



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2335

Introduced 2/26/2021, by Sen. Celina Villanueva

SYNOPSIS AS INTRODUCED:

See Index

Amends the Mental Health and Developmental Disabilities Administrative Act. Requires the Department of Human Services to establish reimbursement rates that build toward livable wages for front-line personnel in residential and day programs and service coordination agencies serving persons with intellectual and developmental disabilities. Provides that the Department shall increase rates and reimbursements so that by July 1, 2021 direct support persons wages shall be increased by \$2 per hour, and so that other front-line personnel earn a commensurate wage. Requires the Department to increase rates and reimbursements in effect on January 1, 2021 for community-based providers for persons with developmental disabilities in order to fund, at a minimum, a \$2 per hour wage increase. Amends the Illinois Public Aid Code. Provides that for ID/DD facilities and MC/DD facilities, the rates taking effect within 30 days after the effective date of the amendatory Act shall include an increase sufficient to provide a \$2 per hour wage increase for non-executive front-line personnel, including, but not limited to, other specified staff and support personnel. Requires the Department of Healthcare and Family Services to increase the rates for ID/DD facilities and MC/DD facilities taking effect for services delivered on or after January 1, 2021 to provide a minimum \$2 per hour wage increase over the wages in effect on January 1, 2021. Requires the Department to increase rates and reimbursements in effect on January 1, 2021 for community-based providers for persons with developmental disabilities in order to fund a minimum \$2 per hour wage increase. Amends the Illinois Administrative Procedure Act. Effective immediately.

LRB102 17294 KTG 22775 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning care for persons with developmental
2 disabilities, which may be referred to as the Community
3 Disability Living Wage Act.

4 WHEREAS, An estimated 27,000 children and adults with
5 intellectual and developmental disabilities are supported in
6 community-based settings in Illinois; direct support persons
7 (DSPs), are trained paraprofessional staff who are engaged in
8 activities of daily living and community support; too many of
9 these employees earn wages that place them and their families
10 below the poverty level; and

11 WHEREAS, According to the most recent Illinois industry
12 surveys, the median DSP wage in Illinois is just \$12.04 per
13 hour, below the U.S. Department of Health and Human Services
14 poverty threshold of \$12.38 for a family of 4 and one out of
15 every 4 DSP jobs in provider agencies are going unfilled; low
16 wages often compel DSPs to work many overtime hours or hold
17 down a second job to support their families; research by the
18 American Network of Community Options and Resources (ANCOR),
19 inclusive of Illinois, reveals 56% of DSPs rely on public
20 assistance to make ends meet, creating additional expenditures
21 for State government; low wages are a consequence of the
22 historically low reimbursement rates paid by the State of
23 Illinois to community-based service providers; and

24 WHEREAS, Starting wages at many provider agencies are

1 below \$12 per hour, the scheduled state minimum wage rate as of
2 January 1, 2022; and

3 WHEREAS, The lack of adequate wages for employees who
4 perform the challenging work of supporting persons with
5 intellectual and developmental disabilities results in high
6 employee turnover, which in turn negatively impacts the
7 quality of services provided, higher wages are proven to
8 reduce staff turnover, improving stability and quality of
9 services while reducing employer training costs; and

10 WHEREAS, Rising wages in several other sectors now mean,
11 despite the modest wage increase and strenuous efforts to
12 recruit new workers, agencies are experiencing staff vacancy
13 rates of up to 40%; excessive vacancies force employers to
14 rely more on overtime, leading to staff burnout and driving up
15 costs; for the third year in a row the federal court monitor
16 documented how this growing hiring crisis impedes the ability
17 of community disability agencies to expand to accommodate
18 persons newly approved for services as part of the Ligas
19 Consent Decree; and

20 WHEREAS, A December 2020 report issued by an independent
21 consulting group commissioned by the State of Illinois to
22 propose changes to the State's reimbursement for community
23 disability agencies recommended that addressing DSP wages was

1 the number one priority for ensuring compliance with the
2 mandates of the Ligas Consent Decree, and further recommended
3 that wages for DSPs should be fixed at 150% of the prevailing
4 minimum wage plus additional funding for benefits; and

