



Sen. Don Harmon

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1 AMENDMENT TO HOUSE BILL 3635

2 AMENDMENT NO. _____. Amend House Bill 3635 by replacing
3 everything after the enacting clause with the following:

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

1 providers to provide services in an efficient and
2 cost-effective manner. Thus, it is the intent of the General
3 Assembly that the Illinois Department implement a
4 reimbursement system for ambulance services that, to the extent
5 practicable and subject to the availability of funds
6 appropriated by the General Assembly for this purpose, is
7 consistent with the payment principles of Medicare. To ensure
8 uniformity between the payment principles of Medicare and
9 Medicaid, the Illinois Department shall follow, to the extent
10 necessary and practicable and subject to the availability of
11 funds appropriated by the General Assembly for this purpose,
12 the statutes, laws, regulations, policies, procedures,
13 principles, definitions, guidelines, and manuals used to
14 determine the amounts paid to ambulance service providers under
15 Title XVIII of the Social Security Act (Medicare).

16 (b) For ambulance services provided to a recipient of aid
17 under this Article on or after January 1, 1996, the Illinois
18 Department shall reimburse ambulance service providers based
19 upon the actual distance traveled if a natural disaster,
20 weather conditions, road repairs, or traffic congestion
21 necessitates the use of a route other than the most direct
22 route.

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

26 (c-1) For purposes of this Section, "ground ambulance

1 service" means medical transportation services that are
2 described as ground ambulance services by the Centers for
3 Medicare and Medicaid Services and provided in a vehicle that
4 is licensed as an ambulance by the Illinois Department of
5 Public Health pursuant to the Emergency Medical Services (EMS)
6 Systems Act.

7 (c-2) For purposes of this Section, "ground ambulance
8 service provider" means a vehicle service provider as described
9 in the Emergency Medical Services (EMS) Systems Act that
10 operates licensed ambulances for the purpose of providing
11 emergency ambulance services, or non-emergency ambulance
12 services, or both. For purposes of this Section, this includes
13 both ambulance providers and ambulance suppliers as described
14 by the Centers for Medicare and Medicaid Services.

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

18 (e) Beginning with services rendered on or after July 1,
19 2008, all providers of non-emergency medi-car and service car
20 transportation must certify that the driver and employee
21 attendant, as applicable, have completed a safety program
22 approved by the Department to protect both the patient and the
23 driver, prior to transporting a patient. The provider must
24 maintain this certification in its records. The provider shall
25 produce such documentation upon demand by the Department or its
26 representative. Failure to produce documentation of such

1 training shall result in recovery of any payments made by the
2 Department for services rendered by a non-certified driver or
3 employee attendant. Medi-car and service car providers must
4 maintain legible documentation in their records of the driver
5 and, as applicable, employee attendant that actually
6 transported the patient. Providers must recertify all drivers
7 and employee attendants every 3 years.

8 Notwithstanding the requirements above, any public
9 transportation provider of medi-car and service car
10 transportation that receives federal funding under 49 U.S.C.
11 5307 and 5311 need not certify its drivers and employee
12 attendants under this Section, since safety training is already
13 federally mandated.

14 (f) With respect to any policy or program administered by
15 the Department or its agent regarding approval of non-emergency
16 medical transportation by ground ambulance service providers,
17 including, but not limited to, the Non-Emergency
18 Transportation Services Prior Approval Program (NETSPAP), the
19 Department shall establish by rule a process by which ground
20 ambulance service providers of non-emergency medical
21 transportation may appeal any decision by the Department or its
22 agent for which no denial was received prior to the time of
23 transport that either (i) denies a request for approval for
24 payment of non-emergency transportation by means of ground
25 ambulance service or (ii) grants a request for approval of
26 non-emergency transportation by means of ground ambulance

1 service at a level of service that entitles the ground
2 ambulance service provider to a lower level of compensation
3 from the Department than the ground ambulance service provider
4 would have received as compensation for the level of service
5 requested. The rule shall be established within 12 months after
6 the effective date of this amendatory Act of the 97th General
7 Assembly and shall provide that, for any decision rendered by
8 the Department or its agent on or after the date the rule takes
9 effect, the ground ambulance service provider shall have 60
10 days from the date the decision is received to file an appeal.
11 The rule established by the Department shall be, insofar as is
12 practical, consistent with the Illinois Administrative
13 Procedure Act. The Director's decision on an appeal under this
14 Section shall be a final administrative decision subject to
15 review under the Administrative Review Law.

