



## 98TH GENERAL ASSEMBLY

### State of Illinois

### 2013 and 2014

#### HB0106

Introduced 1/10/2013, by Rep. Sara Feigenholtz

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-1.1	from Ch. 23, par. 5-1.1
305 ILCS 5/5-1.4	
305 ILCS 5/5-2	from Ch. 23, par. 5-2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Beginning January 1, 2014, extends benefits under the State's medical assistance program to persons aged 19 or older, but younger than 65, who are not otherwise eligible for medical assistance under the Code, who qualify for medical assistance under specified provisions of the Social Security Act, and who have income at or below 133% of the federal poverty level plus 5% for the applicable family size. Provides that the 4-year moratorium on the expansion of medical assistance eligibility through increasing financial eligibility standards shall not apply to this new class of persons. Provides that such persons shall receive coverage for the Health Benefits Service Package. Defines "Health Benefits Service Package". Provides that if Illinois' federal medical assistance percentage (FMAP) is reduced below 90% for persons eligible for medical assistance under the specified provisions, medical assistance eligibility for this new class of persons shall cease no later than the end of the third month following the month in which the reduction in FMAP takes effect. Effective immediately.

LRB098 05309 KTG 35343 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 1. Findings. The General Assembly finds it is in  
5 the best interests of the State to take advantage of the  
6 Patient Protection and Affordable Care Act to enable Illinois  
7 to receive enhanced federal revenue to cover the costs of  
8 health care for low-income adults who are otherwise not  
9 eligible for Medicaid. The General Assembly further finds that  
10 the administration and financing of the Medicaid program must  
11 be sound to ensure Illinois may take full advantage of national  
12 health care reform to keep people healthier; reimburse  
13 hospitals and clinics for uncompensated and charity care for  
14 the uninsured; and replace spending by county and local  
15 governments for healthcare costs now borne by local health  
16 departments, social service agencies, homeless shelters,  
17 mental health clinics, drug treatment centers, township  
18 organizations, and others for the care of the uninsured.  
19 Accordingly, the General Assembly finds that, while filling the  
20 current gap in Medicaid coverage, it is essential that the  
21 State preserve and extend recent efforts to reform Illinois'  
22 Medicaid program. Changes designed to increase efficiencies  
23 and enhance program integrity must continue to prevent client  
24 and provider fraud and abuse; to impose controls on use of

1 Medicaid services to prevent over-use or waste; to rationalize  
2 the Medicaid health care delivery system by adopting care  
3 coordination models wherever feasible to achieve effective and  
4 efficient care delivery across all covered services; and to  
5 operate the program within budget limits.

6 Section 5. The Illinois Public Aid Code is amended by  
7 changing Sections 5-1.1, 5-1.4, and 5-2 as follows:

8 (305 ILCS 5/5-1.1) (from Ch. 23, par. 5-1.1)

9 Sec. 5-1.1. Definitions. The terms defined in this Section  
10 shall have the meanings ascribed to them, except when the  
11 context otherwise requires.

12 (a) "Nursing facility" means a facility, licensed by the  
13 Department of Public Health under the Nursing Home Care Act,  
14 that provides nursing facility services within the meaning of  
15 Title XIX of the federal Social Security Act.

16 (b) "Intermediate care facility for the developmentally  
17 disabled" or "ICF/DD" means a facility, licensed by the  
18 Department of Public Health under the ID/DD Community Care Act,  
19 that is an intermediate care facility for the mentally retarded  
20 within the meaning of Title XIX of the federal Social Security  
21 Act.

22 (c) "Standard services" means those services required for  
23 the care of all patients in the facility and shall, as a  
24 minimum, include the following: (1) administration; (2)

1 dietary (standard); (3) housekeeping; (4) laundry and linen;  
2 (5) maintenance of property and equipment, including  
3 utilities; (6) medical records; (7) training of employees; (8)  
4 utilization review; (9) activities services; (10) social  
5 services; (11) disability services; and all other similar  
6 services required by either the laws of the State of Illinois  
7 or one of its political subdivisions or municipalities or by  
8 Title XIX of the Social Security Act.

