

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 Sections 5-5.4, 5B-2, 5B-4, and 5B-8 as follows:

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

7 Sec. 5-5.4. Standards of Payment - Department of Healthcare  
8 and Family Services. The Department of Healthcare and Family  
9 Services shall develop standards of payment of nursing facility  
10 and ICF/DD services in facilities providing such services under  
11 this Article which:

12 (1) Provide for the determination of a facility's payment  
13 for nursing facility or ICF/DD services on a prospective basis.  
14 The amount of the payment rate for all nursing facilities  
15 certified by the Department of Public Health under the MR/DD  
16 Community Care Act or the Nursing Home Care Act as Intermediate  
17 Care for the Developmentally Disabled facilities, Long Term  
18 Care for Under Age 22 facilities, Skilled Nursing facilities,  
19 or Intermediate Care facilities under the medical assistance  
20 program shall be prospectively established annually on the  
21 basis of historical, financial, and statistical data  
22 reflecting actual costs from prior years, which shall be  
23 applied to the current rate year and updated for inflation,

1 except that the capital cost element for newly constructed  
2 facilities shall be based upon projected budgets. The annually  
3 established payment rate shall take effect on July 1 in 1984  
4 and subsequent years. No rate increase and no update for  
5 inflation shall be provided on or after July 1, 1994 and before  
6 July 1, 2012, unless specifically provided for in this Section.  
7 The changes made by Public Act 93-841 extending the duration of  
8 the prohibition against a rate increase or update for inflation  
9 are effective retroactive to July 1, 2004.

10 For facilities licensed by the Department of Public Health  
11 under the Nursing Home Care Act as Intermediate Care for the  
12 Developmentally Disabled facilities or Long Term Care for Under  
13 Age 22 facilities, the rates taking effect on July 1, 1998  
14 shall include an increase of 3%. For facilities licensed by the  
15 Department of Public Health under the Nursing Home Care Act as  
16 Skilled Nursing facilities or Intermediate Care facilities,  
17 the rates taking effect on July 1, 1998 shall include an  
18 increase of 3% plus \$1.10 per resident-day, as defined by the  
19 Department. For facilities licensed by the Department of Public  
20 Health under the Nursing Home Care Act as Intermediate Care  
21 Facilities for the Developmentally Disabled or Long Term Care  
22 for Under Age 22 facilities, the rates taking effect on January  
23 1, 2006 shall include an increase of 3%. For facilities  
24 licensed by the Department of Public Health under the Nursing  
25 Home Care Act as Intermediate Care Facilities for the  
26 Developmentally Disabled or Long Term Care for Under Age 22

1 facilities, the rates taking effect on January 1, 2009 shall  
2 include an increase sufficient to provide a \$0.50 per hour wage  
3 increase for non-executive staff.

4 For facilities licensed by the Department of Public Health  
5 under the Nursing Home Care Act as Intermediate Care for the  
6 Developmentally Disabled facilities or Long Term Care for Under  
7 Age 22 facilities, the rates taking effect on July 1, 1999  
8 shall include an increase of 1.6% plus \$3.00 per resident-day,  
9 as defined by the Department. For facilities licensed by the  
10 Department of Public Health under the Nursing Home Care Act as  
11 Skilled Nursing facilities or Intermediate Care facilities,  
12 the rates taking effect on July 1, 1999 shall include an  
13 increase of 1.6% and, for services provided on or after October  
14 1, 1999, shall be increased by \$4.00 per resident-day, as  
15 defined by the Department.

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

26 For facilities licensed by the Department of Public Health

1 under the Nursing Home Care Act as skilled nursing facilities  
2 or intermediate care facilities, a new payment methodology must  
3 be implemented for the nursing component of the rate effective  
4 July 1, 2003. The Department of Public Aid (now Healthcare and  
5 Family Services) shall develop the new payment methodology  
6 using the Minimum Data Set (MDS) as the instrument to collect  
7 information concerning nursing home resident condition  
8 necessary to compute the rate. The Department shall develop the  
9 new payment methodology to meet the unique needs of Illinois  
10 nursing home residents while remaining subject to the  
11 appropriations provided by the General Assembly. A transition  
12 period from the payment methodology in effect on June 30, 2003  
13 to the payment methodology in effect on July 1, 2003 shall be  
14 provided for a period not exceeding 3 years and 184 days after  
15 implementation of the new payment methodology as follows:

16 (A) For a facility that would receive a lower nursing  
17 component rate per patient day under the new system than  
18 the facility received effective on the date immediately  
19 preceding the date that the Department implements the new  
20 payment methodology, the nursing component rate per  
21 patient day for the facility shall be held at the level in  
22 effect on the date immediately preceding the date that the  
23 Department implements the new payment methodology until a  
24 higher nursing component rate of reimbursement is achieved  
25 by that facility.

