

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. If and only if both Senate Bill 2840, AS
5 AMENDED, of the 97th General Assembly and Senate Bill 3397, AS
6 AMENDED, of the 97th General Assembly become law, then the
7 Illinois Public Aid Code is amended by changing Sections 5-1.4,
8 5-2, 5-2.03, 15-1, 15-2, 15-5, and 15-11 as follows:

9 (305 ILCS 5/5-1.4)

10 Sec. 5-1.4. Moratorium on eligibility expansions.
11 Beginning on January 25, 2011 (the effective date of Public Act
12 96-1501) ~~this amendatory Act of the 96th General Assembly,~~
13 there shall be a 4-year ~~2-year~~ moratorium on the expansion of
14 eligibility through increasing financial eligibility
15 standards, or through increasing income disregards, or through
16 the creation of new programs which would add new categories of
17 eligible individuals under the medical assistance program in
18 addition to those categories covered on January 1, 2011 or
19 above the level of any subsequent reduction in eligibility.
20 This moratorium shall not apply to expansions required as a
21 federal condition of State participation in the medical
22 assistance program or to expansions approved by the federal
23 government that are financed entirely by units of local

1 government and federal matching funds. If the State of Illinois
2 finds that the State has borne a cost related to such an
3 expansion, the unit of local government shall reimburse the
4 State. All federal funds associated with an expansion funded by
5 a unit of local government shall be returned to the local
6 government entity funding the expansion, pursuant to an
7 intergovernmental agreement between the Department of
8 Healthcare and Family Services and the local government entity.
9 Within 10 calendar days of the effective date of this
10 amendatory Act of the 97th General Assembly, the Department of
11 Healthcare and Family Services shall formally advise the
12 Centers for Medicare and Medicaid Services of the passage of
13 this amendatory Act of the 97th General Assembly. The State is
14 prohibited from submitting additional waiver requests that
15 expand or allow for an increase in the classes of persons
16 eligible for medical assistance under this Article to the
17 federal government for its consideration beginning on the 20th
18 calendar day following the effective date of this amendatory
19 Act of the 97th General Assembly until January 25, 2015.

20 (Source: P.A. 96-1501, eff. 1-25-11.)

21 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

22 Sec. 5-2. Classes of Persons Eligible. Medical assistance
23 under this Article shall be available to any of the following
24 classes of persons in respect to whom a plan for coverage has
25 been submitted to the Governor by the Illinois Department and

1 approved by him:

2 1. Recipients of basic maintenance grants under
3 Articles III and IV.

4 2. Persons otherwise eligible for basic maintenance
5 under Articles III and IV, excluding any eligibility
6 requirements that are inconsistent with any federal law or
7 federal regulation, as interpreted by the U.S. Department
8 of Health and Human Services, but who fail to qualify
9 thereunder on the basis of need or who qualify but are not
10 receiving basic maintenance under Article IV, and who have
11 insufficient income and resources to meet the costs of
12 necessary medical care, including but not limited to the
13 following:

14 (a) All persons otherwise eligible for basic
15 maintenance under Article III but who fail to qualify
16 under that Article on the basis of need and who meet
17 either of the following requirements:

18 (i) their income, as determined by the
19 Illinois Department in accordance with any federal
20 requirements, is equal to or less than 70% in
21 fiscal year 2001, equal to or less than 85% in
22 fiscal year 2002 and until a date to be determined
23 by the Department by rule, and equal to or less
24 than 100% beginning on the date determined by the
25 Department by rule, of the nonfarm income official
26 poverty line, as defined by the federal Office of

1 Management and Budget and revised annually in
2 accordance with Section 673(2) of the Omnibus
3 Budget Reconciliation Act of 1981, applicable to
4 families of the same size; or

5 (ii) their income, after the deduction of
6 costs incurred for medical care and for other types
7 of remedial care, is equal to or less than 70% in
8 fiscal year 2001, equal to or less than 85% in
9 fiscal year 2002 and until a date to be determined
10 by the Department by rule, and equal to or less
11 than 100% beginning on the date determined by the
12 Department by rule, of the nonfarm income official
13 poverty line, as defined in item (i) of this
14 subparagraph (a).

15 (b) All persons who, excluding any eligibility
16 requirements that are inconsistent with any federal
17 law or federal regulation, as interpreted by the U.S.
18 Department of Health and Human Services, would be
19 determined eligible for such basic maintenance under
20 Article IV by disregarding the maximum earned income
21 permitted by federal law.

