

## 101ST GENERAL ASSEMBLY State of Illinois 2019 and 2020 HB4872

Introduced 2/18/2020, by Rep. Robyn Gabel - Yehiel M. Kalish and Daniel Didech

## SYNOPSIS AS INTRODUCED:

See Index

Mental Health Developmental Disabilities Amends the and Administrative Act. Requires the Department of Human Services to establish reimbursement rates that build toward livable wages for front-line personnel in residential and day programs and service coordination agencies serving persons with intellectual and developmental disabilities. Provides that the Department shall increase rates and reimbursements so that by July 1, 2020 direct support persons wages shall be increased by \$2 per hour, and so that other front-line personnel earn a commensurate wage. Requires the Department to increase rates and reimbursements in effect on January 1, for community-based providers for persons with developmental disabilities in order to fund, at a minimum, a \$2 per hour wage increase. Amends the Illinois Public Aid Code. Provides that for facilities ID/DD facilities and MC/DD facilities, the rates taking effect within 30 days after the effective date of the amendatory Act shall include an increase sufficient to provide a \$2 per hour wage increase for non-executive front-line personnel, including, but not limited to, other specified staff and support personnel. Requires the Department of Healthcare and Family Services to increase the rates for ID/DD facilities and MC/DD facilities taking effect for services delivered on or after January 1, 2020 to provide a minimum \$2 per hour wage increase over the wages in effect on December 30, 2019. Requires the Department to increase rates and reimbursements in effect on January 1, 2020 for community-based providers for persons with developmental disabilities in order to fund a minimum \$2 per hour wage increase. Amends the Illinois Administrative Procedure Act. Provides that the Departments of Human Services and Healthcare and Family Services may adopt emergency rules. Effective immediately.

LRB101 19303 KTG 68770 b

FISCAL NOTE ACT

AN ACT concerning care for persons with developmental disabilities, which may be referred to as the Community Disability Living Wage Act.

WHEREAS, An estimated 27,000 children and adults with intellectual and developmental disabilities are supported in community-based settings in Illinois; direct support persons (DSPs), are trained paraprofessional staff that are engaged in activities of daily living and community support; too many of these employees earn wages that place them and their families below the poverty level; and

WHEREAS, According to the most recent Illinois industry surveys, the average DSP wage in Illinois is below the U.S. Department of Health and Human Services poverty threshold of \$12.38 for a family of 4 and one out of every 4 DSP jobs in provider agencies are going unfilled; low wages often compel DSPs to work many overtime hours or hold down a second job to support their families; research by the American Network of Community Options and Resources (ANCOR), inclusive of Illinois, reveals 56% of DSPs rely on public assistance to make ends meet, creating additional expenditures for State government; low wages are a consequence of the historically low reimbursement rates paid by the State of Illinois to community-based service providers; and

WHEREAS, Starting wages at many provider agencies are below

- 1 \$10 per hour, the scheduled state minimum wage rate as of July
- 2 1, 2020; and

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- WHEREAS, The lack of adequate wages for employees who
  perform the challenging work of supporting persons with
  intellectual and developmental disabilities results in high
  employee turnover, which in turn negatively impacts the quality
  of services provided, higher wages are proven to reduce staff
  turnover, improving stability and quality of services while
  reducing employer training costs; and
  - WHEREAS, Rising wages in several other sectors now mean, despite the modest wage increase and strenuous efforts to recruit new workers, agencies are experiencing staff vacancy rates of up to 40%; excessive vacancies force employers to rely more on overtime, leading to staff burnout and driving up costs; for the third year in a row the federal court monitor documented how this growing hiring crisis impedes the ability of community disability agencies to expand to accommodate persons newly approved for services as part of the Ligas Consent Decree; and
  - WHEREAS, The General Assembly finds that in order to reduce turnover, increase retention, fill vacancies, and ensure DSPs are adequately compensated for the critically important work they do, an increase in rates and reimbursements to