26 (B) For a facility that would receive a higher nursing

1 component rate per patient day under the payment  
2 methodology in effect on July 1, 2003 than the facility  
3 received effective on the date immediately preceding the  
4 date that the Department implements the new payment  
5 methodology, the nursing component rate per patient day for  
6 the facility shall be adjusted.

7 (C) Notwithstanding paragraphs (A) and (B), the  
8 nursing component rate per patient day for the facility  
9 shall be adjusted subject to appropriations provided by the  
10 General Assembly.

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

17 Notwithstanding any other provision of this Section, for  
18 facilities licensed by the Department of Public Health under  
19 the Nursing Home Care Act as skilled nursing facilities or  
20 intermediate care facilities, except facilities participating  
21 in the Department's demonstration program pursuant to the  
22 provisions of Title 77, Part 300, Subpart T of the Illinois  
23 Administrative Code, the numerator of the ratio used by the  
24 Department of Healthcare and Family Services to compute the  
25 rate payable under this Section using the Minimum Data Set  
26 (MDS) methodology shall incorporate the following annual

1 amounts as the additional funds appropriated to the Department  
2 specifically to pay for rates based on the MDS nursing  
3 component methodology in excess of the funding in effect on  
4 December 31, 2006:

5 (i) For rates taking effect January 1, 2007,  
6 \$60,000,000.

7 (ii) For rates taking effect January 1, 2008,  
8 \$110,000,000.

9 (iii) For rates taking effect January 1, 2009,  
10 \$194,000,000.

11 (iv) For rates taking effect April 1, 2011, or the  
12 first day of the month that begins at least 45 days after  
13 the effective date of this amendatory Act of the 96th  
14 General Assembly, \$416,500,000 or an amount as may be  
15 necessary to complete the transition to the MDS methodology  
16 for the nursing component of the rate. Increased payments  
17 under this item (iv) are not due and payable, however,  
18 until (i) the methodologies described in this paragraph are  
19 approved by the federal government in an appropriate State  
20 Plan amendment and (ii) the assessment imposed by Section  
21 5B-2 of this Code is determined to be a permissible tax  
22 under Title XIX of the Social Security Act.

23 Notwithstanding any other provision of this Section, for  
24 facilities licensed by the Department of Public Health under  
25 the Nursing Home Care Act as skilled nursing facilities or  
26 intermediate care facilities, the support component of the

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

5 For facilities licensed by the Department of Public Health  
6 under the Nursing Home Care Act as Intermediate Care for the  
7 Developmentally Disabled facilities or Long Term Care for Under  
8 Age 22 facilities, the rates taking effect on April 1, 2002  
9 shall include a statewide increase of 2.0%, as defined by the  
10 Department. This increase terminates on July 1, 2002; beginning  
11 July 1, 2002 these rates are reduced to the level of the rates  
12 in effect on March 31, 2002, as defined by the Department.

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

22 Notwithstanding any other provision of this Section, for  
23 facilities licensed by the Department of Public Health under  
24 the Nursing Home Care Act as skilled nursing facilities or  
25 intermediate care facilities, the Illinois Department shall  
26 determine by rule the rates taking effect on July 1, 2002,

1 which shall be 5.9% less than the rates in effect on June 30,  
2 2002.

3 Notwithstanding any other provision of this Section, for  
4 facilities licensed by the Department of Public Health under  
5 the Nursing Home Care Act as skilled nursing facilities or  
6 intermediate care facilities, if the payment methodologies  
7 required under Section 5A-12 and the waiver granted under 42  
8 CFR 433.68 are approved by the United States Centers for  
9 Medicare and Medicaid Services, the rates taking effect on July  
10 1, 2004 shall be 3.0% greater than the rates in effect on June  
11 30, 2004. These rates shall take effect only upon approval and  
12 implementation of the payment methodologies required under  
13 Section 5A-12.

