

SB3464



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3464

Introduced 2/5/2026, by Sen. Graciela Guzmán

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4

from Ch. 23, par. 5-5.4

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that for dates of service starting January 1, 2027, reimbursement calculations and direct payments for services provided by facilities licensed under the ID/DD Community Care Act are the responsibility of the Department of Healthcare and Family Services. Provides that appropriations for facilities licensed under the ID/DD Community Care Act must be shifted from the Department of Human Services to the Department of Healthcare and Family Services. Provides that nothing in the amendatory Act shall prohibit the Department of Healthcare and Family Services from paying more than the rates specified in the amendatory Act. Provides that nothing in the amendatory Act shall affect certain reporting requirements under the ID/DD Community Care Act.

LRB104 19667 KTG 33116 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. The Illinois Public Aid Code is amended by
5 changing Section 5-5.4 as follows:

6 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

7 Sec. 5-5.4. Standards of payment; Department of Healthcare
8 and Family Services. The Department of Healthcare and Family
9 Services shall develop standards of payment of nursing
10 facility and ICF/DD services in facilities providing such
11 services under this Article which:

12 (1) Provide for the determination of a facility's payment
13 for nursing facility or ICF/DD services on a prospective
14 basis. The amount of the payment rate for all nursing
15 facilities certified by the Department of Public Health under
16 the ID/DD Community Care Act or the Nursing Home Care Act as
17 Intermediate Care for the Developmentally Disabled facilities,
18 Long Term Care for Under Age 22 facilities, Skilled Nursing
19 facilities, or Intermediate Care facilities under the medical
20 assistance program shall be prospectively established annually
21 on the basis of historical, financial, and statistical data
22 reflecting actual costs from prior years, which shall be
23 applied to the current rate year and updated for inflation,

1 except that the capital cost element for newly constructed
2 facilities shall be based upon projected budgets. The annually
3 established payment rate shall take effect on July 1 in 1984
4 and subsequent years. No rate increase and no update for
5 inflation shall be provided on or after July 1, 1994, unless
6 specifically provided for in this Section. The changes made by
7 Public Act 93-841 extending the duration of the prohibition
8 against a rate increase or update for inflation are effective
9 retroactive to July 1, 2004.

10 For facilities licensed by the Department of Public Health
11 under the Nursing Home Care Act as Intermediate Care for the
12 Developmentally Disabled facilities or Long Term Care for
13 Under Age 22 facilities, the rates taking effect on July 1,
14 1998 shall include an increase of 3%. For facilities licensed
15 by the Department of Public Health under the Nursing Home Care
16 Act as Skilled Nursing facilities or Intermediate Care
17 facilities, the rates taking effect on July 1, 1998 shall
18 include an increase of 3% plus \$1.10 per resident-day, as
19 defined by the Department. For facilities licensed by the
20 Department of Public Health under the Nursing Home Care Act as
21 Intermediate Care Facilities for the Developmentally Disabled
22 or Long Term Care for Under Age 22 facilities, the rates taking
23 effect on January 1, 2006 shall include an increase of 3%. For
24 facilities licensed by the Department of Public Health under
25 the Nursing Home Care Act as Intermediate Care Facilities for
26 the Developmentally Disabled or Long Term Care for Under Age

1 22 facilities, the rates taking effect on January 1, 2009
2 shall include an increase sufficient to provide a \$0.50 per
3 hour wage increase for non-executive staff. For facilities
4 licensed by the Department of Public Health under the ID/DD
5 Community Care Act as ID/DD Facilities the rates taking effect
6 within 30 days after July 6, 2017 (the effective date of Public
7 Act 100-23) shall include an increase sufficient to provide a
8 \$0.75 per hour wage increase for non-executive staff. The
9 Department shall adopt rules, including emergency rules under
10 subsection (y) of Section 5-45 of the Illinois Administrative
11 Procedure Act, to implement the provisions of this paragraph.
12 For facilities licensed by the Department of Public Health
13 under the ID/DD Community Care Act as ID/DD Facilities and
14 under the MC/DD Act as MC/DD Facilities, the rates taking
15 effect within 30 days after June 5, 2019 (the effective date of
16 Public Act 101-10) shall include an increase sufficient to
17 provide a \$0.50 per hour wage increase for non-executive
18 frontline personnel, including, but not limited to, direct
19 support persons, aides, frontline supervisors, qualified
20 intellectual disabilities professionals, nurses, and
21 non-administrative support staff. The Department shall adopt
22 rules, including emergency rules under subsection (bb) of
23 Section 5-45 of the Illinois Administrative Procedure Act, to
24 implement the provisions of this paragraph.