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

17 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

18 Sec. 5-5.4. Standards of Payment - Department of Healthcare
19 and Family Services. The Department of Healthcare and Family
20 Services shall develop standards of payment of nursing facility
21 and ICF/DD services in facilities providing such services under
22 this Article which:

23 (1) Provide for the determination of a facility's payment
24 for nursing facility or ICF/DD services on a prospective basis.
25 The amount of the payment rate for all nursing facilities

1 certified by the Department of Public Health under the MR/DD
2 Community Care Act or the Nursing Home Care Act as Intermediate
3 Care for the Developmentally Disabled facilities, Long Term
4 Care for Under Age 22 facilities, Skilled Nursing facilities,
5 or Intermediate Care facilities under the medical assistance
6 program shall be prospectively established annually on the
7 basis of historical, financial, and statistical data
8 reflecting actual costs from prior years, which shall be
9 applied to the current rate year and updated for inflation,
10 except that the capital cost element for newly constructed
11 facilities shall be based upon projected budgets. The annually
12 established payment rate shall take effect on July 1 in 1984
13 and subsequent years. No rate increase and no update for
14 inflation shall be provided on or after July 1, 1994 and before
15 July 1, 2012, unless specifically provided for in this Section.
16 The changes made by Public Act 93-841 extending the duration of
17 the prohibition against a rate increase or update for inflation
18 are effective retroactive to July 1, 2004.

19 For facilities licensed by the Department of Public Health
20 under the Nursing Home Care Act as Intermediate Care for the
21 Developmentally Disabled facilities or Long Term Care for Under
22 Age 22 facilities, the rates taking effect on July 1, 1998
23 shall include an increase of 3%. 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, 1998 shall include an

1 increase of 3% plus \$1.10 per resident-day, as defined by the
2 Department. For facilities licensed by the Department of Public
3 Health under the Nursing Home Care Act as Intermediate Care
4 Facilities for the Developmentally Disabled or Long Term Care
5 for Under Age 22 facilities, the rates taking effect on January
6 1, 2006 shall include an increase of 3%. For facilities
7 licensed by the Department of Public Health under the Nursing
8 Home Care Act as Intermediate Care Facilities for the
9 Developmentally Disabled or Long Term Care for Under Age 22
10 facilities, the rates taking effect on January 1, 2009 shall
11 include an increase sufficient to provide a \$0.50 per hour wage
12 increase for non-executive staff.

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 July 1, 1999
17 shall include an increase of 1.6% plus \$3.00 per resident-day,
18 as defined by the Department. For facilities licensed by the
19 Department of Public Health under the Nursing Home Care Act as
20 Skilled Nursing facilities or Intermediate Care facilities,
21 the rates taking effect on July 1, 1999 shall include an
22 increase of 1.6% and, for services provided on or after October
23 1, 1999, shall be increased by \$4.00 per resident-day, as
24 defined by the Department.

25 For facilities licensed by the Department of Public Health
26 under the Nursing Home Care Act as Intermediate Care for the

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

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

25 (A) For a facility that would receive a lower nursing
26 component rate per patient day under the new system than

1 the facility received effective on the date immediately
2 preceding the date that the Department implements the new
3 payment methodology, the nursing component rate per
4 patient day for the facility shall be held at the level in
5 effect on the date immediately preceding the date that the
6 Department implements the new payment methodology until a
7 higher nursing component rate of reimbursement is achieved
8 by that facility.

