



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5227

Introduced 2/9/2024, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

20 ILCS 2405/3
305 ILCS 5/5-2

from Ch. 23, par. 3434
from Ch. 23, par. 5-2

Amends the Rehabilitation of Persons with Disabilities Act. In a provision requiring the Department of Human Services to establish eligibility standards for services provided under the Home Services Program, provides that the standards must provide that a person may not have more than \$17,500 (rather than \$10,000) in assets to be eligible for services. Provides that the Department may not decrease the asset level below \$17,500 (rather than \$10,000). Requires the Department to implement a pilot program of no less than 60 months in 3 geographically diverse locations wherein it shall exempt from consideration when determining eligibility for the Home Services Program retirement accounts that the person cannot access without penalty before the age of 59 1/2, and medical savings accounts. Provides that services provided to any individual determined eligible under the pilot program shall be funded solely by the State. Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision regarding the income eligibility standard under the medical assistance program for persons with disabilities who are employed and for persons with a medically improved disability who are employed, requires the Department of Healthcare and Family Services to set the income eligibility standard at not lower than 450% (rather than 350%) of the federal poverty level.

LRB103 39425 KTG 69608 b

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. The Rehabilitation of Persons with Disabilities
5 Act is amended by changing Section 3 as follows:

6 (20 ILCS 2405/3) (from Ch. 23, par. 3434)

7 Sec. 3. Powers and duties. The Department shall have the
8 powers and duties enumerated herein:

9 (a) To cooperate with the federal government in the
10 administration of the provisions of the federal
11 Rehabilitation Act of 1973, as amended by the Workforce
12 Innovation and Opportunity Act, and of the federal Social
13 Security Act to the extent and in the manner provided in
14 these Acts.

15 (b) To prescribe and supervise such courses of
16 vocational training and provide such other services as may
17 be necessary for the vocational rehabilitation of persons
18 with one or more disabilities, including the
19 administrative activities under subsection (e) of this
20 Section; to cooperate with State and local school
21 authorities and other recognized agencies engaged in
22 vocational rehabilitation services; and to cooperate with
23 the Department of Children and Family Services, the

1 Illinois State Board of Education, and others regarding
2 the education of children with one or more disabilities.

3 (c) (Blank).

4 (d) To report in writing, to the Governor, annually on
5 or before the first day of December, and at such other
6 times and in such manner and upon such subjects as the
7 Governor may require. The annual report shall contain (1)
8 information on the programs and activities dedicated to
9 vocational rehabilitation, independent living, and other
10 community services and supports administered by the
11 Director; (2) information on the development of vocational
12 rehabilitation services, independent living services, and
13 supporting services administered by the Director in the
14 State; and (3) information detailing the amounts of money
15 received from federal, State, and other sources, and of
16 the objects and purposes to which the respective items of
17 these several amounts have been devoted.

18 (e) (Blank).

19 (f) To establish a program of services to prevent the
20 unnecessary institutionalization of persons in need of
21 long term care and who meet the criteria for blindness or
22 disability as defined by the Social Security Act, thereby
23 enabling them to remain in their own homes. Such
24 preventive services include any or all of the following:

25 (1) personal assistant services;

26 (2) homemaker services;

- 1 (3) home-delivered meals;
- 2 (4) adult day care services;
- 3 (5) respite care;
- 4 (6) home modification or assistive equipment;
- 5 (7) home health services;
- 6 (8) electronic home response;
- 7 (9) brain injury behavioral/cognitive services;
- 8 (10) brain injury habilitation;
- 9 (11) brain injury pre-vocational services; or
- 10 (12) brain injury supported employment.

11 The Department shall establish eligibility standards
12 for such services taking into consideration the unique
13 economic and social needs of the population for whom they
14 are to be provided. Such eligibility standards may be
15 based on the recipient's ability to pay for services;
16 provided, however, that any portion of a person's income
17 that is equal to or less than the "protected income" level
18 shall not be considered by the Department in determining
19 eligibility. The "protected income" level shall be
20 determined by the Department, shall never be less than the
21 federal poverty standard, and shall be adjusted each year
22 to reflect changes in the Consumer Price Index For All
23 Urban Consumers as determined by the United States
24 Department of Labor. The standards must provide that a
25 person may not have more than \$17,500 ~~\$10,000~~ in assets to
26 be eligible for the services, and the Department may