14 Notwithstanding any other provisions 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 rates taking effect on  
18 January 1, 2005 shall be 3% more than the rates in effect on  
19 December 31, 2004.

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, effective January 1, 2009, the  
24 per diem support component of the rates effective on January 1,  
25 2008, computed using the most recent cost reports on file with  
26 the Department of Healthcare and Family Services no later than



1 April 1, 2005, updated for inflation to January 1, 2006, shall  
2 be increased to the amount that would have been derived using  
3 standard Department of Healthcare and Family Services methods,  
4 procedures, and inflators.

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 intermediate care facilities that  
8 are federally defined as Institutions for Mental Disease, a  
9 socio-development component rate equal to 6.6% of the  
10 facility's nursing component rate as of January 1, 2006 shall  
11 be established and paid effective July 1, 2006. The  
12 socio-development component of the rate shall be increased by a  
13 factor of 2.53 on the first day of the month that begins at  
14 least 45 days after January 11, 2008 (the effective date of  
15 Public Act 95-707). As of August 1, 2008, the socio-development  
16 component rate shall be equal to 6.6% of the facility's nursing  
17 component rate as of January 1, 2006, multiplied by a factor of  
18 3.53. For services provided on or after April 1, 2011, or the  
19 first day of the month that begins at least 45 days after the  
20 effective date of this amendatory Act of the 96th General  
21 Assembly, whichever is later, the Illinois Department may by  
22 rule adjust these socio-development component rates, and may  
23 use different adjustment methodologies for those facilities  
24 participating, and those not participating, in the Illinois  
25 Department's demonstration program pursuant to the provisions  
26 of Title 77, Part 300, Subpart T of the Illinois Administrative

1 Code, but in no case may such rates be diminished below those  
2 in effect on August 1, 2008.

3 For facilities licensed by the Department of Public Health  
4 under the Nursing Home Care Act as Intermediate Care for the  
5 Developmentally Disabled facilities or as long-term care  
6 facilities for residents under 22 years of age, the rates  
7 taking effect on July 1, 2003 shall include a statewide  
8 increase of 4%, as defined by the Department.

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

17 Notwithstanding any other provision of this Section, for  
18 facilities licensed by the Department of Public Health under  
19 the Nursing Home Care Act as skilled nursing facilities or  
20 intermediate care facilities, effective January 1, 2005,  
21 facility rates shall be increased by the difference between (i)  
22 a facility's per diem property, liability, and malpractice  
23 insurance costs as reported in the cost report filed with the  
24 Department of Public Aid and used to establish rates effective  
25 July 1, 2001 and (ii) those same costs as reported in the  
26 facility's 2002 cost report. These costs shall be passed

1 through to the facility without caps or limitations, except for  
2 adjustments required under normal auditing procedures.

3 Rates established effective each July 1 shall govern  
4 payment for services rendered throughout that fiscal year,  
5 except that rates established on July 1, 1996 shall be  
6 increased by 6.8% for services provided on or after January 1,  
7 1997. Such rates will be based upon the rates calculated for  
8 the year beginning July 1, 1990, and for subsequent years  
9 thereafter until June 30, 2001 shall be based on the facility  
10 cost reports for the facility fiscal year ending at any point  
11 in time during the previous calendar year, updated to the  
12 midpoint of the rate year. The cost report shall be on file  
13 with the Department no later than April 1 of the current rate  
14 year. Should the cost report not be on file by April 1, the  
15 Department shall base the rate on the latest cost report filed  
16 by each skilled care facility and intermediate care facility,  
17 updated to the midpoint of the current rate year. In  
18 determining rates for services rendered on and after July 1,  
19 1985, fixed time shall not be computed at less than zero. The  
20 Department shall not make any alterations of regulations which  
21 would reduce any component of the Medicaid rate to a level  
22 below what that component would have been utilizing in the rate  
23 effective on July 1, 1984.

24 (2) Shall take into account the actual costs incurred by  
25 facilities in providing services for recipients of skilled  
26 nursing and intermediate care services under the medical

1 assistance program.