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

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

20 For facilities licensed by the Department of Public Health
21 under the Nursing Home Care Act as Intermediate Care for the
22 Developmentally Disabled facilities or Long Term Care for Under
23 Age 22 facilities, the rates taking effect on March 1, 2001
24 shall include a statewide increase of 7.85%, as defined by the
25 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, except facilities participating
4 in the Department's demonstration program pursuant to the
5 provisions of Title 77, Part 300, Subpart T of the Illinois
6 Administrative Code, the numerator of the ratio used by the
7 Department of Healthcare and Family Services to compute the
8 rate payable under this Section using the Minimum Data Set
9 (MDS) methodology shall incorporate the following annual
10 amounts as the additional funds appropriated to the Department
11 specifically to pay for rates based on the MDS nursing
12 component methodology in excess of the funding in effect on
13 December 31, 2006:

14 (i) For rates taking effect January 1, 2007,
15 \$60,000,000.

16 (ii) For rates taking effect January 1, 2008,
17 \$110,000,000.

18 (iii) For rates taking effect January 1, 2009,
19 \$194,000,000.

20 (iv) For rates taking effect April 1, 2011, or the
21 first day of the month that begins at least 45 days after
22 the effective date of this amendatory Act of the 96th
23 General Assembly, \$416,500,000 or an amount as may be
24 necessary to complete the transition to the MDS methodology
25 for the nursing component of the rate. Increased payments
26 under this item (iv) are not due and payable, however,

1 until (i) the methodologies described in this paragraph are
2 approved by the federal government in an appropriate State
3 Plan amendment and (ii) the assessment imposed by Section
4 5B-2 of this Code is determined to be a permissible tax
5 under Title XIX of the Social Security Act.

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

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

22 For facilities licensed by the Department of Public Health
23 under the Nursing Home Care Act as skilled nursing facilities
24 or intermediate care facilities, the rates taking effect on
25 July 1, 2001 shall be computed using the most recent cost
26 reports on file with the Department of Public Aid no later than

1 April 1, 2000, updated for inflation to January 1, 2001. For
2 rates effective July 1, 2001 only, rates shall be the greater
3 of the rate computed for July 1, 2001 or the rate effective on
4 June 30, 2001.

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, the Illinois Department shall
9 determine by rule the rates taking effect on July 1, 2002,
10 which shall be 5.9% less than the rates in effect on June 30,
11 2002.

12 Notwithstanding any other provision of this Section, for
13 facilities licensed by the Department of Public Health under
14 the Nursing Home Care Act as skilled nursing facilities or
15 intermediate care facilities, if the payment methodologies
16 required under Section 5A-12 and the waiver granted under 42
17 CFR 433.68 are approved by the United States Centers for
18 Medicare and Medicaid Services, the rates taking effect on July
19 1, 2004 shall be 3.0% greater than the rates in effect on June
20 30, 2004. These rates shall take effect only upon approval and
21 implementation of the payment methodologies required under
22 Section 5A-12.

23 Notwithstanding any other provisions of this Section, for
24 facilities licensed by the Department of Public Health under
25 the Nursing Home Care Act as skilled nursing facilities or
26 intermediate care facilities, the rates taking effect on

