensation.
16 It is the intent of this subsection that payments made in
17 accordance with this paragraph be directly incorporated
18 into increased compensation for CNAs. As used in this
19 paragraph, "CNA" means a certified nursing assistant as
20 that term is described in Section 3-206 of the Nursing
21 Home Care Act, Section 3-206 of the ID/DD Community Care
22 Act, and Section 3-206 of the MC/DD Act. ~~The Department~~
23 ~~shall establish, by rule, payments to nursing facilities~~
24 ~~equal to Medicaid's share of the tenure wage increments~~
25 ~~specified in this paragraph for all reported CNA employee~~
26 ~~hours compensated according to a posted schedule~~

1 ~~consisting of increments at least as large as those~~
2 ~~specified in this paragraph. The increments are as~~
3 ~~follows: an additional \$1.50 per hour for CNAs with at~~
4 ~~least one and less than 2 years' experience plus another~~
5 ~~\$1 per hour for each additional year of experience up to a~~
6 ~~maximum of \$6.50 for CNAs with at least 6 years of~~
7 ~~experience.~~

8 Based on the schedule in this paragraph, the
9 Department shall pay to each facility Medicaid's share of
10 the facility's estimated CNA hours performed by employees
11 and agency workers, estimated overtime hours, and benefits
12 and taxes paid to and on behalf of CNA workers at the
13 beginning of each quarter. For purposes of this paragraph,
14 Medicaid's share shall be the ratio determined by paid
15 Medicaid bed days divided by total bed days for the
16 applicable time period used in the calculation. Moneys
17 paid by the Department to each facility and moneys paid by
18 each facility to workers and agencies or on behalf of
19 workers and agencies shall be reconciled at the end of
20 each quarter.

21 Calculation of tenure compensation shall include the
22 following:

23 (A) compensation for regular CNA hours: an
24 additional \$1.50 per hour for CNAs with at least one
25 and less than 2 years' experience plus another \$1 per
26 hour for each additional year of experience up to a

1 maximum of \$6.50 for CNAs with at least 6 years of
2 experience;

3 (B) overtime calculated at time and a half; and

4 (C) benefits and taxes at 25%.

5 In addition, and additive to any tenure increments
6 paid as specified in this paragraph, the Department shall
7 establish, by rule, payments supporting Medicaid's share
8 of the promotion-based wage increments for CNA employee
9 hours compensated for that promotion with at least a \$1.50
10 hourly increase. Medicaid's share shall be established as
11 it is for the tenure increments described in this
12 paragraph. Estimates of overtime shall be calculated at
13 time and a half and benefits and taxes at 25%. The
14 Department shall pay the facility for qualifying
15 promotions estimated at the beginning of each quarter and
16 reconciled at the end of the quarter. Qualifying
17 promotions shall be defined by the Department in rules for
18 an expected 10-15% subset of CNAs assigned intermediate,
19 specialized, or added roles such as CNA trainers, CNA
20 scheduling "captains", and CNA specialists for resident
21 conditions like dementia or memory care or behavioral
22 health.

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

1 facility rates.

2 (Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21;
3 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102,
4 Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50,
5 Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.
6 7-1-24.)