

SB2113



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB2113

Introduced 2/20/2009, by Sen. Don Harmon

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.5b new

Amends the Illinois Public Aid Code. Provides that under the medical assistance program, beginning January 1, 2009, the Department of Healthcare and Family Services may reimburse a skilled nursing facility, intermediate care facility, or institution for mental diseases providing long-term care services, based upon patient days reported in the facility's most recent cost report, for spending incurred to provide health care benefits to its employees serving the vulnerable populations residing in the facility, in order to attract and retain a qualified and healthy workforce. Provides that subject to available appropriations, the reimbursement shall be made according to certain criteria. Provides that the reimbursement is subject to audit by the Department and shall be reduced or eliminated in the case of any facility that does not honor its commitment to increase spending to improve the health of its employees or that decreases such spending. Effective July 1, 2009.

LRB096 05783 DRJ 15858 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 adding Section 5-5.5b as follows:

6 (305 ILCS 5/5-5.5b new)

7 Sec. 5-5.5b. Long-term care facilities; healthy employees
8 initiative.

9 (a) Beginning January 1, 2009, the Department of Healthcare
10 and Family Services may reimburse an individual skilled nursing
11 facility, intermediate care facility, or Class I Institution
12 for Mental Diseases providing long-term care services, based
13 upon patient days reported in the facility's most recent cost
14 report, for spending incurred to provide health care benefits
15 to its employees serving the vulnerable populations residing in
16 the facility, in order to attract and retain a qualified and
17 healthy workforce. Subject to available appropriations, this
18 reimbursement shall be made according to the following
19 criteria:

20 (1) The Department shall reimburse the facility to
21 compensate for spending on health care for its eligible
22 employees. Eligible employees include employees engaged in
23 direct care work and covered by a recognized health care

1 benefits package.

2 (2) In order to qualify for reimbursement under this
3 Section, a facility must provide to the Department, before
4 January 1 of each year, documentation of a written, legally
5 binding commitment to increase spending for the purpose of
6 providing health care benefits to its eligible employees
7 during the next year. The commitment must be binding as to
8 both existing and future staff. The commitment must include
9 a method of enforcing the commitment that is available to
10 the employees or their representative and is expeditious,
11 uses a neutral decision-maker, and is economical for the
12 employees. The Department must also receive documentation
13 of the facility's provision of written notice of the
14 commitment and the availability of the enforcement
15 mechanism to the employees or their representative.

16 (3) Reimbursement shall be based on the amount of
17 increased spending incurred for health care by the facility
18 that exceeds the spending reported in the cost report
19 currently used by the Department. Reimbursement shall be
20 calculated as follows: the per diem equivalent of the
21 quarterly difference between the cost to provide health
22 care benefits for covered eligible employees as identified
23 in the legally binding commitment and the previous period
24 cost of health care as reported in the cost report
25 currently used by the Department, subject to the
26 limitations identified in paragraph (2).

1 (4) Any facility is eligible to receive reimbursement
2 under this Section. A facility's eligibility to receive
3 reimbursement shall continue as long as the facility
4 maintains eligibility under paragraph (2) and the
5 reimbursement program continues to exist.

6 (b) Reimbursement under this Section is subject to audit by
7 the Department and shall be reduced or eliminated in the case
8 of any facility that does not honor its commitment to increase
9 spending to improve the health of its employees or that
10 decreases such spending.

11 (c) Nothing in this Section shall be construed to interfere
12 with reimbursements to facilities based on the Minimum Data Set
13 (MDS) funding methodology.

14 (d) As used in this Section, "Class I Institution for
15 Mental Diseases" has the meaning ascribed to that term in the
16 Social Security Act and 89 Ill. Admin. Code 145.30.

17 Section 99. Effective date. This Act takes effect July 1,
18 2009.