1 increase or decrease the asset limitation by rule. The
2 Department may not decrease the asset level below \$17,500
3 ~~\$10,000~~. Subject to federal approval, the Department shall
4 allow a recipient's spouse, guardian, kin, or siblings to
5 serve as his or her provider of personal care or similar
6 services. The Department shall implement a pilot program
7 of no less than 60 months in 3 geographically diverse
8 locations wherein it shall exempt from consideration when
9 determining eligibility for the Home Services Program
10 retirement accounts that the person cannot access without
11 penalty before the age of 59 1/2, and medical savings
12 accounts established pursuant to 26 U.S.C. 220. Services
13 provided to any individual determined eligible under the
14 pilot program shall be funded solely by the State.

15 The services shall be provided, as established by the
16 Department by rule, to eligible persons to prevent
17 unnecessary or premature institutionalization, to the
18 extent that the cost of the services, together with the
19 other personal maintenance expenses of the persons, are
20 reasonably related to the standards established for care
21 in a group facility appropriate to their condition. These
22 non-institutional services, pilot projects or experimental
23 facilities may be provided as part of or in addition to
24 those authorized by federal law or those funded and
25 administered by the Illinois Department on Aging. The
26 Department shall set rates and fees for services in a fair

1 and equitable manner. Services identical to those offered
2 by the Department on Aging shall be paid at the same rate.

3 Except as otherwise provided in this paragraph,
4 personal assistants shall be paid at a rate negotiated
5 between the State and an exclusive representative of
6 personal assistants under a collective bargaining
7 agreement. In no case shall the Department pay personal
8 assistants an hourly wage that is less than the federal
9 minimum wage. Within 30 days after July 6, 2017 (the
10 effective date of Public Act 100-23), the hourly wage paid
11 to personal assistants and individual maintenance home
12 health workers shall be increased by \$0.48 per hour. Wages
13 and other benefits for personal assistants shall not count
14 against benefits that guardians receive as outlined in
15 Article XIa of the Probate Act of 1975.

16 Solely for the purposes of coverage under the Illinois
17 Public Labor Relations Act, personal assistants providing
18 services under the Department's Home Services Program
19 shall be considered to be public employees and the State
20 of Illinois shall be considered to be their employer as of
21 July 16, 2003 (the effective date of Public Act 93-204),
22 but not before. Solely for the purposes of coverage under
23 the Illinois Public Labor Relations Act, home care and
24 home health workers who function as personal assistants
25 and individual maintenance home health workers and who
26 also provide services under the Department's Home Services

1 Program shall be considered to be public employees, no
2 matter whether the State provides such services through
3 direct fee-for-service arrangements, with the assistance
4 of a managed care organization or other intermediary, or
5 otherwise, and the State of Illinois shall be considered
6 to be the employer of those persons as of January 29, 2013
7 (the effective date of Public Act 97-1158), but not before
8 except as otherwise provided under this subsection (f).
9 The State shall engage in collective bargaining with an
10 exclusive representative of home care and home health
11 workers who function as personal assistants and individual
12 maintenance home health workers working under the Home
13 Services Program concerning their terms and conditions of
14 employment that are within the State's control. Nothing in
15 this paragraph shall be understood to limit the right of
16 the persons receiving services defined in this Section to
17 hire and fire home care and home health workers who
18 function as personal assistants and individual maintenance
19 home health workers working under the Home Services
20 Program or to supervise them within the limitations set by
21 the Home Services Program. The State shall not be
22 considered to be the employer of home care and home health
23 workers who function as personal assistants and individual
24 maintenance home health workers working under the Home
25 Services Program for any purposes not specifically
26 provided in Public Act 93-204 or Public Act 97-1158,

1 including but not limited to, purposes of vicarious
2 liability in tort and purposes of statutory retirement or
3 health insurance benefits. Home care and home health
4 workers who function as personal assistants and individual
5 maintenance home health workers and who also provide
6 services under the Department's Home Services Program
7 shall not be covered by the State Employees Group
8 Insurance Act of 1971.

9 The Department shall execute, relative to nursing home
10 prescreening, as authorized by Section 4.03 of the
11 Illinois Act on the Aging, written inter-agency agreements
12 with the Department on Aging and the Department of
13 Healthcare and Family Services, to effect the intake
14 procedures and eligibility criteria for those persons who
15 may need long term care. On and after July 1, 1996, all
16 nursing home prescreenings for individuals 18 through 59
17 years of age shall be conducted by the Department, or a
18 designee of the Department.