5 WHEREAS, The General Assembly finds that in order to
6 reduce turnover, increase retention, fill vacancies, and
7 ensure DSPs are adequately compensated for the critically
8 important work they do, an increase in rates and
9 reimbursements to community-based service providers to
10 effectuate an increase in the hourly wage paid to DSPs is
11 needed; and

12 WHEREAS, It is the purpose of this Act to increase the
13 wages of DSPs in community disability agencies beyond the
14 poverty level and to a level competitive with rival employers
15 and above the State minimum wage, in an effort to improve the
16 lives of DSPs and the lives of the vulnerable persons they
17 support; and

18 WHEREAS, It is the intent of the General Assembly to
19 ensure that all funds resulting from rate increases provided
20 to community disability agencies are allocated to front-line
21 employee compensation in order to address the current
22 workforce crisis which is the primary obstacle to the
23 availability of community-based services for people with

1 disabilities; therefore

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Administrative Procedure Act is
5 amended by adding Section 5-45.8 as follows:

6 (5 ILCS 100/5-45.8 new)

7 Sec. 5-45.8. Emergency rulemaking; Departments of Human
8 Services and Healthcare and Family Services. To provide for
9 the expeditious and timely implementation of changes made by
10 this amendatory Act of the 102nd General Assembly to Section
11 74 of the Mental Health and Developmental Disabilities
12 Administrative Act and to Sections 5-5.4 and 5-5.4i of the
13 Illinois Public Aid Code, emergency rules may be adopted in
14 accordance with Section 5-45 by the respective Department. The
15 adoption of emergency rules authorized by Section 5-45 and
16 this Section is deemed to be necessary for the public
17 interest, safety, and welfare.

18 This Section is repealed on January 1, 2026.

19 Section 10. The Mental Health and Developmental
20 Disabilities Administrative Act is amended by changing Section
21 74 and by adding Section 55.5 as follows:

1 (20 ILCS 1705/55.5 new)

2 Sec. 55.5. Increased wages for front-line personnel. As
3 used in this Section, "front-line personnel" means direct
4 support persons, aides, front-line supervisors, qualified
5 intellectual disabilities professionals, nurses, and
6 non-administrative support staff working in service settings
7 outlined in this Section.

8 The Department shall establish reimbursement rates that
9 build toward livable wages for front-line personnel in
10 residential and day programs and service coordination agencies
11 serving persons with intellectual and developmental
12 disabilities under Section 54 of this Act, including, but not
13 limited to, intermediate care for the developmentally disabled
14 facilities, medically complex for the developmentally disabled
15 facilities, community-integrated living arrangements,
16 community day services, employment, and other residential and
17 day programs for persons with intellectual and developmental
18 disabilities supported by State funds or funding under Title
19 XIX of the federal Social Security Act.

20 The Department shall increase rates and reimbursements so
21 that by July 1, 2021 direct support persons wages shall be
22 increased by \$2 per hour, and so that other front-line
23 personnel earn a commensurate wage.

24 (20 ILCS 1705/74)

25 Sec. 74. Rates and reimbursements.

1 (a) Within 30 days after July 6, 2017 (the effective date
2 of Public Act 100-23), the Department shall increase rates and
3 reimbursements to fund a minimum of a \$0.75 per hour wage
4 increase for front-line personnel, including, but not limited
5 to, direct support persons, aides, front-line supervisors,
6 qualified intellectual disabilities professionals, nurses, and
7 non-administrative support staff working in community-based
8 provider organizations serving individuals with developmental
9 disabilities. The Department shall adopt rules, including
10 emergency rules under subsection (y) of Section 5-45 of the
11 Illinois Administrative Procedure Act, to implement the
12 provisions of this Section.

13 (b) Rates and reimbursements. Within 30 days after the
14 effective date of this amendatory Act of the 100th General
15 Assembly, the Department shall increase rates and
16 reimbursements to fund a minimum of a \$0.50 per hour wage
17 increase for front-line personnel, including, but not limited
18 to, direct support persons, aides, front-line supervisors,
19 qualified intellectual disabilities professionals, nurses, and
20 non-administrative support staff working in community-based
21 provider organizations serving individuals with developmental
22 disabilities. The Department shall adopt rules, including
23 emergency rules under subsection (bb) of Section 5-45 of the
24 Illinois Administrative Procedure Act, to implement the
25 provisions of this Section.

