

**101ST GENERAL ASSEMBLY****State of Illinois****2019 and 2020****SB3337**

Introduced 2/14/2020, by Sen. Heather A. Steans

**SYNOPSIS AS INTRODUCED:**

See Index

Amends the Mental Health and Developmental Disabilities 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, 2020 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 19304 KTG 68771 b

FISCAL NOTE ACT  
MAY APPLY**A BILL FOR**

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

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

11 WHEREAS, According to the most recent Illinois industry  
12 surveys, the average DSP wage in Illinois is below the U.S.  
13 Department of Health and Human Services poverty threshold of  
14 \$12.38 for a family of 4 and one out of every 4 DSP jobs in  
15 provider agencies are going unfilled; low wages often compel  
16 DSPs to work many overtime hours or hold down a second job to  
17 support their families; research by the American Network of  
18 Community Options and Resources (ANCOR), inclusive of  
19 Illinois, reveals 56% of DSPs rely on public assistance to make  
20 ends meet, creating additional expenditures for State  
21 government; low wages are a consequence of the historically low  
22 reimbursement rates paid by the State of Illinois to  
23 community-based service providers; and

24 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

3 WHEREAS, The lack of adequate wages for employees who  
4 perform the challenging work of supporting persons with  
5 intellectual and developmental disabilities results in high  
6 employee turnover, which in turn negatively impacts the quality  
7 of services provided, higher wages are proven to reduce staff  
8 turnover, improving stability and quality of services while  
9 reducing employer training costs; and

10 WHEREAS, Rising wages in several other sectors now mean,  
11 despite the modest wage increase and strenuous efforts to  
12 recruit new workers, agencies are experiencing staff vacancy  
13 rates of up to 40%; excessive vacancies force employers to rely  
14 more on overtime, leading to staff burnout and driving up  
15 costs; for the third year in a row the federal court monitor  
16 documented how this growing hiring crisis impedes the ability  
17 of community disability agencies to expand to accommodate  
18 persons newly approved for services as part of the Ligas  
19 Consent Decree; and

20 WHEREAS, The General Assembly finds that in order to reduce  
21 turnover, increase retention, fill vacancies, and ensure DSPs  
22 are adequately compensated for the critically important work  
23 they do, an increase in rates and reimbursements to

1 community-based service providers to effectuate an increase in  
2 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  
6 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

16 **Be it enacted by the People of the State of Illinois,**  
17 **represented in the General Assembly:**

18 Section 5. The Illinois Administrative Procedure Act is  
19 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

1 Services and Healthcare and Family Services. To provide for the  
2 expeditious and timely implementation of changes made by this  
3 amendatory Act of the 101st General Assembly to Section 74 of  
4 the Mental Health and Developmental Disabilities  
5 Administrative Act and to Sections 5-5.4 and 5-5.4i of the  
6 Illinois Public Aid Code, emergency rules may be adopted in  
7 accordance with Section 5-45 by the respective Department. The  
8 adoption of emergency rules authorized by Section 5-45 and this  
9 Section is deemed to be necessary for the public interest,  
10 safety, and welfare.

11 This Section is repealed on January 1, 2026.

12 Section 10. The Mental Health and Developmental  
13 Disabilities Administrative Act is amended by changing Section  
14 74 and by adding Section 55.5 as follows:

15 (20 ILCS 1705/55.5 new)

16 Sec. 55.5. Increased wages for front-line personnel. As  
17 used in this Section, "front-line personnel" means direct  
18 support persons, aides, front-line supervisors, qualified  
19 intellectual disabilities professionals, nurses, and  
20 non-administrative support staff working in service settings  
21 outlined in this Section.

22 The Department shall establish reimbursement rates that  
23 build toward livable wages for front-line personnel in  
24 residential and day programs and service coordination agencies

1 servicing persons with intellectual and developmental  
2 disabilities under Section 54 of this Act, including, but not  
3 limited to, intermediate care for the developmentally disabled  
4 facilities, medically complex for the developmentally disabled  
5 facilities, community-integrated living arrangements,  
6 community day services, employment, and other residential and  
7 day programs for persons with intellectual and developmental  
8 disabilities supported by State funds or funding under Title  
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  
12 increased by \$2 per hour, and so that other front-line  
13 personnel earn a commensurate wage.