19 The Department is authorized to establish a system of
20 recipient cost-sharing for services provided under this
21 Section. The cost-sharing shall be based upon the
22 recipient's ability to pay for services, but in no case
23 shall the recipient's share exceed the actual cost of the
24 services provided. Protected income shall not be
25 considered by the Department in its determination of the
26 recipient's ability to pay a share of the cost of

1 services. The level of cost-sharing shall be adjusted each
2 year to reflect changes in the "protected income" level.
3 The Department shall deduct from the recipient's share of
4 the cost of services any money expended by the recipient
5 for disability-related expenses.

6 To the extent permitted under the federal Social
7 Security Act, the Department, or the Department's
8 authorized representative, may recover the amount of
9 moneys expended for services provided to or in behalf of a
10 person under this Section by a claim against the person's
11 estate or against the estate of the person's surviving
12 spouse, but no recovery may be had until after the death of
13 the surviving spouse, if any, and then only at such time
14 when there is no surviving child who is under age 21 or
15 blind or who has a permanent and total disability. This
16 paragraph, however, shall not bar recovery, at the death
17 of the person, of moneys for services provided to the
18 person or in behalf of the person under this Section to
19 which the person was not entitled; provided that such
20 recovery shall not be enforced against any real estate
21 while it is occupied as a homestead by the surviving
22 spouse or other dependent, if no claims by other creditors
23 have been filed against the estate, or, if such claims
24 have been filed, they remain dormant for failure of
25 prosecution or failure of the claimant to compel
26 administration of the estate for the purpose of payment.

1 This paragraph shall not bar recovery from the estate of a
2 spouse, under Sections 1915 and 1924 of the Social
3 Security Act and Section 5-4 of the Illinois Public Aid
4 Code, who precedes a person receiving services under this
5 Section in death. All moneys for services paid to or in
6 behalf of the person under this Section shall be claimed
7 for recovery from the deceased spouse's estate.
8 "Homestead", as used in this paragraph, means the dwelling
9 house and contiguous real estate occupied by a surviving
10 spouse or relative, as defined by the rules and
11 regulations of the Department of Healthcare and Family
12 Services, regardless of the value of the property.

13 (g) To establish such subdivisions of the Department
14 as shall be desirable and assign to the various
15 subdivisions the responsibilities and duties placed upon
16 the Department by law.

17 (h) To cooperate and enter into any necessary
18 agreements with the Department of Employment Security for
19 the provision of job placement and job referral services
20 to clients of the Department, including job service
21 registration of such clients with Illinois Employment
22 Security offices and making job listings maintained by the
23 Department of Employment Security available to such
24 clients.

25 (i) To possess all powers reasonable and necessary for
26 the exercise and administration of the powers, duties and

1 responsibilities of the Department which are provided for
2 by law.

3 (j) (Blank).

4 (k) (Blank).

5 (l) To establish, operate, and maintain a Statewide
6 Housing Clearinghouse of information on available
7 government subsidized housing accessible to persons with
8 disabilities and available privately owned housing
9 accessible to persons with disabilities. The information
10 shall include, but not be limited to, the location, rental
11 requirements, access features and proximity to public
12 transportation of available housing. The Clearinghouse
13 shall consist of at least a computerized database for the
14 storage and retrieval of information and a separate or
15 shared toll free telephone number for use by those seeking
16 information from the Clearinghouse. Department offices and
17 personnel throughout the State shall also assist in the
18 operation of the Statewide Housing Clearinghouse.
19 Cooperation with local, State, and federal housing
20 managers shall be sought and extended in order to
21 frequently and promptly update the Clearinghouse's
22 information.

23 (m) To assure that the names and case records of
24 persons who received or are receiving services from the
25 Department, including persons receiving vocational
26 rehabilitation, home services, or other services, and

1 those attending one of the Department's schools or other
2 supervised facility shall be confidential and not be open
3 to the general public. Those case records and reports or
4 the information contained in those records and reports
5 shall be disclosed by the Director only to proper law
6 enforcement officials, individuals authorized by a court,
7 the General Assembly or any committee or commission of the
8 General Assembly, and other persons and for reasons as the
9 Director designates by rule. Disclosure by the Director
10 may be only in accordance with other applicable law.

