**Section 120.150 Eligibility determination**

a) HFS shall determine the Individual's financial eligibility per 89 Ill. Adm. Code 120.

b) Individuals shall be served by the ISC agency that is located in the geographic area where the person resides. The ISC agency shall be responsible for:

1) Compiling information as needed for the determination of clinical eligibility pursuant to Section 120.140; and

2) Completing a determination of HCBS Waiver eligibility pursuant to the criteria in Section 120.140.

c) Eligibility for services under this Part may be denied for the following reasons:

1) An Individual fails to meet the eligibility criteria specified in Section 120.140 of this Part.

2) The applicant does not supply needed information to complete the eligibility determination.

3) The Individual's Personal Plan cannot be designed to adequately meet the Individual's needs within the program limits. In the case of HBS, the services must be within the service cost limitations.

4) Individuals and expenditures under this program do not meet the average per capita cost.

d) The ISC agency shall conduct a redetermination of Medicaid HCBS Waiver program eligibility within 12 months after the last eligibility determination or redetermination. A redetermination shall also be conducted if, before 12 months have elapsed, there is a change in circumstances affecting eligibility (see Section 120.120(b)). A redetermination shall include an examination of criteria identified in Section 120.140. A redetermination of the presence of developmental disability is not required.

(Source: Amended at 48 Ill. Reg. 5279, effective March 21, 2024)