



Rep. Justin Slaughter

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1 AMENDMENT TO SENATE BILL 3967

2 AMENDMENT NO. _____. Amend Senate Bill 3967 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-5.2 as follows:

6 (305 ILCS 5/5-5.2)

7 Sec. 5-5.2. Payment.

8 (a) All nursing facilities that are grouped pursuant to
9 Section 5-5.1 of this Act shall receive the same rate of
10 payment for similar services.

11 (b) It shall be a matter of State policy that the Illinois
12 Department shall utilize a uniform billing cycle throughout
13 the State for the long-term care providers.

14 (c) (Blank).

15 (c-1) Notwithstanding any other provisions of this Code,
16 the methodologies for reimbursement of nursing services as

1 provided under this Article shall no longer be applicable for
2 bills payable for nursing services rendered on or after a new
3 reimbursement system based on the Patient Driven Payment Model
4 (PDPM) has been fully operationalized, which shall take effect
5 for services provided on or after the implementation of the
6 PDPM reimbursement system begins. For the purposes of Public
7 Act 102-1035, the implementation date of the PDPM
8 reimbursement system and all related provisions shall be July
9 1, 2022 if the following conditions are met: (i) the Centers
10 for Medicare and Medicaid Services has approved corresponding
11 changes in the reimbursement system and bed assessment; and
12 (ii) the Department has filed rules to implement these changes
13 no later than June 1, 2022. Failure of the Department to file
14 rules to implement the changes provided in Public Act 102-1035
15 no later than June 1, 2022 shall result in the implementation
16 date being delayed to October 1, 2022.

17 (d) The new nursing services reimbursement methodology
18 utilizing the Patient Driven Payment Model, which shall be
19 referred to as the PDPM reimbursement system, taking effect
20 July 1, 2022, upon federal approval by the Centers for
21 Medicare and Medicaid Services, shall be based on the
22 following:

23 (1) The methodology shall be resident-centered,
24 facility-specific, cost-based, and based on guidance from
25 the Centers for Medicare and Medicaid Services.

26 (2) Costs shall be annually rebased and case mix index

1 quarterly updated. The nursing services methodology will
2 be assigned to the Medicaid enrolled residents on record
3 as of 30 days prior to the beginning of the rate period in
4 the Department's Medicaid Management Information System
5 (MMIS) as present on the last day of the second quarter
6 preceding the rate period based upon the Assessment
7 Reference Date of the Minimum Data Set (MDS).

8 (3) Regional wage adjustors based on the Health
9 Service Areas (HSA) groupings and adjusters in effect on
10 April 30, 2012 shall be included, except no adjuster shall
11 be lower than 1.06.

12 (4) PDPM nursing case mix indices in effect on March
13 1, 2022 shall be assigned to each resident class at no less
14 than 0.7858 of the Centers for Medicare and Medicaid
15 Services PDPM unadjusted case mix values, in effect on
16 March 1, 2022.

17 (5) The pool of funds available for distribution by
18 case mix and the base facility rate shall be determined
19 using the formula contained in subsection (d-1).

20 (6) The Department shall establish a variable per diem
21 staffing add-on in accordance with the most recent
22 available federal staffing report, currently the Payroll
23 Based Journal, for the same period of time, and if
24 applicable adjusted for acuity using the same quarter's
25 MDS. The Department shall rely on Payroll Based Journals
26 provided to the Department of Public Health to make a

1 determination of non-submission. If the Department is
2 notified by a facility of missing or inaccurate Payroll
3 Based Journal data or an incorrect calculation of
4 staffing, the Department must make a correction as soon as
5 the error is verified for the applicable quarter.

6 Beginning October 1, 2024, the staffing percentage
7 used in the calculation of the per diem staffing add-on
8 shall be its PDPM STRIVE Staffing Ratio which equals: its
9 Reported Total Nurse Staffing Hours Per Resident Per Day
10 as published in the most recent federal staffing report
11 (the Provider Information File), divided by the facility's
12 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE
13 Staffing Target is equal to .82 times the facility's
14 Illinois Adjusted Facility Case-Mix Hours Per Resident Per
15 Day. A facility's Illinois Adjusted Facility Case Mix
16 Hours Per Resident Per Day is equal to its Case-Mix Total
17 Nurse Staffing Hours Per Resident Per Day (as published in
18 the most recent federal Provider Information file) times
19 3.662 (which reflects the national resident days-weighted
20 mean Reported Total Nurse Staffing Hours Per Resident Per
21 Day as calculated using the January 2024 federal Provider
22 Information Files), divided by the national resident
23 days-weighted mean Reported Total Nurse Staffing Hours Per
24 Resident Per Day calculated using the most recent State US
25 Averages file.