9 (d) "Patient services" means those which vary with the  
10 number of personnel; professional and para-professional skills  
11 of the personnel; specialized equipment, and reflect the  
12 intensity of the medical and psycho-social needs of the  
13 patients. Patient services shall as a minimum include: (1)  
14 physical services; (2) nursing services, including restorative  
15 nursing; (3) medical direction and patient care planning; (4)  
16 health related supportive and habilitative services and all  
17 similar services required by either the laws of the State of  
18 Illinois or one of its political subdivisions or municipalities  
19 or by Title XIX of the Social Security Act.

20 (e) "Ancillary services" means those services which  
21 require a specific physician's order and defined as under the  
22 medical assistance program as not being routine in nature for  
23 skilled nursing facilities and ICF/DDs. Such services  
24 generally must be authorized prior to delivery and payment as  
25 provided for under the rules of the Department of Healthcare  
26 and Family Services.

1           (f) "Capital" means the investment in a facility's assets  
2 for both debt and non-debt funds. Non-debt capital is the  
3 difference between an adjusted replacement value of the assets  
4 and the actual amount of debt capital.

5           (g) "Profit" means the amount which shall accrue to a  
6 facility as a result of its revenues exceeding its expenses as  
7 determined in accordance with generally accepted accounting  
8 principles.

9           (h) "Non-institutional services" means those services  
10 provided under paragraph (f) of Section 3 of the Disabled  
11 Persons Rehabilitation Act and those services provided under  
12 Section 4.02 of the Illinois Act on the Aging.

13           (i) (Blank).

14           (j) "Institutionalized person" means an individual who is  
15 an inpatient in an ICF/DD or nursing facility, or who is an  
16 inpatient in a medical institution receiving a level of care  
17 equivalent to that of an ICF/DD or nursing facility, or who is  
18 receiving services under Section 1915(c) of the Social Security  
19 Act.

20           (k) "Institutionalized spouse" means an institutionalized  
21 person who is expected to receive services at the same level of  
22 care for at least 30 days and is married to a spouse who is not  
23 an institutionalized person.

24           (l) "Community spouse" is the spouse of an  
25 institutionalized spouse.

26           (m) "Health Benefits Service Package" means, subject to

1 federal approval, benefits covered by the medical assistance  
2 program as determined by the Department by rule for individuals  
3 eligible for medical assistance under paragraph 18 of Section  
4 5-2 of this Code.

5 (Source: P.A. 96-1530, eff. 2-16-11; 97-227, eff. 1-1-12;  
6 97-820, eff. 7-17-12.)

7 (305 ILCS 5/5-1.4)

8 Sec. 5-1.4. Moratorium on eligibility expansions.  
9 Beginning on January 25, 2011 (the effective date of Public Act  
10 96-1501), there shall be a 4-year moratorium on the expansion  
11 of eligibility through increasing financial eligibility  
12 standards, or through increasing income disregards, or through  
13 the creation of new programs which would add new categories of  
14 eligible individuals under the medical assistance program in  
15 addition to those categories covered on January 1, 2011 or  
16 above the level of any subsequent reduction in eligibility.  
17 This moratorium shall not apply to expansions required as a  
18 federal condition of State participation in the medical  
19 assistance program or to expansions approved by the federal  
20 government that are financed entirely by units of local  
21 government and federal matching funds. If the State of Illinois  
22 finds that the State has borne a cost related to such an  
23 expansion, the unit of local government shall reimburse the  
24 State. All federal funds associated with an expansion funded by  
25 a unit of local government shall be returned to the local

1 government entity funding the expansion, pursuant to an  
2 intergovernmental agreement between the Department of  
3 Healthcare and Family Services and the local government entity.  
4 Within 10 calendar days of the effective date of this  
5 amendatory Act of the 97th General Assembly, the Department of  
6 Healthcare and Family Services shall formally advise the  
7 Centers for Medicare and Medicaid Services of the passage of  
8 this amendatory Act of the 97th General Assembly. The State is  
9 prohibited from submitting additional waiver requests that  
10 expand or allow for an increase in the classes of persons  
11 eligible for medical assistance under this Article to the  
12 federal government for its consideration beginning on the 20th  
13 calendar day following the effective date of this amendatory  
14 Act of the 97th General Assembly until January 25, 2015. This  
15 moratorium shall not apply to those persons eligible for  
16 medical assistance pursuant to 42 U.S.C.  
17 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of  
18 Section 5-2 of this Code.