22 3. Persons who would otherwise qualify for Aid to the
23 Medically Indigent under Article VII.

24 4. Persons not eligible under any of the preceding
25 paragraphs who fall sick, are injured, or die, not having
26 sufficient money, property or other resources to meet the

1 costs of necessary medical care or funeral and burial
2 expenses.

3 5.(a) Women during pregnancy, after the fact of
4 pregnancy has been determined by medical diagnosis, and
5 during the 60-day period beginning on the last day of the
6 pregnancy, together with their infants and children born
7 after September 30, 1983, whose income and resources are
8 insufficient to meet the costs of necessary medical care to
9 the maximum extent possible under Title XIX of the Federal
10 Social Security Act.

11 (b) The Illinois Department and the Governor shall
12 provide a plan for coverage of the persons eligible under
13 paragraph 5(a) by April 1, 1990. Such plan shall provide
14 ambulatory prenatal care to pregnant women during a
15 presumptive eligibility period and establish an income
16 eligibility standard that is equal to 133% of the nonfarm
17 income official poverty line, as defined by the federal
18 Office of Management and Budget and revised annually in
19 accordance with Section 673(2) of the Omnibus Budget
20 Reconciliation Act of 1981, applicable to families of the
21 same size, provided that costs incurred for medical care
22 are not taken into account in determining such income
23 eligibility.

24 (c) The Illinois Department may conduct a
25 demonstration in at least one county that will provide
26 medical assistance to pregnant women, together with their

1 infants and children up to one year of age, where the
2 income eligibility standard is set up to 185% of the
3 nonfarm income official poverty line, as defined by the
4 federal Office of Management and Budget. The Illinois
5 Department shall seek and obtain necessary authorization
6 provided under federal law to implement such a
7 demonstration. Such demonstration may establish resource
8 standards that are not more restrictive than those
9 established under Article IV of this Code.

10 6. Persons under the age of 18 who fail to qualify as
11 dependent under Article IV and who have insufficient income
12 and resources to meet the costs of necessary medical care
13 to the maximum extent permitted under Title XIX of the
14 Federal Social Security Act.

15 7. Persons who are under 21 years of age and would
16 qualify as disabled as defined under the Federal
17 Supplemental Security Income Program, provided medical
18 service for such persons would be eligible for Federal
19 Financial Participation, and provided the Illinois
20 Department determines that:

21 (a) the person requires a level of care provided by
22 a hospital, skilled nursing facility, or intermediate
23 care facility, as determined by a physician licensed to
24 practice medicine in all its branches;

25 (b) it is appropriate to provide such care outside
26 of an institution, as determined by a physician

1 licensed to practice medicine in all its branches;

2 (c) the estimated amount which would be expended
3 for care outside the institution is not greater than
4 the estimated amount which would be expended in an
5 institution.

6 8. Persons who become ineligible for basic maintenance
7 assistance under Article IV of this Code in programs
8 administered by the Illinois Department due to employment
9 earnings and persons in assistance units comprised of
10 adults and children who become ineligible for basic
11 maintenance assistance under Article VI of this Code due to
12 employment earnings. The plan for coverage for this class
13 of persons shall:

14 (a) extend the medical assistance coverage for up
15 to 12 months following termination of basic
16 maintenance assistance; and

17 (b) offer persons who have initially received 6
18 months of the coverage provided in paragraph (a) above,
19 the option of receiving an additional 6 months of
20 coverage, subject to the following:

21 (i) such coverage shall be pursuant to
22 provisions of the federal Social Security Act;

23 (ii) such coverage shall include all services
24 covered while the person was eligible for basic
25 maintenance assistance;

26 (iii) no premium shall be charged for such

1 coverage; and

2 (iv) such coverage shall be suspended in the
3 event of a person's failure without good cause to
4 file in a timely fashion reports required for this
5 coverage under the Social Security Act and
6 coverage shall be reinstated upon the filing of
7 such reports if the person remains otherwise
8 eligible.

9 9. Persons with acquired immunodeficiency syndrome
10 (AIDS) or with AIDS-related conditions with respect to whom
11 there has been a determination that but for home or
12 community-based services such individuals would require
13 the level of care provided in an inpatient hospital,
14 skilled nursing facility or intermediate care facility the
15 cost of which is reimbursed under this Article. Assistance
16 shall be provided to such persons to the maximum extent
17 permitted under Title XIX of the Federal Social Security
18 Act.

