



Sen. Heather A. Steans

Filed: 5/8/2018

10000SB2898sam001

LRB100 18353 KTG 39679 a

1 AMENDMENT TO SENATE BILL 2898

2 AMENDMENT NO. _____. Amend Senate Bill 2898 by replacing
3 everything after the enacting clause with the following:

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.

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

6 (1) serve exceptional care patients; and

7 (2) have 30% or more of their patients receiving
8 ventilator care;
9 shall receive Medicaid reimbursement on a 30-day expedited
10 schedule.

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

1 diem rates: Tier 1 \$326, Tier 2 \$546, and Tier 3 \$735.

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

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

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

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

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

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

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

26 (B) Continuous intravenous therapy including

1 administration of therapeutic agents necessary for
2 hydration or of intravenous pharmaceuticals; or
3 intravenous pharmaceutical administration of more than
4 one agent via a peripheral or central line, without
5 continuous infusion.

6 (C) Peritoneal dialysis treatments requiring at
7 least 4 exchanges every 24 hours.

8 (D) Tube feeding via nasogastric or gastrostomy
9 tube.

10 (E) Other medical technologies required
11 continuously, which in the opinion of the attending
12 physician require the services of a professional
13 nurse.

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

25 (1) Tier 1 reimbursement is for residents who are
26 receiving at least 51% of their caloric intake via a

1 feeding tube.

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

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

6 (g) For dates of services starting April 1, 2019,
7 reimbursement calculations and direct payment for services
8 provided by medically complex for the developmentally disabled
9 facilities are the responsibility of the Department of
10 Healthcare and Family Services instead of the Department of
11 Human Services. Appropriations for medically complex for the
12 developmentally disabled facilities must be shifted from the
13 Department of Human Services to the Department of Healthcare
14 and Family Services. Nothing in this Section prohibits the
15 Department of Healthcare and Family Services from paying more
16 than the rates specified in this Section. The rates in this
17 Section must be interpreted as a minimum amount. Any
18 reimbursement increases applied to providers licensed under
19 the ID/DD Community Care Act must also be applied in an
20 equivalent manner to medically complex for the developmentally
21 disabled facilities.

22 (h) The Department of Healthcare and Family Services shall
23 pay the rates in effect on March 31, 2019 until the changes
24 made to this Section by this amendatory Act of the 100th
25 General Assembly have been approved by the Centers for Medicare
26 and Medicaid Services of the U.S. Department of Health and

1 Human Services.

2 (i) The Department of Healthcare and Family Services may
3 adopt rules as allowed by the Illinois Administrative Procedure
4 Act to implement this Section; however, the requirements of
5 this Section must be implemented by the Department of
6 Healthcare and Family Services even if the Department of
7 Healthcare and Family Services has not adopted rules by the
8 implementation date of April 1, 2019.

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

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.".