25 For facilities licensed by the Department of Public Health
26 under the Nursing Home Care Act as Intermediate Care for the

1 Developmentally Disabled facilities or Long Term Care for
2 Under Age 22 facilities, the rates taking effect on July 1,
3 1999 shall include an increase of 1.6% plus \$3.00 per
4 resident-day, as defined by the Department. For facilities
5 licensed by the Department of Public Health under the Nursing
6 Home Care Act as Skilled Nursing facilities or Intermediate
7 Care facilities, the rates taking effect on July 1, 1999 shall
8 include an increase of 1.6% and, for services provided on or
9 after October 1, 1999, shall be increased by \$4.00 per
10 resident-day, as defined by the Department.

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

22 For facilities licensed by the Department of Public Health
23 under the Nursing Home Care Act as skilled nursing facilities
24 or intermediate care facilities, a new payment methodology
25 must be implemented for the nursing component of the rate
26 effective July 1, 2003. The Department of Public Aid (now

1 Healthcare and Family Services) shall develop the new payment
2 methodology using the Minimum Data Set (MDS) as the instrument
3 to collect information concerning nursing home resident
4 condition necessary to compute the rate. The Department shall
5 develop the new payment methodology to meet the unique needs
6 of Illinois nursing home residents while remaining subject to
7 the appropriations provided by the General Assembly. A
8 transition period from the payment methodology in effect on
9 June 30, 2003 to the payment methodology in effect on July 1,
10 2003 shall be provided for a period not exceeding 3 years and
11 184 days after implementation of the new payment methodology
12 as follows:

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

23 (B) For a facility that would receive a higher nursing
24 component rate per patient day under the payment
25 methodology in effect on July 1, 2003 than the facility
26 received effective on the date immediately preceding the

1 date that the Department implements the new payment
2 methodology, the nursing component rate per patient day
3 for the facility shall be adjusted.

4 (C) Notwithstanding paragraphs (A) and (B), the
5 nursing component rate per patient day for the facility
6 shall be adjusted subject to appropriations provided by
7 the General Assembly.

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
11 Under Age 22 facilities, the rates taking effect on March 1,
12 2001 shall include a statewide increase of 7.85%, as defined
13 by the Department.

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, except facilities participating
18 in the Department's demonstration program pursuant to the
19 provisions of Title 77, Part 300, Subpart T of the Illinois
20 Administrative Code, the numerator of the ratio used by the
21 Department of Healthcare and Family Services to compute the
22 rate payable under this Section using the Minimum Data Set
23 (MDS) methodology shall incorporate the following annual
24 amounts as the additional funds appropriated to the Department
25 specifically to pay for rates based on the MDS nursing
26 component methodology in excess of the funding in effect on

1 December 31, 2006:

2 (i) For rates taking effect January 1, 2007,
3 \$60,000,000.

4 (ii) For rates taking effect January 1, 2008,
5 \$110,000,000.

6 (iii) For rates taking effect January 1, 2009,
7 \$194,000,000.

8 (iv) For rates taking effect April 1, 2011, or the
9 first day of the month that begins at least 45 days after
10 February 16, 2011 (the effective date of Public Act
11 96-1530), \$416,500,000 or an amount as may be necessary to
12 complete the transition to the MDS methodology for the
13 nursing component of the rate. Increased payments under
14 this item (iv) are not due and payable, however, until (i)
15 the methodologies described in this paragraph are approved
16 by the federal government in an appropriate State Plan
17 amendment and (ii) the assessment imposed by Section 5B-2
18 of this Code is determined to be a permissible tax under
19 Title XIX of the Social Security Act.

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

1 updated for inflation to January 1, 2006.

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
5 Under Age 22 facilities, the rates taking effect on April 1,
6 2002 shall include a statewide increase of 2.0%, as defined by
7 the Department. This increase terminates on July 1, 2002;
8 beginning July 1, 2002 these rates are reduced to the level of
9 the rates in effect on March 31, 2002, as defined by the
10 Department.