26 Beginning January 1, 2025, the staffing percentage

1 used in the calculation of the per diem staffing add-on
2 shall be its PDPM STRIVE Staffing Ratio which equals: its
3 Reported Total Nurse Staffing Hours Per Resident Per Day
4 as published in the most recent federal staffing report
5 (the Provider Information File), divided by the facility's
6 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE
7 Staffing Target is equal to .7122 times the facility's
8 Illinois Adjusted Facility Case-Mix Hours Per Resident Per
9 Day. A facility's Illinois Adjusted Facility Case Mix
10 Hours Per Resident Per Day is equal to its Case-Mix Total
11 Nurse Staffing Hours Per Resident Per Day (as published in
12 the most recent federal staffing report Provider
13 Information file) times 3.79 (which is the Reported Total
14 Nurse Staffing Hours Per Resident Per Day for the Nation
15 as reported the January 2024 State US Averages file),
16 divided by the Reported Total Nurse Staffing Hours Per
17 Resident Per Day for the Nation as reported in the most
18 recent State US Averages file.

19 (6.5) Beginning July 1, 2024, the paid per diem
20 staffing add-on shall be the paid per diem staffing add-on
21 in effect April 1, 2024. For dates beginning October 1,
22 2024 and through September 30, 2025, the denominator for
23 the staffing percentage shall be the lesser of the
24 facility's PDPM STRIVE Staffing Target and:

25 (A) For the quarter beginning October 1, 2024, the
26 sum of 20% of the facility's PDPM STRIVE Staffing

1 Target and 80% of the facility's Case-Mix Total Nurse
2 Staffing Hours Per Resident Per Day (as published in
3 the January 2024 federal staffing report).

4 (B) For the quarter beginning January 1, 2025, the
5 sum of 40% of the facility's PDPM STRIVE Staffing
6 Target and 60% of the facility's Case-Mix Total Nurse
7 Staffing Hours Per Resident Per Day (as published in
8 the January 2024 federal staffing report).

9 (C) For the quarter beginning March 1, 2025, the
10 sum of 60% of the facility's PDPM STRIVE Staffing
11 Target and 40% of the facility's Case-Mix Total Nurse
12 Staffing Hours Per Resident Per Day (as published in
13 the January 2024 federal staffing report).

14 (D) For the quarter beginning July 1, 2025, the
15 sum of 80% of the facility's PDPM STRIVE Staffing
16 Target and 20% of the facility's Case-Mix Total Nurse
17 Staffing Hours Per Resident Per Day (as published in
18 the January 2024 federal staffing report).

19 Facilities with at least 70% of the staffing
20 indicated by the STRIVE study shall be paid a per diem
21 add-on of \$9, increasing by equivalent steps for each
22 whole percentage point until the facilities reach a per
23 diem of \$16.52. Facilities with at least 80% of the
24 staffing indicated by the STRIVE study shall be paid a per
25 diem add-on of \$16.52, increasing by equivalent steps for
26 each whole percentage point until the facilities reach a

1 per diem add-on of \$25.77. Facilities with at least 92% of
2 the staffing indicated by the STRIVE study shall be paid a
3 per diem add-on of \$25.77, increasing by equivalent steps
4 for each whole percentage point until the facilities reach
5 a per diem add-on of \$30.98. Facilities with at least 100%
6 of the staffing indicated by the STRIVE study shall be
7 paid a per diem add-on of \$30.98, increasing by equivalent
8 steps for each whole percentage point until the facilities
9 reach a per diem add-on of \$36.44. Facilities with at
10 least 110% of the staffing indicated by the STRIVE study
11 shall be paid a per diem add-on of \$36.44, increasing by
12 equivalent steps for each whole percentage point until the
13 facilities reach a per diem add-on of \$38.68. Facilities
14 with at least 125% or higher of the staffing indicated by
15 the STRIVE study shall be paid a per diem add-on of \$38.68.
16 No nursing facility's variable staffing per diem add-on
17 shall be reduced by more than 5% in 2 consecutive
18 quarters. For the quarters beginning July 1, 2022 and
19 October 1, 2022, no facility's variable per diem staffing
20 add-on shall be calculated at a rate lower than 85% of the
21 staffing indicated by the STRIVE study. No facility below
22 70% of the staffing indicated by the STRIVE study shall
23 receive a variable per diem staffing add-on after December
24 31, 2022.

