



## 98TH GENERAL ASSEMBLY

### State of Illinois

#### 2013 and 2014

##### HB2451

Introduced 2/20/2013, by Rep. Lawrence M. Walsh, Jr.

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4h new  
305 ILCS 5/5-5.4i new  
305 ILCS 5/5-5e

Amends the Medical Assistance Article of the Illinois Public Aid Code. Restores a provision that was previously repealed by Public Act 97-689 and that requires the Department of Healthcare and Family Services to promulgate rules that establish a policy of bed reserve payments to intermediate care facilities for the developmentally disabled (ICF/DDs) which address the needs of residents of ICF/DDs and their families. Restores a provision that was previously repealed by Public Act 97-689 and that requires the Department to approve bed reserves at a daily rate of 75% of an individual's current Medicaid per diem, for nursing facilities 90% or more of whose residents are Medicaid recipients and that have occupancy levels of at least 93% for resident bed reserves not exceeding 10 days. Removes a provision requiring the Department to cease payment for bed reserves in nursing facilities, specialized mental health rehabilitation facilities, and, except in the instance of residents who are under 21 years of age, intermediate care facilities for persons with developmental disabilities.

LRB098 09092 KTG 39229 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 changing Section 5-5e and by adding Sections 5-5.4h and 5-5.4i  
6 as follows:

7 (305 ILCS 5/5-5.4h new)

8 Sec. 5-5.4h. Intermediate Care Facility for the  
9 Developmentally Disabled; bed reserve payments. The Department  
10 shall promulgate rules that establish a policy of bed reserve  
11 payments to ICF/DDs which addresses the needs of residents of  
12 ICF/DDs and their families.

13 (a) When a resident of an ICF/DD is absent from the  
14 facility in which he or she is a resident for purposes of  
15 physician authorized in-patient admission to a hospital, the  
16 Department's rules shall, at a minimum, provide (1) bed reserve  
17 payments at a daily rate which is 100% of the client's current  
18 per diem rate, for a period not exceeding 10 consecutive days;  
19 (2) bed reserve payments at a daily rate which is 75% of the  
20 client's current per diem rate, for a period which exceeds 10  
21 consecutive days but does not exceed 30 consecutive days; and  
22 (3) bed reserve payments at a daily rate which is 50% of the  
23 client's current per diem rate for a period which exceeds 30

1 consecutive days but does not exceed 45 consecutive days.

2 (b) When a resident of an ICF/DD is absent from the  
3 facility in which he or she is a resident for purposes of a  
4 home visit with a family member, the Department's rules shall,  
5 at a minimum, provide (1) bed reserve payments at a rate which  
6 is 100% of the client's current per diem rate, for a period not  
7 exceeding 10 days per State fiscal year; and (2) bed reserve  
8 payments at a rate which is 75% of the client's current per  
9 diem rate, for a period which exceeds 10 days per State fiscal  
10 year but does not exceed 30 days per State fiscal year.

11 (c) No Department rule regarding bed reserve payments shall  
12 require an ICF/DD to have a specified percentage of total  
13 facility occupancy as a requirement for receiving bed reserve  
14 payments.

15 (d) This Section 5-5.4h shall not apply to any State  
16 operated facilities.

17 (305 ILCS 5/5-5.4i new)

18 Sec. 5-5.4i. Bed reserves; approval. The Department of  
19 Healthcare and Family Services shall approve bed reserves at a  
20 daily rate of 75% of an individual's current Medicaid per diem,  
21 for nursing facilities 90% or more of whose residents are  
22 Medicaid recipients and that have occupancy levels of at least  
23 93% for resident bed reserves not exceeding 10 days.

24 (305 ILCS 5/5-5e)

1           Sec. 5-5e. Adjusted rates of reimbursement.

2           (a) Rates or payments for services in effect on June 30,  
3 2012 shall be adjusted and services shall be affected as  
4 required by any other provision of this amendatory Act of the  
5 97th General Assembly. In addition, the Department shall do the  
6 following:

7           (1) Delink the per diem rate paid for supportive living  
8 facility services from the per diem rate paid for nursing  
9 facility services, effective for services provided on or  
10 after May 1, 2011.

11           (2) (Blank). ~~Cease payment for bed reserves in nursing~~  
12 ~~facilities, specialized mental health rehabilitation~~  
13 ~~facilities, and, except in the instance of residents who~~  
14 ~~are under 21 years of age, intermediate care facilities for~~  
15 ~~persons with developmental disabilities.~~

16           (3) Cease payment of the \$10 per day add-on payment to  
17 nursing facilities for certain residents with  
18 developmental disabilities.

19           (b) After the application of subsection (a),  
20 notwithstanding any other provision of this Code to the  
21 contrary and to the extent permitted by federal law, on and  
22 after July 1, 2012, the rates of reimbursement for services and  
23 other payments provided under this Code shall further be  
24 reduced as follows:

25           (1) Rates or payments for physician services, dental  
26 services, or community health center services reimbursed

1 through an encounter rate, and services provided under the  
2 Medicaid Rehabilitation Option of the Illinois Title XIX  
3 State Plan shall not be further reduced.

4 (2) Rates or payments, or the portion thereof, paid to  
5 a provider that is operated by a unit of local government  
6 or State University that provides the non-federal share of  
7 such services shall not be further reduced.

8 (3) Rates or payments for hospital services delivered  
9 by a hospital defined as a Safety-Net Hospital under  
10 Section 5-5e.1 of this Code shall not be further reduced.

11 (4) Rates or payments for hospital services delivered  
12 by a Critical Access Hospital, which is an Illinois  
13 hospital designated as a critical care hospital by the  
14 Department of Public Health in accordance with 42 CFR 485,  
15 Subpart F, shall not be further reduced.

16 (5) Rates or payments for Nursing Facility Services  
17 shall only be further adjusted pursuant to Section 5-5.2 of  
18 this Code.

19 (6) Rates or payments for services delivered by long  
20 term care facilities licensed under the ID/DD Community  
21 Care Act and developmental training services shall not be  
22 further reduced.

23 (7) Rates or payments for services provided under  
24 capitation rates shall be adjusted taking into  
25 consideration the rates reduction and covered services  
26 required by this amendatory Act of the 97th General

1 Assembly.

2 (8) For hospitals not previously described in this  
3 subsection, the rates or payments for hospital services  
4 shall be further reduced by 3.5%, except for payments  
5 authorized under Section 5A-12.4 of this Code.

6 (9) For all other rates or payments for services  
7 delivered by providers not specifically referenced in  
8 paragraphs (1) through (8), rates or payments shall be  
9 further reduced by 2.7%.

10 (c) Any assessment imposed by this Code shall continue and  
11 nothing in this Section shall be construed to cause it to  
12 cease.

13 (Source: P.A. 97-689, eff. 6-14-12.)