**Section 125.240 Eligibility Determination and Enrollment Process**

a) Effective October 1, 2013, for new applicants, if the monthly countable income is above 133% and at or below 200% of FPL, as determined using the MAGI methodology, and all other eligibility requirements of this Part are met and enrollment is open, the individual will be enrolled in the Program.

b) Effective October 1, 2013, for new applicants, for purposes of cost sharing, children in the All Kids Health Plan will be enrolled into either All Kids Share or All Kids Premium Level 1 as follows:

1) If monthly countable income is above 133% and at or below 150% of FPL, as determined using the MAGI methodology, the individual will be enrolled in All Kids Share.

2) If monthly countable income is above 150% and at or below 200% of FPL, as determined using the MAGI methodology, a child will be enrolled in All Kids Premium Level 1.

c) Individuals will be notified by written notice, pursuant to 89 Ill. Adm. Code 102.70, regarding the outcome of their eligibility determination.

d) Eligibility determinations for the Program made by the 15th day of the month will be effective the first day of the following month. Eligibility determinations for the Program made after the 15th day of the month will be effective no later than the first day of the second month following that determination. The duration of eligibility for the Program for children will be 12 months unless one of the events described in Section 125.205(c)(1) or (c)(3) occurs. The 12 months of eligibility will commence when the first child in a case is covered under the Program. Children added to the Program after the eligibility period begins will be eligible for the balance of the 12-month eligibility period.

e) Individuals determined to be eligible for the All Kids Health Plan may obtain coverage for a period prior to the date of application for the Program. This coverage shall be subject to the following:

1) The family must request the prior coverage for the individual within six months following the initial date of coverage under the All Kids Health Plan.

2) The prior coverage will be individual specific and will only be available the first time the individual is enrolled in the Program.

3) The prior coverage will begin with services rendered during the two weeks prior to the date the individual's application for the All Kids Health Plan was filed and will continue until the individual's coverage under the All Kids Health Plan is effective pursuant to subsection (e).

(Source: Amended at 38 Ill. Reg. 6006, effective February 26, 2014)