

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 changing Sections 5-4.2, 5-5.4, 5B-2, 5B-4, and 5B-8 as
6 follows:

7 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

8 Sec. 5-4.2. Ambulance services payments.

9 (a) For ambulance services provided to a recipient of aid
10 under this Article on or after January 1, 1993, the Illinois
11 Department shall reimburse ambulance service providers at
12 rates calculated in accordance with this Section. It is the
13 intent of the General Assembly to provide adequate
14 reimbursement for ambulance services so as to ensure adequate
15 access to services for recipients of aid under this Article and
16 to provide appropriate incentives to ambulance service
17 providers to provide services in an efficient and
18 cost-effective manner. Thus, it is the intent of the General
19 Assembly that the Illinois Department implement a
20 reimbursement system for ambulance services that, to the extent
21 practicable and subject to the availability of funds
22 appropriated by the General Assembly for this purpose, is
23 consistent with the payment principles of Medicare. To ensure

1 uniformity between the payment principles of Medicare and
2 Medicaid, the Illinois Department shall follow, to the extent
3 necessary and practicable and subject to the availability of
4 funds appropriated by the General Assembly for this purpose,
5 the statutes, laws, regulations, policies, procedures,
6 principles, definitions, guidelines, and manuals used to
7 determine the amounts paid to ambulance service providers under
8 Title XVIII of the Social Security Act (Medicare).

9 (b) For ambulance services provided to a recipient of aid
10 under this Article on or after January 1, 1996, the Illinois
11 Department shall reimburse ambulance service providers based
12 upon the actual distance traveled if a natural disaster,
13 weather conditions, road repairs, or traffic congestion
14 necessitates the use of a route other than the most direct
15 route.

16 (c) For purposes of this Section, "ambulance services"
17 includes medical transportation services provided by means of
18 an ambulance, medi-car, service car, or taxi.

19 (c-1) For purposes of this Section, "ground ambulance
20 service" means medical transportation services that are
21 described as ground ambulance services by the Centers for
22 Medicare and Medicaid Services and provided in a vehicle that
23 is licensed as an ambulance by the Illinois Department of
24 Public Health pursuant to the Emergency Medical Services (EMS)
25 Systems Act.

26 (c-2) For purposes of this Section, "ground ambulance

1 service provider" means a vehicle service provider as described
2 in the Emergency Medical Services (EMS) Systems Act that
3 operates licensed ambulances for the purpose of providing
4 emergency ambulance services, or non-emergency ambulance
5 services, or both. For purposes of this Section, this includes
6 both ambulance providers and ambulance suppliers as described
7 by the Centers for Medicare and Medicaid Services.

8 (d) This Section does not prohibit separate billing by
9 ambulance service providers for oxygen furnished while
10 providing advanced life support services.

11 (e) Beginning with services rendered on or after July 1,
12 2008, all providers of non-emergency medi-car and service car
13 transportation must certify that the driver and employee
14 attendant, as applicable, have completed a safety program
15 approved by the Department to protect both the patient and the
16 driver, prior to transporting a patient. The provider must
17 maintain this certification in its records. The provider shall
18 produce such documentation upon demand by the Department or its
19 representative. Failure to produce documentation of such
20 training shall result in recovery of any payments made by the
21 Department for services rendered by a non-certified driver or
22 employee attendant. Medi-car and service car providers must
23 maintain legible documentation in their records of the driver
24 and, as applicable, employee attendant that actually
25 transported the patient. Providers must recertify all drivers
26 and employee attendants every 3 years.

1 Notwithstanding the requirements above, any public
2 transportation provider of medi-car and service car
3 transportation that receives federal funding under 49 U.S.C.
4 5307 and 5311 need not certify its drivers and employee
5 attendants under this Section, since safety training is already
6 federally mandated.

