

103RD GENERAL ASSEMBLY State of Illinois 2023 and 2024 HB3569

Introduced 2/17/2023, by Rep. Michelle Mussman

SYNOPSIS AS INTRODUCED:

5 ILCS 100/5-45.35 new 5 ILCS 100/5-45.36 new 20 ILCS 1705/74 305 ILCS 5/5-5.4

from Ch. 23, par. 5-5.4

Amends the Mental Health and Developmental Disabilities Administrative Act. Provides that for community-based providers serving persons with intellectual or developmental disabilities, the rates taking effect for services delivered on or after January 1, 2024 shall be increased sufficiently to: (i) provide a minimum \$4.00 per hour wage increase over the wages in for front-line personnel; and (ii) provide wages for all other residential non-executive direct care staff, excluding direct support personnel, at the U.S. Department of Labor's average wage as defined in by the Department of Human Services. Amends the Illinois Public Aid Code. Provides that for ID/DD facilities and MC/DD facilities, the rates taking effect for services delivered on or after January 1, 2024 shall be increased sufficiently to: (i) provide a minimum \$4.00 per hour wage increase over the wages in for front-line personnel; and (ii) provide wages for all other residential non-executive direct care staff, excluding direct support personnel, at the U.S. Department of Labor's average wage as defined in rule by the Department of Healthcare and Family Services. Amends the Illinois Administrative Procedure Act. Grants the Departments of Human Services and Healthcare and Family Services emergency rulemaking authority. Effective immediately.

LRB103 28364 SPS 54744 b

1 AN ACT concerning State government.

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

- Section 5. The Illinois Administrative Procedure Act is amended by adding Sections 5-45.35 and 5-45.36 as follows:
- 6 (5 ILCS 100/5-45.35 new)
- 7 Sec. 5-45.35. Emergency rulemaking; Mental Health and Developmental Disabilities Administrative Act. To provide for 8 9 the expeditious and timely implementation of the changes made to Section 74 of the Mental Health and Developmental 10 Disabilities Administrative Act by this amendatory Act of the 11 12 103rd General Assembly, emergency rules implementing the changes made to Section 74 of the Mental Health and 13 14 Developmental Disabilities Administrative Act by this amendatory Act of the 103rd General Assembly may be adopted in 15 16 accordance with Section 5-45 by the Department of Human Services. The adoption of emergency rules authorized by 17 Section 5-45 and this Section is deemed to be necessary for the 18 19 public interest, safety, and welfare.
- 20 <u>This Section is repealed one year after the effective date</u> 21 of this amendatory Act of the 103rd General Assembly.
- 22 (5 ILCS 100/5-45.36 new)

- Sec. 5-45.36. Emergency rulemaking; Illinois Public Aid 1 2 Code. To provide for the expeditious and timely implementation 3 of the changes made to Section 5-5.4 of the Illinois Public Aid Code by this amendatory Act of the 103rd General Assembly, 4 5 emergency rules implementing the changes made to Section 5-5.4 of the Illinois Public Aid Code by this amendatory Act of the 6 7 103rd General Assembly may be adopted in accordance with Section 5-45 by the Department of Healthcare and Family 8 9 Services. The adoption of emergency rules authorized by 10 Section 5-45 and this Section is deemed to be necessary for the 11 public interest, safety, and welfare. 12 This Section is repealed one year after the effective date
- Section 10. The Mental Health and Developmental
 Disabilities Administrative Act is amended by changing Section
 74 as follows:

of this amendatory Act of the 103rd General Assembly.

17 (20 ILCS 1705/74)

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- 18 Sec. 74. Rates and reimbursements.
- of Public Act 100-23), the Department shall increase rates and reimbursements to fund a minimum of a \$0.75 per hour wage increase for front-line personnel, including, but not limited to, direct support professionals, aides, front-line supervisors, qualified intellectual disabilities

