



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

SB2898

Introduced 2/14/2018, by Sen. Heather A. Steans

#### SYNOPSIS AS INTRODUCED:

30 ILCS 105/5.886 new  
305 ILCS 5/5-5.4h  
305 ILCS 5/5C-1 from Ch. 23, par. 5C-1  
305 ILCS 5/5C-2 from Ch. 23, par. 5C-2  
305 ILCS 5/5C-11 new

Amends the Illinois Public Aid Code. Provides that licensed medically complex for the developmentally disabled facilities (MC/DD) (rather than licensed long-term care facilities for persons under 22 years of age) that serve severely and chronically ill patients (rather than pediatric patients) shall have a specific reimbursement system designed to recognize the characteristics and needs of the patients they serve. Sets forth certain reimbursement rates for MC/DD facilities for date of services starting July 1, 2018. Requires MC/DD facilities to document within each resident's medical record the conditions or services using the minimum data set documentation standards and requirements to qualify for exceptional care reimbursement. Provides that the Department of Healthcare and Family Services shall be responsible for reimbursement calculations and direct payment for services. Imposes an assessment and licensing fee on MC/DD facilities. Creates the Medically Complex for the Developmentally Disabled Provider Fund for the purpose of receiving and disbursing assessment moneys, including making payments to intermediate care facilities for persons with a developmental disability that are also licensed as MC/DD facilities and making payments of any amounts which are reimbursable to the federal government. Makes other changes. Amends the State Finance Act to create the Medically Complex for the Developmentally Disabled Provider Fund. Effective immediately.

LRB100 18353 KTG 33560 b

FISCAL NOTE ACT  
MAY APPLY

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 1. The State Finance Act is amended by adding  
5 Section 5.886 as follows:

6 (30 ILCS 105/5.886 new)

7 Sec. 5.886. The Medically Complex for the Developmentally  
8 Disabled Provider Fund.

9 Section 5. The Illinois Public Aid Code is amended by  
10 changing Sections 5-5.4h, 5C-1, and 5C-2 and by adding Section  
11 5C-11 as follows:

12 (305 ILCS 5/5-5.4h)

13 Sec. 5-5.4h. Medicaid reimbursement for medically complex  
14 for the developmentally disabled facilities licensed under the  
15 MC/DD Act long term care facilities for persons under 22 years  
16 of age.

17 (a) Facilities licensed as medically complex for the  
18 developmentally disabled facilities ~~long term care facilities~~  
19 ~~for persons under 22 years of age~~ that serve severely and  
20 chronically ill ~~pediatric~~ patients shall have a specific  
21 reimbursement system designed to recognize the characteristics

1 and needs of the patients they serve.

2 (b) For dates of services starting July 1, 2013 and until a  
3 new reimbursement system is designed, medically complex for the  
4 developmentally disabled facilities ~~long term care facilities~~  
5 ~~for persons under 22 years of age~~ that meet the following  
6 criteria:

7 (1) serve exceptional care patients; and

8 (2) have 30% or more of their patients receiving  
9 ventilator care;

10 shall receive Medicaid reimbursement on a 30-day expedited  
11 schedule.

12 (c) Subject to federal approval of changes to the Title XIX  
13 State Plan, for dates of services starting July 1, 2014 through  
14 June 30, 2018 ~~and until a new reimbursement system is designed,~~  
15 medically complex for the developmentally disabled facilities  
16 ~~long term care facilities for persons under 22 years of age~~  
17 which meet the criteria in subsection (b) of this Section shall  
18 receive a per diem rate for clinically complex residents of  
19 \$304. Clinically complex residents on a ventilator shall  
20 receive a per diem rate of \$669. For dates of services starting  
21 July 1, 2018, the total base reimbursement per diem rate for  
22 services provided by medically complex for the developmentally  
23 disabled facilities must be no less than \$216. For dates of  
24 services starting July 1, 2018, medically complex for the  
25 developmentally disabled facilities must be reimbursed an  
26 exceptional care per diem rate, instead of the base rate, for

1 services to residents with complex or extensive medical needs.  
2 Exceptional care per diem rates must be paid for the conditions  
3 or services specified under subsection (f) at the following per  
4 diem rates: Tier 1 \$255, Tier 2 \$569, and Tier 3 \$765.

5 (d) ~~For~~ ~~To~~ ~~qualify for the per diem rate of \$669 for~~  
6 ~~clinically complex~~ residents on a ventilator pursuant to  
7 subsection (c) or subsection (f), facilities shall have a  
8 policy documenting their method of routine assessment of a  
9 resident's weaning potential with interventions implemented  
10 noted in the resident's medical record.

11 (e) For services provided prior to July 1, 2018 and for ~~For~~  
12 the purposes of this Section, a resident is considered  
13 clinically complex if the resident requires at least one of the  
14 following medical services:

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

17 (2) Tracheostomy care requiring suctioning at least  
18 every 6 hours, room air mist or oxygen as needed, and  
19 dependence on one of the treatment procedures listed under  
20 paragraph (4) excluding the procedure listed in  
21 subparagraph (A) of paragraph (4).