26 (c) Rates and reimbursements. Within 30 days after the

1 effective date of this amendatory Act of the 101st General
2 Assembly, subject to federal approval, the Department shall
3 increase rates and reimbursements in effect on June 30, 2019
4 for community-based providers for persons with Developmental
5 Disabilities by 3.5% The Department shall adopt rules,
6 including emergency rules under subsection (jj) of Section
7 5-45 of the Illinois Administrative Procedure Act, to
8 implement the provisions of this Section, including wage
9 increases for direct care staff.

10 (d) Rates and reimbursements. Within 30 days after the
11 effective date of this amendatory Act of the 102nd General
12 Assembly, subject to federal approval, the Department shall
13 increase rates and reimbursements in effect on January 1,
14 2021, for community-based providers for persons with
15 developmental disabilities in order to fund a minimum \$2 per
16 hour wage increase. The Department shall adopt rules,
17 including emergency rules under the Illinois Administrative
18 Procedure Act, to implement the provisions of this Section,
19 and require employers to certify that funds are allocated to
20 wage increases for direct care staff.

21 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
22 101-10, eff. 6-5-19.)

23 Section 15. The Illinois Public Aid Code is amended by
24 changing Sections 5-5.4 and 5-5.4i as follows:

1 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

2 Sec. 5-5.4. Standards of Payment - Department of
3 Healthcare and Family Services. The Department of Healthcare
4 and Family Services shall develop standards of payment of
5 nursing facility and ICF/DD services in facilities providing
6 such services under this Article which:

7 (1) Provide for the determination of a facility's payment
8 for nursing facility or ICF/DD services on a prospective
9 basis. The amount of the payment rate for all nursing
10 facilities certified by the Department of Public Health under
11 the ID/DD Community Care Act or the Nursing Home Care Act as
12 Intermediate Care for the Developmentally Disabled facilities,
13 Long Term Care for Under Age 22 facilities, Skilled Nursing
14 facilities, or Intermediate Care facilities under the medical
15 assistance program shall be prospectively established annually
16 on the basis of historical, financial, and statistical data
17 reflecting actual costs from prior years, which shall be
18 applied to the current rate year and updated for inflation,
19 except that the capital cost element for newly constructed
20 facilities shall be based upon projected budgets. The annually
21 established payment rate shall take effect on July 1 in 1984
22 and subsequent years. No rate increase and no update for
23 inflation shall be provided on or after July 1, 1994, unless
24 specifically provided for in this Section. The changes made by
25 Public Act 93-841 extending the duration of the prohibition
26 against a rate increase or update for inflation are effective

1 retroactive to July 1, 2004.

2 For facilities licensed by the Department of Public Health
3 under the Nursing Home Care Act as Intermediate Care for the
4 Developmentally Disabled facilities or Long Term Care for
5 Under Age 22 facilities, the rates taking effect on July 1,
6 1998 shall include an increase of 3%. For facilities licensed
7 by the Department of Public Health under the Nursing Home Care
8 Act as Skilled Nursing facilities or Intermediate Care
9 facilities, the rates taking effect on July 1, 1998 shall
10 include an increase of 3% plus \$1.10 per resident-day, as
11 defined by the Department. For facilities licensed by the
12 Department of Public Health under the Nursing Home Care Act as
13 Intermediate Care Facilities for the Developmentally Disabled
14 or Long Term Care for Under Age 22 facilities, the rates taking
15 effect on January 1, 2006 shall include an increase of 3%. For
16 facilities licensed by the Department of Public Health under
17 the Nursing Home Care Act as Intermediate Care Facilities for
18 the Developmentally Disabled or Long Term Care for Under Age
19 22 facilities, the rates taking effect on January 1, 2009
20 shall include an increase sufficient to provide a \$0.50 per
21 hour wage increase for non-executive staff. For facilities
22 licensed by the Department of Public Health under the ID/DD
23 Community Care Act as ID/DD Facilities the rates taking effect
24 within 30 days after July 6, 2017 (the effective date of Public
25 Act 100-23) shall include an increase sufficient to provide a
26 \$0.75 per hour wage increase for non-executive staff. The