7 (f) With respect to any policy or program administered by
8 the Department or its agent regarding approval of non-emergency
9 medical transportation by ground ambulance service providers,
10 including, but not limited to, the Non-Emergency
11 Transportation Services Prior Approval Program (NETSPAP), the
12 Department shall establish by rule a process by which ground
13 ambulance service providers of non-emergency medical
14 transportation may appeal any decision by the Department or its
15 agent for which no denial was received prior to the time of
16 transport that either (i) denies a request for approval for
17 payment of non-emergency transportation by means of ground
18 ambulance service or (ii) grants a request for approval of
19 non-emergency transportation by means of ground ambulance
20 service at a level of service that entitles the ground
21 ambulance service provider to a lower level of compensation
22 from the Department than the ground ambulance service provider
23 would have received as compensation for the level of service
24 requested. The rule shall be established within 12 months after
25 the effective date of this amendatory Act of the 97th General
26 Assembly and shall provide that, for any decision rendered by

1 the Department or its agent on or after the date the rule takes
2 effect, the ground ambulance service provider shall have 60
3 days from the date the decision is received to file an appeal.
4 The rule established by the Department shall be, insofar as is
5 practical, consistent with the Illinois Administrative
6 Procedure Act. The Director's decision on an appeal under this
7 Section shall be a final administrative decision subject to
8 review under the Administrative Review Law.

9 (Source: P.A. 95-501, eff. 8-28-07.)

10 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

11 Sec. 5-5.4. Standards of Payment - Department of Healthcare
12 and Family Services. The Department of Healthcare and Family
13 Services shall develop standards of payment of nursing facility
14 and ICF/DD services in facilities providing such services under
15 this Article which:

16 (1) Provide for the determination of a facility's payment
17 for nursing facility or ICF/DD services on a prospective basis.
18 The amount of the payment rate for all nursing facilities
19 certified by the Department of Public Health under the MR/DD
20 Community Care Act or the Nursing Home Care Act as Intermediate
21 Care for the Developmentally Disabled facilities, Long Term
22 Care for Under Age 22 facilities, Skilled Nursing facilities,
23 or Intermediate Care facilities under the medical assistance
24 program shall be prospectively established annually on the
25 basis of historical, financial, and statistical data

1 reflecting actual costs from prior years, which shall be
2 applied to the current rate year and updated for inflation,
3 except that the capital cost element for newly constructed
4 facilities shall be based upon projected budgets. The annually
5 established payment rate shall take effect on July 1 in 1984
6 and subsequent years. No rate increase and no update for
7 inflation shall be provided on or after July 1, 1994 and before
8 July 1, 2012, unless specifically provided for in this Section.
9 The changes made by Public Act 93-841 extending the duration of
10 the prohibition against a rate increase or update for inflation
11 are effective retroactive to July 1, 2004.

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 Long Term Care for Under
15 Age 22 facilities, the rates taking effect on July 1, 1998
16 shall include an increase of 3%. For facilities licensed by the
17 Department of Public Health under the Nursing Home Care Act as
18 Skilled Nursing facilities or Intermediate Care facilities,
19 the rates taking effect on July 1, 1998 shall include an
20 increase of 3% plus \$1.10 per resident-day, as defined by the
21 Department. For facilities licensed by the Department of Public
22 Health under the Nursing Home Care Act as Intermediate Care
23 Facilities for the Developmentally Disabled or Long Term Care
24 for Under Age 22 facilities, the rates taking effect on January
25 1, 2006 shall include an increase of 3%. For facilities
26 licensed by the Department of Public Health under the Nursing

1 Home Care Act as Intermediate Care Facilities for the
2 Developmentally Disabled or Long Term Care for Under Age 22
3 facilities, the rates taking effect on January 1, 2009 shall
4 include an increase sufficient to provide a \$0.50 per hour wage
5 increase for non-executive 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 Under
9 Age 22 facilities, the rates taking effect on July 1, 1999
10 shall include an increase of 1.6% plus \$3.00 per resident-day,
11 as defined by the Department. For facilities licensed by the
12 Department of Public Health under the Nursing Home Care Act as
13 Skilled Nursing facilities or Intermediate Care facilities,
14 the rates taking effect on July 1, 1999 shall include an
15 increase of 1.6% and, for services provided on or after October
16 1, 1999, shall be increased by \$4.00 per resident-day, as
17 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 Under
21 Age 22 facilities, the rates taking effect on July 1, 2000
22 shall include an increase of 2.5% per resident-day, as defined
23 by the Department. For facilities licensed by the Department of
24 Public Health under the Nursing Home Care Act as Skilled
25 Nursing facilities or Intermediate Care facilities, the rates
26 taking effect on July 1, 2000 shall include an increase of 2.5%

1 per resident-day, as defined by the Department.

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

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

1 by that facility.

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

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

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

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

1 rate payable under this Section using the Minimum Data Set
2 (MDS) methodology shall incorporate the following annual
3 amounts as the additional funds appropriated to the Department
4 specifically to pay for rates based on the MDS nursing
5 component methodology in excess of the funding in effect on
6 December 31, 2006:

7 (i) For rates taking effect January 1, 2007,
8 \$60,000,000.