- 1 community-based service providers to effectuate an increase in
- the hourly wage paid to DSPs is needed; and
- 3 WHEREAS, It is the purpose of this Act to increase the
- 4 wages of DSPs in community disability agencies beyond the
- 5 poverty level and to a level competitive with rival employers
- and above the State minimum wage, in an effort to improve the
- 7 lives of DSPs and the lives of the vulnerable persons they
- 8 support; and
- 9 WHEREAS, It is the intent of the General Assembly to ensure
- 10 that all funds resulting from rate increases provided to
- 11 community disability agencies are allocated to frontline
- 12 employee compensation in order to address the current workforce
- 13 crisis which is the primary obstacle to the availability of
- 14 community-based services for people with disabilities;
- 15 therefore

## Be it enacted by the People of the State of Illinois,

## represented in the General Assembly:

- 18 Section 5. The Illinois Administrative Procedure Act is
- amended by adding Section 5-45.1 as follows:
- 20 (5 ILCS 100/5-45.1 new)
- 21 Sec. 5-45.1. Emergency rulemaking; Departments of Human

- Services and Healthcare and Family Services. To provide for the 1 2 expeditious and timely implementation of changes made by this 3 amendatory Act of the 101st General Assembly to Section 74 of 4 Mental Health and Developmental Disabilities 5 Administrative Act and to Sections 5-5.4 and 5-5.4i of the Illinois Public Aid Code, emergency rules may be adopted in 6 7 accordance with Section 5-45 by the respective Department. The adoption of emergency rules authorized by Section 5-45 and this 8 9 Section is deemed to be necessary for the public interest, 10 safety, and welfare.
- 11 This Section is repealed on January 1, 2026.
- Section 10. The Mental Health and Developmental
  Disabilities Administrative Act is amended by changing Section
  4 74 and by adding Section 55.5 as follows:
- 15 (20 ILCS 1705/55.5 new)
- Sec. 55.5. Increased wages for front-line personnel. As

  used in this Section, "front-line personnel" means direct

  support persons, aides, front-line supervisors, qualified

  intellectual disabilities professionals, nurses, and

  non-administrative support staff working in service settings

  outlined in this Section.
- 22 <u>The Department shall establish reimbursement rates that</u>
  23 <u>build toward livable wages for front-line personnel in</u>
  24 residential and day programs and service coordination agencies

1 serving persons with intellectual and developmental disabilities under Section 54 of this Act, including, but not 2 3 limited to, intermediate care for the developmentally disabled facilities, medically complex for the developmentally disabled 4 5 facilities, community-integrated living arrangements, community day services, employment, and other residential and 6 day programs for persons with intellectual and developmental 7 disabilities supported by State funds or funding under Title 8 9 XIX of the federal Social Security Act. 10 The Department shall increase rates and reimbursements so 11 that by July 1, 2020 direct support persons wages shall be

increased by \$2 per hour, and so that other front-line

14 (20 ILCS 1705/74)

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15 Sec. 74. Rates and reimbursements.

personnel earn a commensurate wage.

16 (a) Within 30 days after July 6, 2017 (the effective date of Public Act 100-23), the Department shall increase rates and 17 reimbursements to fund a minimum of a \$0.75 per hour wage 18 increase for front-line personnel, including, but not limited 19 to, direct support persons, aides, front-line supervisors, 20 21 qualified intellectual disabilities professionals, nurses, and 22 non-administrative support staff working in community-based provider organizations serving individuals with developmental 23 24 disabilities. The Department shall adopt rules, including 25 emergency rules under subsection (y) of Section 5-45 of the

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- 1 Illinois Administrative Procedure Act, to implement the 2 provisions of this Section.
  - (b) Rates and reimbursements. Within 30 days after the effective date of this amendatory Act of the 100th General the Department shall increase reimbursements to fund a minimum of a \$0.50 per hour wage increase for front-line personnel, including, but not limited to, direct support persons, aides, front-line supervisors, qualified intellectual disabilities professionals, nurses, and non-administrative support staff working in community-based provider organizations serving individuals with developmental disabilities. The Department shall adopt rules, including emergency rules under subsection (bb) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section.
    - (c) Rates and reimbursements. Within 30 days after the effective date of this amendatory Act of the 101st General Assembly, subject to federal approval, the Department shall increase rates and reimbursements in effect on June 30, 2019 for community-based providers for persons with Developmental Disabilities by 3.5% The Department shall adopt rules, including emergency rules under subsection (jj) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section, including wage increases for direct care staff.
      - (d) Rates and reimbursements. Within 30 days after the