25 (7) For dates of services beginning July 1, 2022, the
26 PDPM nursing component per diem for each nursing facility

1 shall be the product of the facility's (i) statewide PDPM
2 nursing base per diem rate, \$92.25, adjusted for the
3 facility average PDPM case mix index calculated quarterly
4 and (ii) the regional wage adjuster, and then add the
5 Medicaid access adjustment as defined in (e-3) of this
6 Section. Transition rates for services provided between
7 July 1, 2022 and October 1, 2023 shall be the greater of
8 the PDPM nursing component per diem or:

9 (A) for the quarter beginning July 1, 2022, the
10 RUG-IV nursing component per diem;

11 (B) for the quarter beginning October 1, 2022, the
12 sum of the RUG-IV nursing component per diem
13 multiplied by 0.80 and the PDPM nursing component per
14 diem multiplied by 0.20;

15 (C) for the quarter beginning January 1, 2023, the
16 sum of the RUG-IV nursing component per diem
17 multiplied by 0.60 and the PDPM nursing component per
18 diem multiplied by 0.40;

19 (D) for the quarter beginning April 1, 2023, the
20 sum of the RUG-IV nursing component per diem
21 multiplied by 0.40 and the PDPM nursing component per
22 diem multiplied by 0.60;

23 (E) for the quarter beginning July 1, 2023, the
24 sum of the RUG-IV nursing component per diem
25 multiplied by 0.20 and the PDPM nursing component per
26 diem multiplied by 0.80; or

1 (F) for the quarter beginning October 1, 2023 and
2 each subsequent quarter, the transition rate shall end
3 and a nursing facility shall be paid 100% of the PDPM
4 nursing component per diem.

5 (d-1) Calculation of base year Statewide RUG-IV nursing
6 base per diem rate.

7 (1) Base rate spending pool shall be:

8 (A) The base year resident days which are
9 calculated by multiplying the number of Medicaid
10 residents in each nursing home as indicated in the MDS
11 data defined in paragraph (4) by 365.

12 (B) Each facility's nursing component per diem in
13 effect on July 1, 2012 shall be multiplied by
14 subsection (A).

15 (C) Thirteen million is added to the product of
16 subparagraph (A) and subparagraph (B) to adjust for
17 the exclusion of nursing homes defined in paragraph
18 (5).

19 (2) For each nursing home with Medicaid residents as
20 indicated by the MDS data defined in paragraph (4),
21 weighted days adjusted for case mix and regional wage
22 adjustment shall be calculated. For each home this
23 calculation is the product of:

24 (A) Base year resident days as calculated in
25 subparagraph (A) of paragraph (1).

26 (B) The nursing home's regional wage adjustor

1 based on the Health Service Areas (HSA) groupings and
2 adjustors in effect on April 30, 2012.

3 (C) Facility weighted case mix which is the number
4 of Medicaid residents as indicated by the MDS data
5 defined in paragraph (4) multiplied by the associated
6 case weight for the RUG-IV 48 grouper model using
7 standard RUG-IV procedures for index maximization.

8 (D) The sum of the products calculated for each
9 nursing home in subparagraphs (A) through (C) above
10 shall be the base year case mix, rate adjusted
11 weighted days.

12 (3) The Statewide RUG-IV nursing base per diem rate:

13 (A) on January 1, 2014 shall be the quotient of the
14 paragraph (1) divided by the sum calculated under
15 subparagraph (D) of paragraph (2);

16 (B) on and after July 1, 2014 and until July 1,
17 2022, shall be the amount calculated under
18 subparagraph (A) of this paragraph (3) plus \$1.76; and

19 (C) beginning July 1, 2022 and thereafter, \$7
20 shall be added to the amount calculated under
21 subparagraph (B) of this paragraph (3) of this
22 Section.

23 (4) Minimum Data Set (MDS) comprehensive assessments
24 for Medicaid residents on the last day of the quarter used
25 to establish the base rate.

