



Sen. Susan Garrett

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1 AMENDMENT TO SENATE BILL 769

2 AMENDMENT NO. _____. Amend Senate Bill 769 by replacing
3 everything after the enacting clause with the following:

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

1 Care for the Developmentally Disabled facilities, Long Term
2 Care for Under Age 22 facilities, Skilled Nursing facilities,
3 or Intermediate Care facilities under the medical assistance
4 program shall be prospectively established annually on the
5 basis of historical, financial, and statistical data
6 reflecting actual costs from prior years, which shall be
7 applied to the current rate year and updated for inflation,
8 except that the capital cost element for newly constructed
9 facilities shall be based upon projected budgets. The annually
10 established payment rate shall take effect on July 1 in 1984
11 and subsequent years. No rate increase and no update for
12 inflation shall be provided on or after July 1, 1994 and before
13 July 1, 2012, unless specifically provided for in this Section.
14 The changes made by Public Act 93-841 extending the duration of
15 the prohibition against a rate increase or update for inflation
16 are effective retroactive to July 1, 2004.

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

1 Health under the Nursing Home Care Act as Intermediate Care
2 Facilities for the Developmentally Disabled or Long Term Care
3 for Under Age 22 facilities, the rates taking effect on January
4 1, 2006 shall include an increase of 3%. For facilities
5 licensed by the Department of Public Health under the Nursing
6 Home Care Act as Intermediate Care Facilities for the
7 Developmentally Disabled or Long Term Care for Under Age 22
8 facilities, the rates taking effect on January 1, 2009 shall
9 include an increase sufficient to provide a \$0.50 per hour wage
10 increase for non-executive staff.

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 July 1, 1999
15 shall include an increase of 1.6% plus \$3.00 per resident-day,
16 as defined by the Department. For facilities licensed by the
17 Department of Public Health under the Nursing Home Care Act as
18 Skilled Nursing facilities or Intermediate Care facilities,
19 the rates taking effect on July 1, 1999 shall include an
20 increase of 1.6% and, for services provided on or after October
21 1, 1999, shall be increased by \$4.00 per resident-day, as
22 defined by the Department.

23 For facilities licensed by the Department of Public Health
24 under the Nursing Home Care Act as Intermediate Care for the
25 Developmentally Disabled facilities or Long Term Care for Under
26 Age 22 facilities, the rates taking effect on July 1, 2000

1 shall include an increase of 2.5% per resident-day, as defined
2 by the Department. For facilities licensed by the Department of
3 Public Health under the Nursing Home Care Act as Skilled
4 Nursing facilities or Intermediate Care facilities, the rates
5 taking effect on July 1, 2000 shall include an increase of 2.5%
6 per resident-day, as defined by the Department.

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

23 (A) For a facility that would receive a lower nursing
24 component rate per patient day under the new system than
25 the facility received effective on the date immediately
26 preceding the date that the Department implements the new

1 payment methodology, the nursing component rate per
2 patient day for the facility shall be held at the level in
3 effect on the date immediately preceding the date that the
4 Department implements the new payment methodology until a
5 higher nursing component rate of reimbursement is achieved
6 by that facility.

7 (B) For a facility that would receive a higher nursing
8 component rate per patient day under the payment
9 methodology in effect on July 1, 2003 than the facility
10 received effective on the date immediately preceding the
11 date that the Department implements the new payment
12 methodology, the nursing component rate per patient day for
13 the facility shall be adjusted.

14 (C) Notwithstanding paragraphs (A) and (B), the
15 nursing component rate per patient day for the facility
16 shall be adjusted subject to appropriations provided by the
17 General Assembly.

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 March 1, 2001
22 shall include a statewide increase of 7.85%, as defined by the
23 Department.

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

1 intermediate care facilities, except facilities participating
2 in the Department's demonstration program pursuant to the
3 provisions of Title 77, Part 300, Subpart T of the Illinois
4 Administrative Code, the numerator of the ratio used by the
5 Department of Healthcare and Family Services to compute the
6 rate payable under this Section using the Minimum Data Set
7 (MDS) methodology shall incorporate the following annual
8 amounts as the additional funds appropriated to the Department
9 specifically to pay for rates based on the MDS nursing
10 component methodology in excess of the funding in effect on
11 December 31, 2006:

12 (i) For rates taking effect January 1, 2007,
13 \$60,000,000.