11 (Source: P.A. 102-264, eff. 8-6-21; 102-826, eff. 5-13-22;
12 103-479, eff. 1-1-24.)

13 Section 10. The Illinois Public Aid Code is amended by
14 changing Section 5-2 as follows:

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

16 Sec. 5-2. Classes of persons eligible. Medical assistance
17 under this Article shall be available to any of the following
18 classes of persons in respect to whom a plan for coverage has
19 been submitted to the Governor by the Illinois Department and
20 approved by him. If changes made in this Section 5-2 require
21 federal approval, they shall not take effect until such
22 approval has been received:

23 1. Recipients of basic maintenance grants under
24 Articles III and IV.

1 2. Beginning January 1, 2014, persons otherwise
2 eligible for basic maintenance under Article III,
3 excluding any eligibility requirements that are
4 inconsistent with any federal law or federal regulation,
5 as interpreted by the U.S. Department of Health and Human
6 Services, but who fail to qualify thereunder on the basis
7 of need, and who have insufficient income and resources to
8 meet the costs of necessary medical care, including, but
9 not limited to, the following:

10 (a) All persons otherwise eligible for basic
11 maintenance under Article III but who fail to qualify
12 under that Article on the basis of need and who meet
13 either of the following requirements:

14 (i) their income, as determined by the
15 Illinois Department in accordance with any federal
16 requirements, is equal to or less than 100% of the
17 federal poverty level; or

18 (ii) their income, after the deduction of
19 costs incurred for medical care and for other
20 types of remedial care, is equal to or less than
21 100% of the federal poverty level.

22 (b) (Blank).

23 3. (Blank).

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) Beginning January 1, 2020, individuals during
4 pregnancy and during the 12-month period beginning on the
5 last day of the pregnancy, together with their infants,
6 whose income is at or below 200% of the federal poverty
7 level. Until September 30, 2019, or sooner if the
8 maintenance of effort requirements under the Patient
9 Protection and Affordable Care Act are eliminated or may
10 be waived before then, individuals during pregnancy and
11 during the 12-month period beginning on the last day of
12 the pregnancy, whose countable monthly income, after the
13 deduction of costs incurred for medical care and for other
14 types of remedial care as specified in administrative
15 rule, is equal to or less than the Medical Assistance-No
16 Grant(C) (MANG(C)) Income Standard in effect on April 1,
17 2013 as set forth in administrative rule.

18 (b) The plan for coverage shall provide ambulatory
19 prenatal care to pregnant individuals during a presumptive
20 eligibility period and establish an income eligibility
21 standard that is equal to 200% of the federal poverty
22 level, provided that costs incurred for medical care are
23 not taken into account in determining such income
24 eligibility.

25 (c) The Illinois Department may conduct a
26 demonstration in at least one county that will provide

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

11 6. (a) Subject to federal approval, children younger
12 than age 19 when countable income is at or below 313% of
13 the federal poverty level, as determined by the Department
14 and in accordance with all applicable federal
15 requirements. The Department is authorized to adopt
16 emergency rules to implement the changes made to this
17 paragraph by Public Act 102-43. Until September 30, 2019,
18 or sooner if the maintenance of effort requirements under
19 the Patient Protection and Affordable Care Act are
20 eliminated or may be waived before then, children younger
21 than age 19 whose countable monthly income, after the
22 deduction of costs incurred for medical care and for other
23 types of remedial care as specified in administrative
24 rule, is equal to or less than the Medical Assistance-No
25 Grant(C) (MANG(C)) Income Standard in effect on April 1,
26 2013 as set forth in administrative rule.

1 (b) Children and youth who are under temporary custody
2 or guardianship of the Department of Children and Family
3 Services or who receive financial assistance in support of
4 an adoption or guardianship placement from the Department
5 of Children and Family Services.

6 7. (Blank).

7 8. As required under federal law, persons who are
8 eligible for Transitional Medical Assistance as a result
9 of an increase in earnings or child or spousal support
10 received. The plan for coverage for this class of persons
11 shall:

12 (a) extend the medical assistance coverage to the
13 extent required by federal law; and

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

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

20 (ii) such coverage shall include all services
21 covered under Illinois' State Medicaid Plan;

22 (iii) no premium shall be charged for such
23 coverage; and

24 (iv) such coverage shall be suspended in the
25 event of a person's failure without good cause to
26 file in a timely fashion reports required for this

1 coverage under the Social Security Act and
2 coverage shall be reinstated upon the filing of
3 such reports if the person remains otherwise
4 eligible.