26 (5) Nursing facilities designated as of July 1, 2012

1 by the Department as "Institutions for Mental Disease"
2 shall be excluded from all calculations under this
3 subsection. The data from these facilities shall not be
4 used in the computations described in paragraphs (1)
5 through (4) above to establish the base rate.

6 (e) Beginning July 1, 2014, the Department shall allocate
7 funding in the amount up to \$10,000,000 for per diem add-ons to
8 the RUGS methodology for dates of service on and after July 1,
9 2014:

10 (1) \$0.63 for each resident who scores in I4200
11 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.

12 (2) \$2.67 for each resident who scores either a "1" or
13 "2" in any items S1200A through S1200I and also scores in
14 RUG groups PA1, PA2, BA1, or BA2.

15 (e-1) (Blank).

16 (e-2) For dates of services beginning January 1, 2014 and
17 ending September 30, 2023, the RUG-IV nursing component per
18 diem for a nursing home shall be the product of the statewide
19 RUG-IV nursing base per diem rate, the facility average case
20 mix index, and the regional wage adjustor. For dates of
21 service beginning July 1, 2022 and ending September 30, 2023,
22 the Medicaid access adjustment described in subsection (e-3)
23 shall be added to the product.

24 (e-3) A Medicaid Access Adjustment of \$4 adjusted for the
25 facility average PDPM case mix index calculated quarterly
26 shall be added to the statewide PDPM nursing per diem for all

1 facilities with annual Medicaid bed days of at least 70% of all
2 occupied bed days adjusted quarterly. For each new calendar
3 year and for the 6-month period beginning July 1, 2022, the
4 percentage of a facility's occupied bed days comprised of
5 Medicaid bed days shall be determined by the Department
6 quarterly. For dates of service beginning January 1, 2023, the
7 Medicaid Access Adjustment shall be increased to \$4.75. This
8 subsection shall be inoperative on and after January 1, 2028.

9 (e-4) Subject to federal approval, on and after January 1,
10 2024, the Department shall increase the rate add-on at
11 paragraph (7) subsection (a) under 89 Ill. Adm. Code 147.335
12 for ventilator services from \$208 per day to \$481 per day.
13 Payment is subject to the criteria and requirements under 89
14 Ill. Adm. Code 147.335.

15 (f) (Blank).

16 (g) Notwithstanding any other provision of this Code, on
17 and after July 1, 2012, for facilities not designated by the
18 Department of Healthcare and Family Services as "Institutions
19 for Mental Disease", rates effective May 1, 2011 shall be
20 adjusted as follows:

21 (1) (Blank);

22 (2) (Blank);

23 (3) Facility rates for the capital and support
24 components shall be reduced by 1.7%.

25 (h) Notwithstanding any other provision of this Code, on
26 and after July 1, 2012, nursing facilities designated by the

1 Department of Healthcare and Family Services as "Institutions
2 for Mental Disease" and "Institutions for Mental Disease" that
3 are facilities licensed under the Specialized Mental Health
4 Rehabilitation Act of 2013 shall have the nursing,
5 socio-developmental, capital, and support components of their
6 reimbursement rate effective May 1, 2011 reduced in total by
7 2.7%.

8 (i) On and after July 1, 2014, the reimbursement rates for
9 the support component of the nursing facility rate for
10 facilities licensed under the Nursing Home Care Act as skilled
11 or intermediate care facilities shall be the rate in effect on
12 June 30, 2014 increased by 8.17%.

13 (i-1) Subject to federal approval, on and after January 1,
14 2024, the reimbursement rates for the support component of the
15 nursing facility rate for facilities licensed under the
16 Nursing Home Care Act as skilled or intermediate care
17 facilities shall be the rate in effect on June 30, 2023
18 increased by 12%.

19 (j) Notwithstanding any other provision of law, subject to
20 federal approval, effective July 1, 2019, sufficient funds
21 shall be allocated for changes to rates for facilities
22 licensed under the Nursing Home Care Act as skilled nursing
23 facilities or intermediate care facilities for dates of
24 services on and after July 1, 2019: (i) to establish, through
25 June 30, 2022 a per diem add-on to the direct care per diem
26 rate not to exceed \$70,000,000 annually in the aggregate