9 (ii) For rates taking effect January 1, 2008,
10 \$110,000,000.

11 (iii) For rates taking effect January 1, 2009,
12 \$194,000,000.

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

25 Notwithstanding any other provision of this Section, for
26 facilities licensed by the Department of Public Health under

1 the Nursing Home Care Act as skilled nursing facilities or
2 intermediate care facilities, the support component of the
3 rates taking effect on January 1, 2008 shall be computed using
4 the most recent cost reports on file with the Department of
5 Healthcare and Family Services no later than April 1, 2005,
6 updated for inflation to January 1, 2006.

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

15 For facilities licensed by the Department of Public Health
16 under the Nursing Home Care Act as skilled nursing facilities
17 or intermediate care facilities, the rates taking effect on
18 July 1, 2001 shall be computed using the most recent cost
19 reports on file with the Department of Public Aid no later than
20 April 1, 2000, updated for inflation to January 1, 2001. For
21 rates effective July 1, 2001 only, rates shall be the greater
22 of the rate computed for July 1, 2001 or the rate effective on
23 June 30, 2001.

24 Notwithstanding any other provision of this Section, for
25 facilities licensed by the Department of Public Health under
26 the Nursing Home Care Act as skilled nursing facilities or

1 intermediate care facilities, the Illinois Department shall
2 determine by rule the rates taking effect on July 1, 2002,
3 which shall be 5.9% less than the rates in effect on June 30,
4 2002.

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

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

22 Notwithstanding any other provision of this Section, for
23 facilities licensed by the Department of Public Health under
24 the Nursing Home Care Act as skilled nursing facilities or
25 intermediate care facilities, effective January 1, 2009, the
26 per diem support component of the rates effective on January 1,

1 2008, computed using the most recent cost reports on file with
2 the Department of Healthcare and Family Services no later than
3 April 1, 2005, updated for inflation to January 1, 2006, shall
4 be increased to the amount that would have been derived using
5 standard Department of Healthcare and Family Services methods,
6 procedures, and inflators.

7 Notwithstanding any other provisions of this Section, for
8 facilities licensed by the Department of Public Health under
9 the Nursing Home Care Act as intermediate care facilities that
10 are federally defined as Institutions for Mental Disease, a
11 socio-development component rate equal to 6.6% of the
12 facility's nursing component rate as of January 1, 2006 shall
13 be established and paid effective July 1, 2006. The
14 socio-development component of the rate shall be increased by a
15 factor of 2.53 on the first day of the month that begins at
16 least 45 days after January 11, 2008 (the effective date of
17 Public Act 95-707). As of August 1, 2008, the socio-development
18 component rate shall be equal to 6.6% of the facility's nursing
19 component rate as of January 1, 2006, multiplied by a factor of
20 3.53. For services provided on or after April 1, 2011, or the
21 first day of the month that begins at least 45 days after the
22 effective date of this amendatory Act of the 96th General
23 Assembly, whichever is later, the Illinois Department may by
24 rule adjust these socio-development component rates, and may
25 use different adjustment methodologies for those facilities
26 participating, and those not participating, in the Illinois

1 Department's demonstration program pursuant to the provisions
2 of Title 77, Part 300, Subpart T of the Illinois Administrative
3 Code, but in no case may such rates be diminished below those
4 in effect on August 1, 2008.

5 For facilities licensed by the Department of Public Health
6 under the Nursing Home Care Act as Intermediate Care for the
7 Developmentally Disabled facilities or as long-term care
8 facilities for residents under 22 years of age, the rates
9 taking effect on July 1, 2003 shall include a statewide
10 increase of 4%, as defined by the Department.

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

19 Notwithstanding any other provision of this Section, for
20 facilities licensed by the Department of Public Health under
21 the Nursing Home Care Act as skilled nursing facilities or
22 intermediate care facilities, effective January 1, 2005,
23 facility rates shall be increased by the difference between (i)
24 a facility's per diem property, liability, and malpractice
25 insurance costs as reported in the cost report filed with the
26 Department of Public Aid and used to establish rates effective

1 July 1, 2001 and (ii) those same costs as reported in the
2 facility's 2002 cost report. These costs shall be passed
3 through to the facility without caps or limitations, except for
4 adjustments required under normal auditing procedures.

