



Sen. Doris Turner

Filed: 4/16/2024

10300SB3256sam002

LRB103 39314 CES 72081 a

1 AMENDMENT TO SENATE BILL 3256

2 AMENDMENT NO. _____. Amend Senate Bill 3256 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Nursing Home Care Act is amended by
5 changing Section 3-401.1 as follows:

6 (210 ILCS 45/3-401.1) (from Ch. 111 1/2, par. 4153-401.1)

7 Sec. 3-401.1. (a) A facility participating in the Medical
8 Assistance Program is prohibited from failing or refusing to
9 retain as a resident any person because he or she is a
10 recipient of or an applicant for the Medical Assistance
11 Program.

12 (a-5) ~~A After the effective date of this amendatory Act of~~
13 ~~1997,~~ a facility of which only a distinct part is certified to
14 participate in the Medical Assistance Program may refuse to
15 retain as a resident any person who resides in a part of the
16 facility that does not participate in the Medical Assistance

1 Program and who is unable to pay for his or her care in the
2 facility without Medical Assistance only if:

3 (1) the facility, no later than at the time of
4 admission and at the time of the resident's contract
5 renewal, explains to the resident (unless he or she is
6 incompetent), and to the resident's representative, and to
7 the person making payment on behalf of the resident for
8 the resident's stay, in writing, that the facility may
9 discharge the resident if the resident is no longer able
10 to pay for his or her care in the facility without Medical
11 Assistance;

12 (2) the resident (unless he or she is incompetent),
13 the resident's representative, and the person making
14 payment on behalf of the resident for the resident's stay,
15 acknowledge in writing that they have received the written
16 explanation; ~~and-~~

17 (3) the facility provides, in circumstances where a
18 resident's Medicare coverage is ending prior to the full
19 100-day benefit period, notice to the resident and the
20 resident's representative that the resident's Medicare
21 coverage will likely end in 5 days and that the resident
22 shall not be required to move until the 5 days have
23 elapsed, unless the facility is notified less than 5 days
24 before the end of the resident's Medicare coverage by a
25 managed care organization or due to inaccurate reporting
26 by an outside entity, in which case the facility provides

1 a minimum of 2 days' notice to the resident and the
2 resident's representative before requiring the resident to
3 move under this Section.

4 (a-10) For the purposes of this Section, a recipient or
5 applicant shall be considered a resident in the facility
6 during any hospital stay totaling 10 days or less following a
7 hospital admission. The Department of Healthcare and Family
8 Services shall recoup funds from a facility when, as a result
9 of the facility's refusal to readmit a recipient after
10 hospitalization for 10 days or less, the recipient incurs
11 hospital bills in an amount greater than the amount that would
12 have been paid by that Department (formerly the Illinois
13 Department of Public Aid) for care of the recipient in the
14 facility. The amount of the recoupment shall be the difference
15 between the Department of Healthcare and Family Services'
16 (formerly the Illinois Department of Public Aid's) payment for
17 hospital care and the amount that Department would have paid
18 for care in the facility.

19 (b) A facility which violates this Section shall be guilty
20 of a business offense and fined not less than \$500 nor more
21 than \$1,000 for the first offense and not less than \$1,000 nor
22 more than \$5,000 for each subsequent offense.

23 (Source: P.A. 95-331, eff. 8-21-07.)"