

# SB1851



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

SB1851

Introduced 2/9/2017, by Sen. Mattie Hunter

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4h

Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning medicaid reimbursement for facilities that serve severely and chronically ill pediatric patients and clinically complex residents, replaces all references to "long-term care facilities for persons under 22 years of age" with "medically complex for the developmentally disabled facilities".

LRB100 10394 KTG 20591 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 5-5.4h as follows:

6 (305 ILCS 5/5-5.4h)

7 Sec. 5-5.4h. Medicaid reimbursement for medically complex  
8 for the developmentally disabled facilities ~~long-term care~~  
9 ~~facilities for persons under 22 years of age.~~

10 (a) Facilities licensed as medically complex for the  
11 developmentally disabled facilities ~~long-term care facilities~~  
12 ~~for persons under 22 years of age~~ that serve severely and  
13 chronically ill pediatric patients shall have a specific  
14 reimbursement system designed to recognize the characteristics  
15 and needs of the patients they serve.

16 (b) For dates of services starting July 1, 2013 and until a  
17 new reimbursement system is designed, medically complex for the  
18 developmentally disabled facilities ~~long-term care facilities~~  
19 ~~for persons under 22 years of age~~ that meet the following  
20 criteria:

21 (1) serve exceptional care patients; and

22 (2) have 30% or more of their patients receiving  
23 ventilator care;

1 shall receive Medicaid reimbursement on a 30-day expedited  
2 schedule.

3 (c) Subject to federal approval of changes to the Title XIX  
4 State Plan, for dates of services starting July 1, 2014 and  
5 until a new reimbursement system is designed, medically complex  
6 for the developmentally disabled facilities ~~long term care~~  
7 ~~facilities for persons under 22 years of age~~ which meet the  
8 criteria in subsection (b) of this Section shall receive a per  
9 diem rate for clinically complex residents of \$304. Clinically  
10 complex residents on a ventilator shall receive a per diem rate  
11 of \$669.

12 (d) To qualify for the per diem rate of \$669 for clinically  
13 complex residents on a ventilator pursuant to subsection (c),  
14 facilities shall have a policy documenting their method of  
15 routine assessment of a resident's weaning potential with  
16 interventions implemented noted in the resident's record.

17 (e) For the purposes of this Section, a resident is  
18 considered clinically complex if the resident requires at least  
19 one of the following medical services:

20 (1) Tracheostomy care with dependence on mechanical  
21 ventilation for a minimum of 6 hours each day.

22 (2) Tracheostomy care requiring suctioning at least  
23 every 6 hours, room air mist or oxygen as needed, and  
24 dependence on one of the treatment procedures listed under  
25 paragraph (4) excluding the procedure listed in  
26 subparagraph (A) of paragraph (4).

1           (3) Total parenteral nutrition or other intravenous  
2           nutritional support and one of the treatment procedures  
3           listed under paragraph (4).

4           (4) The following treatment procedures apply to the  
5           conditions in paragraphs (2) and (3) of this subsection:

6                   (A) Intermittent suctioning at least every 8 hours  
7                   and room air mist or oxygen as needed.

8                   (B) Continuous intravenous therapy including  
9                   administration of therapeutic agents necessary for  
10                  hydration or of intravenous pharmaceuticals; or  
11                  intravenous pharmaceutical administration of more than  
12                  one agent via a peripheral or central line, without  
13                  continuous infusion.

14                  (C) Peritoneal dialysis treatments requiring at  
15                  least 4 exchanges every 24 hours.

16                  (D) Tube feeding via nasogastric or gastrostomy  
17                  tube.

18                  (E) Other medical technologies required  
19                  continuously, which in the opinion of the attending  
20                  physician require the services of a professional  
21                  nurse.

22           (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14.)