**Section 120.510 Health Benefits for Workers with Disabilities**

a) To be eligible for medical assistance under Health Benefits for Workers with Disabilities, an individual must meet all of the following eligibility requirements:

1) Cooperate in establishing eligibility as described in Section 120.308.

2) Meet citizenship/immigration status as described in Section 120.310.

3) Meet residency requirements as described in Section 120.311.

4) Be disabled as described in Section 120.314.

5) Assign rights to medical support and collection of payment as described in Section 120.319.

6) Furnish a Social Security number(s) as described in Section 120.327.

7) Be 16 through 64 years of age.

8) Have countable monthly income at or below 350 percent of the Federal Poverty Level.

9) Have non-exempt assets at or below $25,000.

10) Be employed pursuant to subsection (l)(1) of this Section or qualify for an exception as described in subsection (l)(2) of this Section.

11) Pay a premium pursuant to subsections (m) and (n) of this Section.

b) An individual shall not be determined eligible if the individual is otherwise eligible for medical assistance without a spenddown.

c) An individual who is otherwise eligible for medical assistance with a spenddown and who meets the requirements of this Section shall have the option of enrolling in medical assistance with a spenddown or Health Benefits for Workers with Disabilities.

d) An individual's eligibility shall be terminated if the individual no longer meets the requirements of this Section.

e) Certain assets shall be exempt from consideration in determining eligibility in accordance with Section 120.381. In addition, retirement accounts that the individual cannot access without penalty before the age of 59½ and medical savings accounts established pursuant to 26 USC 220 shall be exempt.

f) The earned and unearned income of the following persons shall be counted when determining eligibility, except as specified in subsections (g), (h) and (i) of this Section.

1) Income of the individual.

2) Income of the spouse.

3) Unearned income of a dependent child under the age of 18 years who is included in the income standard (see Section 120.20) because it is to the advantage of the individual.

g) Monthly unearned income shall be counted as described in Sections 120.330 through 120.345 and Sections 120.350, 120.355, 120.371 and 120.376.

h) Monthly earned income shall be considered as described in Sections 120.360, 120.361, 120.371, 120.372, 120.373 and 120.375.

i) The Department shall exempt earned income as provided in Section 120.362(a) and (b)(1). In addition, work related expenses that are allowed as deductions for AABD MANG as described in Section 120.370 shall be deducted.

j) Application Process

1) Individuals can apply by completing an application provided by the Department and submitting it to an address specified by the Department.

2) The application must meet all requirements found at 89 Ill. Adm. Code 110.10(a), (c), (e) and (i).

k) Authorization of Medical Assistance Eligibility

1) Medical assistance coverage will not be provided for any month for which eligibility is established unless a premium is paid in accordance with subsections (m) and (n) of this Section.

2) Subject to subsections (k)(2)(A), (B) and (C) of this Section, the applicant may choose to receive medical assistance for months prior to the initial month of prospective eligibility as determined in accordance with subsections (m) and (n) of this Section.

A) Eligibility will be effective no earlier than the third month before the month of application if the applicant received covered medical services during that period and would have been eligible if he or she had applied for Health Benefits for Workers with Disabilities.

B) Months of backdated coverage selected must be consecutive and must be continuous with the initial month of prospective eligibility.

C) Monthly premiums must be paid for all the months of coverage.

l) Individuals Considered Employed

1) For purposes of this program, an individual shall be considered employed if the individual provides verification that current payment under the Federal Insurance Contributions Act (FICA) or Illinois Municipal Retirement Fund (IMRF) has been made on behalf of the individual.

2) Under the following circumstances, an individual may be enrolled in this program without providing evidence of employment as described in subsection (l)(1) of this Section:

A) Individuals who are not employed at the time of application, but who can verify that they will be employed within 60 days, may be enrolled but will not be considered eligible until they begin employment and pay the appropriate premium in accordance with subsections (m) and (n) of this Section.

B) Individuals who become unable to work for medical reasons after enrollment in this program who wish to remain in the program. Such individuals:

i) Must report to the Department within 30 days after the first day that they were unable to work.

ii) Must provide a physician's written statement that they are unable to work, but that the anticipated date for the return to work is within 90 days after the first day they were unable to work.

iii) Must pay premiums in accordance with subsections (m) and (n) of this Section for the months during which they do not work.

