

# SB3833



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB3833

Introduced 2/6/2026, by Sen. Elgie R. Sims, Jr.

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning the Medicaid Access Adjustment payments to nursing facilities, provides that for dates of service beginning January 1, 2027, the Medicaid Access Adjustment shall be increased by \$5.75 to \$10.50 per diem. Provides that beginning January 1, 2027, facilities located outside of Rate Areas 6, 7, and 8 shall have the Medicaid percent of occupied bed days to be at least 60% of all occupied bed days adjusted quarterly to qualify for the Medicaid Access Adjustment. Provides that the remaining facilities shall have their threshold remain at 70%.

LRB104 19965 KTG 33415 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 5-5.2 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 Provider Information file) times  
12 3.662 (which reflects the national resident days-weighted  
13 mean Reported Total Nurse Staffing Hours Per Resident Per  
14 Day 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 State US  
18 Averages file.

19 Beginning January 1, 2025, the staffing percentage  
20 used in the calculation of the per diem staffing add-on  
21 shall be its PDPM STRIVE Staffing Ratio which equals: its  
22 Reported Total Nurse Staffing Hours Per Resident Per Day  
23 as published in the most recent federal staffing report  
24 (the Provider Information File), divided by the facility's  
25 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE  
26 Staffing Target is equal to .7122 times the facility's

1 Illinois Adjusted Facility Case-Mix Hours Per Resident Per  
2 Day. A facility's Illinois Adjusted Facility Case Mix  
3 Hours Per Resident Per Day is equal to its Case-Mix Total  
4 Nurse Staffing Hours Per Resident Per Day (as published in  
5 the most recent federal staffing report Provider  
6 Information file) times 3.79 (which is the Reported Total  
7 Nurse Staffing Hours Per Resident Per Day for the Nation  
8 as reported the January 2024 State US Averages file),  
9 divided by the Reported Total Nurse Staffing Hours Per  
10 Resident Per Day for the Nation as reported in the most  
11 recent State US Averages file.

12 (6.5) Beginning July 1, 2024, the paid per diem  
13 staffing add-on shall be the paid per diem staffing add-on  
14 in effect April 1, 2024. For dates beginning October 1,  
15 2024 and through September 30, 2025, the denominator for  
16 the staffing percentage shall be the lesser of the  
17 facility's PDPM STRIVE Staffing Target and:

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

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

1 the January 2024 federal staffing report).

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

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

12 Facilities with at least 70% of the staffing  
13 indicated by the STRIVE study shall be paid a per diem  
14 add-on of \$9, increasing by equivalent steps for each  
15 whole percentage point until the facilities reach a per  
16 diem of \$16.52. Facilities with at least 80% of the  
17 staffing indicated by the STRIVE study shall be paid a per  
18 diem add-on of \$16.52, increasing by equivalent steps for  
19 each whole percentage point until the facilities reach a  
20 per diem add-on of \$25.77. Facilities with at least 92% of  
21 the staffing indicated by the STRIVE study shall be paid a  
22 per diem add-on of \$25.77, increasing by equivalent steps  
23 for each whole percentage point until the facilities reach  
24 a per diem add-on of \$30.98. Facilities with at least 100%  
25 of the staffing indicated by the STRIVE study shall be  
26 paid a per diem add-on of \$30.98, increasing by equivalent

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

18 (7) For dates of services beginning July 1, 2022, the  
19 PDPM nursing component per diem for each nursing facility  
20 shall be the product of the facility's (i) statewide PDPM  
21 nursing base per diem rate, \$92.25, adjusted for the  
22 facility average PDPM case mix index calculated quarterly  
23 and (ii) the regional wage adjuster, and then add the  
24 Medicaid access adjustment as defined in (e-3) of this  
25 Section. Transition rates for services provided between  
26 July 1, 2022 and October 1, 2023 shall be the greater of

1 the PDPM nursing component per diem or:

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

4 (B) for the quarter beginning October 1, 2022, the  
5 sum of the RUG-IV nursing component per diem  
6 multiplied by 0.80 and the PDPM nursing component per  
7 diem multiplied by 0.20;

8 (C) for the quarter beginning January 1, 2023, the  
9 sum of the RUG-IV nursing component per diem  
10 multiplied by 0.60 and the PDPM nursing component per  
11 diem multiplied by 0.40;

12 (D) for the quarter beginning April 1, 2023, the  
13 sum of the RUG-IV nursing component per diem  
14 multiplied by 0.40 and the PDPM nursing component per  
15 diem multiplied by 0.60;

16 (E) for the quarter beginning July 1, 2023, the  
17 sum of the RUG-IV nursing component per diem  
18 multiplied by 0.20 and the PDPM nursing component per  
19 diem multiplied by 0.80; or

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

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

26 (1) Base rate spending pool shall be:

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

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

8 (C) Thirteen million is added to the product of  
9 subparagraph (A) and subparagraph (B) to adjust for  
10 the exclusion of nursing homes defined in paragraph  
11 (5).

