

June 22, 2026

Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Constantino,

Thank you for the opportunity to comment in support of the proposed project #26-023, Advocates for Aging Care Long Term Care Facility, Savoy. While I made comments at the public hearing held June 9, 2026, I wanted to share written comments including recent legislation signed into law by Governor Pritzker after the hearing.

Project 26-023 will establish a 120-bed cottage style skilled nursing facility ("Cottage SNF") in Savoy, IL. This cottage SNF is an implementation of the Green House model, a distinct evidence-based model of care that differs from a traditional SNF model both in physical structure but also in its care delivery model. This innovative approach is not new but has been around since 2003 and operates in multiple states. While the physical structure of private rooms in multiple cottages draws the most attention, the distinct care model is as much or even a greater innovation. The Cottage SNF will utilize "universal workers" which are Certified Nursing Assistants/Aides ("CNAs") with additional training who are not just caregivers but companions. This care model is pivotal in delivering higher quality care in a truly home-like setting.

This project doesn't simply add SNF beds to address the documented deficiency in Champaign County. This project introduces an innovative SNF model of care with proven positive results into Illinois. Cottage SNFs are something we both want and need in the State of Illinois.

I think the clearest proof of my statement is the recent change in Illinois law related to Cottage SNFs. Public Act 104-0470 was signed by Governor Pritzker on June 16, 2026. Commonly referred to as the "Medicaid Omnibus", this new Act contained language clearly and precisely defining "Cottage Style Nursing Homes" in the Illinois Nursing Home Care Act and established a Medicaid per diem rate add-on of at least \$50 for Medicaid residents served in cottage style nursing homes. This language was written in collaboration with the Illinois Department of Public Health ("DPH") which regulates nursing homes and the Department of Healthcare and Family Services ("HFS"), Illinois' single-state Medicaid agency. Legislators during the bill process expressed genuine enthusiasm in making these changes. On May 31, 2026, the General Assembly passed the bill unanimously in both the House and Senate. For the written record, I have attached the relevant pages from the Public Act and the recorded votes of both chambers.

I strongly support this project as a means of not just improving access to care but also improving the overall quality of care for the residents in Champaign County. Thank you again for the opportunity to comment on Cottage SNF project.

Sincerely,



Matthew Werner
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each managed care organization with the quarterly facility-specific ~~RUC-IV~~ nursing component per diem along with any add-ons for enhanced care services, support component per diem, and capital component per diem effective for each nursing home under contract with the managed care organization.

(Source: P.A. 98-651, eff. 6-16-14.)

ARTICLE 210.

Section 210-5. The Nursing Home Care Act is amended by adding Article IIIB as follows:

(210 ILCS 45/Art. IIIB heading new)

ARTICLE IIIB. COTTAGE STYLE NURSING HOMES

(210 ILCS 45/3B-100 new)

Sec. 3B-100. Definitions. As used in this Article:

"Clinical support team" (CST) means non-universal team members who provide support services throughout the campus. The CST provides support to self-directed or self-managed work teams. The CST includes, but is not limited to, the Administrator, Director of Nursing, Assistant Director of Nursing, and Minimum Data Set nurse.

"Cottage style" or "cottage style facilities" means small, free-standing, self-contained homes that:

(1) Surround or are adjacent to a central administration unit.

(2) Provide up to 12 private residents' rooms that are shared only at the request of a resident to accommodate a spouse, partner, or family member. A spouse that does not meet medical criteria for nursing facility placement may reside in the room assigned to a spouse who is admitted to the facility and who meets medical criteria for admission. The facility may charge the spouse who does not meet medical criteria for room and board, as well as other services so long as the facility meets all requirements or cost reporting.

(3) Have a full, accessible private bathroom for each resident room that contains, at a minimum, a toilet, sink, and shower.

(4) Have the appearance of a residential dwelling for both the exterior and the interior.