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

20 Notwithstanding any other provision of this Section, for
21 facilities licensed by the Department of Public Health under
22 the Nursing Home Care Act as skilled nursing facilities or
23 intermediate care facilities, the Illinois Department shall
24 determine by rule the rates taking effect on July 1, 2002,
25 which shall be 5.9% less than the rates in effect on June 30,
26 2002.

1 Notwithstanding any other provision of this Section, for
2 facilities licensed by the Department of Public Health under
3 the Nursing Home Care Act as skilled nursing facilities or
4 intermediate care facilities, if the payment methodologies
5 required under Section 5A-12 and the waiver granted under 42
6 CFR 433.68 are approved by the United States Centers for
7 Medicare and Medicaid Services, the rates taking effect on
8 July 1, 2004 shall be 3.0% greater than the rates in effect on
9 June 30, 2004. These rates shall take effect only upon
10 approval and implementation of the payment methodologies
11 required under Section 5A-12.

12 Notwithstanding any other provisions 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, the rates taking effect on
16 January 1, 2005 shall be 3% more than the rates in effect on
17 December 31, 2004.

18 Notwithstanding any other provision of this Section, for
19 facilities licensed by the Department of Public Health under
20 the Nursing Home Care Act as skilled nursing facilities or
21 intermediate care facilities, effective January 1, 2009, the
22 per diem support component of the rates effective on January
23 1, 2008, computed using the most recent cost reports on file
24 with the Department of Healthcare and Family Services no later
25 than April 1, 2005, updated for inflation to January 1, 2006,
26 shall be increased to the amount that would have been derived

1 using standard Department of Healthcare and Family Services
2 methods, procedures, and inflators.

3 Notwithstanding any other provisions of this Section, for
4 facilities licensed by the Department of Public Health under
5 the Nursing Home Care Act as intermediate care facilities that
6 are federally defined as Institutions for Mental Disease, or
7 facilities licensed by the Department of Public Health under
8 the Specialized Mental Health Rehabilitation Act of 2013, a
9 socio-development component rate equal to 6.6% of the
10 facility's nursing component rate as of January 1, 2006 shall
11 be established and paid effective July 1, 2006. The
12 socio-development component of the rate shall be increased by
13 a factor of 2.53 on the first day of the month that begins at
14 least 45 days after January 11, 2008 (the effective date of
15 Public Act 95-707). As of August 1, 2008, the
16 socio-development component rate shall be equal to 6.6% of the
17 facility's nursing component rate as of January 1, 2006,
18 multiplied by a factor of 3.53. For services provided on or
19 after April 1, 2011, or the first day of the month that begins
20 at least 45 days after February 16, 2011 (the effective date of
21 Public Act 96-1530), whichever is later, the Illinois
22 Department may by rule adjust these socio-development
23 component rates, and may use different adjustment
24 methodologies for those facilities participating, and those
25 not participating, in the Illinois Department's demonstration
26 program pursuant to the provisions of Title 77, Part 300,

1 Subpart T of the Illinois Administrative Code, but in no case
2 may such rates be diminished below those in effect on August 1,
3 2008.

4 For facilities licensed by the Department of Public Health
5 under the Nursing Home Care Act as Intermediate Care for the
6 Developmentally Disabled facilities or as long-term care
7 facilities for residents under 22 years of age, the rates
8 taking effect on July 1, 2003 shall include a statewide
9 increase of 4%, as defined by the Department.

10 For facilities licensed by the Department of Public Health
11 under the Nursing Home Care Act as Intermediate Care for the
12 Developmentally Disabled facilities or Long Term Care for
13 Under Age 22 facilities, the rates taking effect on the first
14 day of the month that begins at least 45 days after January 11,
15 2008 (the effective date of Public Act 95-707) shall include a
16 statewide increase of 2.5%, as defined by the Department.

17 Notwithstanding any other provision of this Section, for
18 facilities licensed by the Department of Public Health under
19 the Nursing Home Care Act as skilled nursing facilities or
20 intermediate care facilities, effective January 1, 2005,
21 facility rates shall be increased by the difference between
22 (i) a facility's per diem property, liability, and malpractice
23 insurance costs as reported in the cost report filed with the
24 Department of Public Aid and used to establish rates effective
25 July 1, 2001 and (ii) those same costs as reported in the
26 facility's 2002 cost report. These costs shall be passed

1 through to the facility without caps or limitations, except
2 for adjustments required under normal auditing procedures.

