



**93RD GENERAL ASSEMBLY**  
**State of Illinois**  
**2003 and 2004**

Introduced 2/6/2004, by Terry Link

**SYNOPSIS AS INTRODUCED:**

305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Illinois Public Aid Code. With respect to Medicaid coverage of disabled persons under age 21, requires the Department of Public Aid to devise an appropriate "family supports" waiver program and apply for a waiver from the federal Department of Health and Human Services. Provides that the program shall include Medicaid coverage for children with developmental disabilities and severely mentally ill or emotionally disturbed children who would qualify for home and community-based services under the Medicaid program except for their family income.

LRB093 20620 DRJ 46454 b

FISCAL NOTE ACT  
MAY APPLY

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 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 assistance  
8 under this Article shall be available to any of the following  
9 classes of persons in respect to whom a plan for coverage has  
10 been submitted to the Governor by the Illinois Department and  
11 approved by him:

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

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

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

23 (i) their income, as determined by the Illinois  
24 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 until a date to be determined by the  
28 Department by rule, and equal to or less than 100%  
29 beginning on the date determined by the Department by  
30 rule, of the nonfarm income official poverty line, as  
31 defined by the federal Office of Management and Budget  
32 and revised annually in accordance with Section 673(2)

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

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

12 (b) All persons who would be determined eligible for  
13 such basic maintenance under Article IV by disregarding the  
14 maximum earned income permitted by 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 costs  
20 of necessary medical care or funeral and burial expenses.

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

29 (b) The Illinois Department and the Governor shall  
30 provide a plan for coverage of the persons eligible under  
31 paragraph 5(a) by April 1, 1990. Such plan shall provide  
32 ambulatory prenatal care to pregnant women during a  
33 presumptive eligibility period and establish an income  
34 eligibility standard that is equal to 133% of the nonfarm  
35 income official poverty line, as defined by the federal  
36 Office of Management and Budget and revised annually in

1           accordance with Section 673(2) of the Omnibus Budget  
2           Reconciliation Act of 1981, applicable to families of the  
3           same size, provided that costs incurred for medical care  
4           are not taken into account in determining such income  
5           eligibility.

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

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

23          7. Persons who are under 21 years of age and would qualify  
24          as disabled as defined under the Federal Supplemental Security  
25          Income Program, provided medical service for such persons would  
26          be eligible for Federal Financial Participation, and provided  
27          the Illinois Department determines that:

28               (a) the person requires a level of care provided by a  
29               hospital, skilled nursing facility, or intermediate care  
30               facility, as determined by a physician licensed to practice  
31               medicine in all its branches;

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

35               (c) the estimated amount which would be expended for  
36               care outside the institution is not greater than the

1 estimated amount which would be expended in an institution.

2 The Department of Public Aid shall devise an appropriate  
3 "family supports" home and community-based supports waiver  
4 program and shall apply to the Secretary of Health and Human  
5 Services for a waiver under Section 1915(c) of the Social  
6 Security Act for purposes of implementing the program. The  
7 program shall include medical assistance coverage for children  
8 with developmental disabilities and severely mentally ill or  
9 emotionally disturbed children who would otherwise qualify for  
10 home and community-based services under this paragraph 7 except  
11 for family income.

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

20 (a) extend the medical assistance coverage for up to 12  
21 months following termination of basic maintenance  
22 assistance; and

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

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

29 (ii) such coverage shall include all services  
30 covered while the person was eligible for basic  
31 maintenance assistance;

32 (iii) no premium shall be charged for such  
33 coverage; and

34 (iv) such coverage shall be suspended in the event  
35 of a person's failure without good cause to file in a  
36 timely fashion reports required for this coverage

1 under the Social Security Act and coverage shall be  
2 reinstated upon the filing of such reports if the  
3 person remains otherwise eligible.

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

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

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

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

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

34 (2) persons whose screenings under the above program  
35 were funded in whole or in part by funds appropriated to  
36 the Illinois Department of Public Health for breast or

1 cervical cancer screening.

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

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

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

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

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

36 (Source: P.A. 92-16, eff. 6-28-01; 92-47, eff. 7-3-01; 92-597,

1 eff. 6-28-02; 93-20, eff. 6-20-03.)