(5) Have residents' rooms constructed around a central, communal, family-style open space that includes a hearth room, dining area, and residential-style kitchen. The central communal area shall contain a living area where residents and staff may socialize, dine, and prepare food together that, at a minimum, provides a living room seating area, a dining area large enough for a single table serving all residents in the home plus 2 staff members, and an open full kitchen. The communal area may

include a gas fireplace with a fixed, "stay-cool" glass screen.

(6) Have all residents' room entrances visible from the central communal area.

(7) Each communal area may not exceed a ratio of one communal area to 12 resident rooms.

(8) Two cottages may share a centralized kitchen and laundry, but each may not exceed a ratio of one kitchen/laundry to 24 resident rooms.

(9) Contains residential-style design approach, scale, details, and materials throughout the home that are similar to the typical residential designs and finishes in the immediate surrounding community and does not contain or utilize commercial and institutional elements and products such as a nurse station, medication carts, hospital or office type fluorescent lighting, acoustical tile ceilings, institutional-style railings, room numbering, and labeling and signage that would not normally be found in a private home setting.

Where rules require specific institutional elements, every effort shall be made to provide the institutional elements in a manner consistent with what might be found in a new private home in the community (such as residential wall sconces used for required nurse call lights).

(10) Have outdoor space that:

(A) allows residents to ambulate, with or without assistive devices such as wheelchairs or walkers;

(B) signals staff wirelessly when someone enters the outdoor space from the cottage style home;

(C) is partially covered to protect from sun and elements under the covered area; and

(D) provides for outdoor activities.

(11) Utilize a wireless alert or call system. The system shall also include, for residents who have been care planned to be at risk for wandering or elopement, location bracelets that permit residents to signal for assistance and enable staff to locate residents. Wired call or alert systems and overhead paging are not permitted.

(12) Utilize a wireless communication and notification system for staff. The system shall provide a means for notification of staff both in the home and in other homes or other areas of the facility occupied by other staff.

(13) Contain ample natural light in each habitable space provided through exterior windows and other means, with window areas, exclusive of skylights and clerestories, being a minimum of 10% of the area of the room.

(14) Have built-in safety features (such as magnetic locks on cabinets with chemicals or knives) to allow all areas of the house, including the kitchen and any staff

office, to be accessible to the residents during the majority of the day and night.

(15) Provide self-directed care for residents through the establishment of self-managed or self-directed work teams consisting of certified nursing assistants.

(16) Prepare and cook at least 80% of resident meals in the cottage style home. Nothing in this item (16) prohibits the consumption of foods that are:

(A) prepared outside the cottage style home by family, acquaintances, or social organizations such as churches;

(B) grown in or on the grounds of the cottage style home by residents or staff; or

(C) prepared by local retail eating establishments that are licensed or inspected based on local, State, or federal laws.

(17) Train all staff involved in the operation of the project in the philosophy, operations, and skills required to implement and maintain self-directed care, self-directed or self-managed work teams, a non-institutional approach to life and care in long-term care, appropriate safety and emergency skills, and other elements required for successful operations and outcomes of the project.

(18) Are designed to be fully accessible for persons with disabilities.

(19) Have overhead lift tracks that run from the bed into the bathroom in at least 30% of resident rooms.

(20) Have at least one lift motor for each cottage style home.

(21) Have separate slings for each resident in the facility who requires a lift.

(22) Are not connected to, or share, any area that would not typically be connected or shared between private homes in the surrounding community (such as a driveway).

(23) Provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan.

(24) Maintain a staffing plan compliant with the minimum direct care staffing ratios required by this Act, the Illinois Administrative Code, and any other applicable State or federal law.

(25) Maintain all professional licensure for staff and employees in accordance with applicable State laws, including, but not limited to, Department of Financial and Professional Regulation requirements.

(26) Comply with any applicable State and federal consent decrees.

(27) Obtain proof and documentation of federal approval by the Centers for Medicare and Medicaid Services.

"Home" means each discrete cottage style unit housing up to 12 private residents' rooms.