19 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

20 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

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

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

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

17           (i) their income, as determined by the  
18 Illinois Department in accordance with any federal  
19 requirements, is equal to or less than 70% in  
20 fiscal year 2001, equal to or less than 85% in  
21 fiscal year 2002 and until a date to be determined  
22 by the Department by rule, and equal to or less  
23 than 100% beginning on the date determined by the  
24 Department by rule, of the nonfarm income official  
25 poverty line, as defined by the federal Office of  
26 Management and Budget and revised annually in



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

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

14          (b) All persons who, excluding any eligibility  
15          requirements that are inconsistent with any federal  
16          law or federal regulation, as interpreted by the U.S.  
17          Department of Health and Human Services, would be  
18          determined eligible for such basic maintenance under  
19          Article IV by disregarding the maximum earned income  
20          permitted by federal law.

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

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

1 expenses.

2 5.(a) Women during pregnancy, after the fact of  
3 pregnancy has been determined by medical diagnosis, and  
4 during the 60-day period beginning on the last day of the  
5 pregnancy, together with their infants and children born  
6 after September 30, 1983, whose income and resources are  
7 insufficient to meet the costs of necessary medical care to  
8 the maximum extent possible under Title XIX of the Federal  
9 Social Security Act.

10 (b) The Illinois Department and the Governor shall  
11 provide a plan for coverage of the persons eligible under  
12 paragraph 5(a) by April 1, 1990. Such plan shall provide  
13 ambulatory prenatal care to pregnant women during a  
14 presumptive eligibility period and establish an income  
15 eligibility standard that is equal to 133% of the nonfarm  
16 income official poverty line, as defined by the federal  
17 Office of Management and Budget and revised annually in  
18 accordance with Section 673(2) of the Omnibus Budget  
19 Reconciliation Act of 1981, applicable to families of the  
20 same size, provided that costs incurred for medical care  
21 are not taken into account in determining such income  
22 eligibility.

23 (c) The Illinois Department may conduct a  
24 demonstration in at least one county that will provide  
25 medical assistance to pregnant women, together with their  
26 infants and children up to one year of age, where the

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

9 6. Persons under the age of 18 who fail to qualify as  
10 dependent under Article IV and who have insufficient income  
11 and resources to meet the costs of necessary medical care  
12 to the maximum extent permitted under Title XIX of the  
13 Federal Social Security Act.

14 7. (Blank).

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

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

26 (b) offer persons who have initially received 6

1 months of the coverage provided in paragraph (a) above,  
2 the option of receiving an additional 6 months of  
3 coverage, subject to the following:

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

6 (ii) such coverage shall include all services  
7 covered while the person was eligible for basic  
8 maintenance assistance;

9 (iii) no premium shall be charged for such  
10 coverage; and

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

18 9. Persons with acquired immunodeficiency syndrome  
19 (AIDS) or with AIDS-related conditions with respect to whom  
20 there has been a determination that but for home or  
21 community-based services such individuals would require  
22 the level of care provided in an inpatient hospital,  
23 skilled nursing facility or intermediate care facility the  
24 cost of which is reimbursed under this Article. Assistance  
25 shall be provided to such persons to the maximum extent  
26 permitted under Title XIX of the Federal Social Security