14 (ii) For rates taking effect January 1, 2008,
15 \$110,000,000.

16 (iii) For rates taking effect January 1, 2009,
17 \$194,000,000.

18 (iv) For rates taking effect April 1, 2011, or the
19 first day of the month that begins at least 45 days after
20 the effective date of this amendatory Act of the 96th
21 General Assembly, \$416,500,000 or an amount as may be
22 necessary to complete the transition to the MDS methodology
23 for the nursing component of the rate. Increased payments
24 under this item (iv) are not due and payable, however,
25 until (i) the methodologies described in this paragraph are
26 approved by the federal government in an appropriate State

1 Plan amendment and (ii) the assessment imposed by Section
2 5B-2 of this Code is determined to be a permissible tax
3 under Title XIX of the Social Security Act.

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

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

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

1 of the rate computed for July 1, 2001 or the rate effective on
2 June 30, 2001.

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, the Illinois Department shall
7 determine by rule the rates taking effect on July 1, 2002,
8 which shall be 5.9% less than the rates in effect on June 30,
9 2002.

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, if the payment methodologies
14 required under Section 5A-12 and the waiver granted under 42
15 CFR 433.68 are approved by the United States Centers for
16 Medicare and Medicaid Services, the rates taking effect on July
17 1, 2004 shall be 3.0% greater than the rates in effect on June
18 30, 2004. These rates shall take effect only upon approval and
19 implementation of the payment methodologies required under
20 Section 5A-12.

21 Notwithstanding any other provisions of this Section, for
22 facilities licensed by the Department of Public Health under
23 the Nursing Home Care Act as skilled nursing facilities or
24 intermediate care facilities, the rates taking effect on
25 January 1, 2005 shall be 3% more than the rates in effect on
26 December 31, 2004.

1 Notwithstanding any other provision of this Section, for
2 facilities licensed by the Department of Public Health under
3 the Nursing Home Care Act as skilled nursing facilities or
4 intermediate care facilities, effective January 1, 2009, the
5 per diem support component of the rates effective on January 1,
6 2008, computed using the most recent cost reports on file with
7 the Department of Healthcare and Family Services no later than
8 April 1, 2005, updated for inflation to January 1, 2006, shall
9 be increased to the amount that would have been derived using
10 standard Department of Healthcare and Family Services methods,
11 procedures, and inflators.

12 Notwithstanding any other provisions of this Section, for
13 facilities licensed by the Department of Public Health under
14 the Nursing Home Care Act as intermediate care facilities that
15 are federally defined as Institutions for Mental Disease, a
16 socio-development component rate equal to 6.6% of the
17 facility's nursing component rate as of January 1, 2006 shall
18 be established and paid effective July 1, 2006. The
19 socio-development component of the rate shall be increased by a
20 factor of 2.53 on the first day of the month that begins at
21 least 45 days after January 11, 2008 (the effective date of
22 Public Act 95-707). As of August 1, 2008, the socio-development
23 component rate shall be equal to 6.6% of the facility's nursing
24 component rate as of January 1, 2006, multiplied by a factor of
25 3.53. For services provided on or after April 1, 2011, or the
26 first day of the month that begins at least 45 days after the

1 effective date of this amendatory Act of the 96th General
2 Assembly, whichever is later, the Illinois Department may by
3 rule adjust these socio-development component rates, and may
4 use different adjustment methodologies for those facilities
5 participating, and those not participating, in the Illinois
6 Department's demonstration program pursuant to the provisions
7 of Title 77, Part 300, Subpart T of the Illinois Administrative
8 Code, but in no case may such rates be diminished below those
9 in effect on August 1, 2008.

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 as long-term care
13 facilities for residents under 22 years of age, the rates
14 taking effect on July 1, 2003 shall include a statewide
15 increase of 4%, as 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 the first day of
20 the month that begins at least 45 days after the effective date
21 of this amendatory Act of the 95th General Assembly shall
22 include a statewide increase of 2.5%, as defined by the
23 Department.

