92\_HB3538ham002

## LRB9207062DJgcam01

1 AMENDMENT TO HOUSE BILL 3538

2 AMENDMENT NO. \_\_\_\_. Amend House Bill 3538, AS AMENDED, 3 by replacing everything after the enacting clause with the 4 following:

5 "Section 5. The Illinois Public Aid Code is amended by6 changing Section 5-5.4 as follows:

7 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

8 Sec. 5-5.4. Standards of Payment - Department of Public 9 Aid. The Department of Public Aid shall develop standards of 10 payment of skilled nursing and intermediate care services in 11 facilities providing such services under this Article which:

(1) Provides for the determination of a facility's 12 payment for skilled nursing and intermediate care services on 13 14 a prospective basis. The amount of the payment rate for all nursing facilities certified under the medical assistance 15 program shall be prospectively established annually on the 16 17 basis of historical, financial, and statistical data reflecting actual costs from prior years, which shall be 18 19 applied to the current rate year and updated for inflation, except that the capital cost element for newly constructed 20 facilities shall be based upon projected budgets. 21 The 22 annually established payment rate shall take effect on July 1

1 in 1984 and subsequent years. Rate increases shall be 2 provided annually thereafter on July 1 in 1984 and on each 3 subsequent July 1 in the following years, except that no rate 4 increase and no update for inflation shall be provided on or 5 after July 1, 1994 and before July 1, 2001, unless 6 specifically provided for in this Section.

7 For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care 8 for the Developmentally Disabled facilities or Long Term Care 9 for Under Age 22 facilities, the rates taking effect on July 10 11 1. 1998 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing 12 Home Care Act as Skilled Nursing facilities or Intermediate 13 Care facilities, the rates taking effect on July 1, 1998 14 15 shall include an increase of 3% plus \$1.10 per resident-day, 16 as defined by the Department.

For facilities licensed by the Department of Public 17 Health under the Nursing Home Care Act as Intermediate Care 18 for the Developmentally Disabled facilities or Long Term Care 19 for Under Age 22 facilities, the rates taking effect on July 20 1, 1999 shall include an increase of 1.6% plus \$3.00 per 21 22 resident-day, as defined by the Department. For facilities 23 licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate 24 25 Care facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% and, for services provided 26 on or after October 1, 1999, shall be increased by \$4.00 per 27 resident-day, as defined by the Department. 28

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

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Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 2000 shall include an increase of 2.5% per resident-day, as defined by the Department.

6 For facilities licensed by the Department of Public 7 Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the rates taking 8 9 effect on July 1, 2001 and each subsequent July 1 shall be 10 computed using the most recent cost reports filed with the 11 Department of Public Aid no later than April 1 of the prior year. For rates effective July 1, 2001 only, rates shall be 12 the greater of the rate computed for July 1, 2001 or the rate 13 effective on June 30, 2001. 14

For facilities licensed by the Department of Public 15 16 Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, a new payment 17 methodology must be implemented for the nursing component of 18 the rate effective January 1, 2002. The Department of Public 19 Aid shall develop the new payment methodology using the 20 21 federal Minimum Data Set (MDS) as the instrument to collect information concerning nursing home resident condition 22 23 necessary to compute the rate. The new payment methodology must be developed to meet the unique needs of Illinois 24 25 nursing home residents. Rates based on the new payment 26 methodology must be phased in over a 4-year period using a blend of the rate based on the nursing rate payment 27 methodology in effect on December 31, 2001 and the new 28 payment methodology effective January 1, 2002 as follows: 29

30 (A) For rates effective January 1, 2002 through
 31 December 31, 2002, the nursing component of the rate must
 32 be comprised of a blend of 75% of the rate based on the
 33 payment methodology in effect on December 31, 2001 and
 34 25% of the rate in effect on January 1, 2002.

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1(B) For rates effective January 1, 2003 through2December 31, 2003, the nursing component of the rate must3be comprised of a blend of 50% of the rate based on the4payment methodology in effect on December 31, 2001 and550% of the rate in effect on January 1, 2002.

6 <u>(C) For rates effective January 1, 2004 through</u> 7 <u>December 31, 2004, the nursing component of the rate must</u> 8 <u>be comprised of a blend of 25% of the rate based on the</u> 9 <u>payment methodology in effect on December 31, 2001 and</u> 10 <u>75% of the rate in effect on January 1, 2002.</u>

11 (D) For rates effective January 1, 2005 and 12 thereafter, the nursing component of the rate must be 13 comprised of 100% of the rate based on the payment 14 methodology in effect on January 1, 2002.

Rates established effective each July 1 shall govern 15 16 payment for services rendered throughout that fiscal year, except that rates established on July 1, 1996 shall be 17 increased by 6.8% for services provided on or after January 18 19 1, 1997. Such rates will be based upon the rates calculated for the year beginning July 1, 1990, and for subsequent years 20 21 thereafter shall be based on the facility cost reports for 22 the facility fiscal year ending at any point in time during 23 the previous calendar year, updated to the midpoint of the rate year, except that rates effective July 1, 2001 and 24 thereafter shall be updated for inflation to January 1 of the 25 current calendar year. The cost report shall be on file with 26 the Department no later than April 1 of the current rate 27 Should the cost report not be on file by April 1, the 28 year. Department shall base the rate on the latest cost report 29 30 filed by each skilled care facility and intermediate care facility, updated to the midpoint of the current rate year. 31 In determining rates for services rendered on and after July 32 1, 1985, fixed time shall not be computed at less than zero. 33 The Department shall not make any alterations of regulations 34

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which would reduce any component of the Medicaid rate to a
 level below what that component would have been utilizing in
 the rate effective on July 1, 1984.

4 (2) Shall take into account the actual costs incurred by 5 facilities in providing services for recipients of skilled 6 nursing and intermediate care services under the medical 7 assistance program.

8 (3) Shall take into account the medical and 9 psycho-social characteristics and needs of the patients.

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

16 The Department of Public Aid shall develop precise standards for payments to reimburse nursing facilities for 17 18 any utilization of appropriate rehabilitative personnel for 19 the provision of rehabilitative services which is authorized by federal regulations, including reimbursement for services 20 21 provided by qualified therapists or qualified assistants, and which is in accordance with accepted professional practices. 22 23 Reimbursement also may be made for utilization of other supportive personnel under appropriate supervision. 24

25 (Source: P.A. 90-9, eff. 7-1-97; 90-588, eff. 7-1-98; 91-24, 26 eff. 7-1-99; 91-712, eff. 7-1-00.)

Section 99. Effective date. This Act takes effect uponbecoming law.".

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