



Sen. Pamela J. Althoff

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LRB096 04862 DRJ 26950 a

1 AMENDMENT TO HOUSE BILL 810

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 810, AS AMENDED, by  
3 replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Illinois Public Aid Code is amended by  
6 changing Section 5-2 as follows:

7 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

13 1. Recipients of basic maintenance grants under  
14 Articles III and IV.

15 2. Persons otherwise eligible for basic maintenance  
16 under Articles III and IV but who fail to qualify

1           thereunder on the basis of need, and who have insufficient  
2           income and resources to meet the costs of necessary medical  
3           care, including but not limited to the following:

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

8                           (i) their income, as determined by the  
9                           Illinois Department in accordance with any federal  
10                           requirements, is equal to or less than 70% in  
11                           fiscal year 2001, equal to or less than 85% in  
12                           fiscal year 2002 and until a date to be determined  
13                           by the Department by rule, and equal to or less  
14                           than 100% beginning on the date determined by the  
15                           Department by rule, of the nonfarm income official  
16                           poverty line, as defined by the federal Office of  
17                           Management and Budget and revised annually in  
18                           accordance with Section 673(2) of the Omnibus  
19                           Budget Reconciliation Act of 1981, applicable to  
20                           families of the same size; or

21                           (ii) their income, after the deduction of  
22                           costs incurred for medical care and for other types  
23                           of remedial care, is equal to or less than 70% in  
24                           fiscal year 2001, equal to or less than 85% in  
25                           fiscal year 2002 and until a date to be determined  
26                           by the Department by rule, and equal to or less

1           than 100% beginning on the date determined by the  
2           Department by rule, of the nonfarm income official  
3           poverty line, as defined in item (i) of this  
4           subparagraph (a).

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

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

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

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

24          (b) The Illinois Department and the Governor shall  
25          provide a plan for coverage of the persons eligible under  
26          paragraph 5(a) by April 1, 1990. Such plan shall provide

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

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

23 6. Persons under the age of 18 who fail to qualify as  
24 dependent under Article IV and who have insufficient income  
25 and resources to meet the costs of necessary medical care  
26 to the maximum extent permitted under Title XIX of the

1 Federal Social Security Act.

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

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

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

15 (c) the estimated amount which would be expended  
16 for care outside the institution is not greater than  
17 the estimated amount which would be expended in an  
18 institution.

19 8. Persons who become ineligible for basic maintenance  
20 assistance under Article IV of this Code in programs  
21 administered by the Illinois Department due to employment  
22 earnings and persons in assistance units comprised of  
23 adults and children who become ineligible for basic  
24 maintenance assistance under Article VI of this Code due to  
25 employment earnings. The plan for coverage for this class  
26 of persons shall:

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

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

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

10 (ii) such coverage shall include all services  
11 covered while the person was eligible for basic  
12 maintenance assistance;

13 (iii) no premium shall be charged for such  
14 coverage; and

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

22 9. Persons with acquired immunodeficiency syndrome  
23 (AIDS) or with AIDS-related conditions with respect to whom  
24 there has been a determination that but for home or  
25 community-based services such individuals would require  
26 the level of care provided in an inpatient hospital,

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

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

11 11. Persons with disabilities who are employed and  
12 eligible for Medicaid, pursuant to Section  
13 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as  
14 provided by the Illinois Department by rule. In  
15 establishing eligibility standards under this paragraph  
16 11, the Department shall, subject to federal approval:

17 (a) set the income eligibility standard at not  
18 lower than 350% of the federal poverty level;

19 (b) exempt retirement accounts that the person  
20 cannot access without penalty before the age of 59 1/2,  
21 and medical savings accounts established pursuant to  
22 26 U.S.C. 220;

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

26 (d) continue to apply subparagraphs (b) and (c) in

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

4 12. Subject to federal approval, persons who are  
5 eligible for medical assistance coverage under applicable  
6 provisions of the federal Social Security Act and the  
7 federal Breast and Cervical Cancer Prevention and  
8 Treatment Act of 2000. Those eligible persons are defined  
9 to include, but not be limited to, the following persons:

10 (1) persons who have been screened for breast or  
11 cervical cancer under the U.S. Centers for Disease  
12 Control and Prevention Breast and Cervical Cancer  
13 Program established under Title XV of the federal  
14 Public Health Services Act in accordance with the  
15 requirements of Section 1504 of that Act as  
16 administered by the Illinois Department of Public  
17 Health; and

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

22 "Medical assistance" under this paragraph 12 shall be  
23 identical to the benefits provided under the State's  
24 approved plan under Title XIX of the Social Security Act.  
25 The Department must request federal approval of the  
26 coverage under this paragraph 12 within 30 days after the