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

1 intermediate care facilities, effective January 1, 2005,
2 facility rates shall be increased by the difference between (i)
3 a facility's per diem property, liability, and malpractice
4 insurance costs as reported in the cost report filed with the
5 Department of Public Aid and used to establish rates effective
6 July 1, 2001 and (ii) those same costs as reported in the
7 facility's 2002 cost report. These costs shall be passed
8 through to the facility without caps or limitations, except for
9 adjustments required under normal auditing procedures.

10 Rates established effective each July 1 shall govern
11 payment for services rendered throughout that fiscal year,
12 except that rates established on July 1, 1996 shall be
13 increased by 6.8% for services provided on or after January 1,
14 1997. Such rates will be based upon the rates calculated for
15 the year beginning July 1, 1990, and for subsequent years
16 thereafter until June 30, 2001 shall be based on the facility
17 cost reports for the facility fiscal year ending at any point
18 in time during the previous calendar year, updated to the
19 midpoint of the rate year. The cost report shall be on file
20 with the Department no later than April 1 of the current rate
21 year. Should the cost report not be on file by April 1, the
22 Department shall base the rate on the latest cost report filed
23 by each skilled care facility and intermediate care facility,
24 updated to the midpoint of the current rate year. In
25 determining rates for services rendered on and after July 1,
26 1985, fixed time shall not be computed at less than zero. The

1 Department shall not make any alterations of regulations which
2 would reduce any component of the Medicaid rate to a level
3 below what that component would have been utilizing in the rate
4 effective on July 1, 1984.

5 (2) Shall take into account the actual costs incurred by
6 facilities in providing services for recipients of skilled
7 nursing and intermediate care services under the medical
8 assistance program.

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

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

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

1 The Department shall develop enhanced payments to offset
2 the additional costs incurred by a facility serving exceptional
3 need residents and shall allocate at least \$8,000,000 of the
4 funds collected from the assessment established by Section 5B-2
5 of this Code for such payments. For the purpose of this
6 Section, "exceptional needs" means, but need not be limited to,
7 ventilator care, tracheotomy care, bariatric care, complex
8 wound care, and traumatic brain injury care. The enhanced
9 payments for exceptional need residents under this paragraph
10 are not due and payable, however, until (i) the methodologies
11 described in this paragraph are approved by the federal
12 government in an appropriate State Plan amendment and (ii) the
13 assessment imposed by Section 5B-2 of this Code is determined
14 to be a permissible tax under Title XIX of the Social Security
15 Act.

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

20 (6) No payment increase under this Section for the MDS
21 methodology, exceptional care residents, or the
22 socio-development component rate established by Public Act
23 96-1530 of the 96th General Assembly and funded by the
24 assessment imposed under Section 5B-2 of this Code shall be due
25 and payable until after the Department notifies the long-term
26 care providers, in writing, that the payment methodologies to

1 long-term care providers required under this Section have been
2 approved by the Centers for Medicare and Medicaid Services of
3 the U.S. Department of Health and Human Services and the
4 waivers under 42 CFR 433.68 for the assessment imposed by this
5 Section, if necessary, have been granted by the Centers for
6 Medicare and Medicaid Services of the U.S. Department of Health
7 and Human Services. Upon notification to the Department of
8 approval of the payment methodologies required under this
9 Section and the waivers granted under 42 CFR 433.68, all
10 increased payments otherwise due under this Section prior to
11 the date of notification shall be due and payable within 90
12 days of the date federal approval is received.

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

17 (305 ILCS 5/5B-2) (from Ch. 23, par. 5B-2)

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

19 (a) For the privilege of engaging in the occupation of
20 long-term care provider, beginning July 1, 2011 an assessment
21 is imposed upon each long-term care provider in an amount equal
22 to \$6.07 times the number of occupied bed days due and payable
23 each month. Notwithstanding any provision of any other Act to
24 the contrary, this assessment shall be construed as a tax, but
25 may not be added to the charges of an individual's nursing home

1 care that is paid for in whole, or in part, by a federal,
2 State, or combined federal-state medical care program.