"Person-directed care" means a holistic model that takes into consideration each resident's physical, mental, and social needs in the development of a care and treatment plan and the delivery of services that is driven to the greatest extent possible by resident choice, as opposed to an institutional medical model that is schedule and task driven.

"Self-managed or self-directed work team" means the universal workers assigned to a specific cottage style home and who determine, plan, and manage day-to-day activities in the house with little or no direct supervision.

"Food safety" means a method of ensuring safe preparation and delivery of food for and to residents.

"Family-style dining" means residential-style dining, in which all food is placed in serving bowls, platters, and similar residential serving dishes on the table, residents and staff dine together, and residents are encouraged to serve themselves or serve themselves with help from staff.

"Universal or flexible worker" means a certified nursing assistant who has received additional training in the areas of dietary, housekeeping, activities, and laundry and is a member of the self-managed or self-directed work team.

(210 ILCS 45/3B-105 new)

Sec. 3B-105. Intent. This Article creates a framework that

encourages the construction and operation of skilled nursing facilities that are consistent with State and federal laws and referred to as "cottage style". The cottage style model is a facility model resulting in a residential-style physical plant and specific principles of staff interaction. The cottage style model utilizes small, free-standing, self-contained homes. A single cottage consists of up to 12 private rooms, each with full bathrooms. Two cottages may share a common kitchen and laundry but the maximum ratio of 1 kitchen and laundry per 24 rooms must be maintained. The residents' rooms are constructed around a central, communal, family-style open space that includes a hearth room and dining area. All residents' room entrances are visible from the central communal area. The maximum ratio of one communal area per 12 rooms must be maintained. Each home is built to blend architecturally with neighboring homes.

(210 ILCS 45/3B-110 new)

Sec. 3B-110. Applicability. Nursing homes that meet the requirements of this Article to be designated as a cottage style nursing home are still subject to all requirements of this Act, administrative rules, and applicable State or federal laws. All requirements of this Article are additional requirements necessary to be designated as cottage style as defined in Section 3B-100.

(210 ILCS 45/3B-115 new)

Sec. 3B-115. License designation. During the initial licensure survey required under Section 3-109 of this Act, the Department must also review compliance with this Article. The Department must indicate, on licenses issued under this Act, "cottage style" for nursing homes that meet the requirements of this Article.

(210 ILCS 45/3B-120 new)

Sec. 3B-120. Staff Training.

(a) In addition to any State or federal training requirements pertaining to long-term care facilities, each certified nursing assistant (CNA) working in a cottage style home shall complete the following 40 hours of training, to include, but not be limited to:

(1) Cottage Style Model v. Traditional Model, a minimum of 2 hours covering at least the following topics:

(A) Meaningful Engagement. Development of, and appreciation for, activities designed to meet the individual's personal preferences and needs.

(B) Organizational Culture Change.

(2) Universal or Flexible Worker, a minimum of 2 hours covering at least the following topics:

(A) Concept.

(B) Responsibilities of the Worker.

(3) Person-Directed Care, a minimum of 2 hours

covering at least the following topics:

(A) Concepts and Relationship Building.

(B) Execution. How elder preferences shape workflow.

(4) Self-Managed or Self-Directed Work Team, a minimum of 4 hours covering at least the following topics:

(A) Concept.

(B) Responsibilities.

(C) Conflict Resolution and Learning Circles.

(5) Food Safety, a minimum of 22 hours covering at least the following topics:

(A) Safety.

(B) Contamination.

(C) Allergies.

(D) Therapeutic Diets.

(E) Thickening Agents.

(F) Food Preparation.

(G) Family Style Dining.

(H) Cottage Equipment Use. Appliance usage and safety.

(6) Emergency Situations and Evacuation, a minimum of 2 hours covering at least the following topics:

(A) Fire Drills.

(B) Tornado Drills.

(C) Disaster Drills.

(D) Evacuation.

(E) Environmental Policy.