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

4 (4) Shall take into account the actual costs incurred by  
5 facilities in meeting licensing and certification standards  
6 imposed and prescribed by the State of Illinois, any of its  
7 political subdivisions or municipalities and by the U.S.  
8 Department of Health and Human Services pursuant to Title XIX  
9 of the Social Security Act.

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

20 The Department shall develop enhanced payments to offset  
21 the additional costs incurred by a facility serving exceptional  
22 need residents and shall allocate at least \$8,000,000 of the  
23 funds collected from the assessment established by Section 5B-2  
24 of this Code for such payments. For the purpose of this  
25 Section, "exceptional needs" means, but need not be limited to,  
26 ventilator care, tracheotomy care, bariatric care, complex

1 wound care, and traumatic brain injury care. The enhanced  
2 payments for exceptional need residents under this paragraph  
3 are not due and payable, however, until (i) the methodologies  
4 described in this paragraph are approved by the federal  
5 government in an appropriate State Plan amendment and (ii) the  
6 assessment imposed by Section 5B-2 of this Code is determined  
7 to be a permissible tax under Title XIX of the Social Security  
8 Act.

9 (5) Beginning July 1, 2012 the methodologies for  
10 reimbursement of nursing facility services as provided under  
11 this Section 5-5.4 shall no longer be applicable for bills  
12 payable for State fiscal years 2012 and thereafter.

13 (6) No payment increase under this Section for the MDS  
14 methodology, exceptional care residents, or the  
15 socio-development component rate established by Public Act  
16 96-1530 of the 96th General Assembly and funded by the  
17 assessment imposed under Section 5B-2 of this Code shall be due  
18 and payable until after the Department notifies the long-term  
19 care providers, in writing, that the payment methodologies to  
20 long-term care providers required under this Section have been  
21 approved by the Centers for Medicare and Medicaid Services of  
22 the U.S. Department of Health and Human Services and the  
23 waivers under 42 CFR 433.68 for the assessment imposed by this  
24 Section, if necessary, have been granted by the Centers for  
25 Medicare and Medicaid Services of the U.S. Department of Health  
26 and Human Services. Upon notification to the Department of

1 approval of the payment methodologies required under this  
2 Section and the waivers granted under 42 CFR 433.68, all  
3 increased payments otherwise due under this Section prior to  
4 the date of notification shall be due and payable within 90  
5 days of the date federal approval is received.

6 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07; 95-707,  
7 eff. 1-11-08; 95-744, eff. 7-18-08; 96-45, eff. 7-15-09;  
8 96-339, eff. 7-1-10; 96-959, eff. 7-1-10; 96-1000, eff. 7-2-10;  
9 96-1530, eff. 2-16-11.)

10 (305 ILCS 5/5B-2) (from Ch. 23, par. 5B-2)

11 Sec. 5B-2. Assessment; no local authorization to tax.

12 (a) For the privilege of engaging in the occupation of  
13 long-term care provider, beginning July 1, 2011 an assessment  
14 is imposed upon each long-term care provider in an amount equal  
15 to \$6.07 times the number of occupied bed days due and payable  
16 each month. Notwithstanding any provision of any other Act to  
17 the contrary, this assessment shall be construed as a tax, but  
18 may not be added to the charges of an individual's nursing home  
19 care that is paid for in whole, or in part, by a federal,  
20 State, or combined federal-state medical care program.

21 (b) Nothing in this amendatory Act of 1992 shall be  
22 construed to authorize any home rule unit or other unit of  
23 local government to license for revenue or impose a tax or  
24 assessment upon long-term care providers or the occupation of  
25 long-term care provider, or a tax or assessment measured by the

1 income or earnings or occupied bed days of a long-term care  
2 provider.

3 (c) The assessment imposed by this Section shall not be due  
4 and payable, however, until after the Department notifies the  
5 long-term care providers, in writing, that the payment  
6 methodologies to long-term care providers required under  
7 Section 5-5.4 of this Code have been approved by the Centers  
8 for Medicare and Medicaid Services of the U.S. Department of  
9 Health and Human Services and the waivers under 42 CFR 433.68  
10 for the assessment imposed by this Section, if necessary, have  
11 been granted by the Centers for Medicare and Medicaid Services  
12 of the U.S. Department of Health and Human Services.

