

Health Care Availability and Accessibility Committee

Filed: 3/3/2009

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LRB096 04862 DRJ 22766 a

1 AMENDMENT TO HOUSE BILL 810 2 AMENDMENT NO. . Amend House Bill 810 by replacing everything after the enacting clause with the following: 3 "Section 5. The Illinois Public Aid Code is amended by 4 5 changing Section 5-2 as follows: 6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2) 7 Sec. 5-2. Classes of Persons Eligible. Medical assistance under this Article shall be available to any of the following 8 classes of persons in respect to whom a plan for coverage has 9 10 been submitted to the Governor by the Illinois Department and approved by him: 11 12 Recipients of basic maintenance grants Articles III and IV. 13 2. Persons otherwise eligible for basic maintenance 14 15 under Articles III and IV but who fail to qualify

thereunder on the basis of need, and who have insufficient

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income and resources to meet the costs of necessary medical care, including but not 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:
 - (i) their income, as determined by Illinois Department in accordance with any federal requirements, is equal to or less than 70% in fiscal year 2001, equal to or less than 85% in fiscal year 2002 and until a date to be determined by the Department by rule, and equal to or less than 100% beginning on the date determined by the Department by rule, of the nonfarm income official poverty line, as defined by the federal Office of Management and Budget 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 incurred for medical care and for other types of remedial care, is equal to or less than 70% in fiscal year 2001, equal to or less than 85% in fiscal year 2002 and until a date to be determined by the Department by rule, and equal to or less than 100% beginning on the date determined by the

Department by rule, of the nonfarm income official poverty line, as 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.
- 3. 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 has been determined by medical diagnosis, and during the 60-day period beginning on the last day of the pregnancy, together with their infants and children born after September 30, 1983, whose income and resources are insufficient to meet the costs of necessary medical care to the maximum extent possible under Title XIX of the Federal Social Security Act.
- (b) The Illinois Department and the Governor shall provide a plan for coverage of the persons eligible under paragraph 5(a) by April 1, 1990. Such plan shall provide ambulatory prenatal care to pregnant women during a

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presumptive eligibility period and establish an income eligibility standard that is equal to 133% of the nonfarm income official poverty line, as defined by the federal Office of Management and Budget and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to families of the same size, provided that costs incurred for medical care are not taken into account in determining such income eligibility.

- (C) The Illinois Department conduct may demonstration in at least one county that will provide medical assistance to pregnant women, together with their infants and children up to one year of age, where the income eligibility standard is set up to 185% of nonfarm income official poverty line, as defined by the federal Office of Management and Budget. The Illinois Department shall seek and obtain necessary authorization under federal law to implement provided demonstration. Such demonstration may establish resource standards that are not more restrictive than those established under Article IV of this Code.
- 6. Persons under the age of 18 who fail to qualify as dependent under Article IV and who have insufficient income and resources to meet the costs of necessary medical care to the maximum extent permitted under Title XIX of the Federal Social Security Act.

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7. Per	csons who	are un	der 21	years	of a	age a:	nd would
qualify a	as disabl	_ed as	defi	ned un	nder	the	Federal
Supplement	al Securi	ty Inc	ome Pr	rogram,	prov	vided	medical
service fo	or such p	ersons	would	be eli	gible	e for	Federal
Financial	Particip	ation,	and	provid	ed f	the	Illinois
Department determines that:							

- (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;
- (b) it is appropriate to provide such care outside of an institution, as determined by a physician licensed to practice medicine in all its branches;
- (c) the estimated amount which would be expended for care outside the institution is not greater than the estimated amount which would be expended in an institution.
- 8. Persons who become ineligible for basic maintenance assistance under Article IV of this Code in programs administered by the Illinois Department due to employment earnings and persons in assistance units comprised of adults and children who become ineligible for basic maintenance assistance under Article VI of this Code due to employment earnings. The plan for coverage for this class of persons shall:
 - (a) extend the medical assistance coverage for up

1	to 12 months following termination of basic
2	maintenance assistance; and
3	(b) offer persons who have initially received 6
4	months of the coverage provided in paragraph (a) above,
5	the option of receiving an additional 6 months of
6	coverage, subject to the following:
7	(i) such coverage shall be pursuant to
8	provisions of the federal Social Security Act;
9	(ii) such coverage shall include all services
10	covered while the person was eligible for basic
11	maintenance assistance;
12	(iii) no premium shall be charged for such
13	coverage; and
14	(iv) such coverage shall be suspended in the
15	event of a person's failure without good cause to
16	file in a timely fashion reports required for this
17	coverage under the Social Security Act and
18	coverage shall be reinstated upon the filing of
19	such reports if the person remains otherwise
20	eligible.
21	9. Persons with acquired immunodeficiency syndrome
22	(AIDS) or with AIDS-related conditions with respect to whom
23	there has been a determination that but for home or
24	community-based services such individuals would require
25	the level of care provided in an inpatient hospital,
26	skilled nursing facility or intermediate care facility the