5 Rates established effective each July 1 shall govern
6 payment for services rendered throughout that fiscal year,
7 except that rates established on July 1, 1996 shall be
8 increased by 6.8% for services provided on or after January 1,
9 1997. Such rates will be based upon the rates calculated for
10 the year beginning July 1, 1990, and for subsequent years
11 thereafter until June 30, 2001 shall be based on the facility
12 cost reports for the facility fiscal year ending at any point
13 in time during the previous calendar year, updated to the
14 midpoint of the rate year. The cost report shall be on file
15 with the Department no later than April 1 of the current rate
16 year. Should the cost report not be on file by April 1, the
17 Department shall base the rate on the latest cost report filed
18 by each skilled care facility and intermediate care facility,
19 updated to the midpoint of the current rate year. In
20 determining rates for services rendered on and after July 1,
21 1985, fixed time shall not be computed at less than zero. The
22 Department shall not make any alterations of regulations which
23 would reduce any component of the Medicaid rate to a level
24 below what that component would have been utilizing in the rate
25 effective on July 1, 1984.

26 (2) Shall take into account the actual costs incurred by

1 facilities in providing services for recipients of skilled
2 nursing and intermediate care services under the medical
3 assistance program.

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

6 (4) Shall take into account the actual costs incurred by
7 facilities in meeting licensing and certification standards
8 imposed and prescribed by the State of Illinois, any of its
9 political subdivisions or municipalities and by the U.S.
10 Department of Health and Human Services pursuant to Title XIX
11 of the Social Security Act.

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

22 The Department shall develop enhanced payments to offset
23 the additional costs incurred by a facility serving exceptional
24 need residents and shall allocate at least \$8,000,000 of the
25 funds collected from the assessment established by Section 5B-2
26 of this Code for such payments. For the purpose of this

1 Section, "exceptional needs" means, but need not be limited to,
2 ventilator care, tracheotomy care, bariatric care, complex
3 wound care, and traumatic brain injury care. The enhanced
4 payments for exceptional need residents under this paragraph
5 are not due and payable, however, until (i) the methodologies
6 described in this paragraph are approved by the federal
7 government in an appropriate State Plan amendment and (ii) the
8 assessment imposed by Section 5B-2 of this Code is determined
9 to be a permissible tax under Title XIX of the Social Security
10 Act.

11 (5) Beginning July 1, 2012 the methodologies for
12 reimbursement of nursing facility services as provided under
13 this Section 5-5.4 shall no longer be applicable for bills
14 payable for State fiscal years 2012 and thereafter.

15 (6) No payment increase under this Section for the MDS
16 methodology, exceptional care residents, or the
17 socio-development component rate established by Public Act
18 96-1530 of the 96th General Assembly and funded by the
19 assessment imposed under Section 5B-2 of this Code shall be due
20 and payable until after the Department notifies the long-term
21 care providers, in writing, that the payment methodologies to
22 long-term care providers required under this Section have been
23 approved by the Centers for Medicare and Medicaid Services of
24 the U.S. Department of Health and Human Services and the
25 waivers under 42 CFR 433.68 for the assessment imposed by this
26 Section, if necessary, have been granted by the Centers for

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

8 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07; 95-707,
9 eff. 1-11-08; 95-744, eff. 7-18-08; 96-45, eff. 7-15-09;
10 96-339, eff. 7-1-10; 96-959, eff. 7-1-10; 96-1000, eff. 7-2-10;
11 96-1530, eff. 2-16-11.)

12 (305 ILCS 5/5B-2) (from Ch. 23, par. 5B-2)

13 Sec. 5B-2. Assessment; no local authorization to tax.

14 (a) For the privilege of engaging in the occupation of
15 long-term care provider, beginning July 1, 2011 an assessment
16 is imposed upon each long-term care provider in an amount equal
17 to \$6.07 times the number of occupied bed days due and payable
18 each month. Notwithstanding any provision of any other Act to
19 the contrary, this assessment shall be construed as a tax, but
20 shall not be billed or passed on to any resident of a nursing
21 home operated by the nursing home provider ~~may not be added to~~
22 ~~the charges of an individual's nursing home care that is paid~~
23 ~~for in whole, or in part, by a federal, State, or combined~~
24 ~~federal-state medical care program.~~

25 (b) Nothing in this amendatory Act of 1992 shall be

1 construed to authorize any home rule unit or other unit of
2 local government to license for revenue or impose a tax or
3 assessment upon long-term care providers or the occupation of
4 long-term care provider, or a tax or assessment measured by the
5 income or earnings or occupied bed days of a long-term care
6 provider.