1 Department shall adopt rules, including emergency rules under
2 subsection (y) of Section 5-45 of the Illinois Administrative
3 Procedure Act, to implement the provisions of this paragraph.
4 For facilities licensed by the Department of Public Health
5 under the ID/DD Community Care Act as ID/DD Facilities and
6 under the MC/DD Act as MC/DD Facilities, the rates taking
7 effect within 30 days after the effective date of this
8 amendatory Act of the 100th General Assembly shall include an
9 increase sufficient to provide a \$0.50 per hour wage increase
10 for non-executive front-line personnel, including, but not
11 limited to, direct support persons, aides, front-line
12 supervisors, qualified intellectual disabilities
13 professionals, nurses, and non-administrative support staff.
14 The Department shall adopt rules, including emergency rules
15 under subsection (bb) of Section 5-45 of the Illinois
16 Administrative Procedure Act, to implement the provisions of
17 this paragraph.

18 For facilities licensed by the Department of Public Health
19 under the ID/DD Community Care Act as ID/DD facilities and
20 under the MC/DD Act as MC/DD facilities, the rates taking
21 effect within 30 days after the effective date of this
22 amendatory Act of the 102nd General Assembly shall include an
23 increase sufficient to provide a \$2 per hour wage increase for
24 non-executive front-line personnel, including, but not limited
25 to, direct support persons, aides, front-line supervisors,
26 qualified intellectual disabilities professionals, nurses, and

1 non-administrative support staff. The Department shall adopt
2 rules, including emergency rules under the Illinois
3 Administrative Procedure Act, to implement the provisions of
4 this paragraph and ensure funds are allocated to compensation
5 increases for direct care staff.

6 For facilities licensed by the Department of Public Health
7 under the Nursing Home Care Act as Intermediate Care for the
8 Developmentally Disabled facilities or Long Term Care for
9 Under Age 22 facilities, the rates taking effect on July 1,
10 1999 shall include an increase of 1.6% plus \$3.00 per
11 resident-day, as defined by the Department. For facilities
12 licensed by the Department of Public Health under the Nursing
13 Home Care Act as Skilled Nursing facilities or Intermediate
14 Care facilities, the rates taking effect on July 1, 1999 shall
15 include an increase of 1.6% and, for services provided on or
16 after October 1, 1999, shall be increased by \$4.00 per
17 resident-day, as defined by the Department.

18 For facilities licensed by the Department of Public Health
19 under the Nursing Home Care Act as Intermediate Care for the
20 Developmentally Disabled facilities or Long Term Care for
21 Under Age 22 facilities, the rates taking effect on July 1,
22 2000 shall include an increase of 2.5% per resident-day, as
23 defined by the Department. For facilities licensed by the
24 Department of Public Health under the Nursing Home Care Act as
25 Skilled Nursing facilities or Intermediate Care facilities,
26 the rates taking effect on July 1, 2000 shall include an

1 increase of 2.5% per resident-day, as defined by the
2 Department.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as skilled nursing facilities
5 or intermediate care facilities, a new payment methodology
6 must be implemented for the nursing component of the rate
7 effective July 1, 2003. The Department of Public Aid (now
8 Healthcare and Family Services) shall develop the new payment
9 methodology using the Minimum Data Set (MDS) as the instrument
10 to collect information concerning nursing home resident
11 condition necessary to compute the rate. The Department shall
12 develop the new payment methodology to meet the unique needs
13 of Illinois nursing home residents while remaining subject to
14 the appropriations provided by the General Assembly. A
15 transition period from the payment methodology in effect on
16 June 30, 2003 to the payment methodology in effect on July 1,
17 2003 shall be provided for a period not exceeding 3 years and
18 184 days after implementation of the new payment methodology
19 as follows:

20 (A) For a facility that would receive a lower nursing
21 component rate per patient day under the new system than
22 the facility received effective on the date immediately
23 preceding the date that the Department implements the new
24 payment methodology, the nursing component rate per
25 patient day for the facility shall be held at the level in
26 effect on the date immediately preceding the date that the

1 Department implements the new payment methodology until a
2 higher nursing component rate of reimbursement is achieved
3 by that facility.