1 Act.

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

7 11. Persons with disabilities who are employed and  
8 eligible for Medicaid, pursuant to Section  
9 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,  
10 subject to federal approval, persons with a medically  
11 improved disability who are employed and eligible for  
12 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of  
13 the Social Security Act, as provided by the Illinois  
14 Department by rule. In establishing eligibility standards  
15 under this paragraph 11, the Department shall, subject to  
16 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, and to be paid from funds appropriated to the  
6 Department for its medical programs, any uninsured person  
7 as defined by the Department in rules residing in Illinois  
8 who is younger than 65 years of age, who has been screened  
9 for breast and cervical cancer in accordance with standards  
10 and procedures adopted by the Department of Public Health  
11 for screening, and who is referred to the Department by the  
12 Department of Public Health as being in need of treatment  
13 for breast or cervical cancer is eligible for medical  
14 assistance benefits that are consistent with the benefits  
15 provided to those persons described in subparagraphs (1)  
16 and (2). Medical assistance coverage for the persons who  
17 are eligible under the preceding sentence is not dependent  
18 on federal approval, but federal moneys may be used to pay  
19 for services provided under that coverage upon federal  
20 approval.

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

26 14. Subject to the availability of funds for this

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

22 15. Family Care Eligibility.

23 (a) On and after July 1, 2012, a caretaker relative  
24 who is 19 years of age or older when countable income  
25 is at or below 133% of the Federal Poverty Level  
26 Guidelines, as published annually in the Federal



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

4 (b) Eligibility shall be reviewed annually.

5 (c) (Blank).

6 (d) (Blank).

7 (e) (Blank).

8 (f) (Blank).

9 (g) (Blank).

10 (h) (Blank).

11 (i) Following termination of an individual's  
12 coverage under this paragraph 15, the individual must  
13 be determined eligible before the person can be  
14 re-enrolled.

15 16. Subject to appropriation, uninsured persons who  
16 are not otherwise eligible under this Section who have been  
17 certified and referred by the Department of Public Health  
18 as having been screened and found to need diagnostic  
19 evaluation or treatment, or both diagnostic evaluation and  
20 treatment, for prostate or testicular cancer. For the  
21 purposes of this paragraph 16, uninsured persons are those  
22 who do not have creditable coverage, as defined under the  
23 Health Insurance Portability and Accountability Act, or  
24 have otherwise exhausted any insurance benefits they may  
25 have had, for prostate or testicular cancer diagnostic  
26 evaluation or treatment, or both diagnostic evaluation and

1 treatment. To be eligible, a person must furnish a Social  
2 Security number. A person's assets are exempt from  
3 consideration in determining eligibility under this  
4 paragraph 16. Such persons shall be eligible for medical  
5 assistance under this paragraph 16 for so long as they need  
6 treatment for the cancer. A person shall be considered to  
7 need treatment if, in the opinion of the person's treating  
8 physician, the person requires therapy directed toward  
9 cure or palliation of prostate or testicular cancer,  
10 including recurrent metastatic cancer that is a known or  
11 presumed complication of prostate or testicular cancer and  
12 complications resulting from the treatment modalities  
13 themselves. Persons who require only routine monitoring  
14 services are not considered to need treatment. "Medical  
15 assistance" under this paragraph 16 shall be identical to  
16 the benefits provided under the State's approved plan under  
17 Title XIX of the Social Security Act. Notwithstanding any  
18 other provision of law, the Department (i) does not have a  
19 claim against the estate of a deceased recipient of  
20 services under this paragraph 16 and (ii) does not have a  
21 lien against any homestead property or other legal or  
22 equitable real property interest owned by a recipient of  
23 services under this paragraph 16.

24 17. Persons who, pursuant to a waiver approved by the  
25 Secretary of the U.S. Department of Health and Human  
26 Services, are eligible for medical assistance under Title

1 XIX or XXI of the federal Social Security Act.  
2 Notwithstanding any other provision of this Code and  
3 consistent with the terms of the approved waiver, the  
4 Illinois Department, may by rule:

5 (a) Limit the geographic areas in which the waiver  
6 program operates.