3 Rates established effective each July 1 shall govern
4 payment for services rendered throughout that fiscal year,
5 except that rates established on July 1, 1996 shall be
6 increased by 6.8% for services provided on or after January 1,
7 1997. Such rates will be based upon the rates calculated for
8 the year beginning July 1, 1990, and for subsequent years
9 thereafter until June 30, 2001 shall be based on the facility
10 cost reports for the facility fiscal year ending at any point
11 in time during the previous calendar year, updated to the
12 midpoint of the rate year. The cost report shall be on file
13 with the Department no later than April 1 of the current rate
14 year. Should the cost report not be on file by April 1, the
15 Department shall base the rate on the latest cost report filed
16 by each skilled care facility and intermediate care facility,
17 updated to the midpoint of the current rate year. In
18 determining rates for services rendered on and after July 1,
19 1985, fixed time shall not be computed at less than zero. The
20 Department shall not make any alterations of regulations which
21 would reduce any component of the Medicaid rate to a level
22 below what that component would have been utilizing in the
23 rate effective on July 1, 1984.

24 (2) Shall take into account the actual costs incurred by
25 facilities in providing services for recipients of skilled
26 nursing and intermediate care services under the medical

1 assistance program.

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

4 (4) Shall take into account the actual costs incurred by
5 facilities in meeting licensing and certification standards
6 imposed and prescribed by the State of Illinois, any of its
7 political subdivisions or municipalities and by the U.S.
8 Department of Health and Human Services pursuant to Title XIX
9 of the Social Security Act.

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

20 The Department shall develop enhanced payments to offset
21 the additional costs incurred by a facility serving
22 exceptional need residents and shall allocate at least
23 \$4,000,000 of the funds collected from the assessment
24 established by Section 5B-2 of this Code for such payments.
25 For the purpose of this Section, "exceptional needs" means,
26 but need not be limited to, ventilator care and traumatic

1 brain injury care. The enhanced payments for exceptional need
2 residents under this paragraph are not due and payable,
3 however, until (i) the methodologies described in this
4 paragraph are approved by the federal government in an
5 appropriate State Plan amendment and (ii) the assessment
6 imposed by Section 5B-2 of this Code is determined to be a
7 permissible tax under Title XIX of the Social Security Act.

8 Beginning January 1, 2014 the methodologies for
9 reimbursement of nursing facility services as provided under
10 this Section 5-5.4 shall no longer be applicable for services
11 provided on or after January 1, 2014.

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

1 methodologies required under this Section and the waivers
2 granted under 42 CFR 433.68, all increased payments otherwise
3 due under this Section prior to the date of notification shall
4 be due and payable within 90 days of the date federal approval
5 is received.

6 On and after July 1, 2012, the Department shall reduce any
7 rate of reimbursement for services or other payments or alter
8 any methodologies authorized by this Code to reduce any rate
9 of reimbursement for services or other payments in accordance
10 with Section 5-5e.

11 For facilities licensed by the Department of Public Health
12 under the ID/DD Community Care Act as ID/DD Facilities and
13 under the MC/DD Act as MC/DD Facilities, subject to federal
14 approval, the rates taking effect for services delivered on or
15 after August 1, 2019 shall be increased by 3.5% over the rates
16 in effect on June 30, 2019. The Department shall adopt rules,
17 including emergency rules under subsection (ii) of Section
18 5-45 of the Illinois Administrative Procedure Act, to
19 implement the provisions of this Section, including wage
20 increases for direct care staff.

21 For facilities licensed by the Department of Public Health
22 under the ID/DD Community Care Act as ID/DD Facilities and
23 under the MC/DD Act as MC/DD Facilities, subject to federal
24 approval, the rates taking effect on the latter of the
25 approval date of the State Plan Amendment for these facilities
26 or the Waiver Amendment for the home and community-based

1 services settings shall include an increase sufficient to
2 provide a \$0.26 per hour wage increase to the base wage for
3 non-executive staff. The Department shall adopt rules,
4 including emergency rules as authorized by Section 5-45 of the
5 Illinois Administrative Procedure Act, to implement the
6 provisions of this Section, including wage increases for
7 direct care staff.