(7) Cottage Orientation, a minimum of 2 hours covering at least the following topics:

(A) Phone System.

(B) Call System.

(C) Cleaning Supply Storage.

(D) Cleaning Supply Usage.

(E) Workplace Organization.

(8) Communication, a minimum of 2 hours covering at least the following topics:

(A) Communication Skills.

(B) Coaching Skills.

(C) Accountability.

(D) Support.

(9) Observation Skills, a minimum of 2 hours covering at least the following topics:

(A) How to obtain a history from family.

(B) How to modify a care plan.

(C) How to identify a resident's change in condition.

(b) Upon opening and for the first 90 days of continuous operation of a cottage style home, all CNAs working in that home shall complete all of the required training listed in subsection (a) prior to providing services in the cottage style home.

(c) After a cottage style home has been in continuous

operation servicing residents for at least 90 days, each CNA assigned to the cottage style home for the first time, and who has not been trained in accordance with subsections (a) and (b), shall complete the following 16-hour training schedule before working with residents:

(1) Cottage Style Model v. Traditional Model, a minimum of 1.5 hours.

(2) Universal or Flexible Worker, a minimum of 1.5 hours.

(3) Person-Directed Care, a minimum of 3 hours.

(4) Self-Managed or Self-Directed Work Team, a minimum of 3 hours.

(5) Food Safety, a minimum of 3 hours.

(6) Family Style Dining, a minimum of one hour.

(7) Emergency Situations and Evacuations, a minimum of one hour.

(8) Cottage Equipment Use, a minimum of one hour.

(9) Cottage Orientation, a minimum of one hour.

Following the 16-hour training the CNA shall complete the remaining 24 hours of training listed in subsection (a) within 90 days.

(d) All shared common staff shall undergo the following training within 45 days of the opening of the first cottage style home:

(1) Cottage Style Model v. Traditional Model, a minimum of 1.5 hours.

(2) Clinical Support Team, a minimum of one hour.

(3) Universal or Flexible Worker, a minimum of one hour.

(4) Self-Managed or Self-Directed Work Team, a minimum of 3 hours.

(5) Person-Directed Care, a minimum of 3 hours.

(6) Team Communication, a minimum of one hour.

(7) Learning Circles, a minimum of one hour.

(8) Understanding Aging in the Elderly, a minimum of one hour.

(9) Cottage Systems, a minimum of 2 hours.

(e) Each facility seeking designation as a cottage style facility shall provide to the Department a syllabus, a list of required reference and study materials, and a proposed curriculum of training as required under this Section. As used in this Section, "curriculum" means a detailed study guide that states the learning objectives and provides information or materials designed to impart to the student or trainee the necessary skills, knowledge, or ability required under the learning objectives.

(f) Facilities must keep all trainings current with all changes in best practices and local, State, and federal laws, rules, regulations, and guidance.

(210 ILCS 45/3B-125 new)

Sec. 3B-125. Implementation. The Department may adopt

administrative rules to implement any part of this Article; however, all provisions of this Article are fully effective upon taking effect even if administrative rules have not been adopted.

Section 210-10. The Illinois Public Aid Code is amended by adding Section 5-5.2a as follows:

(305 ILCS 5/5-5.2a new)

Sec. 5-5.2a. Cottage style nursing home reimbursement adjustment.

(a) As used in this Section, "cottage style nursing home" means a nursing home meeting the requirements under Article IIIB of the Nursing Home Care Act.

(b) Subject to any necessary federal approval, for dates of service on and after July 1, 2027, the Department shall reimburse cottage style nursing homes with a per diem add-on of at least \$50.

(c) This per diem add-on amount is in addition to all amounts reimbursed to a nursing home under this Code. To account for the unique person-directed care model in cottage style nursing homes, the Department may increase the initial default rates of a new cottage style nursing home until data required to calculate those rates are available.

ARTICLE 215.