7 (b) Determine the scope, quantity, duration, and  
8 quality, and the rate and method of reimbursement, of  
9 the medical services to be provided, which may differ  
10 from those for other classes of persons eligible for  
11 assistance under this Article.

12 (c) Restrict the persons' freedom in choice of  
13 providers.

14 18. Beginning January 1, 2014, persons aged 19 or  
15 older, but younger than 65, who are not otherwise eligible  
16 for medical assistance under this Section 5-2, who qualify  
17 for medical assistance pursuant to 42 U.S.C.  
18 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR  
19 435.119, and who have income at or below 133% of the  
20 federal poverty level plus 5% for the applicable family  
21 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and  
22 as set forth in 42 CFR 435.603. Persons eligible for  
23 medical assistance under this paragraph 18 shall receive  
24 coverage for the Health Benefits Service Package as that  
25 term is defined in subsection (m) of Section 5-1.1 of this  
26 Code. If Illinois' federal medical assistance percentage

1       (FMAP) is reduced below 90% for persons eligible for  
2       medical assistance under this paragraph 18, eligibility  
3       under this paragraph 18 shall cease no later than the end  
4       of the third month following the month in which the  
5       reduction in FMAP takes effect.

6       In implementing the provisions of Public Act 96-20, the  
7       Department is authorized to adopt only those rules necessary,  
8       including emergency rules. Nothing in Public Act 96-20 permits  
9       the Department to adopt rules or issue a decision that expands  
10      eligibility for the FamilyCare Program to a person whose income  
11      exceeds 185% of the Federal Poverty Level as determined from  
12      time to time by the U.S. Department of Health and Human  
13      Services, unless the Department is provided with express  
14      statutory authority.

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

18      The eligibility of any such person for medical assistance  
19      under this Article is not affected by the payment of any grant  
20      under the Senior Citizens and Disabled Persons Property Tax  
21      Relief Act or any distributions or items of income described  
22      under subparagraph (X) of paragraph (2) of subsection (a) of  
23      Section 203 of the Illinois Income Tax Act. The Department  
24      shall by rule establish the amounts of assets to be disregarded  
25      in determining eligibility for medical assistance, which shall  
26      at a minimum equal the amounts to be disregarded under the

1 Federal Supplemental Security Income Program. The amount of  
2 assets of a single person to be disregarded shall not be less  
3 than \$2,000, and the amount of assets of a married couple to be  
4 disregarded shall not be less than \$3,000.

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

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

16 Notwithstanding any other provision of this Code, if the  
17 United States Supreme Court holds Title II, Subtitle A, Section  
18 2001(a) of Public Law 111-148 to be unconstitutional, or if a  
19 holding of Public Law 111-148 makes Medicaid eligibility  
20 allowed under Section 2001(a) inoperable, the State or a unit  
21 of local government shall be prohibited from enrolling  
22 individuals in the Medical Assistance Program as the result of  
23 federal approval of a State Medicaid waiver on or after the  
24 effective date of this amendatory Act of the 97th General  
25 Assembly, and any individuals enrolled in the Medical  
26 Assistance Program pursuant to eligibility permitted as a

1 result of such a State Medicaid waiver shall become immediately  
2 ineligible.

3 Notwithstanding any other provision of this Code, if an Act  
4 of Congress that becomes a Public Law eliminates Section  
5 2001(a) of Public Law 111-148, the State or a unit of local  
6 government shall be prohibited from enrolling individuals in  
7 the Medical Assistance Program as the result of federal  
8 approval of a State Medicaid waiver on or after the effective  
9 date of this amendatory Act of the 97th General Assembly, and  
10 any individuals enrolled in the Medical Assistance Program  
11 pursuant to eligibility permitted as a result of such a State  
12 Medicaid waiver shall become immediately ineligible.

13 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;  
14 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.  
15 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,  
16 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;  
17 97-687, eff. 6-14-12; 97-689, eff. 6-14-12; 97-813, eff.  
18 7-13-12; revised 7-23-12.)

19 Section 99. Effective date. This Act takes effect upon  
20 becoming law.