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

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

20 11. Persons with disabilities who are employed and
21 eligible for Medicaid, pursuant to Section
22 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
23 subject to federal approval, persons with a medically
24 improved disability who are employed and eligible for
25 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
26 the Social Security Act, as provided by the Illinois

1 Department by rule. In establishing eligibility standards
2 under this paragraph 11, the Department shall, subject to
3 federal approval:

4 (a) set the income eligibility standard at not
5 lower than 450% ~~350%~~ of the federal poverty level;

6 (b) exempt retirement accounts that the person
7 cannot access without penalty before the age of 59
8 1/2, and medical savings accounts established pursuant
9 to 26 U.S.C. 220;

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

13 (d) continue to apply subparagraphs (b) and (c) in
14 determining the eligibility of the person under this
15 Article even if the person loses eligibility under
16 this paragraph 11.

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

23 (1) persons who have been screened for breast or
24 cervical cancer under the U.S. Centers for Disease
25 Control and Prevention Breast and Cervical Cancer
26 Program established under Title XV of the federal

1 Public Health Service Act in accordance with the
2 requirements of Section 1504 of that Act as
3 administered by the Illinois Department of Public
4 Health; and

5 (2) persons whose screenings under the above
6 program were funded in whole or in part by funds
7 appropriated to the Illinois Department of Public
8 Health for breast or cervical cancer screening.

9 "Medical assistance" under this paragraph 12 shall be
10 identical to the benefits provided under the State's
11 approved plan under Title XIX of the Social Security Act.
12 The Department must request federal approval of the
13 coverage under this paragraph 12 within 30 days after July
14 3, 2001 (the effective date of Public Act 92-47).

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

1 benefits that are consistent with the benefits provided to
2 those persons described in subparagraphs (1) and (2).
3 Medical assistance coverage for the persons who are
4 eligible under the preceding sentence is not dependent on
5 federal approval, but federal moneys may be used to pay
6 for services provided under that coverage upon federal
7 approval.

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

13 14. Subject to the availability of funds for this
14 purpose, the Department may provide coverage under this
15 Article to persons who reside in Illinois who are not
16 eligible under any of the preceding paragraphs and who
17 meet the income guidelines of paragraph 2(a) of this
18 Section and (i) have an application for asylum pending
19 before the federal Department of Homeland Security or on
20 appeal before a court of competent jurisdiction and are
21 represented either by counsel or by an advocate accredited
22 by the federal Department of Homeland Security and
23 employed by a not-for-profit organization in regard to
24 that application or appeal, or (ii) are receiving services
25 through a federally funded torture treatment center.
26 Medical coverage under this paragraph 14 may be provided

1 for up to 24 continuous months from the initial
2 eligibility date so long as an individual continues to
3 satisfy the criteria of this paragraph 14. If an
4 individual has an appeal pending regarding an application
5 for asylum before the Department of Homeland Security,
6 eligibility under this paragraph 14 may be extended until
7 a final decision is rendered on the appeal. The Department
8 may adopt rules governing the implementation of this
9 paragraph 14.

10 15. Family Care Eligibility.

11 (a) On and after July 1, 2012, a parent or other
12 caretaker relative who is 19 years of age or older when
13 countable income is at or below 133% of the federal
14 poverty level. A person may not spend down to become
15 eligible under this paragraph 15.

16 (b) Eligibility shall be reviewed annually.

17 (c) (Blank).

18 (d) (Blank).

19 (e) (Blank).

20 (f) (Blank).

21 (g) (Blank).

22 (h) (Blank).

23 (i) Following termination of an individual's
24 coverage under this paragraph 15, the individual must
25 be determined eligible before the person can be
26 re-enrolled.