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- professionals, nurses, and non-administrative support staff
 working in community-based provider organizations serving
 individuals with developmental disabilities. The Department
 shall adopt rules, including emergency rules under subsection
 (y) of Section 5-45 of the Illinois Administrative Procedure
 Act, to implement the provisions of this Section.
- 7 (b) Rates and reimbursements. Within 30 days after June 4, 8 2018 (the effective date of Public Act 100-587) this 9 amendatory Act of the 100th General Assembly, the Department 10 shall increase rates and reimbursements to fund a minimum of a 11 \$0.50 per hour wage increase for front-line personnel, 12 including, but not limited to, direct support professionals, 13 front-line supervisors, qualified intellectual aides, disabilities professionals, nurses, and non-administrative 14 15 support staff working in community-based 16 organizations serving individuals with developmental 17 disabilities. The Department shall adopt rules, including emergency rules under subsection (bb) of Section 5-45 of the 18 Illinois Administrative Procedure Act, to implement the 19 20 provisions of this Section.
 - (c) Rates and reimbursements. Within 30 days after <u>June 5</u>, <u>2019</u> (the effective date of <u>Public Act 101-10</u>) this amendatory <u>Act of the 101st General Assembly</u>, subject to federal approval, the Department shall increase rates and reimbursements in effect on June 30, 2019 for community-based providers for persons with Developmental Disabilities by 3.5%

- The Department shall adopt rules, including emergency rules under subsection (jj) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section, including wage increases for direct care staff.
 - (d) For community-based providers serving persons with intellectual/developmental disabilities, subject to federal approval of any relevant Waiver Amendment, the rates taking effect for services delivered on or after January 1, 2022, shall include an increase in the rate methodology sufficient to provide a \$1.50 per hour wage increase for direct support professionals in residential settings and sufficient to provide wages for all residential non-executive direct care staff, excluding direct support professionals, at the federal Department of Labor, Bureau of Labor Statistics' average wage as defined in rule by the Department.

The establishment of and any changes to the rate methodologies for community-based services provided to persons with intellectual/developmental disabilities are subject to federal approval of any relevant Waiver Amendment and shall be defined in rule by the Department. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this subsection (d).

(e) For community-based providers serving persons with intellectual/developmental disabilities, subject to federal approval of any relevant Waiver Amendment, the rates taking

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effect for services delivered on or after January 1, 2023, shall include an increase in the rate methodology sufficient to provide a \$1.00 per hour wage increase for all direct support professionals personnel and all other frontline personnel who are not subject to the Bureau of Labor Statistics' average wage increases, who work in residential and community day services settings, with at least \$0.50 of those funds to be provided as a direct increase to base wages, with the remaining \$0.50 to be used flexibly for base wage increases. In addition, the rates taking effect for services delivered on or after January 1, 2023 shall include an increase sufficient to provide wages for all residential non-executive direct care staff, excluding direct support professionals personnel, at the federal Department of Labor, Bureau of Labor Statistics' average wage as defined in rule by the Department.

The establishment of and any changes to the rate methodologies for community-based services provided to persons with intellectual/developmental disabilities are subject to federal approval of any relevant Waiver Amendment and shall be defined in rule by the Department. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this subsection.

(f) For community-based providers serving persons with intellectual or developmental disabilities, subject to federal

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approval of any relevant Waiver Amendment, the rates taking effect for services delivered on or after January 1, 2024, shall include an increase in the rate methodology sufficient to provide a \$4.00 per hour wage rate increase for all direct support professionals and all other frontline personnel who are not subject to the Bureau of Labor Statistics' average wage increases, who work in residential and community day services settings, with at least \$2.00 of those funds to be provided as a direct increase to base wages, with the remaining \$2.00 to be used flexibly for base wage increases. In addition, the rates taking effect for services delivered on or after January 1, 2024, shall include an increase sufficient to provide wages for all residential non-executive direct care staff, excluding direct support professionals, at the federal Department of Labor, Bureau of Labor Statistics' average wage as defined in rule by the Department. For services delivered on or after January 1, 2024, the rates shall include adjustments to employment-related expenses as defined in rule by the Department. The establishment of and any changes to the rate methodologies for community-based services provided to persons with intellectual or developmental disabilities are subject to

defined in rule by the Department. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the