13 (Source: P.A. 96-1530, eff. 2-16-11.)

14 (305 ILCS 5/5B-4) (from Ch. 23, par. 5B-4)

15 Sec. 5B-4. Payment of assessment; penalty.

16 (a) The assessment imposed by Section 5B-2 shall be due and  
17 payable monthly, on the last State business day of the month  
18 for occupied bed days reported for the preceding third month  
19 prior to the month in which the tax is payable and due. A  
20 facility that has delayed payment due to the State's failure to  
21 reimburse for services rendered may request an extension on the  
22 due date for payment pursuant to subsection (b) and shall pay  
23 the assessment within 30 days of reimbursement by the  
24 Department. The Illinois Department may provide that county  
25 nursing homes directed and maintained pursuant to Section

1 5-1005 of the Counties Code may meet their assessment  
2 obligation by certifying to the Illinois Department that county  
3 expenditures have been obligated for the operation of the  
4 county nursing home in an amount at least equal to the amount  
5 of the assessment.

6 (a-5) Each assessment payment shall be accompanied by an  
7 assessment report to be completed by the long-term care  
8 provider. A separate report shall be completed for each  
9 long-term care facility in this State operated by a long-term  
10 care provider. The report shall be in a form and manner  
11 prescribed by the Illinois Department and shall at a minimum  
12 provide for the reporting of the number of occupied bed days of  
13 the long-term care facility for the reporting period and other  
14 reasonable information the Illinois Department requires for  
15 the administration of its responsibilities under this Code. To  
16 the extent practicable, the Department shall coordinate the  
17 assessment reporting requirements with other reporting  
18 required of long-term care facilities.

19 (b) The Illinois Department is authorized to establish  
20 delayed payment schedules for long-term care providers that are  
21 unable to make assessment payments when due under this Section  
22 due to financial difficulties, as determined by the Illinois  
23 Department. The Illinois Department may not deny a request for  
24 delay of payment of the assessment imposed under this Article  
25 if the long-term care provider has not been paid for services  
26 provided during the month on which the assessment is levied.



1 (c) If a long-term care provider fails to pay the full  
2 amount of an assessment payment when due (including any  
3 extensions granted under subsection (b)), there shall, unless  
4 waived by the Illinois Department for reasonable cause, be  
5 added to the assessment imposed by Section 5B-2 a penalty  
6 assessment equal to the lesser of (i) 5% of the amount of the  
7 assessment payment not paid on or before the due date plus 5%  
8 of the portion thereof remaining unpaid on the last day of each  
9 month thereafter or (ii) 100% of the assessment payment amount  
10 not paid on or before the due date. For purposes of this  
11 subsection, payments will be credited first to unpaid  
12 assessment payment amounts (rather than to penalty or  
13 interest), beginning with the most delinquent assessment  
14 payments. Payment cycles of longer than 60 days shall be one  
15 factor the Director takes into account in granting a waiver  
16 under this Section.

17 (c-5) If a long-term care provider fails to file its report  
18 with payment, there shall, unless waived by the Illinois  
19 Department for reasonable cause, be added to the assessment due  
20 a penalty assessment equal to 25% of the assessment due.

21 (d) Nothing in this amendatory Act of 1993 shall be  
22 construed to prevent the Illinois Department from collecting  
23 all amounts due under this Article pursuant to an assessment  
24 imposed before the effective date of this amendatory Act of  
25 1993.

26 (e) Nothing in this amendatory Act of the 96th General

1 Assembly shall be construed to prevent the Illinois Department  
2 from collecting all amounts due under this Code pursuant to an  
3 assessment, tax, fee, or penalty imposed before the effective  
4 date of this amendatory Act of the 96th General Assembly.