7 (c) The assessment imposed by this Section shall not be due
8 and payable, however, until after the Department notifies the
9 long-term care providers, in writing, that the payment
10 methodologies to long-term care providers required under
11 Section 5-5.4 of this Code have been approved by the Centers
12 for Medicare and Medicaid Services of the U.S. Department of
13 Health and Human Services and the waivers under 42 CFR 433.68
14 for the assessment imposed by this Section, if necessary, have
15 been granted by the Centers for Medicare and Medicaid Services
16 of the U.S. Department of Health and Human Services.

17 (Source: P.A. 96-1530, eff. 2-16-11.)

18 (305 ILCS 5/5B-4) (from Ch. 23, par. 5B-4)

19 Sec. 5B-4. Payment of assessment; penalty.

20 (a) The assessment imposed by Section 5B-2 shall be due and
21 payable monthly, on the last State business day of the month
22 for occupied bed days reported for the preceding third month
23 prior to the month in which the tax is payable and due. A
24 facility that has delayed payment due to the State's failure to
25 reimburse for services rendered may request an extension on the

1 due date for payment pursuant to subsection (b) and shall pay
2 the assessment within 30 days of reimbursement by the
3 Department. The Illinois Department may provide that county
4 nursing homes directed and maintained pursuant to Section
5 5-1005 of the Counties Code may meet their assessment
6 obligation by certifying to the Illinois Department that county
7 expenditures have been obligated for the operation of the
8 county nursing home in an amount at least equal to the amount
9 of the assessment.

10 (a-5) Each assessment payment shall be accompanied by an
11 assessment report to be completed by the long-term care
12 provider. A separate report shall be completed for each
13 long-term care facility in this State operated by a long-term
14 care provider. The report shall be in a form and manner
15 prescribed by the Illinois Department and shall at a minimum
16 provide for the reporting of the number of occupied bed days of
17 the long-term care facility for the reporting period and other
18 reasonable information the Illinois Department requires for
19 the administration of its responsibilities under this Code. To
20 the extent practicable, the Department shall coordinate the
21 assessment reporting requirements with other reporting
22 required of long-term care facilities.

23 (b) The Illinois Department is authorized to establish
24 delayed payment schedules for long-term care providers that are
25 unable to make assessment payments when due under this Section
26 due to financial difficulties, as determined by the Illinois

1 Department. The Illinois Department may not deny a request for
2 delay of payment of the assessment imposed under this Article
3 if the long-term care provider has not been paid for services
4 provided during the month on which the assessment is levied.

5 (c) If a long-term care provider fails to pay the full
6 amount of an assessment payment when due (including any
7 extensions granted under subsection (b)), there shall, unless
8 waived by the Illinois Department for reasonable cause, be
9 added to the assessment imposed by Section 5B-2 a penalty
10 assessment equal to the lesser of (i) 5% of the amount of the
11 assessment payment not paid on or before the due date plus 5%
12 of the portion thereof remaining unpaid on the last day of each
13 month thereafter or (ii) 100% of the assessment payment amount
14 not paid on or before the due date. For purposes of this
15 subsection, payments will be credited first to unpaid
16 assessment payment amounts (rather than to penalty or
17 interest), beginning with the most delinquent assessment
18 payments. Payment cycles of longer than 60 days shall be one
19 factor the Director takes into account in granting a waiver
20 under this Section.

21 (c-5) If a long-term care provider fails to file its report
22 with payment, there shall, unless waived by the Illinois
23 Department for reasonable cause, be added to the assessment due
24 a penalty assessment equal to 25% of the assessment due.

25 (d) Nothing in this amendatory Act of 1993 shall be
26 construed to prevent the Illinois Department from collecting

1 all amounts due under this Article pursuant to an assessment
2 imposed before the effective date of this amendatory Act of
3 1993.

4 (e) Nothing in this amendatory Act of the 96th General
5 Assembly shall be construed to prevent the Illinois Department
6 from collecting all amounts due under this Code pursuant to an
7 assessment, tax, fee, or penalty imposed before the effective
8 date of this amendatory Act of the 96th General Assembly.