federal approval of any relevant Waiver Amendment and shall be

- 1 provisions of this subsection.
- 2 (Source: P.A. 101-10, eff. 6-5-19; 102-16, eff. 6-17-21;
- 3 102-699, eff. 4-19-22; 102-830, eff. 1-1-23; revised
- 4 12-13-22.)
- 5 Section 15. The Illinois Public Aid Code is amended by
- 6 changing Section 5-5.4 as follows:
- 7 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)
- 8 Sec. 5-5.4. Standards of Payment Department of
- 9 Healthcare and Family Services. The Department of Healthcare
- 10 and Family Services shall develop standards of payment of
- 11 nursing facility and ICF/DD services in facilities providing
- 12 such services under this Article which:
- 13 (1) Provide for the determination of a facility's payment
- 14 for nursing facility or ICF/DD services on a prospective
- 15 basis. The amount of the payment rate for all nursing
- 16 facilities certified by the Department of Public Health under
- 17 the ID/DD Community Care Act or the Nursing Home Care Act as
- 18 Intermediate Care for the Developmentally Disabled facilities,
- 19 Long Term Care for Under Age 22 facilities, Skilled Nursing
- 20 facilities, or Intermediate Care facilities under the medical
- 21 assistance program shall be prospectively established annually
- 22 on the basis of historical, financial, and statistical data
- 23 reflecting actual costs from prior years, which shall be
- 24 applied to the current rate year and updated for inflation,

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except that the capital cost element for newly constructed facilities shall be based upon projected budgets. The annually established payment rate shall take effect on July 1 in 1984 and subsequent years. No rate increase and no update for inflation shall be provided on or after July 1, 1994, unless specifically provided for in this Section. The changes made by Public Act 93-841 extending the duration of the prohibition against a rate increase or update for inflation are effective retroactive to July 1, 2004.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1998 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing Home Care Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1998 shall include an increase of 3% plus \$1.10 per resident-day, as defined by the Department. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care Facilities for the Developmentally Disabled or Long Term Care for Under Age 22 facilities, the rates taking effect on January 1, 2006 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care Facilities for the Developmentally Disabled or Long Term Care for Under Age

22 facilities, the rates taking effect on January 1, 2009 1 2 shall include an increase sufficient to provide a \$0.50 per hour wage increase for non-executive staff. For facilities 3 licensed by the Department of Public Health under the ID/DD 5 Community Care Act as ID/DD Facilities the rates taking effect within 30 days after July 6, 2017 (the effective date of Public 6 Act 100-23) shall include an increase sufficient to provide a 7 8 \$0.75 per hour wage increase for non-executive staff. The 9 Department shall adopt rules, including emergency rules under 10 subsection (v) of Section 5-45 of the Illinois Administrative 11 Procedure Act, to implement the provisions of this paragraph. 12 For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD Facilities and 13 14 under the MC/DD Act as MC/DD Facilities, the rates taking 15 effect within 30 days after the effective date of this 16 amendatory Act of the 100th General Assembly shall include an 17 increase sufficient to provide a \$0.50 per hour wage increase for non-executive front-line personnel, including, but not 18 19 limited to, direct support persons, aides, front-line 20 supervisors, qualified intellectual disabilities 21 professionals, nurses, and non-administrative support staff. 22 The Department shall adopt rules, including emergency rules 23 under subsection (bb) of Section 5-45 of the Administrative Procedure Act, to implement the provisions of 24 25 this paragraph.

For facilities licensed by the Department of Public Health

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

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

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, a new payment methodology must be implemented for the nursing component of the rate

effective July 1, 2003. The Department of Public Aid (now Healthcare and Family Services) shall develop the new payment methodology using the Minimum Data Set (MDS) as the instrument to collect information concerning nursing home resident condition necessary to compute the rate. The Department shall develop the new payment methodology to meet the unique needs of Illinois nursing home residents while remaining subject to the appropriations provided by the General Assembly. A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect on July 1, 2003 shall be provided for a period not exceeding 3 years and 184 days after implementation of the new payment methodology as follows:

- (A) For a facility that would receive a lower nursing component rate per patient day under the new system than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be held at the level in effect on the date immediately preceding the date that the Department implements the new payment methodology until a higher nursing component rate of reimbursement is achieved by that facility.
- (B) For a facility that would receive a higher nursing component rate per patient day under the payment methodology in effect on July 1, 2003 than the facility

received effective on the date immediately preceding the
date that the Department implements the new payment
methodology, the nursing component rate per patient day
for the facility shall be adjusted.

