

93RD GENERAL ASSEMBLY

State of Illinois

2003 and 2004

HB4502

Introduced 02/03/04, by James D. Brosnahan

SYNOPSIS AS INTRODUCED:

20 ILCS 1705/57	from Ch. 91 1/2, par. 100-57
305 ILCS 5/5-2	from Ch. 23, par. 5-2

Amends the Mental Health and Developmental Disabilities Administrative Act. Provides that the Department of Human Services shall include, in the annual service needs report regarding autism submitted to the General Assembly, a plan to provide family support mechanisms to enable persons with autism to remain in a family home environment. Amends the Illinois Public Aid Code. Extends eligibility for continued home-based skilled or intermediate care to persons age 21 or older (under current law, eligibility is limited to persons under age 21). Requires an annual determination of need for that level of care and requires the Department of Human Services to make an annual report concerning services provided and other matters. Effective immediately.

LRB093 15398 DRJ 41001 b

FISCAL NOTE ACT MAY APPLY HB4502

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AN ACT in relation to persons with disabilities.

2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

4 Section 5. The Mental Health and Developmental 5 Disabilities Administrative Act is amended by changing Section 6 57 as follows:

7 (20 ILCS 1705/57) (from Ch. 91 1/2, par. 100-57)

Sec. 57. In order to identify the service needs of persons 8 with autism, the Department shall study the needs of the 9 population. The Department shall submit service needs reports 10 to the General Assembly annually which shall supplement the 11 report submitted in accordance with Public Act 84-1291. The 12 reports shall include an analysis of progress made since the 13 14 submission of that report in the areas outlined in that report, 15 with emphasis on the following areas:

a. Early intervention services for children with autism andtheir parents;

b. Enhancement of family support mechanisms to enable
 persons with autism to remain in a family home environment. The
 <u>Department shall include in the report a plan to provide family</u>
 <u>support mechanisms to enable persons with autism to remain in a</u>
 <u>family home environment;</u>

c. Services for adequate transition for people with autism
 from public school programs to adult work and day programs; and

d. Facilitation of placement of persons with autism in theleast restrictive community setting.

For the purpose of this service needs review, autism means a severely incapacitating life-long developmental disability which:

a. may be manifested before a person is 30 months of age,
b. may be caused by physical disorders of the brain, and
c. is characterized by uneven intellectual development and

HB4502 - 2 - LRB093 15398 DRJ 41001 b

a combination of disturbances in the rates and sequences of cognitive, affective, psychomotor, language and speech development. This syndrome is further evidenced by abnormal responses to sensory stimuli, problems in developing social relationships, and ritualistic and compulsive behavior.

6 (Source: P.A. 85-971.)

7 Section 10. The Illinois Public Aid Code is amended by 8 changing Section 5-2 as follows:

9 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

Recipients of basic maintenance grants under Articles
 III and IV.

17 2. Persons otherwise eligible for basic maintenance under 18 Articles III and IV but who fail to qualify thereunder on the 19 basis of need, and who have insufficient income and resources 20 to meet the costs of necessary medical care, including but not 21 limited to the following:

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

26 (i) their income, as determined by the Illinois 27 Department in accordance with anv federal 28 requirements, is equal to or less than 70% in fiscal 29 year 2001, equal to or less than 85% in fiscal year 30 2002 and until a date to be determined by the Department by rule, and equal to or less than 100% 31 beginning on the date determined by the Department by 32 rule, of the nonfarm income official poverty line, as 33 defined by the federal Office of Management and Budget 34

- 3 - LRB093 15398 DRJ 41001 b

HB4502

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

(ii) their income, after the deduction of costs 4 5 incurred for medical care and for other types of remedial care, is equal to or less than 70% in fiscal 6 year 2001, equal to or less than 85% in fiscal year 7 2002 and until a date to be determined by the 8 9 Department by rule, and equal to or less than 100% 10 beginning on the date determined by the Department by 11 rule, of the nonfarm income official poverty line, as 12 defined in item (i) of this subparagraph (a).

