Illinois Department of HealthCare and Family Services
CNA Incentive Payment Program Calculation Example

CNA Pay Scale Formula for Nursing Facility i

Medicaid's share of resident days for year ending 9 months prior			CNA hours and status from the most recent published PBJ and quarterly facility-submitted CNA templates		Minimum pay scale = subsidized amounts		Medicaid's share of quarterly estimated cost of CNA minimum payscale			CNA payscale monthly payment
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 1 year's Experience$_i$	*	$1.50	=	E_{1,i}$	/3	=	E_{1,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 2 year's Experience$_i$	*	$2.50	=	E_{2,i}$	/3	=	E_{2,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 3 year's Experience$_i$	*	$3.50	=	E_{3,i}$	/3	=	E_{3,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 4 year's Experience$_i$	*	$4.50	=	E_{4,i}$	/3	=	E_{4,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 5 year's Experience$_i$	*	$5.50	=	E_{5,i}$	/3	=	E_{5,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours at 6+ year's Experience$_i$	*	$6.50	=	E_{6,i}$	/3	=	E_{6,i}^{monthly}$
#Medicaid Paid Days$_i$	/ #Total Resident Days$_i$	*	# CNA hours with a Promotion$_i$ [max 15% of total CNA Hours]	*	$1.50	=	P_i$	/3	=	P_i^{monthly}$
								Sum total = monthly payment		$TotalCNA$_i^{monthly}$