1 16. Subject to appropriation, uninsured persons who
2 are not otherwise eligible under this Section who have
3 been certified and referred by the Department of Public
4 Health as having been screened and found to need
5 diagnostic evaluation or treatment, or both diagnostic
6 evaluation and treatment, for prostate or testicular
7 cancer. For the purposes of this paragraph 16, uninsured
8 persons are those who do not have creditable coverage, as
9 defined under the Health Insurance Portability and
10 Accountability Act, or have otherwise exhausted any
11 insurance benefits they may have had, for prostate or
12 testicular cancer diagnostic evaluation or treatment, or
13 both diagnostic evaluation and treatment. To be eligible,
14 a person must furnish a Social Security number. A person's
15 assets are exempt from consideration in determining
16 eligibility under this paragraph 16. Such persons shall be
17 eligible for medical assistance under this paragraph 16
18 for so long as they need treatment for the cancer. A person
19 shall be considered to need treatment if, in the opinion
20 of the person's treating physician, the person requires
21 therapy directed toward cure or palliation of prostate or
22 testicular cancer, including recurrent metastatic cancer
23 that is a known or presumed complication of prostate or
24 testicular cancer and complications resulting from the
25 treatment modalities themselves. Persons who require only
26 routine monitoring services are not considered to need

1 treatment. "Medical assistance" under this paragraph 16
2 shall be identical to the benefits provided under the
3 State's approved plan under Title XIX of the Social
4 Security Act. Notwithstanding any other provision of law,
5 the Department (i) does not have a claim against the
6 estate of a deceased recipient of services under this
7 paragraph 16 and (ii) does not have a lien against any
8 homestead property or other legal or equitable real
9 property interest owned by a recipient of services under
10 this paragraph 16.

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

18 (a) Limit the geographic areas in which the waiver
19 program operates.

20 (b) Determine the scope, quantity, duration, and
21 quality, and the rate and method of reimbursement, of
22 the medical services to be provided, which may differ
23 from those for other classes of persons eligible for
24 assistance under this Article.

25 (c) Restrict the persons' freedom in choice of
26 providers.

1 18. Beginning January 1, 2014, persons aged 19 or
2 older, but younger than 65, who are not otherwise eligible
3 for medical assistance under this Section 5-2, who qualify
4 for medical assistance pursuant to 42 U.S.C.
5 1396a(a)(10)(A)(i)(VIII) and applicable federal
6 regulations, and who have income at or below 133% of the
7 federal poverty level plus 5% for the applicable family
8 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
9 applicable federal regulations. Persons eligible for
10 medical assistance under this paragraph 18 shall receive
11 coverage for the Health Benefits Service Package as that
12 term is defined in subsection (m) of Section 5-1.1 of this
13 Code. If Illinois' federal medical assistance percentage
14 (FMAP) is reduced below 90% for persons eligible for
15 medical assistance under this paragraph 18, eligibility
16 under this paragraph 18 shall cease no later than the end
17 of the third month following the month in which the
18 reduction in FMAP takes effect.

19 19. Beginning January 1, 2014, as required under 42
20 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
21 and younger than age 26 who are not otherwise eligible for
22 medical assistance under paragraphs (1) through (17) of
23 this Section who (i) were in foster care under the
24 responsibility of the State on the date of attaining age
25 18 or on the date of attaining age 21 when a court has
26 continued wardship for good cause as provided in Section

1 2-31 of the Juvenile Court Act of 1987 and (ii) received
2 medical assistance under the Illinois Title XIX State Plan
3 or waiver of such plan while in foster care.

4 20. Beginning January 1, 2018, persons who are
5 foreign-born victims of human trafficking, torture, or
6 other serious crimes as defined in Section 2-19 of this
7 Code and their derivative family members if such persons:
8 (i) reside in Illinois; (ii) are not eligible under any of
9 the preceding paragraphs; (iii) meet the income guidelines
10 of subparagraph (a) of paragraph 2; and (iv) meet the
11 nonfinancial eligibility requirements of Sections 16-2,
12 16-3, and 16-5 of this Code. The Department may extend
13 medical assistance for persons who are foreign-born
14 victims of human trafficking, torture, or other serious
15 crimes whose medical assistance would be terminated
16 pursuant to subsection (b) of Section 16-5 if the
17 Department determines that the person, during the year of
18 initial eligibility (1) experienced a health crisis, (2)
19 has been unable, after reasonable attempts, to obtain
20 necessary information from a third party, or (3) has other
21 extenuating circumstances that prevented the person from
22 completing his or her application for status. The
23 Department may adopt any rules necessary to implement the
24 provisions of this paragraph.