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

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

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, except facilities participating in the Department's demonstration program pursuant to the provisions of Title 77, Part 300, Subpart T of the Illinois Administrative Code, the numerator of the ratio used by the Department of Healthcare and Family Services to compute the rate payable under this Section using the Minimum Data Set (MDS) methodology shall incorporate the following annual amounts as the additional funds appropriated to the Department specifically to pay for rates based on the MDS nursing

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- 1 component methodology in excess of the funding in effect on 2 December 31, 2006:
- 3 (i) For rates taking effect January 1, 2007,
 4 \$60,000,000.
- 5 (ii) For rates taking effect January 1, 2008, 6 \$110,000,000.
- 7 (iii) For rates taking effect January 1, 2009, 8 \$194,000,000.
 - (iv) For rates taking effect April 1, 2011, or the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 96th General Assembly, \$416,500,000 or an amount as may be necessary to complete the transition to the methodology for the nursing component of the rate. Increased payments under this item (iv) are not due and payable, however, until (i) the methodologies described in this paragraph are approved by the federal government in Plan amendment appropriate State and (ii) an assessment imposed by Section 5B-2 of this Code is determined to be a permissible tax under Title XIX of the Social Security Act.

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the support component of the rates taking effect on January 1, 2008 shall be computed using

- 1 the most recent cost reports on file with the Department of
- 2 Healthcare and Family Services no later than April 1, 2005,
- 3 updated for inflation to January 1, 2006.
- 4 For facilities licensed by the Department of Public Health
- 5 under the Nursing Home Care Act as Intermediate Care for the
- 6 Developmentally Disabled facilities or Long Term Care for
- 7 Under Age 22 facilities, the rates taking effect on April 1,
- 8 2002 shall include a statewide increase of 2.0%, as defined by
- 9 the Department. This increase terminates on July 1, 2002;
- 10 beginning July 1, 2002 these rates are reduced to the level of
- 11 the rates in effect on March 31, 2002, as defined by the
- 12 Department.
- For facilities licensed by the Department of Public Health
- 14 under the Nursing Home Care Act as skilled nursing facilities
- or intermediate care facilities, the rates taking effect on
- July 1, 2001 shall be computed using the most recent cost
- 17 reports on file with the Department of Public Aid no later than
- 18 April 1, 2000, updated for inflation to January 1, 2001. For
- rates effective July 1, 2001 only, rates shall be the greater
- of the rate computed for July 1, 2001 or the rate effective on
- 21 June 30, 2001.
- Notwithstanding any other provision of this Section, for
- facilities licensed by the Department of Public Health under
- 24 the Nursing Home Care Act as skilled nursing facilities or
- 25 intermediate care facilities, the Illinois Department shall
- determine by rule the rates taking effect on July 1, 2002,

which shall be 5.9% less than the rates in effect on June 30, 2002.

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

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

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, effective January 1, 2009, the per diem support component of the rates effective on January 1, 2008, computed using the most recent cost reports on file with the Department of Healthcare and Family Services no later

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than April 1, 2005, updated for inflation to January 1, 2006, shall be increased to the amount that would have been derived using standard Department of Healthcare and Family Services

methods, procedures, and inflators.

Notwithstanding any other provisions of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as intermediate care facilities that are federally defined as Institutions for Mental Disease, or facilities licensed by the Department of Public Health under the Specialized Mental Health Rehabilitation Act of 2013, a socio-development component rate equal to 6.6% of facility's nursing component rate as of January 1, 2006 shall established and paid effective July 1, 2006. socio-development component of the rate shall be increased by a factor of 2.53 on the first day of the month that begins at least 45 days after January 11, 2008 (the effective date of 95-707). As of August 1, 2008, Public Act socio-development component rate shall be equal to 6.6% of the facility's nursing component rate as of January 1, 2006, multiplied by a factor of 3.53. For services provided on or after April 1, 2011, or the first day of the month that begins at least 45 days after the effective date of this amendatory Act of the 96th General Assembly, whichever is later, the Illinois Department may by rule adjust these socio-development rates, and use different may adjustment methodologies for those facilities participating, and those