- 1 effective date of this amendatory Act of the 101st General
- 2 Assembly, subject to federal approval, the Department shall
- 3 <u>increase rates and reimbursements in effect on January 1, 2020,</u>
- 4 for community-based providers for persons with developmental
- 5 disabilities in order to fund a minimum \$2 per hour wage
- 6 increase. The Department shall adopt rules, including
- 7 emergency rules under the Illinois Administrative Procedure
- 8 Act, to implement the provisions of this Section, and ensure
- 9 funds are allocated to compensation increases for direct care
- 10 staff.
- 11 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
- 12 101-10, eff. 6-5-19.)
- 13 Section 15. The Illinois Public Aid Code is amended by
- changing Sections 5-5.4 and 5-5.4i as follows:
- 15 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)
- Sec. 5-5.4. Standards of Payment Department of Healthcare
- 17 and Family Services. The Department of Healthcare and Family
- 18 Services shall develop standards of payment of nursing facility
- and ICF/DD services in facilities providing such services under
- 20 this Article which:
- 21 (1) Provide for the determination of a facility's payment
- for nursing facility or ICF/DD services on a prospective basis.
- 23 The amount of the payment rate for all nursing facilities
- 24 certified by the Department of Public Health under the ID/DD

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Community Care Act or the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities, Long Term Care for Under Age 22 facilities, Skilled Nursing facilities, or Intermediate Care facilities under the medical assistance program shall be prospectively established annually on the historical, financial, of and statistical reflecting actual costs from prior years, which shall be applied to the current rate year and updated for inflation, except that the capital cost element for newly constructed facilities shall be based upon projected budgets. The annually established payment rate shall take effect on July 1 in 1984 and subsequent years. No rate increase and no update for inflation shall be provided on or after July 1, 1994, unless specifically provided for in this Section. The changes made by Public Act 93-841 extending the duration of the prohibition against a rate increase or update for inflation are effective retroactive to July 1, 2004.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1998 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1998 shall include an increase of 3% plus \$1.10 per resident-day, as defined by the

Department. For facilities licensed by the Department of Public 1 2 Health under the Nursing Home Care Act as Intermediate Care 3 Facilities for the Developmentally Disabled or Long Term Care for Under Age 22 facilities, the rates taking effect on January 5 1, 2006 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing 6 7 Home Care Act as Intermediate Care Facilities for the 8 Developmentally Disabled or Long Term Care for Under Age 22 9 facilities, the rates taking effect on January 1, 2009 shall 10 include an increase sufficient to provide a \$0.50 per hour wage 11 increase for non-executive staff. For facilities licensed by 12 the Department of Public Health under the ID/DD Community Care 13 Act as ID/DD Facilities the rates taking effect within 30 days 14 after July 6, 2017 (the effective date of Public Act 100-23) 15 shall include an increase sufficient to provide a \$0.75 per 16 hour wage increase for non-executive staff. The Department 17 shall adopt rules, including emergency rules under subsection (y) of Section 5-45 of the Illinois Administrative Procedure 18 19 Act, to implement the provisions of this paragraph. For 20 facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD Facilities and under the 21 22 MC/DD Act as MC/DD Facilities, the rates taking effect within 23 30 days after the effective date of this amendatory Act of the 24 100th General Assembly shall include an increase sufficient to 25 provide a \$0.50 per hour wage increase for non-executive 26 front-line personnel, including, but not limited to, direct

support persons, aides, front-line supervisors, qualified intellectual disabilities professionals, nurses, and non-administrative support staff. The Department shall adopt rules, including emergency rules under subsection (bb) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this paragraph.