25 21. Persons who are not otherwise eligible for medical
26 assistance under this Section who may qualify for medical

1 assistance pursuant to 42 U.S.C.
2 1396a(a)(10)(A)(ii)(XXIII) and 42 U.S.C. 1396(ss) for the
3 duration of any federal or State declared emergency due to
4 COVID-19. Medical assistance to persons eligible for
5 medical assistance solely pursuant to this paragraph 21
6 shall be limited to any in vitro diagnostic product (and
7 the administration of such product) described in 42 U.S.C.
8 1396d(a)(3)(B) on or after March 18, 2020, any visit
9 described in 42 U.S.C. 1396o(a)(2)(G), or any other
10 medical assistance that may be federally authorized for
11 this class of persons. The Department may also cover
12 treatment of COVID-19 for this class of persons, or any
13 similar category of uninsured individuals, to the extent
14 authorized under a federally approved 1115 Waiver or other
15 federal authority. Notwithstanding the provisions of
16 Section 1-11 of this Code, due to the nature of the
17 COVID-19 public health emergency, the Department may cover
18 and provide the medical assistance described in this
19 paragraph 21 to noncitizens who would otherwise meet the
20 eligibility requirements for the class of persons
21 described in this paragraph 21 for the duration of the
22 State emergency period.

23 In implementing the provisions of Public Act 96-20, the
24 Department is authorized to adopt only those rules necessary,
25 including emergency rules. Nothing in Public Act 96-20 permits
26 the Department to adopt rules or issue a decision that expands

1 eligibility for the FamilyCare Program to a person whose
2 income exceeds 185% of the Federal Poverty Level as determined
3 from time to time by the U.S. Department of Health and Human
4 Services, unless the Department is provided with express
5 statutory authority.

6 The eligibility of any such person for medical assistance
7 under this Article is not affected by the payment of any grant
8 under the Senior Citizens and Persons with Disabilities
9 Property Tax Relief Act or any distributions or items of
10 income described under subparagraph (X) of paragraph (2) of
11 subsection (a) of Section 203 of the Illinois Income Tax Act.

12 The Department shall by rule establish the amounts of
13 assets to be disregarded in determining eligibility for
14 medical assistance, which shall at a minimum equal the amounts
15 to be disregarded under the Federal Supplemental Security
16 Income Program. The amount of assets of a single person to be
17 disregarded shall not be less than \$2,000, and the amount of
18 assets of a married couple to be disregarded shall not be less
19 than \$3,000.

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

24 The eligibility of any person for medical assistance under
25 this Article shall not be affected by the receipt by the person
26 of donations or benefits from fundraisers held for the person

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

5 Notwithstanding any other provision of this Code, if the
6 United States Supreme Court holds Title II, Subtitle A,
7 Section 2001(a) of Public Law 111-148 to be unconstitutional,
8 or if a holding of Public Law 111-148 makes Medicaid
9 eligibility allowed under Section 2001(a) inoperable, the
10 State or a unit of local government shall be prohibited from
11 enrolling individuals in the Medical Assistance Program as the
12 result of federal approval of a State Medicaid waiver on or
13 after June 14, 2012 (the effective date of Public Act 97-687),
14 and any individuals enrolled in the Medical Assistance Program
15 pursuant to eligibility permitted as a result of such a State
16 Medicaid waiver shall become immediately ineligible.

17 Notwithstanding any other provision of this Code, if an
18 Act of Congress that becomes a Public Law eliminates Section
19 2001(a) of Public Law 111-148, the State or a unit of local
20 government shall be prohibited from enrolling individuals in
21 the Medical Assistance Program as the result of federal
22 approval of a State Medicaid waiver on or after June 14, 2012
23 (the effective date of Public Act 97-687), and any individuals
24 enrolled in the Medical Assistance Program pursuant to
25 eligibility permitted as a result of such a State Medicaid
26 waiver shall become immediately ineligible.

1 Effective October 1, 2013, the determination of
2 eligibility of persons who qualify under paragraphs 5, 6, 8,
3 15, 17, and 18 of this Section shall comply with the
4 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
5 regulations.

6 The Department of Healthcare and Family Services, the
7 Department of Human Services, and the Illinois health
8 insurance marketplace shall work cooperatively to assist
9 persons who would otherwise lose health benefits as a result
10 of changes made under Public Act 98-104 to transition to other
11 health insurance coverage.

12 (Source: P.A. 101-10, eff. 6-5-19; 101-649, eff. 7-7-20;
13 102-43, eff. 7-6-21; 102-558, eff. 8-20-21; 102-665, eff.
14 10-8-21; 102-813, eff. 5-13-22.)