4 (B) For a facility that would receive a higher nursing
5 component rate per patient day under the payment
6 methodology in effect on July 1, 2003 than the facility
7 received effective on the date immediately preceding the
8 date that the Department implements the new payment
9 methodology, the nursing component rate per patient day
10 for the facility shall be adjusted.

11 (C) Notwithstanding paragraphs (A) and (B), the
12 nursing component rate per patient day for the facility
13 shall be adjusted subject to appropriations provided by
14 the General Assembly.

15 For facilities licensed by the Department of Public Health
16 under the Nursing Home Care Act as Intermediate Care for the
17 Developmentally Disabled facilities or Long Term Care for
18 Under Age 22 facilities, the rates taking effect on March 1,
19 2001 shall include a statewide increase of 7.85%, as defined
20 by the Department.

21 Notwithstanding any other provision of this Section, for
22 facilities licensed by the Department of Public Health under
23 the Nursing Home Care Act as skilled nursing facilities or
24 intermediate care facilities, except facilities participating
25 in the Department's demonstration program pursuant to the
26 provisions of Title 77, Part 300, Subpart T of the Illinois

1 Administrative Code, the numerator of the ratio used by the
2 Department of Healthcare and Family Services to compute the
3 rate payable under this Section using the Minimum Data Set
4 (MDS) methodology shall incorporate the following annual
5 amounts as the additional funds appropriated to the Department
6 specifically to pay for rates based on the MDS nursing
7 component methodology in excess of the funding in effect on
8 December 31, 2006:

9 (i) For rates taking effect January 1, 2007,
10 \$60,000,000.

11 (ii) For rates taking effect January 1, 2008,
12 \$110,000,000.

13 (iii) For rates taking effect January 1, 2009,
14 \$194,000,000.

15 (iv) For rates taking effect April 1, 2011, or the
16 first day of the month that begins at least 45 days after
17 the effective date of this amendatory Act of the 96th
18 General Assembly, \$416,500,000 or an amount as may be
19 necessary to complete the transition to the MDS
20 methodology for the nursing component of the rate.
21 Increased payments under this item (iv) are not due and
22 payable, however, until (i) the methodologies described in
23 this paragraph are approved by the federal government in
24 an appropriate State Plan amendment and (ii) the
25 assessment imposed by Section 5B-2 of this Code is
26 determined to be a permissible tax under Title XIX of the

1 Social Security Act.

2 Notwithstanding any other provision of this Section, for
3 facilities licensed by the Department of Public Health under
4 the Nursing Home Care Act as skilled nursing facilities or
5 intermediate care facilities, the support component of the
6 rates taking effect on January 1, 2008 shall be computed using
7 the most recent cost reports on file with the Department of
8 Healthcare and Family Services no later than April 1, 2005,
9 updated for inflation to January 1, 2006.

10 For facilities licensed by the Department of Public Health
11 under the Nursing Home Care Act as Intermediate Care for the
12 Developmentally Disabled facilities or Long Term Care for
13 Under Age 22 facilities, the rates taking effect on April 1,
14 2002 shall include a statewide increase of 2.0%, as defined by
15 the Department. This increase terminates on July 1, 2002;
16 beginning July 1, 2002 these rates are reduced to the level of
17 the rates in effect on March 31, 2002, as defined by the
18 Department.

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

1 June 30, 2001.

2 Notwithstanding any other provision of this Section, for
3 facilities licensed by the Department of Public Health under
4 the Nursing Home Care Act as skilled nursing facilities or
5 intermediate care facilities, the Illinois Department shall
6 determine by rule the rates taking effect on July 1, 2002,
7 which shall be 5.9% less than the rates in effect on June 30,
8 2002.

9 Notwithstanding any other provision of this Section, for
10 facilities licensed by the Department of Public Health under
11 the Nursing Home Care Act as skilled nursing facilities or
12 intermediate care facilities, if the payment methodologies
13 required under Section 5A-12 and the waiver granted under 42
14 CFR 433.68 are approved by the United States Centers for
15 Medicare and Medicaid Services, the rates taking effect on
16 July 1, 2004 shall be 3.0% greater than the rates in effect on
17 June 30, 2004. These rates shall take effect only upon
18 approval and implementation of the payment methodologies
19 required under Section 5A-12.