C) Individuals who cease employment for any other reason may continue to be enrolled for 30 days after the employment ends provided they pay premiums in accordance with subsections (m) and (n) of this Section for the period during which they do not work.

3) Eligibility shall be terminated:

A) If an individual determined to be employed according to subsection (l)(2)(A) of this Section does not provide evidence of employment pursuant to subsection (l)(1) of this Section within 30 days after enrollment.

B) If an individual is unable to work for medical reasons, as described in subsection (l)(2)(B) of this Section, for 90 days or more.

C) If an individual ceases employment for any other reason (subsection (l)(2)(C) of this Section) and does not obtain new employment within 30 days after cessation of employment.

m) Premiums

1) The Department must receive payment of the monthly premium for an applicant's initial prospective month of eligibility before the applicant can be enrolled in this program. If payment of the premium is received by the 20th day of the month, the initial month of prospective eligibility shall begin the first day of the following month. (For example, if the premium payment is received on February 20, coverage shall begin on March 1. If the premium payment is received after February 20 but before March 21, coverage shall begin on April 1.)

2) Premiums for months of backdated coverage must be paid within 90 days after the date of the notice of eligibility approval.

3) Subsequent premiums are due on the 20th day of the month prior to the month of coverage.

4) If payment of the premium is not received in full by the end of the month following the due date of the premium, coverage will terminate effective the end of the second month following the due date and collection action may be initiated by the Department for the unpaid premiums for months of coverage.

n) Determination of Premium Amount

1) Premiums shall be based upon an individual's combined gross unearned and countable earned income as determined at the point of application or review or redetermination of eligibility.

2) The Department shall reset a premium prospectively based on verified income.

3) Premium amounts shall be established as set forth in the following monthly premium tables.

$s Per Month

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Countable Earned Income | Gross Unearned Income | | | | | | | | | | | |
| 0-  250 | 251-500 | 501-750 | 751-1000 | 1001-1250 | 1251-1500 | 1501-1750 | 1751-2000 | 2001-2250 | 2251-2500 | 2501-2750 | 2751-3000 |
| 0-250 | -- | 19 | 38 | 56 | 75 | 94 | 113 | 131 | 150 | 169 | 188 | 206 |
| 251-500 | 6 | 25 | 44 | 63 | 81 | 100 | 119 | 137 | 156 | 175 | 194 | 212 |
| 501-750 | 13 | 31 | 50 | 69 | 88 | 107 | 126 | 144 | 163 | 182 | 201 | 219 |
| 751-1000 | 19 | 38 | 56 | 75 | 94 | 113 | 132 | 150 | 169 | 188 | 207 | 225 |
| 1001-1250 | 25 | 44 | 63 | 81 | 100 | 119 | 137 | 156 | 175 | 194 | 213 | 231 |
| 1251-1500 | 31 | 50 | 79 | 87 | 106 | 125 | 144 | 162 | 181 | 200 | 219 | 237 |
| 1501-1750 | 38 | 57 | 76 | 94 | 113 | 132 | 151 | 169 | 188 | 206 | 226 | 244 |
| 1751-2000 | 44 | 63 | 82 | 100 | 119 | 138 | 157 | 175 | 194 | 213 | 232 | 250 |
| 2001-2250 | 50 | 69 | 88 | 106 | 125 | 144 | 163 | 181 | 200 | 219 | 238 | 256 |
| 2251-2500 | 56 | 75 | 94 | 112 | 131 | 150 | 169 | 187 | 206 | 225 | 244 | 262 |
| 2501-2750 | 63 | 82 | 101 | 119 | 138 | 157 | 176 | 194 | 213 | 232 | 251 | 269 |
| 2751-3000 | 69 | 88 | 107 | 125 | 144 | 163 | 182 | 200 | 219 | 238 | 257 | 275 |
| 3001-3250 | 75 | 94 | 113 | 131 | 150 | 169 | 188 | 206 | 225 | 244 | 263 | 281 |
| 3251-3500 | 81 | 100 | 119 | 137 | 156 | 175 | 194 | 212 | 231 | 250 | 269 | 287 |
| 3501-3750 | 88 | 107 | 126 | 144 | 163 | 182 | 201 | 219 | 238 | 257 | 276 | 294 |
| 3751-4000 | 94 | 113 | 132 | 150 | 169 | 188 | 207 | 225 | 244 | 263 | 282 | 300 |
| 4001-4250 | 100 | 119 | 138 | 156 | 175 | 194 | 213 | 231 | 250 | 269 | 288 | 306 |
| 4251-4500 | 106 | 125 | 144 | 162 | 181 | 200 | 219 | 237 | 256 | 275 | 294 | 312 |
| 4501-4750 | 113 | 132 | 151 | 169 | 188 | 207 | 226 | 244 | 263 | 282 | 301 | 319 |
| 4751-5000 | 119 | 138 | 157 | 175 | 194 | 213 | 232 | 250 | 269 | 288 | 307 | 325 |
| 5000 + | 125 | 144 | 163 | 181 | 200 | 219 | 238 | 256 | 275 | 294 | 313 | 331 |