1 taking into account federal matching funds for the purpose of
2 addressing the facility's unique staffing needs, adjusted
3 quarterly and distributed by a weighted formula based on
4 Medicaid bed days on the last day of the second quarter
5 preceding the quarter for which the rate is being adjusted.
6 Beginning July 1, 2022, the annual \$70,000,000 described in
7 the preceding sentence shall be dedicated to the variable per
8 diem add-on for staffing under paragraph (6) of subsection
9 (d); and (ii) in an amount not to exceed \$170,000,000 annually
10 in the aggregate taking into account federal matching funds to
11 permit the support component of the nursing facility rate to
12 be updated as follows:

13 (1) 80%, or \$136,000,000, of the funds shall be used
14 to update each facility's rate in effect on June 30, 2019
15 using the most recent cost reports on file, which have had
16 a limited review conducted by the Department of Healthcare
17 and Family Services and will not hold up enacting the rate
18 increase, with the Department of Healthcare and Family
19 Services.

20 (2) After completing the calculation in paragraph (1),
21 any facility whose rate is less than the rate in effect on
22 June 30, 2019 shall have its rate restored to the rate in
23 effect on June 30, 2019 from the 20% of the funds set
24 aside.

25 (3) The remainder of the 20%, or \$34,000,000, shall be
26 used to increase each facility's rate by an equal

1 percentage.

2 (k) During the first quarter of State Fiscal Year 2020,
3 the Department of Healthcare of Family Services must convene a
4 technical advisory group consisting of members of all trade
5 associations representing Illinois skilled nursing providers
6 to discuss changes necessary with federal implementation of
7 Medicare's Patient-Driven Payment Model. Implementation of
8 Medicare's Patient-Driven Payment Model shall, by September 1,
9 2020, end the collection of the MDS data that is necessary to
10 maintain the current RUG-IV Medicaid payment methodology. The
11 technical advisory group must consider a revised reimbursement
12 methodology that takes into account transparency,
13 accountability, actual staffing as reported under the
14 federally required Payroll Based Journal system, changes to
15 the minimum wage, adequacy in coverage of the cost of care, and
16 a quality component that rewards quality improvements.

17 (l) The Department shall establish per diem add-on
18 payments to improve the quality of care delivered by
19 facilities, including:

20 (1) Incentive payments determined by facility
21 performance on specified quality measures in an initial
22 amount of \$70,000,000. Nothing in this subsection shall be
23 construed to limit the quality of care payments in the
24 aggregate statewide to \$70,000,000, and, if quality of
25 care has improved across nursing facilities, the
26 Department shall adjust those add-on payments accordingly.

1 The quality payment methodology described in this
2 subsection must be used for at least State Fiscal Year
3 2023. Beginning with the quarter starting July 1, 2023,
4 the Department may add, remove, or change quality metrics
5 and make associated changes to the quality payment
6 methodology as outlined in subparagraph (E). Facilities
7 designated by the Centers for Medicare and Medicaid
8 Services as a special focus facility or a hospital-based
9 nursing home do not qualify for quality payments.

10 (A) Each quality pool must be distributed by
11 assigning a quality weighted score for each nursing
12 home which is calculated by multiplying the nursing
13 home's quality base period Medicaid days by the
14 nursing home's star rating weight in that period.

15 (B) Star rating weights are assigned based on the
16 nursing home's star rating for the LTS quality star
17 rating. As used in this subparagraph, "LTS quality
18 star rating" means the long-term stay quality rating
19 for each nursing facility, as assigned by the Centers
20 for Medicare and Medicaid Services under the Five-Star
21 Quality Rating System. The rating is a number ranging
22 from 0 (lowest) to 5 (highest).

23 (i) Zero-star or one-star rating has a weight
24 of 0.

25 (ii) Two-star rating has a weight of 0.75.

26 (iii) Three-star rating has a weight of 1.5.

1 (iv) Four-star rating has a weight of 2.5.

2 (v) Five-star rating has a weight of 3.5.

3 (C) Each nursing home's quality weight score is
4 divided by the sum of all quality weight scores for
5 qualifying nursing homes to determine the proportion
6 of the quality pool to be paid to the nursing home.

7 (D) The quality pool is no less than \$70,000,000
8 annually or \$17,500,000 per quarter. The Department
9 shall publish on its website the estimated payments
10 and the associated weights for each facility 45 days
11 prior to when the initial payments for the quarter are
12 to be paid. The Department shall assign each facility
13 the most recent and applicable quarter's STAR value
14 unless the facility notifies the Department within 15
15 days of an issue and the facility provides reasonable
16 evidence demonstrating its timely compliance with
17 federal data submission requirements for the quarter
18 of record. If such evidence cannot be provided to the
19 Department, the STAR rating assigned to the facility
20 shall be reduced by one from the prior quarter.