20 Notwithstanding any other provisions of this Section, for
21 facilities licensed by the Department of Public Health under
22 the Nursing Home Care Act as skilled nursing facilities or
23 intermediate care facilities, the rates taking effect on
24 January 1, 2005 shall be 3% more than the rates in effect on
25 December 31, 2004.

26 Notwithstanding any other provision of this Section, for

1 facilities licensed by the Department of Public Health under
2 the Nursing Home Care Act as skilled nursing facilities or
3 intermediate care facilities, effective January 1, 2009, the
4 per diem support component of the rates effective on January
5 1, 2008, computed using the most recent cost reports on file
6 with the Department of Healthcare and Family Services no later
7 than April 1, 2005, updated for inflation to January 1, 2006,
8 shall be increased to the amount that would have been derived
9 using standard Department of Healthcare and Family Services
10 methods, procedures, and inflators.

11 Notwithstanding any other provisions of this Section, for
12 facilities licensed by the Department of Public Health under
13 the Nursing Home Care Act as intermediate care facilities that
14 are federally defined as Institutions for Mental Disease, or
15 facilities licensed by the Department of Public Health under
16 the Specialized Mental Health Rehabilitation Act of 2013, a
17 socio-development component rate equal to 6.6% of the
18 facility's nursing component rate as of January 1, 2006 shall
19 be established and paid effective July 1, 2006. The
20 socio-development component of the rate shall be increased by
21 a factor of 2.53 on the first day of the month that begins at
22 least 45 days after January 11, 2008 (the effective date of
23 Public Act 95-707). As of August 1, 2008, the
24 socio-development component rate shall be equal to 6.6% of the
25 facility's nursing component rate as of January 1, 2006,
26 multiplied by a factor of 3.53. For services provided on or

1 after April 1, 2011, or the first day of the month that begins
2 at least 45 days after the effective date of this amendatory
3 Act of the 96th General Assembly, whichever is later, the
4 Illinois Department may by rule adjust these socio-development
5 component rates, and may use different adjustment
6 methodologies for those facilities participating, and those
7 not participating, in the Illinois Department's demonstration
8 program pursuant to the provisions of Title 77, Part 300,
9 Subpart T of the Illinois Administrative Code, but in no case
10 may such rates be diminished below those in effect on August 1,
11 2008.

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

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

26 Notwithstanding any other provision of this Section, for

1 facilities licensed by the Department of Public Health under
2 the Nursing Home Care Act as skilled nursing facilities or
3 intermediate care facilities, effective January 1, 2005,
4 facility rates shall be increased by the difference between
5 (i) a facility's per diem property, liability, and malpractice
6 insurance costs as reported in the cost report filed with the
7 Department of Public Aid and used to establish rates effective
8 July 1, 2001 and (ii) those same costs as reported in the
9 facility's 2002 cost report. These costs shall be passed
10 through to the facility without caps or limitations, except
11 for adjustments required under normal auditing procedures.

12 Rates established effective each July 1 shall govern
13 payment for services rendered throughout that fiscal year,
14 except that rates established on July 1, 1996 shall be
15 increased by 6.8% for services provided on or after January 1,
16 1997. Such rates will be based upon the rates calculated for
17 the year beginning July 1, 1990, and for subsequent years
18 thereafter until June 30, 2001 shall be based on the facility
19 cost reports for the facility fiscal year ending at any point
20 in time during the previous calendar year, updated to the
21 midpoint of the rate year. The cost report shall be on file
22 with the Department no later than April 1 of the current rate
23 year. Should the cost report not be on file by April 1, the
24 Department shall base the rate on the latest cost report filed
25 by each skilled care facility and intermediate care facility,
26 updated to the midpoint of the current rate year. In

1 determining rates for services rendered on and after July 1,
2 1985, fixed time shall not be computed at less than zero. The
3 Department shall not make any alterations of regulations which
4 would reduce any component of the Medicaid rate to a level
5 below what that component would have been utilizing in the
6 rate effective on July 1, 1984.

