



August 15, 2025

Kathy Muse, General Counsel
Illinois Department of Healthcare and Family Services
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Ms. Muse,

Thank you for the opportunity to provide comments to the proposed rules for the appeals process for missing Payroll Benefits Journal (PBJ) data for skilled nursing facilities in 89 Illinois Administrative Code Section 140.380, as published in the [July 25 Illinois Register](#), beginning on page 9699.

LeadingAge Illinois is one of the largest and most respected associations of providers serving older adults in Illinois. Committed to advancing excellence, we advocate for quality services, promote innovative practices, and foster collaboration. We serve the full spectrum of providers including home and community-based services (HCBS), senior housing, life plan communities (LPC)/continuing care retirement communities (CCRC), assisted living, supportive living, and skilled nursing/rehabilitation centers. I am submitting these comments on behalf of these providers and the thousands of residents and recipients of care they serve.

While we understand and agree with the need to have an official regulatory process with which to handle instances where data isn't timely submitted or where the data is suppressed, rather than handling on a case-by-case basis, there are some concerns which we would like to express with the proposed approach. My comments will be brief.

We have two concerns on which we would like to provide feedback.

The first is in relation to situations where providers are not paid for participation in the CNA Incentive, and when the staffing add-on is zeroed out for failure to timely submit data, in **Section 140.830 d) 1)**, and **Section 140.830 d) 3)** respectively. The proposed rule does not provide for relief in instances when the PBJ system is offline and unavailable to providers. While planned system maintenance and updates are announced to providers, allowing them the opportunity to plan accordingly in filing their data, there are instances where the system is offline without warning. This isn't

necessarily a frequent occurrence, but it is also not entirely uncommon for providers to attempt to file their data only to find that the system is down due to unforeseen and unannounced circumstances. Some providers wait to file data until close to the deadline to assure that it has been thoroughly internally reviewed for accuracy. Providers need some protection in these situations; the proposed rule would punish providers even when appropriate staffing levels were in place and care was provided. LeadingAge believes that there should be some consideration within the administrative rules for extenuating circumstances such as these.

Our second comment is specific to **Section 140.830 d) 2)** and **Section 140.830 d) 4)**, and are centered on the same concerns for each section.

LeadingAge Illinois agrees that the Department must take a more measured and cautious approach in situations where Payroll Benefits Journal data is suppressed by the federal Centers for Medicare and Medicaid Services (CMS). However, as written the proposed rule seems to provide for reductions in the facility's CNA Incentive payment and in their staffing percentage calculation, which directly drives reimbursement rate, regardless of reason for suppression and whether there is ultimately a finding of any wrongdoing on the part of the provider. This does not provide for any real due process for providers. We would recommend that any reduction be tied to an actual finding of deficiency on the part of the provider. While final adjudication of data can take some time, the Department has the ability to recoup dollars from subsequent payments, and we believe using that process in the limited instances where suppressed data comes into play is a fairer approach than an automatic reduction.

LeadingAge Illinois has actively partnered with the Department in implementing change to the reimbursement methodology for skilled nursing and intermediate care facilities. The focus on delivery of quality centered care and resident outcomes, staffing metrics, and data driven goals reset reimbursement in an appropriate way. We stand ready to continue to help shape the reimbursement methodology and any related regulations which help to support those baseline standards, and hope that regulatory processes surrounding reimbursement are applied with the same thoughtfulness.

Thank you for the opportunity to provide these comments.

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