1 January 1, 2005 shall be 3% more than the rates in effect on
2 December 31, 2004.

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

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

1 3.53. For services provided on or after April 1, 2011, or the
2 first day of the month that begins at least 45 days after the
3 effective date of this amendatory Act of the 96th General
4 Assembly, whichever is later, the Illinois Department may by
5 rule adjust these socio-development component rates, and may
6 use different adjustment methodologies for those facilities
7 participating, and those not participating, in the Illinois
8 Department's demonstration program pursuant to the provisions
9 of Title 77, Part 300, Subpart T of the Illinois Administrative
10 Code, but in no case may such rates be diminished below those
11 in effect on August 1, 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 Under
21 Age 22 facilities, the rates taking effect on the first day of
22 the month that begins at least 45 days after the effective date
23 of this amendatory Act of the 95th General Assembly shall
24 include a statewide increase of 2.5%, as defined by the
25 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 (i)
5 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 for
11 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 rate
6 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 is
23 authorized by federal regulations, including reimbursement for
24 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 exceptional
5 need residents and shall allocate at least \$8,000,000 of the
6 funds collected from the assessment established by Section 5B-2
7 of this Code for such payments. For the purpose of this
8 Section, "exceptional needs" means, but need not be limited to,
9 ventilator care, tracheotomy care, bariatric care, complex
10 wound care, and traumatic brain injury care. The enhanced
11 payments for exceptional need residents under this paragraph
12 are not due and payable, however, until (i) the methodologies
13 described in this paragraph are approved by the federal
14 government in an appropriate State Plan amendment and (ii) the
15 assessment imposed by Section 5B-2 of this Code is determined
16 to be a permissible tax under Title XIX of the Social Security
17 Act.

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

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

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

15 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07; 95-707,
16 eff. 1-11-08; 95-744, eff. 7-18-08; 96-45, eff. 7-15-09;
17 96-339, eff. 7-1-10; 96-959, eff. 7-1-10; 96-1000, eff. 7-2-10;
18 96-1530, eff. 2-16-11.)

19 (305 ILCS 5/5B-2) (from Ch. 23, par. 5B-2)

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

21 (a) For the privilege of engaging in the occupation of
22 long-term care provider, beginning July 1, 2011 an assessment
23 is imposed upon each long-term care provider in an amount equal
24 to \$6.07 times the number of occupied bed days due and payable
25 each month. Notwithstanding any provision of any other Act to

1 the contrary, this assessment shall be construed as a tax, but
2 shall not be billed or passed on to any resident of a nursing
3 home operated by the nursing home provider ~~may not be added to~~
4 ~~the charges of an individual's nursing home care that is paid~~
5 ~~for in whole, or in part, by a federal, State, or combined~~
6 ~~federal state medical care program.~~

7 (b) Nothing in this amendatory Act of 1992 shall be
8 construed to authorize any home rule unit or other unit of
9 local government to license for revenue or impose a tax or
10 assessment upon long-term care providers or the occupation of
11 long-term care provider, or a tax or assessment measured by the
12 income or earnings or occupied bed days of a long-term care
13 provider.

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

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

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

2 (a) The assessment imposed by Section 5B-2 shall be due and
3 payable monthly, on the last State business day of the month
4 for occupied bed days reported for the preceding third month
5 prior to the month in which the tax is payable and due. A
6 facility that has delayed payment due to the State's failure to
7 reimburse for services rendered may request an extension on the
8 due date for payment pursuant to subsection (b) and shall pay
9 the assessment within 30 days of reimbursement by the
10 Department. The Illinois Department may provide that county
11 nursing homes directed and maintained pursuant to Section
12 5-1005 of the Counties Code may meet their assessment
13 obligation by certifying to the Illinois Department that county
14 expenditures have been obligated for the operation of the
15 county nursing home in an amount at least equal to the amount
16 of the assessment.

17 (a-5) Each assessment payment shall be accompanied by an
18 assessment report to be completed by the long-term care
19 provider. A separate report shall be completed for each
20 long-term care facility in this State operated by a long-term
21 care provider. The report shall be in a form and manner
22 prescribed by the Illinois Department and shall at a minimum
23 provide for the reporting of the number of occupied bed days of
24 the long-term care facility for the reporting period and other
25 reasonable information the Illinois Department requires for
26 the administration of its responsibilities under this Code. To

1 the extent practicable, the Department shall coordinate the
2 assessment reporting requirements with other reporting
3 required of long-term care facilities.

4 (b) The Illinois Department is authorized to establish
5 delayed payment schedules for long-term care providers that are
6 unable to make assessment payments when due under this Section
7 due to financial difficulties, as determined by the Illinois
8 Department. The Illinois Department may not deny a request for
9 delay of payment of the assessment imposed under this Article
10 if the long-term care provider has not been paid for services
11 provided during the month on which the assessment is levied.

