

# HB2370



## 103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB2370

Introduced 2/14/2023, by Rep. Robyn Gabel

### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4h

Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision concerning the tiered exceptional care per diem rates for medically complex for the developmentally disabled facilities, provides that on and after January 1, 2024, each tier rate shall be increased 6% over the amount in effect December 31, 2023. Provides that any reimbursement increases applied to the base rate to providers licensed under the ID/DD Community Care Act must also be applied in an equivalent manner to each tier of exceptional care per diem rates for medically complex for the developmentally disabled facilities. Effective immediately.

LRB103 28496 KTG 54877 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 licensed under the  
9 MC/DD Act.

10 (a) Facilities licensed as medically complex for the  
11 developmentally disabled facilities that serve severely and  
12 chronically ill patients shall have a specific reimbursement  
13 system designed to recognize the characteristics and needs of  
14 the patients they serve.

15 (b) For dates of services starting July 1, 2013 and until a  
16 new reimbursement system is designed, medically complex for  
17 the developmentally disabled facilities that meet the  
18 following criteria:

19 (1) serve exceptional care patients; and

20 (2) have 30% or more of their patients receiving  
21 ventilator care;

22 shall receive Medicaid reimbursement on a 30-day expedited  
23 schedule.

1 (c) Subject to federal approval of changes to the Title  
2 XIX State Plan, for dates of services starting July 1, 2014  
3 through March 31, 2019, medically complex for the  
4 developmentally disabled facilities which meet the criteria in  
5 subsection (b) of this Section shall receive a per diem rate  
6 for clinically complex residents of \$304. Clinically complex  
7 residents on a ventilator shall receive a per diem rate of  
8 \$669. Subject to federal approval of changes to the Title XIX  
9 State Plan, for dates of services starting April 1, 2019,  
10 medically complex for the developmentally disabled facilities  
11 must be reimbursed an exceptional care per diem rate, instead  
12 of the base rate, for services to residents with complex or  
13 extensive medical needs. Exceptional care per diem rates must  
14 be paid for the conditions or services specified under  
15 subsection (f) at the following per diem rates: Tier 1 \$326,  
16 Tier 2 \$546, and Tier 3 \$735. On and after January 1, 2024,  
17 each tier rate shall be increased 6% over the amount in effect  
18 December 31, 2023. Any reimbursement increases applied to the  
19 base rate to providers licensed under the ID/DD Community Care  
20 Act must also be applied in an equivalent manner to each tier  
21 of exceptional care per diem rates for medically complex for  
22 the developmentally disabled facilities.

23 (d) For residents on a ventilator pursuant to subsection  
24 (c) or subsection (f), facilities shall have a policy  
25 documenting their method of routine assessment of a resident's  
26 weaning potential with interventions implemented noted in the

1 resident's medical record.

2 (e) For services provided prior to April 1, 2019 and for  
3 the purposes of this Section, a resident is considered  
4 clinically complex if the resident requires at least one of  
5 the following medical services:

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

8 (2) Tracheostomy care requiring suctioning at least  
9 every 6 hours, room air mist or oxygen as needed, and  
10 dependence on one of the treatment procedures listed under  
11 paragraph (4) excluding the procedure listed in  
12 subparagraph (A) of paragraph (4).

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

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

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

20 (B) Continuous intravenous therapy including  
21 administration of therapeutic agents necessary for  
22 hydration or of intravenous pharmaceuticals; or  
23 intravenous pharmaceutical administration of more than  
24 one agent via a peripheral or central line, without  
25 continuous infusion.

26 (C) Peritoneal dialysis treatments requiring at

1 least 4 exchanges every 24 hours.

2 (D) Tube feeding via nasogastric or gastrostomy  
3 tube.

4 (E) Other medical technologies required  
5 continuously, which in the opinion of the attending  
6 physician require the services of a professional  
7 nurse.

8 (f) Complex or extensive medical needs for exceptional  
9 care reimbursement. The conditions and services used for the  
10 purposes of this Section have the same meanings as ascribed to  
11 those conditions and services under the Minimum Data Set (MDS)  
12 Resident Assessment Instrument (RAI) and specified in the most  
13 recent manual. Instead of submitting minimum data set  
14 assessments to the Department, medically complex for the  
15 developmentally disabled facilities must document within each  
16 resident's medical record the conditions or services using the  
17 minimum data set documentation standards and requirements to  
18 qualify for exceptional care reimbursement.

19 (1) Tier 1 reimbursement is for residents who are  
20 receiving at least 51% of their caloric intake via a  
21 feeding tube.

22 (2) Tier 2 reimbursement is for residents who are  
23 receiving tracheostomy care without a ventilator.

24 (3) Tier 3 reimbursement is for residents who are  
25 receiving tracheostomy care and ventilator care.

26 (g) For dates of services starting April 1, 2019,

1 reimbursement calculations and direct payment for services  
2 provided by medically complex for the developmentally disabled  
3 facilities are the responsibility of the Department of  
4 Healthcare and Family Services instead of the Department of  
5 Human Services. Appropriations for medically complex for the  
6 developmentally disabled facilities must be shifted from the  
7 Department of Human Services to the Department of Healthcare  
8 and Family Services. Nothing in this Section prohibits the  
9 Department of Healthcare and Family Services from paying more  
10 than the rates specified in this Section. The rates in this  
11 Section must be interpreted as a minimum amount. Any  
12 reimbursement increases applied to providers licensed under  
13 the ID/DD Community Care Act must also be applied in an  
14 equivalent manner to medically complex for the developmentally  
15 disabled facilities.

16 (h) The Department of Healthcare and Family Services shall  
17 pay the rates in effect on March 31, 2019 until the changes  
18 made to this Section by this amendatory Act of the 100th  
19 General Assembly have been approved by the Centers for  
20 Medicare and Medicaid Services of the U.S. Department of  
21 Health and Human Services.

22 (i) The Department of Healthcare and Family Services may  
23 adopt rules as allowed by the Illinois Administrative  
24 Procedure Act to implement this Section; however, the  
25 requirements of this Section must be implemented by the  
26 Department of Healthcare and Family Services even if the

1 Department of Healthcare and Family Services has not adopted  
2 rules by the implementation date of April 1, 2019.

3 (Source: P.A. 100-646, eff. 7-27-18.)

4 Section 99. Effective date. This Act takes effect upon  
5 becoming law.