$s Per Month

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Countable Earned Income | Gross Unearned Income | | | | | | | | |
| 3001-3250 | 3251-3500 | 3501-3750 | 3751-4000 | 4001-4250 | 4251-4500 | 4501-4750 | 4751-5000 | 5000+ |
| 0-250 | 225 | 244 | 263 | 281 | 300 | 319 | 338 | 356 | 375 |
| 251-500 | 231 | 250 | 269 | 287 | 306 | 325 | 344 | 362 | 381 |
| 501-750 | 238 | 257 | 276 | 294 | 313 | 332 | 351 | 369 | 388 |
| 751-1000 | 244 | 263 | 282 | 300 | 319 | 338 | 357 | 375 | 394 |
| 1001-1250 | 250 | 269 | 288 | 306 | 325 | 344 | 363 | 381 | 400 |
| 1251-1500 | 256 | 275 | 294 | 312 | 331 | 350 | 369 | 387 | 406 |
| 1501-1750 | 263 | 282 | 301 | 319 | 338 | 357 | 376 | 394 | 413 |
| 1751-2000 | 269 | 288 | 307 | 325 | 344 | 363 | 382 | 400 | 419 |
| 2001-2250 | 275 | 294 | 313 | 331 | 350 | 369 | 388 | 406 | 425 |
| 2251-2500 | 281 | 300 | 319 | 337 | 356 | 375 | 394 | 412 | 431 |
| 2501-2750 | 288 | 307 | 326 | 344 | 363 | 382 | 401 | 419 | 438 |
| 2751-3000 | 294 | 313 | 332 | 350 | 369 | 388 | 407 | 425 | 444 |
| 3001-3250 | 300 | 319 | 338 | 356 | 375 | 394 | 413 | 431 | 450 |
| 3251-3500 | 306 | 325 | 344 | 362 | 381 | 400 | 419 | 437 | 456 |
| 3501-3750 | 313 | 332 | 351 | 369 | 388 | 407 | 426 | 444 | 463 |
| 3751-4000 | 319 | 338 | 357 | 375 | 394 | 413 | 432 | 450 | 469 |
| 4001-4250 | 325 | 344 | 363 | 381 | 400 | 419 | 438 | 456 | 475 |
| 4251-4500 | 331 | 350 | 369 | 387 | 406 | 425 | 444 | 462 | 481 |
| 4501-4750 | 338 | 357 | 376 | 394 | 413 | 432 | 451 | 469 | 488 |
| 4751-5000 | 344 | 363 | 382 | 400 | 419 | 438 | 457 | 475 | 494 |
| 5000+ | 350 | 369 | 388 | 406 | 425 | 444 | 463 | 481 | 500 |

o) Medicaid Buy-In Program Revolving Fund (see 305 ILCS 5/12-10.6)

1) The Medicaid Buy-In Revolving Fund consists of premiums paid by eligible individuals under this Section.

2) Monies in the Fund may be used to pay costs incurred by the Department for:

A) Administering the Health Benefits for Workers with Disabilities (HBWD) program, including, but not limited to, staff, equipment, travel, outreach activities and other operating costs.

B) Personal assistance services (PAS) provided at an individual's work site. PAS under the HBWD program is limited to individuals who do not already receive PAS, have a need for such services on the basis of a disability as described in Section 120.314, and, except for their income and non-exempt assets, would be eligible for the Community Care Program as described at 89 Ill. Adm. Code 240. The need, amount and duration of PAS will be assessed through a determination of need process.

(Source: Amended at 46 Ill. Reg. 5705, effective March 25, 2022)