8 For facilities licensed by the Department of Public Health
9 under the ID/DD Community Care Act as ID/DD Facilities and
10 under the MC/DD Act as MC/DD Facilities, subject to federal
11 approval of the State Plan Amendment and the Waiver Amendment
12 for the home and community-based services settings, the rates
13 taking effect for the services delivered on or after July 1,
14 2020 shall include an increase sufficient to provide a \$1.00
15 per hour wage increase for non-executive staff. For services
16 delivered on or after January 1, 2021, subject to federal
17 approval of the State Plan Amendment and the Waiver Amendment
18 for the home and community-based services settings, shall
19 include an increase sufficient to provide a \$0.50 per hour
20 increase for non-executive staff. The Department shall adopt
21 rules, including emergency rules as authorized by Section 5-45
22 of the Illinois Administrative Procedure Act, to implement the
23 provisions of this Section, including wage increases for
24 direct care staff.

25 For facilities licensed by the Department of Public Health
26 under the ID/DD Community Care Act as ID/DD Facilities and

1 under the MC/DD Act as MC/DD Facilities, subject to federal
2 approval of the State Plan Amendment, the rates taking effect
3 for the residential services delivered on or after July 1,
4 2021, shall include an increase sufficient to provide a \$0.50
5 per hour increase for aides in the rate methodology. For
6 facilities licensed by the Department of Public Health under
7 the ID/DD Community Care Act as ID/DD Facilities and under the
8 MC/DD Act as MC/DD Facilities, subject to federal approval of
9 the State Plan Amendment, the rates taking effect for the
10 residential services delivered on or after January 1, 2022
11 shall include an increase sufficient to provide a \$1.00 per
12 hour increase for aides in the rate methodology. In addition,
13 for residential services delivered on or after January 1, 2022
14 such rates shall include an increase sufficient to provide
15 wages for all residential non-executive direct care staff,
16 excluding aides, at the federal Department of Labor, Bureau of
17 Labor Statistics' average wage as defined in rule by the
18 Department. The Department shall adopt rules, including
19 emergency rules as authorized by Section 5-45 of the Illinois
20 Administrative Procedure Act, to implement the provisions of
21 this Section.

22 For facilities licensed by the Department of Public Health
23 under the ID/DD Community Care Act as ID/DD facilities and
24 under the MC/DD Act as MC/DD facilities, subject to federal
25 approval of the State Plan Amendment, the rates taking effect
26 for services delivered on or after January 1, 2023, shall

1 include a \$1.00 per hour wage increase for all direct support
2 personnel and all other frontline personnel who are not
3 subject to the Bureau of Labor Statistics' average wage
4 increases, who work in residential and community day services
5 settings, with at least \$0.50 of those funds to be provided as
6 a direct increase to all aide base wages, with the remaining
7 \$0.50 to be used flexibly for base wage increases to the rate
8 methodology for aides. In addition, for residential services
9 delivered on or after January 1, 2023 the rates shall include
10 an increase sufficient to provide wages for all residential
11 non-executive direct care staff, excluding aides, at the
12 federal Department of Labor, Bureau of Labor Statistics'
13 average wage as determined by the Department. Also, for
14 services delivered on or after January 1, 2023, the rates will
15 include adjustments to employment-related expenses as defined
16 in rule by the Department. The Department shall adopt rules,
17 including emergency rules as authorized by Section 5-45 of the
18 Illinois Administrative Procedure Act, to implement the
19 provisions of this Section.

20 For facilities licensed by the Department of Public Health
21 under the ID/DD Community Care Act as ID/DD facilities and
22 under the MC/DD Act as MC/DD facilities, subject to federal
23 approval of the State Plan Amendment, the rates taking effect
24 for services delivered on or after January 1, 2024 shall
25 include a \$2.50 per hour wage increase for all direct support
26 personnel and all other frontline personnel who are not

1 subject to the Bureau of Labor Statistics' average wage
2 increases and who work in residential and community day
3 services settings. At least \$1.25 of the per hour wage
4 increase shall be provided as a direct increase to all aide
5 base wages, and the remaining \$1.25 of the per hour wage
6 increase shall be used flexibly for base wage increases to the
7 rate methodology for aides. In addition, for residential
8 services delivered on or after January 1, 2024, the rates
9 shall include an increase sufficient to provide wages for all
10 residential non-executive direct care staff, excluding aides,
11 at the federal Department of Labor, Bureau of Labor
12 Statistics' average wage as determined by the Department.
13 Also, for services delivered on or after January 1, 2024, the
14 rates will include adjustments to employment-related expenses
15 as defined in rule by the Department. The Department shall
16 adopt rules, including emergency rules as authorized by
17 Section 5-45 of the Illinois Administrative Procedure Act, to
18 implement the provisions of this Section.