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

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

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

3 (B) Continuous intravenous therapy including  
4 administration of therapeutic agents necessary for  
5 hydration or of intravenous pharmaceuticals; or  
6 intravenous pharmaceutical administration of more than  
7 one agent via a peripheral or central line, without  
8 continuous infusion.

9 (C) Peritoneal dialysis treatments requiring at  
10 least 4 exchanges every 24 hours.

11 (D) Tube feeding via nasogastric or gastrostomy  
12 tube.

13 (E) Other medical technologies required  
14 continuously, which in the opinion of the attending  
15 physician require the services of a professional  
16 nurse.

17 (f) Complex or extensive medical needs for exceptional care  
18 reimbursement. The conditions and services used for the  
19 purposes of this Section have the same meanings as ascribed to  
20 those conditions and services under the Minimum Data Set (MDS)  
21 Resident Assessment Instrument (RAI) and specified in the most  
22 recent manual. Instead of submitting minimum data set  
23 assessments to the Department, medically complex for the  
24 developmentally disabled facilities must document within each  
25 resident's medical record the conditions or services using the  
26 minimum data set documentation standards and requirements to

1 qualify for exceptional care reimbursement.

2 (1) Tier 1 reimbursement is for residents who are  
3 receiving at least 51% of their caloric intake via a  
4 feeding tube and who are receiving either respiratory  
5 therapy or oxygen therapy.

6 (2) Tier 2 reimbursement is for residents who are  
7 receiving tracheostomy care without a ventilator and who  
8 are receiving:

9 (A) dialysis;

10 (B) suctioning; or

11 (C) at least 51% of their caloric intake via a  
12 feeding tube.

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

15 (g) For dates of services starting July 1, 2018,  
16 reimbursement calculations and direct payment for services  
17 provided by medically complex for the developmentally disabled  
18 facilities are the responsibility of the Department instead of  
19 the Department of Human Services. Appropriations for medically  
20 complex for the developmentally disabled facilities must be  
21 shifted from the Department of Human Services to the  
22 Department. Nothing in this Section prohibits the Department  
23 from paying more than the rates specified in this Section. The  
24 rates in this Section must be interpreted as a minimum amount.  
25 Any reimbursement increases applied to providers licensed  
26 under the ID/DD Community Care Act must also be applied in an

1 equivalent manner to medically complex for the developmentally  
2 disabled facilities.

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

4 (305 ILCS 5/5C-1) (from Ch. 23, par. 5C-1)

5 Sec. 5C-1. Definitions. As used in this Article, unless the  
6 context requires otherwise:

7 "Fund" means the Care Provider Fund for Persons with a  
8 Developmental Disability.

9 "Care facility for persons with a developmental  
10 disability" means an intermediate care facility for the  
11 intellectually disabled within the meaning of Title XIX of the  
12 Social Security Act, whether public or private and whether  
13 organized for profit or not-for-profit, but shall not include  
14 any facility operated by the State.

15 "Care provider for persons with a developmental  
16 disability" means a person conducting, operating, or  
17 maintaining a facility for persons with a developmental  
18 disability. For this purpose, "person" means any political  
19 subdivision of the State, municipal corporation, individual,  
20 firm, partnership, corporation, company, limited liability  
21 company, association, joint stock association, or trust, or a  
22 receiver, executor, trustee, guardian or other representative  
23 appointed by order of any court.

24 "Adjusted gross developmentally disabled care revenue"  
25 shall be computed separately for each facility for persons with

1 a developmental disability conducted, operated, or maintained  
2 by a care provider for persons with a developmental disability,  
3 and means the total revenue of the care provider for persons  
4 with a developmental disability for inpatient residential  
5 services less contractual allowances and discounts on  
6 patients' accounts, but does not include non-patient revenue  
7 from sources such as contributions, donations or bequests,  
8 investments, day training services, television and telephone  
9 service, and rental of facility space.

10 "Long-term care facility for persons under 22 years of age  
11 serving clinically complex residents" means a facility  
12 licensed by the Department of Public Health as a long-term care  
13 facility for persons under 22 meeting the qualifications of  
14 Section 5-5.4h of this Code.

15 "Medically complex for the developmentally disabled  
16 facility" means a facility licensed by the Department of Public  
17 Health under the MC/DD Act.

18 (Source: P.A. 98-463, eff. 8-16-13; 98-651, eff. 6-16-14;  
19 99-143, eff. 7-27-15.)