19 10. Participants in the long-term care insurance
20 partnership program established under the Illinois
21 Long-Term Care Partnership Program Act who meet the
22 qualifications for protection of resources described in
23 Section 15 of that Act.

24 11. Persons with disabilities who are employed and
25 eligible for Medicaid, pursuant to Section
26 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,

1 subject to federal approval, persons with a medically
2 improved disability who are employed and eligible for
3 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
4 the Social Security Act, as provided by the Illinois
5 Department by rule. In establishing eligibility standards
6 under this paragraph 11, the Department shall, subject to
7 federal approval:

8 (a) set the income eligibility standard at not
9 lower than 350% of the federal poverty level;

10 (b) exempt retirement accounts that the person
11 cannot access without penalty before the age of 59 1/2,
12 and medical savings accounts established pursuant to
13 26 U.S.C. 220;

14 (c) allow non-exempt assets up to \$25,000 as to
15 those assets accumulated during periods of eligibility
16 under this paragraph 11; and

17 (d) continue to apply subparagraphs (b) and (c) in
18 determining the eligibility of the person under this
19 Article even if the person loses eligibility under this
20 paragraph 11.

21 12. Subject to federal approval, persons who are
22 eligible for medical assistance coverage under applicable
23 provisions of the federal Social Security Act and the
24 federal Breast and Cervical Cancer Prevention and
25 Treatment Act of 2000. Those eligible persons are defined
26 to include, but not be limited to, the following persons:

1 (1) persons who have been screened for breast or
2 cervical cancer under the U.S. Centers for Disease
3 Control and Prevention Breast and Cervical Cancer
4 Program established under Title XV of the federal
5 Public Health Services Act in accordance with the
6 requirements of Section 1504 of that Act as
7 administered by the Illinois Department of Public
8 Health; and

9 (2) persons whose screenings under the above
10 program were funded in whole or in part by funds
11 appropriated to the Illinois Department of Public
12 Health for breast or cervical cancer screening.

13 "Medical assistance" under this paragraph 12 shall be
14 identical to the benefits provided under the State's
15 approved plan under Title XIX of the Social Security Act.
16 The Department must request federal approval of the
17 coverage under this paragraph 12 within 30 days after the
18 effective date of this amendatory Act of the 92nd General
19 Assembly.

20 In addition to the persons who are eligible for medical
21 assistance pursuant to subparagraphs (1) and (2) of this
22 paragraph 12, and to be paid from funds appropriated to the
23 Department for its medical programs, any uninsured person
24 as defined by the Department in rules residing in Illinois
25 who is younger than 65 years of age, who has been screened
26 for breast and cervical cancer in accordance with standards

1 and procedures adopted by the Department of Public Health
2 for screening, and who is referred to the Department by the
3 Department of Public Health as being in need of treatment
4 for breast or cervical cancer is eligible for medical
5 assistance benefits that are consistent with the benefits
6 provided to those persons described in subparagraphs (1)
7 and (2). Medical assistance coverage for the persons who
8 are eligible under the preceding sentence is not dependent
9 on federal approval, but federal moneys may be used to pay
10 for services provided under that coverage upon federal
11 approval.

12 13. Subject to appropriation and to federal approval,
13 persons living with HIV/AIDS who are not otherwise eligible
14 under this Article and who qualify for services covered
15 under Section 5-5.04 as provided by the Illinois Department
16 by rule.

17 14. Subject to the availability of funds for this
18 purpose, the Department may provide coverage under this
19 Article to persons who reside in Illinois who are not
20 eligible under any of the preceding paragraphs and who meet
21 the income guidelines of paragraph 2(a) of this Section and
22 (i) have an application for asylum pending before the
23 federal Department of Homeland Security or on appeal before
24 a court of competent jurisdiction and are represented
25 either by counsel or by an advocate accredited by the
26 federal Department of Homeland Security and employed by a

1 not-for-profit organization in regard to that application
2 or appeal, or (ii) are receiving services through a
3 federally funded torture treatment center. Medical
4 coverage under this paragraph 14 may be provided for up to
5 24 continuous months from the initial eligibility date so
6 long as an individual continues to satisfy the criteria of
7 this paragraph 14. If an individual has an appeal pending
8 regarding an application for asylum before the Department
9 of Homeland Security, eligibility under this paragraph 14
10 may be extended until a final decision is rendered on the
11 appeal. The Department may adopt rules governing the
12 implementation of this paragraph 14.