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD facilities and under the MC/DD Act as MC/DD facilities, the rates taking effect within 30 days after the effective date of this amendatory Act of the 101st General Assembly shall include an increase sufficient to provide a \$2 per hour wage increase for non-executive front-line personnel, including, but not limited to, direct support persons, aides, front-line supervisors, qualified intellectual disabilities professionals, nurses, and non-administrative support staff. The Department shall adopt rules, including emergency rules under the Illinois Administrative Procedure Act, to implement the provisions of this paragraph and ensure funds are allocated to compensation increases for direct care staff.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% plus \$3.00 per resident-day, as defined by the Department. For facilities licensed by the

Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% and, for services provided on or after October 1, 1999, shall be increased by \$4.00 per resident-day, as defined by the Department.

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

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, a new payment methodology must be implemented for the nursing component of the rate effective July 1, 2003. The Department of Public Aid (now Healthcare and Family Services) shall develop the new payment methodology using the Minimum Data Set (MDS) as the instrument to collect information concerning nursing home resident condition necessary to compute the rate. The Department shall develop the new payment methodology to meet the unique needs of Illinois

nursing home residents while remaining subject to the appropriations provided by the General Assembly. A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect on July 1, 2003 shall be provided for a period not exceeding 3 years and 184 days after implementation of the new payment methodology as follows:

- (A) For a facility that would receive a lower nursing component rate per patient day under the new system than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be held at the level in effect on the date immediately preceding the date that the Department implements the new payment methodology until a higher nursing component rate of reimbursement is achieved by that facility.
- (B) For a facility that would receive a higher nursing component rate per patient day under the payment methodology in effect on July 1, 2003 than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be adjusted.
- (C) Notwithstanding paragraphs (A) and (B), the nursing component rate per patient day for the facility shall be adjusted subject to appropriations provided by the

1 General Assembly.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on March 1, 2001 shall include a statewide increase of 7.85%, as defined by the Department.

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, except facilities participating in the Department's demonstration program pursuant to the provisions of Title 77, Part 300, Subpart T of the Illinois Administrative Code, the numerator of the ratio used by the Department of Healthcare and Family Services to compute the rate payable under this Section using the Minimum Data Set (MDS) methodology shall incorporate the following annual amounts as the additional funds appropriated to the Department specifically to pay for rates based on the MDS nursing component methodology in excess of the funding in effect on December 31, 2006:

- 22 (i) For rates taking effect January 1, 2007, 23 \$60,000,000.
- 24 (ii) For rates taking effect January 1, 2008, \$110,000,000.
- 26 (iii) For rates taking effect January 1, 2009,

1 \$194,000,000.

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

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the support component of the rates taking effect on January 1, 2008 shall be computed using the most recent cost reports on file with the Department of Healthcare and Family Services no later than April 1, 2005, updated for inflation to January 1, 2006.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on April 1, 2002 shall include a statewide increase of 2.0%, as defined by the

Department. This increase terminates on July 1, 2002; beginning July 1, 2002 these rates are reduced to the level of the rates

3 in effect on March 31, 2002, as defined by the Department.

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

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

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, if the payment methodologies required under Section 5A-12 and the waiver granted under 42 CFR 433.68 are approved by the United States Centers for Medicare and Medicaid Services, the rates taking effect on July

