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Sen. Heather A. Steans

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1 AMENDMENT TO SENATE BILL 1667 2 AMENDMENT NO. . Amend Senate Bill 1667 by replacing everything after the enacting clause with the following: 3 "Section 5. The Illinois Public Aid Code is amended by 4 changing Section 5-5.4 as follows: 5 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 and Family Services. The The Department of Healthcare and 8 Family Services shall develop standards of payment of nursing 9 10 facility and ICF/DD services in facilities providing such

(1) Provide for the determination of a facility's payment

for nursing facility or ICF/DD services on a prospective basis.

The amount of the payment rate for all nursing facilities

certified by the Department of Public Health under the MR/DD

Community Care Act or the Nursing Home Care Act as Intermediate

services under this Article which:

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

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

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

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

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

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

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

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

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

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

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

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

- 1 intermediate care facilities, except facilities participating 2 in the Department's demonstration program pursuant to the provisions of Title 77, Part 300, Subpart T of the Illinois 3 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 (MDS) methodology shall incorporate the following annual 7 8 amounts as the additional funds appropriated to the Department specifically to pay for rates based on the MDS nursing 9 10 component methodology in excess of the funding in effect on 11 December 31, 2006:
- 12 (i) For rates taking effect January 1, 2007, s60,000,000.
- 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.
- (iv) For rates taking effect April 1, 2011, or the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 96th General Assembly, \$416,500,000 or an amount as may be necessary to complete the transition to the MDS methodology for the nursing component of the rate.

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

1 intermediate care facilities, the support component of the

rates taking effect on January 1, 2008 shall be computed using

the most recent cost reports on file with the Department of

Healthcare and Family Services no later than April 1, 2005,

5 updated for inflation to January 1, 2006.

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

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

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the Illinois Department shall

- determine by rule the rates taking effect on July 1, 2002,
- 2 which shall be 5.9% less than the rates in effect on June 30,
- 3 2002.
- 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, if the payment methodologies
- 8 required under Section 5A-12 and the waiver granted under 42
- 9 CFR 433.68 are approved by the United States Centers for
- 10 Medicare and Medicaid Services, the rates taking effect on July
- 11 1, 2004 shall be 3.0% greater than the rates in effect on June
- 12 30, 2004. These rates shall take effect only upon approval and
- implementation of the payment methodologies required under
- 14 Section 5A-12.
- Notwithstanding any other provisions of this Section, for
- 16 facilities licensed by the Department of Public Health under
- 17 the Nursing Home Care Act as skilled nursing facilities or
- 18 intermediate care facilities, the rates taking effect on
- 19 January 1, 2005 shall be 3% more than the rates in effect on
- 20 December 31, 2004.
- Notwithstanding any other provision of this Section, for
- facilities licensed by the Department of Public Health under
- 23 the Nursing Home Care Act as skilled nursing facilities or
- 24 intermediate care facilities, effective January 1, 2009, the
- per diem support component of the rates effective on January 1,
- 26 2008, computed using the most recent cost reports on file with

procedures, and inflators.

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the Department of Healthcare and Family Services no later than April 1, 2005, updated for inflation to January 1, 2006, shall be increased to the amount that would have been derived using standard Department of Healthcare and Family Services methods,

Notwithstanding any other provisions of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as intermediate care facilities that are federally defined as Institutions for Mental Disease, a socio-development component rate equal to 6.6% of facility's nursing component rate as of January 1, 2006 shall established and paid effective July 1, 2006. socio-development component of the rate shall be increased by a factor of 2.53 on the first day of the month that begins at least 45 days after January 11, 2008 (the effective date of Public Act 95-707). As of August 1, 2008, the socio-development component rate shall be equal to 6.6% of the facility's nursing component rate as of January 1, 2006, multiplied by a factor of 3.53. For services provided on or after April 1, 2011, or the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 96th General Assembly, whichever is later, the Illinois Department may by rule adjust these socio-development component rates, and may use different adjustment methodologies for those facilities participating, and those not participating, in the Illinois Department's demonstration program pursuant to the provisions 1 of Title 77, Part 300, Subpart T of the Illinois Administrative

Code, but in no case may such rates be diminished below those 2

3 in effect on August 1, 2008.

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

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

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

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1 facility's 2002 cost report. These costs shall be passed 2 through to the facility without caps or limitations, except for 3 adjustments required under normal auditing procedures.

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

(2) Shall take into account the actual costs incurred by facilities in providing services for recipients of skilled

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- 1 nursing and intermediate care services under the medical 2 assistance program.
- (3) Shall take into account the medical and psycho-social 3 4 characteristics and needs of the patients.
 - (4) Shall take into account the actual costs incurred by facilities in meeting licensing and certification standards imposed and prescribed by the State of Illinois, any of its political subdivisions or municipalities and by the U.S. Department of Health and Human Services pursuant to Title XIX of the Social Security Act.

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

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

- ventilator care, tracheotomy care, bariatric care, complex 1
- 2 wound care, and traumatic brain injury care.
- 3 (5) Beginning July 1, 2012 the methodologies for
- 4 reimbursement of nursing facility services as provided under
- 5 this Section 5-5.4 shall no longer be applicable for bills
- 6 payable for State fiscal years 2012 and thereafter.
- 7 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07; 95-707,
- 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
- 10 96-1530, eff. 2-16-11.)".