13 15. Family Care Eligibility.

14 (a) Through December 31, 2013, a caretaker
15 relative who is 19 years of age or older when countable
16 income is at or below 185% of the Federal Poverty Level
17 Guidelines, as published annually in the Federal
18 Register, for the appropriate family size. Beginning
19 January 1, 2014, a caretaker relative who is 19 years
20 of age or older when countable income is at or below
21 133% of the Federal Poverty Level Guidelines, as
22 published annually in the Federal Register, for the
23 appropriate family size. A person may not spend down to
24 become eligible under this paragraph 15.

25 (b) Eligibility shall be reviewed annually.

26 (c) Caretaker relatives enrolled under this

1 paragraph 15 in families with countable income above
2 150% and at or below 185% of the Federal Poverty Level
3 Guidelines shall be counted as family members and pay
4 premiums as established under the Children's Health
5 Insurance Program Act.

6 (d) Premiums shall be billed by and payable to the
7 Department or its authorized agent, on a monthly basis.

8 (e) The premium due date is the last day of the
9 month preceding the month of coverage.

10 (f) Individuals shall have a grace period through
11 60 days of coverage to pay the premium.

12 (g) Failure to pay the full monthly premium by the
13 last day of the grace period shall result in
14 termination of coverage.

15 (h) Partial premium payments shall not be
16 refunded.

17 (i) Following termination of an individual's
18 coverage under this paragraph 15, the following action
19 is required before the individual can be re-enrolled:

20 (1) A new application must be completed and the
21 individual must be determined otherwise eligible.

22 (2) There must be full payment of premiums due
23 under this Code, the Children's Health Insurance
24 Program Act, the Covering ALL KIDS Health
25 Insurance Act, or any other healthcare program
26 administered by the Department for periods in

1 which a premium was owed and not paid for the
2 individual.

3 (3) The first month's premium must be paid if
4 there was an unpaid premium on the date the
5 individual's previous coverage was canceled.

6 The Department is authorized to implement the
7 provisions of this amendatory Act of the 95th General
8 Assembly by adopting the medical assistance rules in effect
9 as of October 1, 2007, at 89 Ill. Admin. Code 125, and at
10 89 Ill. Admin. Code 120.32 along with only those changes
11 necessary to conform to federal Medicaid requirements,
12 federal laws, and federal regulations, including but not
13 limited to Section 1931 of the Social Security Act (42
14 U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department
15 of Health and Human Services, and the countable income
16 eligibility standard authorized by this paragraph 15. The
17 Department may not otherwise adopt any rule to implement
18 this increase except as authorized by law, to meet the
19 eligibility standards authorized by the federal government
20 in the Medicaid State Plan or the Title XXI Plan, or to
21 meet an order from the federal government or any court.

22 16. Subject to appropriation, uninsured persons who
23 are not otherwise eligible under this Section who have been
24 certified and referred by the Department of Public Health
25 as having been screened and found to need diagnostic
26 evaluation or treatment, or both diagnostic evaluation and

1 treatment, for prostate or testicular cancer. For the
2 purposes of this paragraph 16, uninsured persons are those
3 who do not have creditable coverage, as defined under the
4 Health Insurance Portability and Accountability Act, or
5 have otherwise exhausted any insurance benefits they may
6 have had, for prostate or testicular cancer diagnostic
7 evaluation or treatment, or both diagnostic evaluation and
8 treatment. To be eligible, a person must furnish a Social
9 Security number. A person's assets are exempt from
10 consideration in determining eligibility under this
11 paragraph 16. Such persons shall be eligible for medical
12 assistance under this paragraph 16 for so long as they need
13 treatment for the cancer. A person shall be considered to
14 need treatment if, in the opinion of the person's treating
15 physician, the person requires therapy directed toward
16 cure or palliation of prostate or testicular cancer,
17 including recurrent metastatic cancer that is a known or
18 presumed complication of prostate or testicular cancer and
19 complications resulting from the treatment modalities
20 themselves. Persons who require only routine monitoring
21 services are not considered to need treatment. "Medical
22 assistance" under this paragraph 16 shall be identical to
23 the benefits provided under the State's approved plan under
24 Title XIX of the Social Security Act. Notwithstanding any
25 other provision of law, the Department (i) does not have a
26 claim against the estate of a deceased recipient of

1 services under this paragraph 16 and (ii) does not have a
2 lien against any homestead property or other legal or
3 equitable real property interest owned by a recipient of
4 services under this paragraph 16.