- 1 not participating, in the Illinois Department's demonstration
- 2 program pursuant to the provisions of Title 77, Part 300,
- 3 Subpart T of the Illinois Administrative Code, but in no case
- 4 may such rates be diminished below those in effect on August 1,
- 5 2008.
- 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 as long-term care
- 9 facilities for residents under 22 years of age, the rates
- 10 taking effect on July 1, 2003 shall include a statewide
- increase of 4%, as defined by the Department.
- 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 Long Term Care for
- 15 Under Age 22 facilities, the rates taking effect on the first
- 16 day of the month that begins at least 45 days after the
- 17 effective date of this amendatory Act of the 95th General
- 18 Assembly shall include a statewide increase of 2.5%, as
- defined by the Department.
- Notwithstanding any other provision 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, effective January 1, 2005,
- 24 facility rates shall be increased by the difference between
- 25 (i) a facility's per diem property, liability, and malpractice
- 26 insurance costs as reported in the cost report filed with the

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Department of Public Aid and used to establish rates effective
July 1, 2001 and (ii) those same costs as reported in the
facility's 2002 cost report. These costs shall be passed
through to the facility without caps or limitations, except
for adjustments required under normal auditing procedures.

Rates established effective each July 1 shall govern payment for services rendered throughout that fiscal year, except that rates established on July 1, 1996 shall be increased by 6.8% for services provided on or after January 1, 1997. Such rates will be based upon the rates calculated for the year beginning July 1, 1990, and for subsequent years thereafter until June 30, 2001 shall be based on the facility cost reports for the facility fiscal year ending at any point in time during the previous calendar year, updated to the midpoint of the rate year. The cost report shall be on file with the Department no later than April 1 of the current rate year. Should the cost report not be on file by April 1, the Department shall base the rate on the latest cost report filed by each skilled care facility and intermediate care facility, updated to the midpoint of the current rate year. determining rates for services rendered on and after July 1, 1985, fixed time shall not be computed at less than zero. The Department shall not make any alterations of regulations which would reduce any component of the Medicaid rate to a level below what that component would have been utilizing in the rate effective on July 1, 1984.

- (2) Shall take into account the actual costs incurred by facilities in providing services for recipients of skilled nursing and intermediate care services under the medical assistance program.
 - (3) Shall take into account the medical and psycho-social characteristics and needs of the patients.
 - (4) Shall take into account the actual costs incurred by facilities in meeting licensing and certification standards imposed and prescribed by the State of Illinois, any of its political subdivisions or municipalities and by the U.S. Department of Health and Human Services pursuant to Title XIX of the Social Security Act.

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

The Department shall develop enhanced payments to offset the additional costs incurred by a facility serving exceptional need residents and shall allocate at least \$4,000,000 of the funds collected from the assessment

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established by Section 5B-2 of this Code for such payments. 2 For the purpose of this Section, "exceptional needs" means, but need not be limited to, ventilator care and traumatic 3 brain injury care. The enhanced payments for exceptional need 5 residents under this paragraph are not due and payable, the methodologies described in this 6 however, until (i)

paragraph are approved by the federal government in an

appropriate State Plan amendment and (ii) the assessment

imposed by Section 5B-2 of this Code is determined to be a

permissible tax under Title XIX of the Social Security Act.

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

No payment increase under this Section for the MDS methodology, exceptional care residents, the or socio-development component rate established by Public Act 96-1530 of the 96th General Assembly and funded by the assessment imposed under Section 5B-2 of this Code shall be due and payable until after the Department notifies the long-term care providers, in writing, that the payment methodologies to long-term care providers required under this Section have been approved by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services and the waivers under 42 CFR 433.68 for assessment imposed by this Section, if necessary, have been

granted by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. Upon notification to the Department of approval of the payment methodologies required under this Section and the waivers granted under 42 CFR 433.68, all increased payments otherwise due under this Section prior to the date of notification shall be due and payable within 90 days of the date federal approval is received.

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

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD Facilities and under the MC/DD Act as MC/DD Facilities, subject to federal approval, the rates taking effect for services delivered on or after August 1, 2019 shall be increased by 3.5% over the rates in effect on June 30, 2019. The Department shall adopt rules, including emergency rules under subsection (ii) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section, including wage increases for direct care staff.

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD Facilities and under the MC/DD Act as MC/DD Facilities, subject to federal

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approval, the rates taking effect on the latter of the approval date of the State Plan Amendment for these facilities or the Waiver Amendment for the home and community-based services settings shall include an increase sufficient to provide a \$0.26 per hour wage increase to the base wage for non-executive staff. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section, including wage increases for direct care staff.