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

17 (A) Base year resident days as calculated in  
18 subparagraph (A) of paragraph (1).

19 (B) The nursing home's regional wage adjustor  
20 based on the Health Service Areas (HSA) groupings and  
21 adjustors in effect on April 30, 2012.

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

1 (D) The sum of the products calculated for each  
2 nursing home in subparagraphs (A) through (C) above  
3 shall be the base year case mix, rate adjusted  
4 weighted days.

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

6 (A) on January 1, 2014 shall be the quotient of the  
7 paragraph (1) divided by the sum calculated under  
8 subparagraph (D) of paragraph (2);

9 (B) on and after July 1, 2014 and until July 1,  
10 2022, shall be the amount calculated under  
11 subparagraph (A) of this paragraph (3) plus \$1.76; and

12 (C) beginning July 1, 2022 and thereafter, \$7  
13 shall be added to the amount calculated under  
14 subparagraph (B) of this paragraph (3) of this  
15 Section.

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

19 (5) Nursing facilities designated as of July 1, 2012  
20 by the Department as "Institutions for Mental Disease"  
21 shall be excluded from all calculations under this  
22 subsection. The data from these facilities shall not be  
23 used in the computations described in paragraphs (1)  
24 through (4) above to establish the base rate.

25 (e) Beginning July 1, 2014, the Department shall allocate  
26 funding in the amount up to \$10,000,000 for per diem add-ons to

1 the RUGS methodology for dates of service on and after July 1,  
2 2014:

3 (1) \$0.63 for each resident who scores in I4200  
4 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.

5 (2) \$2.67 for each resident who scores either a "1" or  
6 "2" in any items S1200A through S1200I and also scores in  
7 RUG groups PA1, PA2, BA1, or BA2.

8 (e-1) (Blank).

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

17 (e-3) A Medicaid Access Adjustment of \$4 adjusted for the  
18 facility average PDPM case mix index calculated quarterly  
19 shall be added to the statewide PDPM nursing per diem for all  
20 facilities with annual Medicaid bed days of at least 70% of all  
21 occupied bed days adjusted quarterly. For each new calendar  
22 year and for the 6-month period beginning July 1, 2022, the  
23 percentage of a facility's occupied bed days comprised of  
24 Medicaid bed days shall be determined by the Department  
25 quarterly. For dates of service beginning January 1, 2023, the  
26 Medicaid Access Adjustment shall be increased to \$4.75. For

1 dates of service beginning January 1, 2027, the Medicaid  
2 Access Adjustment shall be increased by \$5.75 to \$10.50 per  
3 diem. Beginning January 1, 2027, facilities located outside of  
4 Rate Areas 6, 7, and 8 shall have the Medicaid percent of  
5 occupied bed days to be at least 60% of all occupied bed days  
6 adjusted quarterly to qualify for the Medicaid Access  
7 Adjustment. The remaining facilities shall have their  
8 threshold remain at 70%. ~~This subsection shall be inoperative~~  
9 ~~on and after January 1, 2028.~~

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

16 (f) (Blank).

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

22 (1) (Blank);

23 (2) (Blank);

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

26 (h) Notwithstanding any other provision of this Code, on

1 and after July 1, 2012, nursing facilities designated by the  
2 Department of Healthcare and Family Services as "Institutions  
3 for Mental Disease" and "Institutions for Mental Disease" that  
4 are facilities licensed under the Specialized Mental Health  
5 Rehabilitation Act of 2013 shall have the nursing,  
6 socio-developmental, capital, and support components of their  
7 reimbursement rate effective May 1, 2011 reduced in total by  
8 2.7%.

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

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

20 (j) Notwithstanding any other provision of law, subject to  
21 federal approval, effective July 1, 2019, sufficient funds  
22 shall be allocated for changes to rates for facilities  
23 licensed under the Nursing Home Care Act as skilled nursing  
24 facilities or intermediate care facilities for dates of  
25 services on and after July 1, 2019: (i) to establish, through  
26 June 30, 2022 a per diem add-on to the direct care per diem

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

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

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

26 (3) The remainder of the 20%, or \$34,000,000, shall be

1 used to increase each facility's rate by an equal  
2 percentage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (m) The Department shall work with nursing facility  
26 industry representatives to design policies and procedures to

1 permit facilities to address the integrity of data from  
2 federal reporting sites used by the Department in setting  
3 facility rates.

4 (Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21;  
5 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102,  
6 Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50,  
7 Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.  
8 7-1-24; 103-1075, eff. 3-21-25.)