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

3 In addition to the persons who are eligible for medical  
4 assistance pursuant to subparagraphs (1) and (2) of this  
5 paragraph 12, any uninsured person who does not have  
6 credible coverage, as defined under the Health Insurance  
7 Portability and Accountability Act, for breast or cervical  
8 cancer treatment residing in Illinois who is younger than  
9 65 years of age, who has been screened for breast and  
10 cervical cancer in accordance with standards and  
11 procedures adopted by the Department of Public Health for  
12 screening, and who is referred to the Department by the  
13 Department of Public Health as being in need of treatment  
14 for breast or cervical cancer is eligible for medical  
15 assistance benefits that are consistent with the benefits  
16 provided to those persons described in subparagraphs (1)  
17 and (2). Medical assistance coverage for the persons who  
18 are eligible under the preceding sentence is not dependent  
19 on federal approval, but federal moneys may be used to pay  
20 for services provided under that coverage upon federal  
21 approval.

22 13. Subject to appropriation and to federal approval,  
23 persons living with HIV/AIDS who are not otherwise eligible  
24 under this Article and who qualify for services covered  
25 under Section 5-5.04 as provided by the Illinois Department  
26 by rule.

1           14. Subject to the availability of funds for this  
2 purpose, the Department may provide coverage under this  
3 Article to persons who reside in Illinois who are not  
4 eligible under any of the preceding paragraphs and who meet  
5 the income guidelines of paragraph 2(a) of this Section and  
6 (i) have an application for asylum pending before the  
7 federal Department of Homeland Security or on appeal before  
8 a court of competent jurisdiction and are represented  
9 either by counsel or by an advocate accredited by the  
10 federal Department of Homeland Security and employed by a  
11 not-for-profit organization in regard to that application  
12 or appeal, or (ii) are receiving services through a  
13 federally funded torture treatment center. Medical  
14 coverage under this paragraph 14 may be provided for up to  
15 24 continuous months from the initial eligibility date so  
16 long as an individual continues to satisfy the criteria of  
17 this paragraph 14. If an individual has an appeal pending  
18 regarding an application for asylum before the Department  
19 of Homeland Security, eligibility under this paragraph 14  
20 may be extended until a final decision is rendered on the  
21 appeal. The Department may adopt rules governing the  
22 implementation of this paragraph 14.

23           15. Family Care Eligibility.

24           (a) A caretaker relative who is 19 years of age or  
25 older when countable income is at or below 185% of the  
26 Federal Poverty Level Guidelines, as published

1           annually in the Federal Register, for the appropriate  
2           family size. A person may not spend down to become  
3           eligible under this paragraph 15.

4           (b) Eligibility shall be reviewed annually.

5           (c) Caretaker relatives enrolled under this  
6           paragraph 15 in families with countable income above  
7           150% and at or below 185% of the Federal Poverty Level  
8           Guidelines shall be counted as family members and pay  
9           premiums as established under the Children's Health  
10          Insurance Program Act.

11          (d) Premiums shall be billed by and payable to the  
12          Department or its authorized agent, on a monthly basis.

13          (e) The premium due date is the last day of the  
14          month preceding the month of coverage.

15          (f) Individuals shall have a grace period through  
16          the month of coverage to pay the premium.

17          (g) Failure to pay the full monthly premium by the  
18          last day of the grace period shall result in  
19          termination of coverage.

20          (h) Partial premium payments shall not be  
21          refunded.

22          (i) Following termination of an individual's  
23          coverage under this paragraph 15, the following action  
24          is required before the individual can be re-enrolled:

25                  (1) A new application must be completed and the  
26                  individual must be determined otherwise eligible.

1           (2) There must be full payment of premiums due  
2           under this Code, the Children's Health Insurance  
3           Program Act, the Covering ALL KIDS Health  
4           Insurance Act, or any other healthcare program  
5           administered by the Department for periods in  
6           which a premium was owed and not paid for the  
7           individual.

8           (3) The first month's premium must be paid if  
9           there was an unpaid premium on the date the  
10          individual's previous coverage was canceled.

11          The Department is authorized to implement the  
12          provisions of this amendatory Act of the 95th General  
13          Assembly by adopting the medical assistance rules in effect  
14          as of October 1, 2007, at 89 Ill. Admin. Code 125, along  
15          with only those changes necessary to conform to federal  
16          Medicaid requirements. The Department may not otherwise  
17          adopt any rule to implement this increase except as  
18          authorized by law, to meet the eligibility standards  
19          authorized by the federal government in the Medicaid State  
20          Plan or the Title XXI Plan, or to meet an order from the  
21          federal government or any court.

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

25          The eligibility of any such person for medical assistance  
26          under this Article is not affected by the payment of any grant

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

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

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

24 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;  
25 95-546, eff. 8-29-07; 95-1055, eff. 4-10-09.)

1           Section 99. Effective date. This Act takes effect upon  
2    becoming law.".