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

1 under this Section.

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

6 (d) Nothing in this amendatory Act of 1993 shall be
7 construed to prevent the Illinois Department from collecting
8 all amounts due under this Article pursuant to an assessment
9 imposed before the effective date of this amendatory Act of
10 1993.

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

16 (f) No installment of the assessment imposed by Section
17 5B-2 shall be due and payable until after the Department
18 notifies the long-term care providers, in writing, that the
19 payment methodologies to long-term care providers required
20 under Section 5-5.4 of this Code have been approved by the
21 Centers for Medicare and Medicaid Services of the U.S.
22 Department of Health and Human Services and the waivers under
23 42 CFR 433.68 for the assessment imposed by this Section, if
24 necessary, have been granted by the Centers for Medicare and
25 Medicaid Services of the U.S. Department of Health and Human
26 Services. Upon notification to the Department of approval of

1 the payment methodologies required under Section 5-5.4 of this
2 Code and the waivers granted under 42 CFR 433.68, all
3 installments otherwise due under Section 5B-4 prior to the date
4 of notification shall be due and payable to the Department upon
5 written direction from the Department within 90 days after
6 issuance by the Comptroller of the payments required under
7 Section 5-5.4 of this Code.

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

9 (305 ILCS 5/5B-8) (from Ch. 23, par. 5B-8)

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

11 (a) There is created in the State Treasury the Long-Term
12 Care Provider Fund. Interest earned by the Fund shall be
13 credited to the Fund. The Fund shall not be used to replace any
14 moneys appropriated to the Medicaid program by the General
15 Assembly.

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

19 (1) For payments to nursing facilities, including
20 county nursing facilities but excluding State-operated
21 facilities, under Title XIX of the Social Security Act and
22 Article V of this Code.

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

25 (3) For payment of administrative expenses incurred by

1 the Illinois Department or its agent in performing the
2 activities authorized by this Article.

3 (3.5) For reimbursement of expenses incurred by
4 long-term care facilities, and payment of administrative
5 expenses incurred by the Department of Public Health, in
6 relation to the conduct and analysis of background checks
7 for identified offenders under the Nursing Home Care Act.

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

11 (5) For making transfers to the General Obligation Bond
12 Retirement and Interest Fund, as those transfers are
13 authorized in the proceedings authorizing debt under the
14 Short Term Borrowing Act, but transfers made under this
15 paragraph (5) shall not exceed the principal amount of debt
16 issued in anticipation of the receipt by the State of
17 moneys to be deposited into the Fund.

18 (6) For making transfers, at the direction of the
19 Director of the Governor's Office of Management and Budget
20 during each fiscal year beginning on or after July 1, 2011,
21 to other State funds in an annual amount of \$20,000,000 of
22 the tax collected pursuant to this Article for the purpose
23 of enforcement of nursing home standards, support of the
24 ombudsman program, and efforts to expand home and
25 community-based services. No transfer under this paragraph
26 shall occur until (i) the payment methodologies created by

1 Public Act 96-1530 under Section 5-5.4 of this Code have
2 been approved by the Centers for Medicare and Medicaid
3 Services of the U.S. Department of Health and Human
4 Services and (ii) the assessment imposed by Section 5B-2 of
5 this Code is determined to be a permissible tax under Title
6 XIX of the Social Security Act.

7 Disbursements from the Fund, other than transfers made
8 pursuant to paragraphs (5) and (6) of this subsection, shall be
9 by warrants drawn by the State Comptroller upon receipt of
10 vouchers duly executed and certified by the Illinois
11 Department.

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

13 (1) All moneys collected or received by the Illinois
14 Department from the long-term care provider assessment
15 imposed by this Article.

16 (2) All federal matching funds received by the Illinois
17 Department as a result of expenditures made by the Illinois
18 Department that are attributable to moneys deposited in the
19 Fund.

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

22 (4) (Blank).

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

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

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.".