5 17. Persons who, pursuant to a waiver approved by the
6 Secretary of the U.S. Department of Health and Human
7 Services, are eligible for medical assistance under Title
8 XIX or XXI of the federal Social Security Act.
9 Notwithstanding any other provision of this Code and
10 consistent with the terms of the approved waiver, the
11 Illinois Department, may by rule:

12 (a) Limit the geographic areas in which the waiver
13 program operates.

14 (b) Determine the scope, quantity, duration, and
15 quality, and the rate and method of reimbursement, of
16 the medical services to be provided, which may differ
17 from those for other classes of persons eligible for
18 assistance under this Article.

19 (c) Restrict the persons' freedom in choice of
20 providers.

21 In implementing the provisions of Public Act 96-20, the
22 Department is authorized to adopt only those rules necessary,
23 including emergency rules. Nothing in Public Act 96-20 permits
24 the Department to adopt rules or issue a decision that expands
25 eligibility for the FamilyCare Program to a person whose income
26 exceeds 185% of the Federal Poverty Level as determined from

1 time to time by the U.S. Department of Health and Human
2 Services, unless the Department is provided with express
3 statutory authority.

4 The Illinois Department and the Governor shall provide a
5 plan for coverage of the persons eligible under paragraph 7 as
6 soon as possible after July 1, 1984.

7 The eligibility of any such person for medical assistance
8 under this Article is not affected by the payment of any grant
9 under the Senior Citizens and Disabled Persons Property Tax
10 Relief and Pharmaceutical Assistance Act or any distributions
11 or items of income described under subparagraph (X) of
12 paragraph (2) of subsection (a) of Section 203 of the Illinois
13 Income Tax Act. The Department shall by rule establish the
14 amounts of assets to be disregarded in determining eligibility
15 for medical assistance, which shall at a minimum equal the
16 amounts to be disregarded under the Federal Supplemental
17 Security Income Program. The amount of assets of a single
18 person to be disregarded shall not be less than \$2,000, and the
19 amount of assets of a married couple to be disregarded shall
20 not be less than \$3,000.

21 To the extent permitted under federal law, any person found
22 guilty of a second violation of Article VIII A shall be
23 ineligible for medical assistance under this Article, as
24 provided in Section 8A-8.

25 The eligibility of any person for medical assistance under
26 this Article shall not be affected by the receipt by the person

1 of donations or benefits from fundraisers held for the person
2 in cases of serious illness, as long as neither the person nor
3 members of the person's family have actual control over the
4 donations or benefits or the disbursement of the donations or
5 benefits.

6 Notwithstanding any other provision of this Code, if the
7 United States Supreme Court holds Title II, Subtitle A, Section
8 2001(a) of Public Law 111-148 to be unconstitutional, or if a
9 holding of Public Law 111-148 makes Medicaid eligibility
10 allowed under Section 2001(a) inoperable, the State or a unit
11 of local government shall be prohibited from enrolling
12 individuals in the Medical Assistance Program as the result of
13 federal approval of a State Medicaid waiver on or after the
14 effective date of this amendatory Act of the 97th General
15 Assembly, and any individuals enrolled in the Medical
16 Assistance Program pursuant to eligibility permitted as a
17 result of such a State Medicaid waiver shall become immediately
18 ineligible.

19 Notwithstanding any other provision of this Code, if an Act
20 of Congress that becomes a Public Law eliminates Section
21 2001(a) of Public Law 111-148, the State or a unit of local
22 government shall be prohibited from enrolling individuals in
23 the Medical Assistance Program as the result of federal
24 approval of a State Medicaid waiver on or after the effective
25 date of this amendatory Act of the 97th General Assembly, and
26 any individuals enrolled in the Medical Assistance Program

1 pursuant to eligibility permitted as a result of such a State
2 Medicaid waiver shall become immediately ineligible.

3 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;
4 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
5 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
6 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
7 revised 10-4-11.)