14 (20 ILCS 1705/74)

15 Sec. 74. Rates and reimbursements.

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

1 Illinois Administrative Procedure Act, to implement the  
2 provisions of this Section.

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

16 (c) Rates and reimbursements. Within 30 days after the  
17 effective date of this amendatory Act of the 101st General  
18 Assembly, subject to federal approval, the Department shall  
19 increase rates and reimbursements in effect on June 30, 2019  
20 for community-based providers for persons with Developmental  
21 Disabilities by 3.5% The Department shall adopt rules,  
22 including emergency rules under subsection (jj) of Section 5-45  
23 of the Illinois Administrative Procedure Act, to implement the  
24 provisions of this Section, including wage increases for direct  
25 care staff.

26 (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 increase rates and reimbursements in effect on January 1, 2020,  
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  
14 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)

16 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  
19 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  
22 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



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

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

1 Department. For facilities licensed by the Department of Public  
2 Health under the Nursing Home Care Act as Intermediate Care  
3 Facilities for the Developmentally Disabled or Long Term Care  
4 for Under Age 22 facilities, the rates taking effect on January  
5 1, 2006 shall include an increase of 3%. For facilities  
6 licensed by the Department of Public Health under the Nursing  
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  
18 (y) of Section 5-45 of the Illinois Administrative Procedure  
19 Act, to implement the provisions of this paragraph. For  
20 facilities licensed by the Department of Public Health under  
21 the ID/DD Community Care Act as ID/DD Facilities and under the  
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

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

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

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

1 Department of Public Health under the Nursing Home Care Act as  
2 Skilled Nursing facilities or Intermediate Care facilities,  
3 the rates taking effect on July 1, 1999 shall include an  
4 increase of 1.6% and, for services provided on or after October  
5 1, 1999, shall be increased by \$4.00 per resident-day, as  
6 defined by the Department.

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

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

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

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

17 (B) For a facility that would receive a higher nursing  
18 component rate per patient day under the payment  
19 methodology in effect on July 1, 2003 than the facility  
20 received effective on the date immediately preceding the  
21 date that the Department implements the new payment  
22 methodology, the nursing component rate per patient day for  
23 the facility shall be adjusted.

24 (C) Notwithstanding paragraphs (A) and (B), the  
25 nursing component rate per patient day for the facility  
26 shall be adjusted subject to appropriations provided by the

1 General Assembly.

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

8 Notwithstanding any other provision of this Section, for  
9 facilities licensed by the Department of Public Health under  
10 the Nursing Home Care Act as skilled nursing facilities or  
11 intermediate care facilities, except facilities participating  
12 in the Department's demonstration program pursuant to the  
13 provisions of Title 77, Part 300, Subpart T of the Illinois  
14 Administrative Code, the numerator of the ratio used by the  
15 Department of Healthcare and Family Services to compute the  
16 rate payable under this Section using the Minimum Data Set  
17 (MDS) methodology shall incorporate the following annual  
18 amounts as the additional funds appropriated to the Department  
19 specifically to pay for rates based on the MDS nursing  
20 component methodology in excess of the funding in effect on  
21 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,  
25 \$110,000,000.

26 (iii) For rates taking effect January 1, 2009,

1           \$194,000,000.

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

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, the support component of the  
18 rates taking effect on January 1, 2008 shall be computed using  
19 the most recent cost reports on file with the Department of  
20 Healthcare and Family Services no later than April 1, 2005,  
21 updated for inflation to January 1, 2006.

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

1 Department. This increase terminates on July 1, 2002; beginning  
2 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.

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

13 Notwithstanding any other provision of this Section, for  
14 facilities licensed by the Department of Public Health under  
15 the Nursing Home Care Act as skilled nursing facilities or  
16 intermediate care facilities, the Illinois Department shall  
17 determine by rule the rates taking effect on July 1, 2002,  
18 which shall be 5.9% less than the rates in effect on June 30,  
19 2002.

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, if the payment methodologies  
24 required under Section 5A-12 and the waiver granted under 42  
25 CFR 433.68 are approved by the United States Centers for  
26 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  
15 per diem support component of the rates effective on January 1,  
16 2008, computed using the most recent cost reports on file with  
17 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  
23 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

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

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

1 increase of 4%, as defined by the Department.

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 Under  
5 Age 22 facilities, the rates taking effect on the first day of  
6 the month that begins at least 45 days after the effective date  
7 of this amendatory Act of the 95th General Assembly shall  
8 include a statewide increase of 2.5%, as defined by the  
9 Department.