STATE OF ILLINOIS
ONE HUNDRED FOURTH
GENERAL ASSEMBLY
HOUSE ROLL CALL
SENATE BILL 3365
MEDICARE/MEDICAID DUAL ELIGIBL
SENATE BILLS
THIRD READING
PASSED

May 31, 2026

112 YEAS	0 NAYS	0 PRESENT
Y Ammons	Y Grasse	Y Mussman
Y Andrade	Y Guerrero-Cuellar	Y Ness
Y Avelar	Y Guzzardi	NV Niemerg
Y Benton	Y Haas	Y Olickal
Y Blair-Sherlock	NV Halbrook	Y Ortíz
Y Briel	Y Hammond	Y Rashid
Y Buckner	Y Hanson	Y Reick
Y Bunting	Y Harper	Y Rita
Y Cabello	Y Hauter	Y Rosenthal
Y Canty	Y Hernandez, Barbara	Y Ryan
Y Cassidy	Y Hernandez, Lisa	Y Sanalitro
Y Chung	Y Hernandez, Norma	Y Scherer
Y Cochran	Y Hirschauer	Y Schmidt
Y Coffey	Y Hoffman	Y Schweizer
Y Crawford	Y Huynh	Y Severin
Y Crespo	Y Jacobs	Y Sheehan
Y Croke	Y Jiménez	Y Slaughter
Y Davidsmeyer	Y Johnson	Y Smith
Y Davis, Jed	Y Jones	Y Sosnowski
Y Davis, Lisa	Y Katz Muhl	Y Spain
Y Davis, Will	Y Keicher	Y Stava
Y Deering	Y Kelly	Y Stephens
Y DeLaRosa	Y Kifowit	Y Stuart
Y Delgado	Y La Ha	Y Swanson
Y DeLuca	Y LaPointe	Y Syed
Y Deuter	Y Lilly	Y Tarver
Y Didech	Y Mah	Y Tipsword
Y Du Buclet	Y Manley	Y Ugaste
Y Elik	E Mason	Y Vella
Y Evans	Y Mayfield	Y Walsh
Y Faver Dias	Y McCombie	Y Weaver
Y Ford	Y McLaughlin	Y Weber
Y Friess	Y Meier	Y West
Y Fritts	Y Meyers-Martin	NV Wilhour
Y Gabel	NV Miller	Y Williams, Ann
Y Gill	Y Moeller	Y Williams, Jawaharial
Y Gong-Gershowitz	Y Moore	Y Windhorst
Y González	Y Morgan	Y Yang Rohr
Y Gordon-Booth	Y Morris	Y Mr. Speaker
E Grant		

E - Denotes Excused Absence

State of Illinois
104th General Assembly
Senate Vote

Senate Bill No. 3365
CONCUR IN HOUSE AMENDMENT
CONCURRENCE

May 31, 2026

59 YEAS

0 NAYS

0 PRESENT

Y Anderson	Y Faraci	Y Joyce	Y Simmons
Y Aquino	Y Feigenholtz	Y Koehler	Y Sims
Y Arellano, L.	Y Fine	Y Lewis	Y Stadelman
Y Balkema	Y Fowler	Y Lightford	Y Syverson
Y Belt	Y Glowiak Hilton	Y Loughran Cappel	Y Tracy
Y Bryant	Y Guzmán	Y Martwick	Y Turner, D.
Y Castro	Y Halpin	Y McClure	Y Turner, S.
Y Cervantes	Y Harris, N.	Y Morrison	Y Ventura
Y Chesney	Y Harriss, E.	Y Murphy	Y Villa
Y Collins	Y Hastings	Y Peters	Y Villanueva
Y Cunningham	Y Hills	Y Plummer	Y Villivalam
Y Curran	Y Holmes	Y Porfirio	Y Walker
Y DeWitte	Y Hunter	Y Preston	Y Wilcox
Y Edly-Allen	Y Johnson	Y Rezin	Y Mr. President
Y Ellman	Y Jones, E.	Y Rose	