- 1 1, 2004 shall be 3.0% greater than the rates in effect on June
- 2 30, 2004. These rates shall take effect only upon approval and
- 3 implementation of the payment methodologies required under
- 4 Section 5A-12.
- 5 Notwithstanding any other provisions of this Section, for
- 6 facilities licensed by the Department of Public Health under
- 7 the Nursing Home Care Act as skilled nursing facilities or
- 8 intermediate care facilities, the rates taking effect on
- 9 January 1, 2005 shall be 3% more than the rates in effect on
- 10 December 31, 2004.
- 11 Notwithstanding any other provision of this Section, for
- 12 facilities licensed by the Department of Public Health under
- 13 the Nursing Home Care Act as skilled nursing facilities or
- 14 intermediate care facilities, effective January 1, 2009, the
- per diem support component of the rates effective on January 1,
- 16 2008, computed using the most recent cost reports on file with
- the Department of Healthcare and Family Services no later than
- 18 April 1, 2005, updated for inflation to January 1, 2006, shall
- 19 be increased to the amount that would have been derived using
- 20 standard Department of Healthcare and Family Services methods,
- 21 procedures, and inflators.
- 22 Notwithstanding any other provisions of this Section, for
- facilities licensed by the Department of Public Health under
- 24 the Nursing Home Care Act as intermediate care facilities that
- 25 are federally defined as Institutions for Mental Disease, or
- 26 facilities licensed by the Department of Public Health under

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the Specialized Mental Health Rehabilitation Act of 2013, a socio-development component rate equal to 6.6% of facility's nursing component rate as of January 1, 2006 shall established and paid effective July 1, socio-development component of the rate shall be increased by a factor of 2.53 on the first day of the month that begins at least 45 days after January 11, 2008 (the effective date of Public Act 95-707). As of August 1, 2008, the socio-development component rate shall be equal to 6.6% of the facility's nursing component rate as of January 1, 2006, multiplied by a factor of 3.53. For services provided on or after April 1, 2011, or the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 96th General Assembly, whichever is later, the Illinois Department may by rule adjust these socio-development component rates, and may use different adjustment methodologies for those facilities participating, and those not participating, in the Illinois Department's demonstration program pursuant to the provisions of Title 77, Part 300, Subpart T of the Illinois Administrative Code, but in no case may such rates be diminished below those in effect on August 1, 2008.

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

increase of 4%, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 95th General Assembly shall include a statewide increase of 2.5%, as defined by the Department.

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, effective January 1, 2005, facility rates shall be increased by the difference between (i) a facility's per diem property, liability, and malpractice insurance costs as reported in the cost report filed with the Department of Public Aid and used to establish rates effective July 1, 2001 and (ii) those same costs as reported in the facility's 2002 cost report. These costs shall be passed through to the facility without caps or limitations, except for adjustments required under normal auditing procedures.

Rates established effective each July 1 shall govern payment for services rendered throughout that fiscal year, except that rates established on July 1, 1996 shall be increased by 6.8% for services provided on or after January 1, 1997. Such rates will be based upon the rates calculated for

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the year beginning July 1, 1990, and for subsequent years thereafter until June 30, 2001 shall be based on the facility cost reports for the facility fiscal year ending at any point in time during the previous calendar year, updated to the midpoint of the rate year. The cost report shall be on file with the Department no later than April 1 of the current rate year. Should the cost report not be on file by April 1, the Department shall base the rate on the latest cost report filed by each skilled care facility and intermediate care facility, updated to the midpoint of the current rate year. determining rates for services rendered on and after July 1, 1985, fixed time shall not be computed at less than zero. The Department shall not make any alterations of regulations which would reduce any component of the Medicaid rate to a level below what that component would have been utilizing in the rate effective on July 1, 1984.

- (2) Shall take into account the actual costs incurred by facilities in providing services for recipients of skilled nursing and intermediate care services under the medical assistance program.
- 21 (3) Shall take into account the medical and psycho-social 22 characteristics and needs of the patients.
  - (4) Shall take into account the actual costs incurred by facilities in meeting licensing and certification standards imposed and prescribed by the State of Illinois, any of its political subdivisions or municipalities and by the U.S.

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Department of Health and Human Services pursuant to Title XIX of the Social Security Act.

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

The Department shall develop enhanced payments to offset the additional costs incurred by a facility serving exceptional need residents and shall allocate at least \$4,000,000 of the funds collected from the assessment established by Section 5B-2 of this Code for such payments. For the purpose of this Section, "exceptional needs" means, but need not be limited to, ventilator care and traumatic brain injury care. The enhanced payments for exceptional need residents under this paragraph are not due and payable, however, until (i) the methodologies described in this paragraph are approved by the federal government in an appropriate State Plan amendment and (ii) the assessment imposed by Section 5B-2 of this Code is determined to be a permissible tax under Title XIX of the Social Security Act.