7 (2) Shall take into account the actual costs incurred by
8 facilities in providing services for recipients of skilled
9 nursing and intermediate care services under the medical
10 assistance program.

11 (3) Shall take into account the medical and psycho-social
12 characteristics and needs of the patients.

13 (4) Shall take into account the actual costs incurred by
14 facilities in meeting licensing and certification standards
15 imposed and prescribed by the State of Illinois, any of its
16 political subdivisions or municipalities and by the U.S.
17 Department of Health and Human Services pursuant to Title XIX
18 of the Social Security Act.

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

1 utilization of other supportive personnel under appropriate
2 supervision.

3 The Department shall develop enhanced payments to offset
4 the additional costs incurred by a facility serving
5 exceptional need residents and shall allocate at least
6 \$4,000,000 of the funds collected from the assessment
7 established by Section 5B-2 of this Code for such payments.
8 For the purpose of this Section, "exceptional needs" means,
9 but need not be limited to, ventilator care and traumatic
10 brain injury care. The enhanced payments for exceptional need
11 residents under this paragraph are not due and payable,
12 however, until (i) the methodologies described in this
13 paragraph are approved by the federal government in an
14 appropriate State Plan amendment and (ii) the assessment
15 imposed by Section 5B-2 of this Code is determined to be a
16 permissible tax under Title XIX of the Social Security Act.

17 Beginning January 1, 2014 the methodologies for
18 reimbursement of nursing facility services as provided under
19 this Section 5-5.4 shall no longer be applicable for services
20 provided on or after January 1, 2014.

21 No payment increase under this Section for the MDS
22 methodology, exceptional care residents, or the
23 socio-development component rate established by Public Act
24 96-1530 of the 96th General Assembly and funded by the
25 assessment imposed under Section 5B-2 of this Code shall be
26 due and payable until after the Department notifies the

1 long-term care providers, in writing, that the payment
2 methodologies to long-term care providers required under this
3 Section have been approved by the Centers for Medicare and
4 Medicaid Services of the U.S. Department of Health and Human
5 Services and the waivers under 42 CFR 433.68 for the
6 assessment imposed by this Section, if necessary, have been
7 granted by the Centers for Medicare and Medicaid Services of
8 the U.S. Department of Health and Human Services. Upon
9 notification to the Department of approval of the payment
10 methodologies required under this Section and the waivers
11 granted under 42 CFR 433.68, all increased payments otherwise
12 due under this Section prior to the date of notification shall
13 be due and payable within 90 days of the date federal approval
14 is received.

15 On and after July 1, 2012, the Department shall reduce any
16 rate of reimbursement for services or other payments or alter
17 any methodologies authorized by this Code to reduce any rate
18 of reimbursement for services or other payments in accordance
19 with Section 5-5e.

20 For facilities licensed by the Department of Public Health
21 under the ID/DD Community Care Act as ID/DD Facilities and
22 under the MC/DD Act as MC/DD Facilities, subject to federal
23 approval, the rates taking effect for services delivered on or
24 after August 1, 2019 shall be increased by 3.5% over the rates
25 in effect on June 30, 2019. The Department shall adopt rules,
26 including emergency rules under subsection (ii) of Section

1 5-45 of the Illinois Administrative Procedure Act, to
2 implement the provisions of this Section, including wage
3 increases for direct care staff.

4 For facilities licensed by the Department of Public Health
5 under the ID/DD Community Care Act as ID/DD Facilities and
6 under the MC/DD Act as MC/DD Facilities, subject to federal
7 approval, the rates taking effect on the latter of the
8 approval date of the State Plan Amendment for these facilities
9 or the Waiver Amendment for the home and community-based
10 services settings shall include an increase sufficient to
11 provide a \$0.26 per hour wage increase to the base wage for
12 non-executive staff. The Department shall adopt rules,
13 including emergency rules as authorized by Section 5-45 of the
14 Illinois Administrative Procedure Act, to implement the
15 provisions of this Section, including wage increases for
16 direct care staff.