9 (f) No installment of the assessment imposed by Section
10 5B-2 shall be due and payable until after the Department
11 notifies the long-term care providers, in writing, that the
12 payment methodologies to long-term care providers required
13 under Section 5-5.4 of this Code have been approved by the
14 Centers for Medicare and Medicaid Services of the U.S.
15 Department of Health and Human Services and the waivers under
16 42 CFR 433.68 for the assessment imposed by this Section, if
17 necessary, have been granted by the Centers for Medicare and
18 Medicaid Services of the U.S. Department of Health and Human
19 Services. Upon notification to the Department of approval of
20 the payment methodologies required under Section 5-5.4 of this
21 Code and the waivers granted under 42 CFR 433.68, all
22 installments otherwise due under Section 5B-4 prior to the date
23 of notification shall be due and payable to the Department upon
24 written direction from the Department within 90 days after
25 issuance by the Comptroller of the payments required under
26 Section 5-5.4 of this Code.

1 (Source: P.A. 96-444, eff. 8-14-09; 96-1530, eff. 2-16-11.)

2 (305 ILCS 5/5B-8) (from Ch. 23, par. 5B-8)

3 Sec. 5B-8. Long-Term Care Provider Fund.

4 (a) There is created in the State Treasury the Long-Term
5 Care Provider Fund. Interest earned by the Fund shall be
6 credited to the Fund. The Fund shall not be used to replace any
7 moneys appropriated to the Medicaid program by the General
8 Assembly.

9 (b) The Fund is created for the purpose of receiving and
10 disbursing moneys in accordance with this Article.
11 Disbursements from the Fund shall be made only as follows:

12 (1) For payments to nursing facilities, including
13 county nursing facilities but excluding State-operated
14 facilities, under Title XIX of the Social Security Act and
15 Article V of this Code.

16 (2) For the reimbursement of moneys collected by the
17 Illinois Department through error or mistake.

18 (3) For payment of administrative expenses incurred by
19 the Illinois Department or its agent in performing the
20 activities authorized by this Article.

21 (3.5) For reimbursement of expenses incurred by
22 long-term care facilities, and payment of administrative
23 expenses incurred by the Department of Public Health, in
24 relation to the conduct and analysis of background checks
25 for identified offenders under the Nursing Home Care Act.

1 (4) For payments of any amounts that are reimbursable
2 to the federal government for payments from this Fund that
3 are required to be paid by State warrant.

4 (5) For making transfers to the General Obligation Bond
5 Retirement and Interest Fund, as those transfers are
6 authorized in the proceedings authorizing debt under the
7 Short Term Borrowing Act, but transfers made under this
8 paragraph (5) shall not exceed the principal amount of debt
9 issued in anticipation of the receipt by the State of
10 moneys to be deposited into the Fund.

11 (6) For making transfers, at the direction of the
12 Director of the Governor's Office of Management and Budget
13 during each fiscal year beginning on or after July 1, 2011,
14 to other State funds in an annual amount of \$20,000,000 of
15 the tax collected pursuant to this Article for the purpose
16 of enforcement of nursing home standards, support of the
17 ombudsman program, and efforts to expand home and
18 community-based services. No transfer under this paragraph
19 shall occur until (i) the payment methodologies created by
20 Public Act 96-1530 under Section 5-5.4 of this Code have
21 been approved by the Centers for Medicare and Medicaid
22 Services of the U.S. Department of Health and Human
23 Services and (ii) the assessment imposed by Section 5B-2 of
24 this Code is determined to be a permissible tax under Title
25 XIX of the Social Security Act.

26 Disbursements from the Fund, other than transfers made

1 pursuant to paragraphs (5) and (6) of this subsection, shall be
2 by warrants drawn by the State Comptroller upon receipt of
3 vouchers duly executed and certified by the Illinois
4 Department.

5 (c) The Fund shall consist of the following:

6 (1) All moneys collected or received by the Illinois
7 Department from the long-term care provider assessment
8 imposed by this Article.

9 (2) All federal matching funds received by the Illinois
10 Department as a result of expenditures made by the Illinois
11 Department that are attributable to moneys deposited in the
12 Fund.

13 (3) Any interest or penalty levied in conjunction with
14 the administration of this Article.

15 (4) (Blank).

16 (5) All other monies received for the Fund from any
17 other source, including interest earned thereon.

18 (Source: P.A. 95-707, eff. 1-11-08; 96-1530, eff. 2-16-11.)

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