8 (305 ILCS 5/5-2.03)

9 Sec. 5-2.03. Presumptive eligibility. Beginning on the
10 effective date of this amendatory Act of the 96th General
11 Assembly and except where federal law requires presumptive
12 eligibility, no adult may be presumed eligible for medical
13 assistance under this Code and the Department may not cover any
14 service rendered to an adult unless the adult has completed an
15 application for benefits, all required verifications have been
16 received, and the Department or its designee has found the
17 adult eligible for the date on which that service was provided.
18 Nothing in this Section shall apply to pregnant women or to
19 persons enrolled under the medical assistance program due to
20 expansions approved by the federal government that are financed
21 entirely by units of local government and federal matching
22 funds.

23 (Source: P.A. 96-1501, eff. 1-25-11.)

24 (305 ILCS 5/15-1) (from Ch. 23, par. 15-1)

1 Sec. 15-1. Definitions. As used in this Article, unless the
2 context requires otherwise:

3 (a) (Blank). ~~"Base amount" means \$108,800,000 multiplied~~
4 ~~by a fraction, the numerator of which is the number of days~~
5 ~~represented by the payments in question and the denominator of~~
6 ~~which is 365.~~

7 (a-5) "County provider" means a health care provider that
8 is, or is operated by, a county with a population greater than
9 3,000,000.

10 (b) "Fund" means the County Provider Trust Fund.

11 (c) "Hospital" or "County hospital" means a hospital, as
12 defined in Section 14-1 of this Code, which is a county
13 hospital located in a county of over 3,000,000 population.

14 (Source: P.A. 87-13; 88-85; 88-554, eff. 7-26-94.)

15 (305 ILCS 5/15-2) (from Ch. 23, par. 15-2)

16 Sec. 15-2. County Provider Trust Fund.

17 (a) There is created in the State Treasury the County
18 Provider Trust Fund. Interest earned by the Fund shall be
19 credited to the Fund. The Fund shall not be used to replace any
20 funds appropriated to the Medicaid program by the General
21 Assembly.

22 (b) The Fund is created solely for the purposes of
23 receiving, investing, and distributing monies in accordance
24 with this Article XV. The Fund shall consist of:

25 (1) All monies collected or received by the Illinois

1 Department under Section 15-3 of this Code;

2 (2) All federal financial participation monies
3 received by the Illinois Department pursuant to Title XIX
4 of the Social Security Act, 42 U.S.C. 1396b, attributable
5 to eligible expenditures made by the Illinois Department
6 pursuant to Section 15-5 of this Code;

7 (3) All federal moneys received by the Illinois
8 Department pursuant to Title XXI of the Social Security Act
9 attributable to eligible expenditures made by the Illinois
10 Department pursuant to Section 15-5 of this Code; and

11 (4) All other monies received by the Fund from any
12 source, including interest thereon.

13 (c) Disbursements from the Fund shall be by warrants drawn
14 by the State Comptroller upon receipt of vouchers duly executed
15 and certified by the Illinois Department and shall be made
16 only:

17 (1) For hospital inpatient care, hospital outpatient
18 care, care provided by other outpatient facilities
19 operated by a county, and disproportionate share hospital
20 adjustment payments made under Title XIX of the Social
21 Security Act and Article V of this Code as required by
22 Section 15-5 of this Code;

23 (1.5) For services provided or purchased by county
24 providers pursuant to Section 5-11 of this Code;

25 (2) For the reimbursement of administrative expenses
26 incurred by county providers on behalf of the Illinois

1 Department as permitted by Section 15-4 of this Code;

2 (3) For the reimbursement of monies received by the
3 Fund through error or mistake;

4 (4) For the payment of administrative expenses
5 necessarily incurred by the Illinois Department or its
6 agent in performing the activities required by this Article
7 XV;

8 (5) For the payment of any amounts that are
9 reimbursable to the federal government, attributable
10 solely to the Fund, and required to be paid by State
11 warrant; ~~and~~

12 (6) For hospital inpatient care, hospital outpatient
13 care, care provided by other outpatient facilities
14 operated by a county, and disproportionate share hospital
15 adjustment payments made under Title XXI of the Social
16 Security Act, pursuant to Section 15-5 of this Code; ~~and-~~

17 (7) For medical care and related services provided
18 pursuant to a contract with a county.

19 (Source: P.A. 95-859, eff. 8-19-08.)