17 For facilities licensed by the Department of Public Health
18 under the ID/DD Community Care Act as ID/DD Facilities and
19 under the MC/DD Act as MC/DD Facilities, subject to federal
20 approval of the State Plan Amendment and the Waiver Amendment
21 for the home and community-based services settings, the rates
22 taking effect for the services delivered on or after July 1,
23 2020 shall include an increase sufficient to provide a \$1.00
24 per hour wage increase for non-executive staff. For services
25 delivered on or after January 1, 2021, subject to federal
26 approval of the State Plan Amendment and the Waiver Amendment

1 for the home and community-based services settings, shall
2 include an increase sufficient to provide a \$0.50 per hour
3 increase for non-executive staff. The Department shall adopt
4 rules, including emergency rules as authorized by Section 5-45
5 of the Illinois Administrative Procedure Act, to implement the
6 provisions of this Section, including wage increases for
7 direct care staff.

8 For facilities licensed by the Department of Public Health
9 under the ID/DD Community Care Act as ID/DD facilities and
10 under the MC/DD Act as MC/DD facilities, subject to federal
11 approval, the rates taking effect for services delivered on or
12 after January 1, 2021, shall be increased sufficiently to
13 provide at a minimum \$2 per hour wage increase over the wages
14 in effect on January 1, 2021. The Department shall adopt
15 rules, including emergency rules under the Illinois
16 Administrative Procedure Act, to implement the provisions of
17 this Section, and ensure funds are allocated to compensation
18 increases for direct care staff.

19 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
20 101-10, eff. 6-5-19; 101-636, eff. 6-10-20.)

21 (305 ILCS 5/5-5.4i)

22 Sec. 5-5.4i. Rates and reimbursements.

23 (a) Within 30 days after July 6, 2017 (the effective date
24 of Public Act 100-23), the Department shall increase rates and
25 reimbursements to fund a minimum of a \$0.75 per hour wage

1 increase for front-line personnel, including, but not limited
2 to, direct support persons, aides, front-line supervisors,
3 qualified intellectual disabilities professionals, nurses, and
4 non-administrative support staff working in community-based
5 provider organizations serving individuals with developmental
6 disabilities. The Department shall adopt rules, including
7 emergency rules under subsection (y) of Section 5-45 of the
8 Illinois Administrative Procedure Act, to implement the
9 provisions of this Section.

10 (b) Within 30 days after June 4, 2018 (the effective date
11 of Public Act 100-587), the Department shall increase rates
12 and reimbursements to fund a minimum of a \$0.50 per hour wage
13 increase for front-line personnel, including, but not limited
14 to, direct support persons, aides, front-line supervisors,
15 qualified intellectual disabilities professionals, nurses, and
16 non-administrative support staff working in community-based
17 provider organizations serving individuals with developmental
18 disabilities. The Department shall adopt rules, including
19 emergency rules under subsection (bb) of Section 5-45 of the
20 Illinois Administrative Procedure Act, to implement the
21 provisions of this Section.

22 (c) Within 30 days after the effective date of this
23 amendatory Act of the 101st General Assembly, subject to
24 federal approval, the Department shall increase rates and
25 reimbursements in effect on June 30, 2019 for community-based
26 providers for persons with Developmental Disabilities by 3.5%.

1 The Department shall adopt rules, including emergency rules
2 under subsection (ii) of Section 5-45 of the Illinois
3 Administrative Procedure Act, to implement the provisions of
4 this Section, including wage increases for direct care staff.

5 (d) Within 30 days after the effective date of this
6 amendatory Act of the 102nd General Assembly, subject to
7 federal approval, the Department shall increase rates and
8 reimbursements in effect on January 1, 2021 for
9 community-based providers for persons with developmental
10 disabilities in order to fund a minimum \$2 per hour wage
11 increase. The Department shall adopt rules, including
12 emergency rules under the Illinois Administrative Procedure
13 Act, to implement the provisions of this Section, and ensure
14 funds are allocated to compensation increases for direct care
15 staff.

16 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
17 101-10, eff. 6-5-19.)

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 100/5-45.8 new

4 20 ILCS 1705/55.5 new

5 20 ILCS 1705/74

6 305 ILCS 5/5-5.4 from Ch. 23, par. 5-5.4

7 305 ILCS 5/5-5.4i