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

22 Rates established effective each July 1 shall govern  
23 payment for services rendered throughout that fiscal year,  
24 except that rates established on July 1, 1996 shall be  
25 increased by 6.8% for services provided on or after January 1,  
26 1997. Such rates will be based upon the rates calculated for

1 the year beginning July 1, 1990, and for subsequent years  
2 thereafter until June 30, 2001 shall be based on the facility  
3 cost reports for the facility fiscal year ending at any point  
4 in time during the previous calendar year, updated to the  
5 midpoint of the rate year. The cost report shall be on file  
6 with the Department no later than April 1 of the current rate  
7 year. Should the cost report not be on file by April 1, the  
8 Department shall base the rate on the latest cost report filed  
9 by each skilled care facility and intermediate care facility,  
10 updated to the midpoint of the current rate year. In  
11 determining rates for services rendered on and after July 1,  
12 1985, fixed time shall not be computed at less than zero. The  
13 Department shall not make any alterations of regulations which  
14 would reduce any component of the Medicaid rate to a level  
15 below what that component would have been utilizing in the rate  
16 effective on July 1, 1984.

17 (2) Shall take into account the actual costs incurred by  
18 facilities in providing services for recipients of skilled  
19 nursing and intermediate care services under the medical  
20 assistance program.

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

23 (4) Shall take into account the actual costs incurred by  
24 facilities in meeting licensing and certification standards  
25 imposed and prescribed by the State of Illinois, any of its  
26 political subdivisions or municipalities and by the U.S.

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

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

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

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

5           No payment increase under this Section for the MDS  
6 methodology, exceptional care residents, or the  
7 socio-development component rate established by Public Act  
8 96-1530 of the 96th General Assembly and funded by the  
9 assessment imposed under Section 5B-2 of this Code shall be due  
10 and payable until after the Department notifies the long-term  
11 care providers, in writing, that the payment methodologies to  
12 long-term care providers required under this Section have been  
13 approved by the Centers for Medicare and Medicaid Services of  
14 the U.S. Department of Health and Human Services and the  
15 waivers under 42 CFR 433.68 for the assessment imposed by this  
16 Section, if necessary, have been granted by the Centers for  
17 Medicare and Medicaid Services of the U.S. Department of Health  
18 and Human Services. Upon notification to the Department of  
19 approval of the payment methodologies required under this  
20 Section and the waivers granted under 42 CFR 433.68, all  
21 increased payments otherwise due under this Section prior to  
22 the date of notification shall be due and payable within 90  
23 days of the date federal approval is received.

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

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

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

13 For facilities licensed by the Department of Public Health  
14 under the ID/DD Community Care Act as ID/DD facilities and  
15 under the MC/DD Act as MC/DD facilities, subject to federal  
16 approval, the rates taking effect for services delivered on or  
17 after January 1, 2020, shall be increased sufficiently to  
18 provide at a minimum \$2 per hour wage increase over the wages  
19 in effect on December 30, 2019. The Department shall adopt  
20 rules, including emergency rules under the Illinois  
21 Administrative Procedure Act, to implement the provisions of  
22 this Section, and ensure funds are allocated to compensation  
23 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.)

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  
4 of Public Act 100-23), the Department shall increase rates and  
5 reimbursements to fund a minimum of a \$0.75 per hour wage  
6 increase for front-line personnel, including, but not limited  
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 the  
14 provisions of this Section.

15 (b) Within 30 days after June 4, 2018 (the effective date  
16 of Public Act 100-587), the Department shall increase rates and  
17 reimbursements to fund a minimum of a \$0.50 per hour wage  
18 increase for front-line personnel, including, but not limited  
19 to, direct support persons, aides, front-line supervisors,  
20 qualified intellectual disabilities professionals, nurses, and  
21 non-administrative support staff working in community-based  
22 provider organizations serving individuals with developmental  
23 disabilities. The Department shall adopt rules, including  
24 emergency rules under subsection (bb) of Section 5-45 of the  
25 Illinois Administrative Procedure Act, to implement the  
26 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 amendatory Act of the 101st General Assembly, subject to  
12 federal approval, the Department shall increase rates and  
13 reimbursements in effect on January 1, 2020 for community-based  
14 providers for persons with developmental disabilities in order  
15 to fund a minimum \$2 per hour wage increase. The Department  
16 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  
19 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.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 100/5-45.1 new

4 20 ILCS 1705/55.5 new

5 20 ILCS 1705/74

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

7 305 ILCS 5/5-5.4i