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD Facilities and under the MC/DD Act as MC/DD Facilities, subject to federal approval of the State Plan Amendment and the Waiver Amendment for the home and community-based services settings, the rates taking effect for the services delivered on or after July 1, 2020 shall include an increase sufficient to provide a \$1.00 per hour wage increase for non-executive staff. For services delivered on or after January 1, 2021, subject to federal approval of the State Plan Amendment and the Waiver Amendment for the home and community-based services settings, shall include an increase sufficient to provide a \$0.50 per hour increase for non-executive staff. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section, including wage increases for

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direct care staff.

2 For facilities licensed by the Department of Public Health 3 under the ID/DD Community Care Act as ID/DD Facilities and under the MC/DD Act as MC/DD Facilities, subject to federal approval of the State Plan Amendment, the rates taking effect for the residential services delivered on or after July 1, 6 7 2021, shall include an increase sufficient to provide a \$0.50 8 per hour increase for aides in the rate methodology. For 9 facilities licensed by the Department of Public Health under 10 the ID/DD Community Care Act as ID/DD Facilities and under the 11 MC/DD Act as MC/DD Facilities, subject to federal approval of 12 the State Plan Amendment, the rates taking effect for the 13 residential services delivered on or after January 1, 2022 14 shall include an increase sufficient to provide a \$1.00 per 15 hour increase for aides in the rate methodology. In addition, 16 for residential services delivered on or after January 1, 2022 17 such rates shall include an increase sufficient to provide wages for all residential non-executive direct care staff, 18 19 excluding aides, at the federal Department of Labor, Bureau of 20 Labor Statistics' average wage as defined in rule by the 21 Department. The Department shall adopt rules, including 22 emergency rules as authorized by Section 5-45 of the Illinois 23 Administrative Procedure Act, to implement the provisions of 24 this Section.

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD facilities and

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under the MC/DD Act as MC/DD facilities, subject to federal approval of the State Plan Amendment, the rates taking effect for services delivered on or after January 1, 2023, shall include a \$1.00 per hour wage increase for all direct support personnel and all other frontline personnel who are not subject to the Bureau of Labor Statistics' average wage increases, who work in residential and community day services settings, with at least \$0.50 of those funds to be provided as a direct increase to all aide base wages, with the remaining \$0.50 to be used flexibly for base wage increases to the rate methodology for aides. In addition, for residential services delivered on or after January 1, 2023 the rates shall include an increase sufficient to provide wages for all residential non-executive direct care staff, excluding aides, at the federal Department of Labor, Bureau of Labor Statistics' average wage as determined by the Department. Also, for services delivered on or after January 1, 2023, the rates will include adjustments to employment-related expenses as defined in rule by the Department. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this Section.

For facilities licensed by the Department of Public Health under the ID/DD Community Care Act as ID/DD facilities and under the MC/DD Act as MC/DD facilities, subject to federal approval of the State Plan Amendment, the rates taking effect

- 1 for services delivered on or after January 1, 2024, shall 2 include a \$4.00 per hour wage rate increase for all direct 3 support personnel and all other frontline personnel who are not subject to the Bureau of Labor Statistics' average wage 4 5 increases, who work in residential and community day services settings, with at least \$2.00 of those funds to be provided as 6 7 a direct increase to all aide base wages, with the remaining 8 \$2.00 to be used flexibly for base wage increases to the rate 9 methodology for aides. In addition, for residential services 10 delivered on or after January 1, 2024, the rates shall include 11 an increase sufficient to provide wages for all residential 12 non-executive direct care staff, excluding aides, at the federal Department of Labor, Bureau of Labor Statistics' 13 14 average wage as determined by the Department. Also, for services delivered on or after January 1, 2024, the rates will 15 16 include adjustments to employment-related expenses as defined 17 in rule by the Department. The Department shall adopt rules, including emergency rules as authorized by Section 5-45 of the 18 19 Illinois Administrative Procedure Act, to implement the 20 provisions of this Section. (Source: P.A. 101-10, eff. 6-5-19; 101-636, eff. 6-10-20; 21 22 102-16, eff. 6-17-21; 102-699, eff. 4-19-22.)
- 23 Section 99. Effective date. This Act takes effect upon 24 becoming law.