3 (b) Nothing in this amendatory Act of 1992 shall be
4 construed to authorize any home rule unit or other unit of
5 local government to license for revenue or impose a tax or
6 assessment upon long-term care providers or the occupation of
7 long-term care provider, or a tax or assessment measured by the
8 income or earnings or occupied bed days of a long-term care
9 provider.

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

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

21 (305 ILCS 5/5B-4) (from Ch. 23, par. 5B-4)

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

23 (a) The assessment imposed by Section 5B-2 shall be due and
24 payable monthly, on the last State business day of the month
25 for occupied bed days reported for the preceding third month

1 prior to the month in which the tax is payable and due. A
2 facility that has delayed payment due to the State's failure to
3 reimburse for services rendered may request an extension on the
4 due date for payment pursuant to subsection (b) and shall pay
5 the assessment within 30 days of reimbursement by the
6 Department. The Illinois Department may provide that county
7 nursing homes directed and maintained pursuant to Section
8 5-1005 of the Counties Code may meet their assessment
9 obligation by certifying to the Illinois Department that county
10 expenditures have been obligated for the operation of the
11 county nursing home in an amount at least equal to the amount
12 of the assessment.

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

26 (b) The Illinois Department is authorized to establish

1 delayed payment schedules for long-term care providers that are
2 unable to make assessment payments when due under this Section
3 due to financial difficulties, as determined by the Illinois
4 Department. The Illinois Department may not deny a request for
5 delay of payment of the assessment imposed under this Article
6 if the long-term care provider has not been paid for services
7 provided during the month on which the assessment is levied.

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

24 (c-5) If a long-term care provider fails to file its report
25 with payment, there shall, unless waived by the Illinois
26 Department for reasonable cause, be added to the assessment due

1 a penalty assessment equal to 25% of the assessment due.

2 (d) Nothing in this amendatory Act of 1993 shall be
3 construed to prevent the Illinois Department from collecting
4 all amounts due under this Article pursuant to an assessment
5 imposed before the effective date of this amendatory Act of
6 1993.

7 (e) Nothing in this amendatory Act of the 96th General
8 Assembly shall be construed to prevent the Illinois Department
9 from collecting all amounts due under this Code pursuant to an
10 assessment, tax, fee, or penalty imposed before the effective
11 date of this amendatory Act of the 96th General Assembly.

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

1 written direction from the Department within 90 days after
2 issuance by the Comptroller of the payments required under
3 Section 5-5.4 of this Code.

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

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

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

7 (a) There is created in the State Treasury the Long-Term
8 Care Provider Fund. Interest earned by the Fund shall be
9 credited to the Fund. The Fund shall not be used to replace any
10 moneys appropriated to the Medicaid program by the General
11 Assembly.

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

15 (1) For payments to nursing facilities, including
16 county nursing facilities but excluding State-operated
17 facilities, under Title XIX of the Social Security Act and
18 Article V of this Code.

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

21 (3) For payment of administrative expenses incurred by
22 the Illinois Department or its agent in performing the
23 activities authorized by this Article.

24 (3.5) For reimbursement of expenses incurred by
25 long-term care facilities, and payment of administrative

1 expenses incurred by the Department of Public Health, in
2 relation to the conduct and analysis of background checks
3 for identified offenders under the Nursing Home Care Act.

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

7 (5) For making transfers to the General Obligation Bond
8 Retirement and Interest Fund, as those transfers are
9 authorized in the proceedings authorizing debt under the
10 Short Term Borrowing Act, but transfers made under this
11 paragraph (5) shall not exceed the principal amount of debt
12 issued in anticipation of the receipt by the State of
13 moneys to be deposited into the Fund.

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

1 this Code is determined to be a permissible tax under Title
2 XIX of the Social Security Act.

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

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

9 (1) All moneys collected or received by the Illinois
10 Department from the long-term care provider assessment
11 imposed by this Article.

12 (2) All federal matching funds received by the Illinois
13 Department as a result of expenditures made by the Illinois
14 Department that are attributable to moneys deposited in the
15 Fund.

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

18 (4) (Blank).

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

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

22 Section 99. Effective date. This Act takes effect upon
23 becoming law."