

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 licensed under the
9 MC/DD Act ~~long-term care facilities for persons under 22 years~~
10 ~~of age.~~

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

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

- 22 (1) serve exceptional care patients; and
23 (2) have 30% or more of their patients receiving

1 ventilator care;
2 shall receive Medicaid reimbursement on a 30-day expedited
3 schedule.

4 (c) Subject to federal approval of changes to the Title XIX
5 State Plan, for dates of services starting July 1, 2014 through
6 March 31, 2019, medically complex for the developmentally
7 disabled facilities ~~and until a new reimbursement system is~~
8 ~~designed, long term care facilities for persons under 22 years~~
9 ~~of age~~ which meet the criteria in subsection (b) of this
10 Section shall receive a per diem rate for clinically complex
11 residents of \$304. Clinically complex residents on a ventilator
12 shall receive a per diem rate of \$669. Subject to federal
13 approval of changes to the Title XIX State Plan, for dates of
14 services starting April 1, 2019, medically complex for the
15 developmentally disabled facilities must be reimbursed an
16 exceptional care per diem rate, instead of the base rate, for
17 services to residents with complex or extensive medical needs.
18 Exceptional care per diem rates must be paid for the conditions
19 or services specified under subsection (f) at the following per
20 diem rates: Tier 1 \$326, Tier 2 \$546, and Tier 3 \$735.

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

1 (e) For services provided prior to April 1, 2019 and for
2 ~~For~~ the purposes of this Section, a resident is considered
3 clinically complex if the resident requires at least one of the
4 following medical services:

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

7 (2) Tracheostomy care requiring suctioning at least
8 every 6 hours, room air mist or oxygen as needed, and
9 dependence on one of the treatment procedures listed under
10 paragraph (4) excluding the procedure listed in
11 subparagraph (A) of paragraph (4).

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

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

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

19 (B) Continuous intravenous therapy including
20 administration of therapeutic agents necessary for
21 hydration or of intravenous pharmaceuticals; or
22 intravenous pharmaceutical administration of more than
23 one agent via a peripheral or central line, without
24 continuous infusion.

25 (C) Peritoneal dialysis treatments requiring at
26 least 4 exchanges every 24 hours.

1 (D) Tube feeding via nasogastric or gastrostomy
2 tube.

3 (E) Other medical technologies required
4 continuously, which in the opinion of the attending
5 physician require the services of a professional
6 nurse.

7 (f) Complex or extensive medical needs for exceptional care
8 reimbursement. The conditions and services used for the
9 purposes of this Section have the same meanings as ascribed to
10 those conditions and services under the Minimum Data Set (MDS)
11 Resident Assessment Instrument (RAI) and specified in the most
12 recent manual. Instead of submitting minimum data set
13 assessments to the Department, medically complex for the
14 developmentally disabled facilities must document within each
15 resident's medical record the conditions or services using the
16 minimum data set documentation standards and requirements to
17 qualify for exceptional care reimbursement.

18 (1) Tier 1 reimbursement is for residents who are
19 receiving at least 51% of their caloric intake via a
20 feeding tube.

21 (2) Tier 2 reimbursement is for residents who are
22 receiving tracheostomy care without a ventilator.

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

25 (g) For dates of services starting April 1, 2019,
26 reimbursement calculations and direct payment for services

1 provided by medically complex for the developmentally disabled
2 facilities are the responsibility of the Department of
3 Healthcare and Family Services instead of the Department of
4 Human Services. Appropriations for medically complex for the
5 developmentally disabled facilities must be shifted from the
6 Department of Human Services to the Department of Healthcare
7 and Family Services. Nothing in this Section prohibits the
8 Department of Healthcare and Family Services from paying more
9 than the rates specified in this Section. The rates in this
10 Section must be interpreted as a minimum amount. Any
11 reimbursement increases applied to providers licensed under
12 the ID/DD Community Care Act must also be applied in an
13 equivalent manner to medically complex for the developmentally
14 disabled facilities.

15 (h) The Department of Healthcare and Family Services shall
16 pay the rates in effect on March 31, 2019 until the changes
17 made to this Section by this amendatory Act of the 100th
18 General Assembly have been approved by the Centers for Medicare
19 and Medicaid Services of the U.S. Department of Health and
20 Human Services.

21 (i) The Department of Healthcare and Family Services may
22 adopt rules as allowed by the Illinois Administrative Procedure
23 Act to implement this Section; however, the requirements of
24 this Section must be implemented by the Department of
25 Healthcare and Family Services even if the Department of
26 Healthcare and Family Services has not adopted rules by the

1 implementation date of April 1, 2019.

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

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.