

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 ~~long-term care~~
9 ~~facilities for persons under 22 years of age.~~

10 (a) Facilities licensed as medically complex for the
11 developmentally disabled facilities ~~long-term care facilities~~
12 ~~for persons under 22 years of age~~ that serve severely and
13 chronically ill pediatric patients shall have a specific
14 reimbursement system designed to recognize the characteristics
15 and needs of the patients they serve.

16 (b) For dates of services starting July 1, 2013 and until a
17 new reimbursement system is designed, medically complex for the
18 developmentally disabled facilities ~~long-term care facilities~~
19 ~~for persons under 22 years of age~~ that meet the following
20 criteria:

21 (1) serve exceptional care patients; and

22 (2) have 30% or more of their patients receiving
23 ventilator care;

1 shall receive Medicaid reimbursement on a 30-day expedited
2 schedule.

3 (c) Subject to federal approval of changes to the Title XIX
4 State Plan, for dates of services starting July 1, 2014 and
5 until a new reimbursement system is designed, medically complex
6 for the developmentally disabled facilities ~~long term care~~
7 ~~facilities for persons under 22 years of age~~ which meet the
8 criteria in subsection (b) of this Section shall receive a per
9 diem rate for clinically complex residents of \$304. Clinically
10 complex residents on a ventilator shall receive a per diem rate
11 of \$669.

12 (d) To qualify for the per diem rate of \$669 for clinically
13 complex residents on a ventilator pursuant to subsection (c),
14 facilities shall have a policy documenting their method of
15 routine assessment of a resident's weaning potential with
16 interventions implemented noted in the resident's record.

17 (e) For the purposes of this Section, a resident is
18 considered clinically complex if the resident requires at least
19 one of the following medical services:

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

22 (2) Tracheostomy care requiring suctioning at least
23 every 6 hours, room air mist or oxygen as needed, and
24 dependence on one of the treatment procedures listed under
25 paragraph (4) excluding the procedure listed in
26 subparagraph (A) of paragraph (4).

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

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

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

8 (B) Continuous intravenous therapy including
9 administration of therapeutic agents necessary for
10 hydration or of intravenous pharmaceuticals; or
11 intravenous pharmaceutical administration of more than
12 one agent via a peripheral or central line, without
13 continuous infusion.

14 (C) Peritoneal dialysis treatments requiring at
15 least 4 exchanges every 24 hours.

16 (D) Tube feeding via nasogastric or gastrostomy
17 tube.

18 (E) Other medical technologies required
19 continuously, which in the opinion of the attending
20 physician require the services of a professional
21 nurse.

22 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14.)