19 For facilities licensed by the Department of Public Health
20 under the ID/DD Community Care Act as ID/DD facilities and
21 under the MC/DD Act as MC/DD facilities, subject to federal
22 approval of a State Plan Amendment, the rates taking effect
23 for services delivered on or after January 1, 2025 shall
24 include a \$1.00 per hour wage increase for all direct support
25 personnel and all other frontline personnel who are not
26 subject to the Bureau of Labor Statistics' average wage

1 increases and who work in residential and community day
2 services settings, with at least \$0.75 of those funds to be
3 provided as a direct increase to all aide base wages and the
4 remaining \$0.25 to be used flexibly for base wage increases to
5 the rate methodology for aides. These increases shall not be
6 used by facilities for operational and administrative
7 expenses. In addition, for residential services delivered on
8 or after January 1, 2025, the rates shall include an increase
9 sufficient to provide wages for all residential non-executive
10 direct care staff, excluding aides, at the federal Department
11 of Labor, Bureau of Labor Statistics' average wage as
12 determined by the Department. Also, for services delivered on
13 or after January 1, 2025, the rates will include adjustments
14 to employment-related expenses as defined in rule by the
15 Department. The Department shall adopt rules, including
16 emergency rules as authorized by Section 5-45 of the Illinois
17 Administrative Procedure Act, to implement the provisions of
18 this Section.

19 For facilities licensed by the Department of Public Health
20 under the ID/DD Community Care Act as ID/DD facilities and
21 under the MC/DD Act as MC/DD facilities, subject to federal
22 approval of a State Plan Amendment, the rates taking effect
23 for services delivered on or after January 1, 2026 shall
24 include a \$0.80 per hour wage increase for all direct support
25 personnel and all other frontline personnel who are not
26 subject to the Bureau of Labor Statistics' average wage

1 increases and who work in residential and community day
2 services settings, with at least \$0.60 of those funds to be
3 provided as a direct increase to all aide base wages and the
4 remaining \$0.20 to be used flexibly for base wage increases to
5 the rate methodology for aides. These increases shall not be
6 used by facilities for operational and administrative
7 expenses. In addition, for residential services delivered on
8 or after January 1, 2026, the rates shall include an increase
9 sufficient to provide wages for all residential non-executive
10 direct care staff, excluding aides, at the federal Department
11 of Labor, Bureau of Labor Statistics' average wage as
12 determined by the Department. Also, for services delivered on
13 or after January 1, 2026, the rates will include adjustments
14 to employment-related expenses as defined in rule by the
15 Department. The Department shall adopt rules, including
16 emergency rules as authorized by Section 5-45 of the Illinois
17 Administrative Procedure Act, to implement the provisions of
18 this Section.

19 Notwithstanding any other provision of this Section to the
20 contrary, any regional wage adjuster for facilities located
21 outside of the counties of Cook, DuPage, Kane, Lake, McHenry,
22 and Will shall be no lower than 1.00, and any regional wage
23 adjuster for facilities located within the counties of Cook,
24 DuPage, Kane, Lake, McHenry, and Will shall be no lower than
25 1.15.

26 (5) For dates of service starting January 1, 2027,

1 reimbursement calculations and direct payments for services
2 provided by facilities licensed under the ID/DD Community Care
3 Act are the responsibility of the Department of Healthcare and
4 Family Services. Appropriations for facilities licensed under
5 the ID/DD Community Care Act must be shifted from the
6 Department of Human Services to the Department of Healthcare
7 and Family Services. Nothing in this Section shall prohibit
8 the Department of Healthcare and Family Services from paying
9 more than the rates specified in this Section. Nothing in this
10 Section shall affect the requirements of Section 3-213 of the
11 ID/DD Community Care Act.

12 (Source: P.A. 103-8, eff. 6-7-23; 103-588, eff. 7-1-24; 104-2,
13 eff. 6-16-25.)