21 (E) The Department shall review quality metrics
22 used for payment of the quality pool and make
23 recommendations for any associated changes to the
24 methodology for distributing quality pool payments in
25 consultation with associations representing long-term
26 care providers, consumer advocates, organizations

1 representing workers of long-term care facilities, and
2 payors. The Department may establish, by rule, changes
3 to the methodology for distributing quality pool
4 payments.

5 (F) The Department shall disburse quality pool
6 payments from the Long-Term Care Provider Fund on a
7 monthly basis in amounts proportional to the total
8 quality pool payment determined for the quarter.

9 (G) The Department shall publish any changes in
10 the methodology for distributing quality pool payments
11 prior to the beginning of the measurement period or
12 quality base period for any metric added to the
13 distribution's methodology.

14 (2) Payments based on CNA tenure, promotion, and CNA
15 training for the purpose of increasing CNA compensation.
16 It is the intent of this subsection that payments made in
17 accordance with this paragraph be directly incorporated
18 into increased compensation for CNAs. As used in this
19 paragraph, "CNA" means a certified nursing assistant as
20 that term is described in Section 3-206 of the Nursing
21 Home Care Act, Section 3-206 of the ID/DD Community Care
22 Act, and Section 3-206 of the MC/DD Act. The Department
23 shall establish, by rule, payments to nursing facilities
24 equal to Medicaid's share of the tenure wage increments
25 specified in this paragraph for all reported CNA employee
26 hours compensated according to a posted schedule

1 consisting of increments at least as large as those
2 specified in this paragraph. The increments are as
3 follows: an additional \$1.50 per hour for CNAs with at
4 least one and less than 2 years' experience plus another
5 \$1 per hour for each additional year of experience up to a
6 maximum of \$6.50 for CNAs with at least 6 years of
7 experience. For purposes of this paragraph, Medicaid's
8 share shall be the ratio determined by paid Medicaid bed
9 days divided by total bed days for the applicable time
10 period used in the calculation. In addition, and additive
11 to any tenure increments paid as specified in this
12 paragraph, the Department shall establish, by rule,
13 payments supporting Medicaid's share of the
14 promotion-based wage increments for CNA employee hours
15 compensated for that promotion with at least a \$1.50
16 hourly increase. Medicaid's share shall be established as
17 it is for the tenure increments described in this
18 paragraph. Qualifying promotions shall be defined by the
19 Department in rules for an expected 10-15% subset of CNAs
20 assigned intermediate, specialized, or added roles such as
21 CNA trainers, CNA scheduling "captains", and CNA
22 specialists for resident conditions like dementia or
23 memory care or behavioral health. Pay increments in
24 accordance with this paragraph, including tenure wage
25 increments and promotion-based wage increments, apply to
26 and shall be incorporated into the compensation rate for

1 all CNA employee hours, whether productive or
2 nonproductive, compensated by the facility. This includes,
3 but is not limited to: paid sick leave, paid vacation,
4 training hours, bereavement leave, holidays, and paid time
5 off. An employer participating in the Certified Nursing
6 Assistant Tenure and Promotion Payments program is
7 prohibited from capping the wage scale increments for CNAs
8 at levels less than the levels detailed in this paragraph.
9 An employer that has attested to reimbursing employees at
10 a wage scale that meets or exceeds the required wage
11 increments, but fails to do so, shall be subject to
12 financial penalties as determined by administrative rules
13 and shall be subject to the penalties under Section 14 of
14 the Illinois Wage Payment and Collection Act. Employees
15 not receiving the full CNA tenure and promotion payment
16 wage scale shall be entitled to recovery through a claim
17 filed with the Department of Labor. The changes made to
18 this paragraph by this amendatory Act of the 104th General
19 Assembly are declaratory of existing law.

20 (m) The Department shall work with nursing facility
21 industry representatives to design policies and procedures to
22 permit facilities to address the integrity of data from
23 federal reporting sites used by the Department in setting
24 facility rates.

25 (Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21;
26 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102,

1 Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50,
2 Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.
3 7-1-24; 103-1075, eff. 3-21-25.)".