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

- 10. Participants in the long-term care insurance partnership program established under the <u>Illinois Long-Term Care Partnership Program Act Partnership for Long-Term Care Act</u> who meet the qualifications for protection of resources described in Section $\underline{15}$ $\underline{25}$ of that Act.
- 11. Persons with disabilities who are employed and eligible for Medicaid, pursuant to Section 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as provided by the Illinois Department by rule. In establishing eligibility standards under this paragraph 11, the Department shall, subject to federal approval:
 - (a) set the income eligibility standard at not lower than 350% of the federal poverty level;
 - (b) exempt retirement accounts that the person cannot access without penalty before the age of 59 1/2, and medical savings accounts established pursuant to 26 U.S.C. 220;
 - (c) allow non-exempt assets up to \$25,000 as to those assets accumulated during periods of eligibility under this paragraph 11; and
 - (d) continue to apply subparagraphs (b) and (c) in

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determining the eligibility of the person under this Article even if the person loses eligibility under this paragraph 11.

- Subject to federal approval, persons who eligible for medical assistance coverage under applicable provisions of the federal Social Security Act and the Breast and Cervical Cancer Prevention Treatment Act of 2000. Those eligible persons are defined to include, but not be limited to, the following persons:
 - (1) persons who have been screened for breast or cervical cancer under the U.S. Centers for Disease Control and Prevention Breast and Cervical Cancer Program established under Title XV of the federal Public Health Services Act in accordance with the requirements of Section 1504 of that Act administered by the Illinois Department of Public Health: and
 - (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. Department must request federal approval of the coverage under this paragraph 12 within 30 days after the

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effective date of this amendatory Act of the 92nd General Assembly.

In addition to the persons who are eligible for medical assistance pursuant to subparagraphs (1) and (2) of this paragraph 12, and subject to appropriation, any uninsured person as defined by the Department in rules residing in Illinois who is younger than 65 years of age, who has been screened for breast and cervical cancer in accordance with standards and procedures adopted by the Department of Public Health for screening, and who is referred to the Department by the Department of Public Health as being in need of treatment for <u>breast or cervical cancer is eligible</u> for medical assistance benefits that are consistent with the benefits provided to those persons described in subparagraphs (1) and (2). Medical assistance coverage for the persons who are eligible under the preceding sentence is not dependent on federal approval, but federal moneys may be used to pay for services provided under that coverage upon federal approval.

- 13. Subject to appropriation and to federal approval, persons living with HIV/AIDS who are not otherwise eligible under this Article and who qualify for services covered under Section 5-5.04 as provided by the Illinois Department by rule.
- 14. Subject to the availability of funds for this purpose, the Department may provide coverage under this

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Article to persons who reside in Illinois who are not eligible under any of the preceding paragraphs and who meet the income guidelines of paragraph 2(a) of this Section and (i) have an application for asylum pending before the federal Department of Homeland Security or on appeal before a court of competent jurisdiction and are represented either by counsel or by an advocate accredited by the federal Department of Homeland Security and employed by a not-for-profit organization in regard to that application or appeal, or (ii) are receiving services through a federally funded torture treatment center. Medical coverage under this paragraph 14 may be provided for up to 24 continuous months from the initial eligibility date so long as an individual continues to satisfy the criteria of this paragraph 14. If an individual has an appeal pending regarding an application for asylum before the Department of Homeland Security, eligibility under this paragraph 14 may be extended until a final decision is rendered on the appeal. The Department may adopt rules governing the implementation of this paragraph 14.

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

The eligibility of any such person for medical assistance under this Article is not affected by the payment of any grant under the Senior Citizens and Disabled Persons Property Tax

- 1 Relief and Pharmaceutical Assistance Act or any distributions items of income described under subparagraph (X) 2 3 paragraph (2) of subsection (a) of Section 203 of the Illinois 4 Income Tax Act. The Department shall by rule establish the 5 amounts of assets to be disregarded in determining eligibility for medical assistance, which shall at a minimum equal the 6 amounts to be disregarded under the Federal Supplemental 7 8 Security Income Program. The amount of assets of a single 9 person to be disregarded shall not be less than \$2,000, and the 10 amount of assets of a married couple to be disregarded shall 11 not be less than \$3,000.
- To the extent permitted under federal law, any person found 12 13 quilty of a second violation of Article VIIIA shall be 14 ineligible for medical assistance under this Article, 15 provided in Section 8A-8.
- 16 The eligibility of any person for medical assistance under 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 20 members of the person's family have actual control over the donations or benefits or the disbursement of the donations or 21 22 benefits.
- (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06; 23
- 24 95-546, eff. 8-29-07; revised 1-22-08.)
- Section 99. Effective date. This Act takes effect upon 25

1 becoming law.".