

1 AN ACT in relation to public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by  
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  
8 assistance under this Article shall be available to any of  
9 the following classes of persons in respect to whom a plan  
10 for coverage has been submitted to the Governor by the  
11 Illinois Department and approved by him:

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

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

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

23 (i) their income, as determined by the  
24 Illinois Department in accordance with any federal  
25 requirements, is equal to or less than 70% in fiscal  
26 year 2001, equal to or less than 85% in fiscal year  
27 2002, and equal to or less than 100% in fiscal year  
28 2003 and thereafter of the nonfarm income official  
29 poverty line, as defined by the federal Office of  
30 Management and Budget and revised annually in  
31 accordance with Section 673(2) of the Omnibus Budget

1 Reconciliation Act of 1981, applicable to families  
2 of the same size; or

3 (ii) their income, after the deduction of  
4 costs incurred for medical care and for other types  
5 of remedial care, is equal to or less than 70% in  
6 fiscal year 2001, equal to or less than 85% in  
7 fiscal year 2002, and equal to or less than 100% in  
8 fiscal year 2003 and thereafter of the nonfarm  
9 income official poverty line, as defined in item (i)  
10 of this subparagraph (a).

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

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

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

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

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

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

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

26 7. Persons who are 18 years of age or younger and would  
27 qualify as disabled as defined under the Federal Supplemental  
28 Security Income Program, provided medical service for such  
29 persons would be eligible for Federal Financial  
30 Participation, and provided the Illinois Department  
31 determines that:

32 (a) the person requires a level of care provided by  
33 a hospital, skilled nursing facility, or intermediate  
34 care facility, as determined by a physician licensed to

1 practice medicine in all its branches;

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

5 (c) the estimated amount which would be expended  
6 for care outside the institution is not greater than the  
7 estimated amount which would be expended in an  
8 institution.

9 8. Persons who become ineligible for basic maintenance  
10 assistance under Article IV of this Code in programs  
11 administered by the Illinois Department due to employment  
12 earnings and persons in assistance units comprised of adults  
13 and children who become ineligible for basic maintenance  
14 assistance under Article VI of this Code due to employment  
15 earnings. The plan for coverage for this class of persons  
16 shall:

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

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

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

26 (ii) such coverage shall include all services  
27 covered while the person was eligible for basic  
28 maintenance assistance;

29 (iii) no premium shall be charged for such  
30 coverage; and

31 (iv) such coverage shall be suspended in the  
32 event of a person's failure without good cause to  
33 file in a timely fashion reports required for this  
34 coverage under the Social Security Act and coverage

1           shall be reinstated upon the filing of such reports  
2           if the person remains otherwise eligible.

3           9. Persons with acquired immunodeficiency syndrome  
4 (AIDS) or with AIDS-related conditions with respect to whom  
5 there has been a determination that but for home or  
6 community-based services such individuals would require the  
7 level of care provided in an inpatient hospital, skilled  
8 nursing facility or intermediate care facility the cost of  
9 which is reimbursed under this Article. Assistance shall be  
10 provided to such persons to the maximum extent permitted  
11 under Title XIX of the Federal Social Security Act.

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

16          11. Persons with disabilities who are employed and  
17 eligible for Medicaid, pursuant to Section  
18 1902(a)(10)(A)(ii)(xv) of the federal Social Security Act, as  
19 provided by the Illinois Department by rule.

20          12. Subject to federal approval, persons who are  
21 eligible for medical assistance coverage under applicable  
22 provisions of the federal Social Security Act and the federal  
23 Breast and Cervical Cancer Prevention and Treatment Act of  
24 2000. Those eligible persons are defined to include, but not  
25 be limited to, the following persons:

26           (1) persons who have been screened for breast or  
27 cervical cancer under the U.S. Centers for Disease  
28 Control and Prevention Breast and Cervical Cancer Program  
29 established under Title XV of the federal Public Health  
30 Services Act in accordance with the requirements of  
31 Section 1504 of that Act as administered by the Illinois  
32 Department of Public Health; and

33           (2) persons whose screenings under the above  
34 program were funded in whole or in part by funds

1           appropriated to the Illinois Department of Public Health  
2           for breast or cervical cancer screening.

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

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

12          The eligibility of any such person for medical assistance  
13          under this Article is not affected by the payment of any  
14          grant under the Senior Citizens and Disabled Persons Property  
15          Tax Relief and Pharmaceutical Assistance Act or any  
16          distributions or items of income described under subparagraph  
17          (X) of paragraph (2) of subsection (a) of Section 203 of the  
18          Illinois Income Tax Act. The Department shall by rule  
19          establish the amounts of assets to be disregarded in  
20          determining eligibility for medical assistance, which shall  
21          at a minimum equal the amounts to be disregarded under the  
22          Federal Supplemental Security Income Program. The amount of  
23          assets of a single person to be disregarded shall not be less  
24          than \$2,000, and the amount of assets of a married couple to  
25          be disregarded shall not be less than \$3,000.

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

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

1 control over the donations or benefits or the disbursement of  
2 the donations or benefits.

3 (Source: P.A. 91-676, eff. 12-23-99; 91-699, eff. 7-1-00;  
4 91-712, eff. 7-1-00; 92-16, eff. 6-28-01; 92-47, eff.  
5 7-3-01.)