5 (f) No installment of the assessment imposed by Section  
6 5B-2 shall be due and payable until after the Department  
7 notifies the long-term care providers, in writing, that the  
8 payment methodologies to long-term care providers required  
9 under Section 5-5.4 of this Code have been approved by the  
10 Centers for Medicare and Medicaid Services of the U.S.  
11 Department of Health and Human Services and the waivers under  
12 42 CFR 433.68 for the assessment imposed by this Section, if  
13 necessary, have been granted by the Centers for Medicare and  
14 Medicaid Services of the U.S. Department of Health and Human  
15 Services. Upon notification to the Department of approval of  
16 the payment methodologies required under Section 5-5.4 of this  
17 Code and the waivers granted under 42 CFR 433.68, all  
18 installments otherwise due under Section 5B-4 prior to the date  
19 of notification shall be due and payable to the Department upon  
20 written direction from the Department within 90 days after  
21 issuance by the Comptroller of the payments required under  
22 Section 5-5.4 of this Code.

23 (Source: P.A. 96-444, eff. 8-14-09; 96-1530, eff. 2-16-11.)

24 (305 ILCS 5/5B-8) (from Ch. 23, par. 5B-8)

25 Sec. 5B-8. Long-Term Care Provider Fund.

1           (a) There is created in the State Treasury the Long-Term  
2 Care Provider Fund. Interest earned by the Fund shall be  
3 credited to the Fund. The Fund shall not be used to replace any  
4 moneys appropriated to the Medicaid program by the General  
5 Assembly.

6           (b) The Fund is created for the purpose of receiving and  
7 disbursing moneys in accordance with this Article.  
8 Disbursements from the Fund shall be made only as follows:

9           (1) For payments to nursing facilities, including  
10 county nursing facilities but excluding State-operated  
11 facilities, under Title XIX of the Social Security Act and  
12 Article V of this Code.

13           (2) For the reimbursement of moneys collected by the  
14 Illinois Department through error or mistake.

15           (3) For payment of administrative expenses incurred by  
16 the Illinois Department or its agent in performing the  
17 activities authorized by this Article.

18           (3.5) For reimbursement of expenses incurred by  
19 long-term care facilities, and payment of administrative  
20 expenses incurred by the Department of Public Health, in  
21 relation to the conduct and analysis of background checks  
22 for identified offenders under the Nursing Home Care Act.

23           (4) For payments of any amounts that are reimbursable  
24 to the federal government for payments from this Fund that  
25 are required to be paid by State warrant.

26           (5) For making transfers to the General Obligation Bond

1 Retirement and Interest Fund, as those transfers are  
2 authorized in the proceedings authorizing debt under the  
3 Short Term Borrowing Act, but transfers made under this  
4 paragraph (5) shall not exceed the principal amount of debt  
5 issued in anticipation of the receipt by the State of  
6 moneys to be deposited into the Fund.

7 (6) For making transfers, at the direction of the  
8 Director of the Governor's Office of Management and Budget  
9 during each fiscal year beginning on or after July 1, 2011,  
10 to other State funds in an annual amount of \$20,000,000 of  
11 the tax collected pursuant to this Article for the purpose  
12 of enforcement of nursing home standards, support of the  
13 ombudsman program, and efforts to expand home and  
14 community-based services. No transfer under this paragraph  
15 shall occur until (i) the payment methodologies created by  
16 Public Act 96-1530 under Section 5-5.4 of this Code have  
17 been approved by the Centers for Medicare and Medicaid  
18 Services of the U.S. Department of Health and Human  
19 Services and (ii) the assessment imposed by Section 5B-2 of  
20 this Code is determined to be a permissible tax under Title  
21 XIX of the Social Security Act.

22 Disbursements from the Fund, other than transfers made  
23 pursuant to paragraphs (5) and (6) of this subsection, shall be  
24 by warrants drawn by the State Comptroller upon receipt of  
25 vouchers duly executed and certified by the Illinois  
26 Department.

1 (c) The Fund shall consist of the following:

2 (1) All moneys collected or received by the Illinois  
3 Department from the long-term care provider assessment  
4 imposed by this Article.

5 (2) All federal matching funds received by the Illinois  
6 Department as a result of expenditures made by the Illinois  
7 Department that are attributable to moneys deposited in the  
8 Fund.

9 (3) Any interest or penalty levied in conjunction with  
10 the administration of this Article.

11 (4) (Blank).

12 (5) All other monies received for the Fund from any  
13 other source, including interest earned thereon.

14 (Source: P.A. 95-707, eff. 1-11-08; 96-1530, eff. 2-16-11.)

15 Section 99. Effective date. This Act takes effect upon  
16 becoming law.