



93RD GENERAL ASSEMBLY
State of Illinois
2003 and 2004

Introduced 2/5/2004, by Louis S. Viverito

SYNOPSIS AS INTRODUCED:

20 ILCS 1705/57
305 ILCS 5/5-2

from Ch. 91 1/2, par. 100-57
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 15399 DRJ 41002 b

FISCAL NOTE ACT
MAY APPLY

1 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)

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

16 a. Early intervention services for children with autism and
17 their parents;

18 b. Enhancement of family support mechanisms to enable
19 persons with autism to remain in a family home environment. The
20 Department shall include in the report a plan to provide family
21 support mechanisms to enable persons with autism to remain in a
22 family home environment;

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

25 d. Facilitation of placement of persons with autism in the
26 least restrictive community setting.

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

30 a. may be manifested before a person is 30 months of age,

31 b. may be caused by physical disorders of the brain, and

32 c. is characterized by uneven intellectual development and

1 a combination of disturbances in the rates and sequences of
2 cognitive, affective, psychomotor, language and speech
3 development. This syndrome is further evidenced by abnormal
4 responses to sensory stimuli, problems in developing social
5 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)

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

15 1. Recipients of basic maintenance grants under Articles
16 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:

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

26 (i) their income, as determined by the Illinois
27 Department in accordance with any 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
31 Department by rule, and equal to or less than 100%
32 beginning on the date determined by the Department by
33 rule, of the nonfarm income official poverty line, as
34 defined by the federal Office of Management and Budget

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

4 (ii) their income, after the deduction of costs
5 incurred for medical care and for other types of
6 remedial care, is equal to or less than 70% in fiscal
7 year 2001, equal to or less than 85% in fiscal year
8 2002 and until a date to be determined by the
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).

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

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

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

22 5. (a) Women during pregnancy, after the fact of pregnancy
23 has been determined by medical diagnosis, and during the
24 60-day period beginning on the last day of the pregnancy,
25 together with their infants and children born after
26 September 30, 1983, whose income and resources are
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.

7 (c) The Illinois Department may conduct a
8 demonstration in at least one county that will provide
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
14 Department shall seek and obtain necessary authorization
15 provided under federal law to implement such a
16 demonstration. Such demonstration may establish resource
17 standards that are not more restrictive than those
18 established under Article IV of this Code.

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.

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

29 (a) the person requires a level of care provided by a
30 hospital, skilled nursing facility, or intermediate care
31 facility, as determined by a physician licensed to practice
32 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;

36 (c) the estimated amount which would be expended for

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
4 assistance under Article IV of this Code in programs
5 administered by the Illinois Department due to employment
6 earnings and persons in assistance units comprised of adults
7 and children who become ineligible for basic maintenance
8 assistance under Article VI of this Code due to employment
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

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

18 (i) such coverage shall be pursuant to provisions
19 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 such
24 coverage; and

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

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

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

4 10. Participants in the long-term care insurance
5 partnership program established under the Partnership for
6 Long-Term Care Act who meet the qualifications for protection
7 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:

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

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

29 "Medical assistance" under this paragraph 12 shall be identical
30 to the benefits provided under the State's approved plan under
31 Title XIX of the Social Security Act. The Department must
32 request federal approval of the coverage under this paragraph
33 12 within 30 days after the effective date of this amendatory
34 Act of the 92nd General Assembly.

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

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

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
6 amounts to be disregarded under the Federal Supplemental
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
10 not be less than \$3,000.

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

15 The eligibility of any person for medical assistance under
16 this Article shall not be affected by the receipt by the person
17 of donations or benefits from fundraisers held for the person
18 in cases of serious illness, as long as neither the person nor
19 members of the person's family have actual control over the
20 donations or benefits or the disbursement of the donations or
21 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.