20 (305 ILCS 5/5C-2) (from Ch. 23, par. 5C-2)

21 Sec. 5C-2. Assessment; no local authorization to tax.

22 (a) For the privilege of engaging in the occupation of care  
23 provider for persons with a developmental disability, an  
24 assessment is imposed upon each care provider for persons with  
25 a developmental disability in an amount equal to 6%, or the



1 maximum allowed under federal regulation, whichever is less, of  
2 its adjusted gross developmentally disabled care revenue for  
3 the prior State fiscal year. Notwithstanding any provision of  
4 any other Act to the contrary, this assessment shall be  
5 construed as a tax, but may not be added to the charges of an  
6 individual's nursing home care that is paid for in whole, or in  
7 part, by a federal, State, or combined federal-state medical  
8 care program, except those individuals receiving Medicare Part  
9 B benefits solely.

10 (b) Nothing in this amendatory Act of 1995 shall be  
11 construed to authorize any home rule unit or other unit of  
12 local government to license for revenue or impose a tax or  
13 assessment upon a care provider for persons with a  
14 developmental disability or the occupation of care provider for  
15 persons with a developmental disability, or a tax or assessment  
16 measured by the income or earnings of a care provider for  
17 persons with a developmental disability.

18 (c) Effective July 1, 2013, for the privilege of engaging  
19 in the occupation of long-term care facility for persons under  
20 22 years of age serving clinically complex residents provider,  
21 an assessment is imposed upon each long-term care facility for  
22 persons under 22 years of age serving clinically complex  
23 residents provider in the same amount and upon the same  
24 conditions and requirements as imposed in Article V-B of this  
25 Code and a license fee is imposed in the same amount and upon  
26 the same conditions and requirements as imposed in Article V-E

1 of this Code. Notwithstanding any provision of any other Act to  
2 the contrary, the assessment and license fee imposed by this  
3 subsection (c) shall be construed as a tax, but may not be  
4 added to the charges of an individual's nursing home care that  
5 is paid for in whole, or in part, by a federal, State, or  
6 combined federal-State medical care program, except for those  
7 individuals receiving Medicare Part B benefits solely.

8 (d) Beginning July 1, 2018, for the privilege of engaging  
9 in the occupation of a medically complex for the  
10 developmentally disabled facility, an assessment is imposed  
11 upon each medically complex for the developmentally disabled  
12 facility in the same amount and upon the same conditions and  
13 requirements as imposed in Article V-B of this Code and a  
14 license fee is imposed in the same amount and upon the same  
15 conditions and requirements as imposed in Article V-E of this  
16 Code. Notwithstanding any provision of any other Act to the  
17 contrary, the assessment and license fee imposed by this  
18 subsection (d) shall be construed as a tax, but may not be  
19 added to the charges of an individual's care that is paid for  
20 in whole, or in part, by a federal, State, or combined  
21 federal-State medical care program, except for those  
22 individuals receiving Medicare Part B benefits solely. The  
23 assessment and license fee collected under this subsection (d)  
24 must be deposited in the Medically Complex for the  
25 Developmentally Disabled Provider Fund.

26 (Source: P.A. 98-651, eff. 6-16-14; 99-143, eff. 7-27-15.)

1 (305 ILCS 5/5C-11 new)

2 Sec. 5C-11. Medically Complex for the Developmentally  
3 Disabled Provider Fund.

4 (a) The Medically Complex for the Developmentally Disabled  
5 Provider Fund is created as a special fund in the State  
6 treasury. All interest earned on moneys in the Fund shall be  
7 credited to the Fund. The Fund shall not be used to replace any  
8 moneys appropriated to the Medical Assistance Program by the  
9 General Assembly.

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

13 (1) For payments to intermediate care facilities for  
14 persons with a developmental disability under Title XIX of  
15 the Social Security Act that are also licensed by the  
16 Department of Public Health as a medically complex for the  
17 developmentally disabled facility under the MC/DD Act.

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

20 (3) For payment of administrative expenses incurred by  
21 the Department or its agent in performing the activities  
22 authorized by subsection (d) of Section 5C-2.

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

1 from the Fund shall be by warrants drawn by the State  
2 Comptroller upon receipt of vouchers duly executed and  
3 certified by the Department.

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

5 (1) All moneys collected or received by the Department  
6 from the assessment imposed on medically complex for the  
7 developmentally disabled facilities under subsection (d)  
8 of Section 5C-2.

9 (2) All federal matching funds received by the  
10 Department as a result of expenditures made by the  
11 Department that are attributable to moneys deposited in the  
12 Fund.

13 (3) Any interest or penalty levied in conjunction with  
14 the administration of subsection (d) of Section 5C-2.

15 (4) All other moneys received for the Fund from any  
16 other source, including interest earned thereon.

17 Section 90. Implementation mandate. The Department of  
18 Healthcare and Family Services may adopt rules as allowed by  
19 the Illinois Administrative Procedure Act to implement this  
20 Act; however, the requirements of this Act must be implemented  
21 by the Department of Healthcare and Family Services even if the  
22 Department of Healthcare and Family Services has not adopted  
23 rules by the implementation date of July 1, 2018.

24 Section 99. Effective date. This Act takes effect upon  
25 becoming law.