(b) All persons who would be determined eligible for
such basic maintenance under Article IV by disregarding the
maximum earned income permitted by federal law.

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

4. Persons not eligible under any of the preceding paragraphs who fall sick, are injured, or die, not having sufficient money, property or other resources to meet the costs of necessary medical care or funeral and burial expenses.

5. (a) Women during pregnancy, after the fact of pregnancy 22 23 has been determined by medical diagnosis, and during the 60-day period beginning on the last day of the pregnancy, 24 together with their infants and children born after 25 September 30, 1983, whose income and resources are 26 27 insufficient to meet the costs of necessary medical care to 28 the maximum extent possible under Title XIX of the Federal 29 Social Security Act.

30 (b) The Illinois Department and the Governor shall 31 provide a plan for coverage of the persons eligible under 32 paragraph 5(a) by April 1, 1990. Such plan shall provide 33 ambulatory prenatal care to pregnant women during a 34 presumptive eligibility period and establish an income 35 eligibility standard that is equal to 133% of the nonfarm 36 income official poverty line, as defined by the federal 1 Office of Management and Budget and revised annually in 2 accordance with Section 673(2) of the Omnibus Budget 3 Reconciliation Act of 1981, applicable to families of the 4 same size, provided that costs incurred for medical care 5 are not taken into account in determining such income 6 eligibility.

Illinois 7 (C) The Department may conduct а demonstration in at least one county that will provide 8 9 medical assistance to pregnant women, together with their 10 infants and children up to one year of age, where the 11 income eligibility standard is set up to 185% of the 12 nonfarm income official poverty line, as defined by the 13 federal Office of Management and Budget. The Illinois Department shall seek and obtain necessary authorization 14 provided under federal law to 15 implement such a 16 demonstration. Such demonstration may establish resource 17 standards that are not more restrictive than those established under Article IV of this Code. 18

19 6. Persons under the age of 18 who fail to qualify as 20 dependent under Article IV and who have insufficient income and 21 resources to meet the costs of necessary medical care to the 22 maximum extent permitted under Title XIX of the Federal Social 23 Security Act.

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

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

33 (b) it is appropriate to provide such care outside of
34 an institution, as determined by a physician licensed to
35 practice medicine in all its branches;

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(c) the estimated amount which would be expended for

- 5 - LRB093 15398 DRJ 41001 b

HB4502

1 care outside the institution is not greater than the 2 estimated amount which would be expended in an institution. 3 8. Persons who become ineligible for basic maintenance assistance under Article IV of this Code in 4 programs 5 administered by the Illinois Department due to employment earnings and persons in assistance units comprised of adults 6 and children who become ineligible for basic maintenance 7 assistance under Article VI of this Code due to employment 8 9 earnings. The plan for coverage for this class of persons 10 shall:

11 (a) extend the medical assistance coverage for up to 12 12 months following termination of basic maintenance 13 assistance; and

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

18 (i) such coverage shall be pursuant to provisions19 of the federal Social Security Act;

20 (ii) such coverage shall include all services
21 covered while the person was eligible for basic
22 maintenance assistance;

23 (iii) no premium shall be charged for such24 coverage; and

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

9. Persons with acquired immunodeficiency syndrome (AIDS) or with AIDS-related conditions with respect to whom there has been a determination that but for home or community-based services such individuals would require the level of care provided in an inpatient hospital, skilled nursing facility or intermediate care facility the cost of which is reimbursed - 6 - LRB093 15398 DRJ 41001 b

HB4502

under this Article. Assistance shall be provided to such
 persons to the maximum extent permitted under Title XIX of the
 Federal Social Security Act.

10. Participants in the long-term care insurance
partnership program established under the Partnership for
Long-Term Care Act who meet the qualifications for protection
of resources described in Section 25 of that Act.

