

93RD GENERAL ASSEMBLY State of Illinois 2003 and 2004 HB4476

Introduced 02/03/04, by Jack McGuire

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4

from Ch. 23, par. 5-5.4

Amends the Illinois Public Aid Code. Provides that the payment methodology for the nursing component that facilities licensed under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities must implement shall include, but is not limited to, specific adjustments for additional care and services required by persons with Alzheimer's Disease and related conditions.

LRB093 19568 AMC 45308 b

FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning public aid.

Be it enacted by the People of the State of Illinois, 2 represented in the General Assembly: 3

- Section 5. The Illinois Public Aid Code is amended by 4 5 changing Section 5-5.4 as follows:
- (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4) 6
- 7 Sec. 5-5.4. Standards of Payment - Department of Public Aid. The Department of Public Aid shall develop standards of 8 payment of skilled nursing and intermediate care services in 9 facilities providing such services under this Article which: 10
- (1) Provide for the determination of a facility's payment 12 for skilled nursing and intermediate care services on a prospective basis. The amount of the payment rate for all 13 14 nursing facilities certified by the Department of Public Health 15 under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities, Long Term Care for Under 16 17 Age 22 facilities, Skilled Nursing facilities, or Intermediate 18 Care facilities under the medical assistance program shall be 19 prospectively established annually on the basis of historical, 20 financial, and statistical data reflecting actual costs from 21 prior years, which shall be applied to the current rate year 22 and updated for inflation, except that the capital cost element for newly constructed facilities shall be based upon projected 23 budgets. The annually established payment rate shall take 25 effect on July 1 in 1984 and subsequent years. No rate increase 26 and no update for inflation shall be provided on or after July 1, 1994 and before July 1, 2004, unless specifically provided 27 28 for in this Section.
 - 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, 1998

shall include an increase of 3%. For facilities licensed by the
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, 1998 shall include an

increase of 3% plus \$1.10 per resident-day, as defined by the

6 Department.

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, 1999 shall include an increase of 1.6% plus \$3.00 per resident-day, as defined by the Department. For facilities licensed by the 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, 1999 shall include an increase of 1.6% and, for services provided on or after October 1, 1999, shall be increased by \$4.00 per resident-day, as defined by the Department.

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 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.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, a new payment methodology must be implemented for the nursing component of the rate effective July 1, 2003. The Department of Public Aid shall develop the new payment methodology using the Minimum Data Set (MDS) as the instrument to collect information concerning nursing home resident condition necessary to compute the rate. The

Department of Public Aid shall develop the new payment methodology to meet the unique needs of Illinois nursing home residents while remaining subject to the appropriations provided by the General Assembly. A transition period from the payment methodology in effect on June 30, 2003 to the payment methodology in effect on July 1, 2003 shall be provided for a period not exceeding 2 years after implementation of the new payment methodology as follows:

- (A) For a facility that would receive a lower nursing component rate per patient day under the new system than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be held at the level in effect on the date immediately preceding the date that the Department implements the new payment methodology until a higher nursing component rate of reimbursement is achieved by that facility.
- (B) For a facility that would receive a higher nursing component rate per patient day under the payment methodology in effect on July 1, 2003 than the facility received effective on the date immediately preceding the date that the Department implements the new payment methodology, the nursing component rate per patient day for the facility shall be adjusted.
- (C) Notwithstanding paragraphs (A) and (B), the nursing component rate per patient day for the facility shall be adjusted subject to appropriations provided by the General Assembly.
- The payment methodology established under this Section shall include, but is not limited to, specific adjustments for additional care and services required by persons with Alzheimer's Disease and related conditions.

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

1 Age 22 facilities, the rates taking effect on March 1, 2001

2 shall include a statewide increase of 7.85%, as defined by the

3 Department.

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 April 1, 2002 shall include a statewide increase of 2.0%, as defined by the Department. This increase terminates on July 1, 2002; beginning July 1, 2002 these rates are reduced to the level of the rates in effect on March 31, 2002, as defined by the Department.

For facilities licensed by the 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, 2001 shall be computed using the most recent cost reports on file with the Department of Public Aid no later than April 1, 2000, updated for inflation to January 1, 2001. For rates effective July 1, 2001 only, rates shall be the greater of the rate computed for July 1, 2001 or the rate effective on June 30, 2001.

Notwithstanding any other provision of this Section, for facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the Illinois Department shall determine by rule the rates taking effect on July 1, 2002, which shall be 5.9% less than the rates in effect on June 30, 2002.

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

Rates established effective each July 1 shall govern payment for services rendered throughout that fiscal year, except that rates established on July 1, 1996 shall be

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1 increased by 6.8% for services provided on or after January 1, 2 1997. Such rates will be based upon the rates calculated for 3 the year beginning July 1, 1990, and for subsequent years 4 thereafter until June 30, 2001 shall be based on the facility 5 cost reports for the facility fiscal year ending at any point 6 in time during the previous calendar year, updated to the midpoint of the rate year. The cost report shall be on file 7 8 with the Department no later than April 1 of the current rate 9 year. Should the cost report not be on file by April 1, the Department shall base the rate on the latest cost report filed 10 by each skilled care facility and intermediate care facility, 11 12 updated to the midpoint of the current rate year. 13 determining rates for services rendered on and after July 1, 1985, fixed time shall not be computed at less than zero. The 14 15 Department shall not make any alterations of regulations which 16 would reduce any component of the Medicaid rate to a level 17 below what that component would have been utilizing in the rate effective on July 1, 1984. 18

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

The Department of Public Aid shall develop precise standards for payments to reimburse nursing facilities for any utilization of appropriate rehabilitative personnel for the provision of rehabilitative services which is authorized by federal regulations, including reimbursement for services provided by qualified therapists or qualified assistants, and

- 1 which is in accordance with accepted professional practices.
- 2 Reimbursement also may be made for utilization of other
- 3 supportive personnel under appropriate supervision.
- 4 (Source: P.A. 92-10, eff. 6-11-01; 92-31, eff. 6-28-01; 92-597,
- 5 eff. 6-28-02; 92-651, eff. 7-11-02; 92-848, eff. 1-1-03; 93-20,
- 6 eff. 6-20-03; 93-649, eff. 1-8-04.)