20 (305 ILCS 5/15-5) (from Ch. 23, par. 15-5)

21 Sec. 15-5. Disbursements from the Fund.

22 (a) The monies in the Fund shall be disbursed only as
23 provided in Section 15-2 of this Code and as follows:

24 (1) To the extent that such costs are reimbursable
25 under federal law, to pay the county hospitals' inpatient

1 reimbursement rates based on actual costs incurred,
2 trended forward annually by an inflation index.

3 (2) To the extent that such costs are reimbursable
4 under federal law, to pay county hospitals and county
5 operated outpatient facilities for outpatient services
6 based on a federally approved methodology to cover the
7 maximum allowable costs.

8 (3) To pay the county hospitals disproportionate share
9 hospital adjustment payments as may be specified in the
10 Illinois Title XIX State plan.

11 (3.5) To pay county providers for services provided or
12 purchased pursuant to Section 5-11 of this Code.

13 (4) To reimburse the county providers for expenses
14 contractually assumed pursuant to Section 15-4 of this
15 Code.

16 (5) To pay the Illinois Department its necessary
17 administrative expenses relative to the Fund and other
18 amounts agreed to, if any, by the county providers in the
19 agreement provided for in subsection (c).

20 (6) To pay the county providers any other amount due
21 according to a federally approved State plan, including but
22 not limited to payments made under the provisions of
23 Section 701(d)(3)(B) of the federal Medicare, Medicaid,
24 and SCHIP Benefits Improvement and Protection Act of 2000.
25 Intergovernmental transfers supporting payments under this
26 paragraph (6) shall not be subject to the computation

1 described in subsection (a) of Section 15-3 of this Code,
2 but shall be computed as the difference between the total
3 of such payments made by the Illinois Department to county
4 providers less any amount of federal financial
5 participation due the Illinois Department under Titles XIX
6 and XXI of the Social Security Act as a result of such
7 payments to county providers.

8 (b) The Illinois Department shall promptly seek all
9 appropriate amendments to the Illinois Title XIX State Plan to
10 maximize reimbursement, including disproportionate share
11 hospital adjustment payments, to the county providers.

12 (c) (Blank).

13 (d) The payments provided for herein are intended to cover
14 services rendered on and after July 1, 1991, and any agreement
15 executed between a qualifying county and the Illinois
16 Department pursuant to this Section may relate back to that
17 date, provided the Illinois Department obtains federal
18 approval. Any changes in payment rates resulting from the
19 provisions of Article 3 of this amendatory Act of 1992 are
20 intended to apply to services rendered on or after October 1,
21 1992, and any agreement executed between a qualifying county
22 and the Illinois Department pursuant to this Section may be
23 effective as of that date.

24 (e) If one or more hospitals file suit in any court
25 challenging any part of this Article XV, payments to hospitals
26 from the Fund under this Article XV shall be made only to the

1 extent that sufficient monies are available in the Fund and
2 only to the extent that any monies in the Fund are not
3 prohibited from disbursement and may be disbursed under any
4 order of the court.

5 (f) All payments under this Section are contingent upon
6 federal approval of changes to the Title XIX State plan, if
7 that approval is required.

8 (Source: P.A. 95-859, eff. 8-19-08.)

9 (305 ILCS 5/15-11)

10 Sec. 15-11. Uses of State funds.

11 (a) At any point, if State revenues referenced in
12 subsection (b) or (c) of Section 15-10 or additional State
13 grants are disbursed to the Cook County Health and Hospitals
14 System, all funds may be used only for the following:

15 (1) medical services provided at hospitals or clinics
16 owned and operated by the Cook County Health and Hospitals
17 System ~~Bureau of Health Services; or~~

18 (2) information technology to enhance billing
19 capabilities for medical claiming and reimbursement; or ~~or~~

20 (3) services purchased by county providers pursuant to
21 Section 5-11 of this Code.

22 (b) State funds may not be used for the following:

23 (1) non-clinical services, except services that may be
24 required by accreditation bodies or State or federal
25 regulatory or licensing authorities;

1 (2) non-clinical support staff, except as pursuant to
2 paragraph (1) of this subsection; or

3 (3) capital improvements, other than investments in
4 medical technology, except for capital improvements that
5 may be required by accreditation bodies or State or federal
6 regulatory or licensing authorities.

7 (Source: P.A. 95-859, eff. 8-19-08.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law; however, no part of this Act takes effect until
10 both Senate Bill 2840, AS AMENDED, of the 97th General Assembly
11 and Senate Bill 3397, AS AMENDED, of the 97th General Assembly
12 have become law.