



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB5219

Introduced 2/3/2010, by Rep. Lou Lang - Dan Brady

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.4f new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall establish by rule a procedure for a Minimum Data Set (MDS) Compliance Review. Provides that the procedure shall include, but not be limited to, verbal notice to a nursing facility of specific deficiencies in documentation required under the Illinois Administrative Code and the federally mandated resident assessment instrument. Further provides that verbal notice shall be given no later than the close of each survey day and that the timeframes for the nursing facility to provide the missing documentation shall be no more restrictive than those in effect as of January 15, 2010. Permits the provider to request an administrative review if, after receiving the final determination, the provider believes that the basis for reducing the facility's MDS rate was in error. Effective immediately.

LRB096 19072 KTG 34463 b

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 adding Section 5-5.4f as follows:

6 (305 ILCS 5/5-5.4f new)

7 Sec. 5-5.4f. Minimum Data Set (MDS) Compliance Review. The  
8 Department shall establish by rule a procedure for a Minimum  
9 Data Set (MDS) Compliance Review. The procedure shall include,  
10 but not be limited to, verbal notice to a nursing facility of  
11 specific deficiencies in documentation required under Section  
12 147.175 of the Illinois Administrative Code and the federally  
13 mandated resident assessment instrument as specified in 42 CFR  
14 483.20. Verbal notice shall be given no later than the close of  
15 each survey day. If given the opportunity, timeframes for the  
16 nursing facility to provide the missing documentation shall be  
17 no more restrictive than those in effect as of January 15,  
18 2010. The provider may request an administrative review if,  
19 after receiving the final determination, the provider believes  
20 that the basis for reducing the facility's MDS rate was in  
21 error. The provider may not offer any additional documentation  
22 during the administrative review conference, but may point out  
23 documentation that was provided and overlooked by the

1 Department in making its final determination. If disputes still  
2 exist after the conference, the final determination shall be  
3 made by the Director of Medical Programs.

4 Section 99. Effective date. This Act takes effect upon  
5 becoming law.