8 11. Persons with disabilities who are employed and eligible 9 for Medicaid, pursuant to Section 1902(a)(10)(A)(ii)(xv) of 10 the Social Security Act, as provided by the Illinois Department 11 by rule.

12 12. Subject to federal approval, persons who are eligible 13 for medical assistance coverage under applicable provisions of 14 the federal Social Security Act and the federal Breast and 15 Cervical Cancer Prevention and Treatment Act of 2000. Those 16 eligible persons are defined to include, but not be limited to, 17 the following persons:

(1) persons who have been screened for breast or 18 cervical cancer under the U.S. Centers for Disease Control 19 20 Prevention Breast and Cervical Cancer Program and established under Title XV of the federal Public Health 21 Services Act in accordance with the requirements of Section 22 23 1504 of that Act as administered by the Illinois Department of Public Health; and 24

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

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

35 <u>13. Persons who are 21 years of age or older and have</u>
 36 <u>received benefits under paragraph 7 of this Section shall</u>

HB4502

1	remain eligible for continued benefits at the same level of
2	care, provided that a physician, licensed to practice medicine
3	in all its branches, annually determines that the person
4	requires the level of care provided by a hospital, skilled
5	nursing facility, or intermediate care facility. Continued
6	benefits shall not be dependent on the person meeting
7	eligibility requirements for federal financial participation.
8	The Department of Human Services must make an annual report to
9	the Governor and the General Assembly with respect to the class
10	of persons eligible for medical Assistance under this paragraph
11	13. The report is due on January 1 of each year and must cover
12	the State fiscal year ending on June 30 of the preceding year.
13	The first report is due on January 1, 2006. The report must
14	include the following information for the fiscal year covered
15	by the report:
16	(a) The number of persons eligible for medical
17	assistance under this paragraph 13.
18	(b) The number of persons who applied for medical
19	assistance under this paragraph 13.
20	(c) The number of persons who received medical
21	assistance under this paragraph 13.
22	(d) The number of persons who were denied medical
23	assistance under this paragraph 13, together with the
24	reasons for the denial of assistance.
25	(e) The nature, scope, and cost of services provided
26	under this paragraph 13.
27	(f) The comparative cost of providing those services in
28	a hospital, skilled nursing facility, or intermediate care
29	facility.
30	The Illinois Department and the Governor shall provide a
31	plan for coverage of the persons eligible under paragraph 7 as
32	soon as possible after July 1, 1984.
33	The eligibility of any such person for medical assistance
34	under this Article is not affected by the payment of any grant
35	under the Senior Citizens and Disabled Persons Property Tax
36	Relief and Pharmaceutical Assistance Act or any distributions

- 8 - LRB093 15398 DRJ 41001 b

HB4502

1 or items of income described under subparagraph (X) of 2 paragraph (2) of subsection (a) of Section 203 of the Illinois 3 Income Tax Act. The Department shall by rule establish the 4 amounts of assets to be disregarded in determining eligibility 5 for medical assistance, which shall at a minimum equal the to be disregarded under the Federal Supplemental 6 amounts 7 Security Income Program. The amount of assets of a single 8 person to be disregarded shall not be less than \$2,000, and the 9 amount of assets of a married couple to be disregarded shall not be less than \$3,000. 10

11 To the extent permitted under federal law, any person found 12 guilty of a second violation of Article VIIIA shall be 13 ineligible for medical assistance under this Article, as 14 provided in Section 8A-8.

The eligibility of any person for medical assistance under this Article shall not be affected by the receipt by the person of donations or benefits from fundraisers held for the person in cases of serious illness, as long as neither the person nor members of the person's family have actual control over the donations or benefits or the disbursement of the donations or benefits.

22 (Source: P.A. 92-16, eff. 6-28-01; 92-47, eff. 7-3-01; 92-597,
23 eff. 6-28-02; 93-20, eff. 6-20-03.)

24 Section 99. Effective date. This Act takes effect upon 25 becoming law.