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

No payment increase under this Section for the MDS methodology, exceptional care residents, the socio-development component rate established by Public Act 96-1530 of the 96th General Assembly and funded by the assessment imposed under Section 5B-2 of this Code shall be due and payable until after the Department notifies the long-term care providers, in writing, that the payment methodologies to long-term care providers required under this Section have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services and the waivers under 42 CFR 433.68 for the assessment imposed by this Section, if necessary, have been granted by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. Upon notification to the Department of approval of the payment methodologies required under this Section and the waivers granted under 42 CFR 433.68, all increased payments otherwise due under this Section prior to the date of notification shall be due and payable within 90 days of the date federal approval is received.

On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate of

reimbursement for services or other payments in accordance with Section 5-5e.

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

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD facilities and under the MC/DD Act as MC/DD facilities, subject to federal approval, the rates taking effect for services delivered on or after January 1, 2020, shall be increased sufficiently to provide at a minimum \$2 per hour wage increase over the wages in effect on December 30, 2019. The Department shall adopt rules, including emergency rules under the Illinois Administrative Procedure Act, to implement the provisions of this Section, and ensure funds are allocated to compensation increases for direct care staff.

24 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;

25 101-10, eff. 6-5-19.)

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- 1 (305 ILCS 5/5-5.4i)
- 2 Sec. 5-5.4i. Rates and reimbursements.
- 3 (a) Within 30 days after July 6, 2017 (the effective date of Public Act 100-23), the Department shall increase rates and 5 reimbursements to fund a minimum of a \$0.75 per hour wage increase for front-line personnel, including, but not limited 6 7 to, direct support persons, aides, front-line supervisors, 8 qualified intellectual disabilities professionals, nurses, and 9 non-administrative support staff working in community-based 10 provider organizations serving individuals with developmental 11 disabilities. The Department shall adopt rules, including 12 emergency rules under subsection (y) of Section 5-45 of the 13 Illinois Administrative Procedure Act, to implement provisions of this Section. 14
  - (b) Within 30 days after June 4, 2018 (the effective date of Public Act 100-587), the Department shall increase rates and reimbursements to fund a minimum of a \$0.50 per hour wage increase for front-line personnel, including, but not limited to, direct support persons, aides, front-line supervisors, qualified intellectual disabilities professionals, nurses, and non-administrative support staff working in community-based provider organizations serving individuals with developmental disabilities. The Department shall adopt rules, including emergency rules under subsection (bb) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section.

- 1 (c) Within 30 days after the effective date of this
- 2 amendatory Act of the 101st General Assembly, subject to
- 3 federal approval, the Department shall increase rates and
- 4 reimbursements in effect on June 30, 2019 for community-based
- 5 providers for persons with Developmental Disabilities by 3.5%.
- 6 The Department shall adopt rules, including emergency rules
- 7 under subsection (ii) of Section 5-45 of the Illinois
- 8 Administrative Procedure Act, to implement the provisions of
- 9 this Section, including wage increases for direct care staff.
- 10 (d) Within 30 days after the effective date of this
- 11 <u>amendatory Act of the 101st General Assembly, subject to</u>
- 12 <u>federal approval</u>, the Department shall increase rates and
- reimbursements in effect on January 1, 2020 for community-based
- 14 providers for persons with developmental disabilities in order
- to fund a minimum \$2 per hour wage increase. The Department
- shall adopt rules, including emergency rules under the Illinois
- 17 Administrative Procedure Act, to implement the provisions of
- 18 this Section, and ensure funds are allocated to compensation
- increases for direct care staff.
- 20 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
- 21 101-10, eff. 6-5-19.)
- 22 Section 99. Effective date. This Act takes effect upon
- 23 becoming law.

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7 305 ILCS 5/5-5.4i

- 25 - LRB101 19303 KTG 68770 b