



Sen. Terry Link

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1 AMENDMENT TO HOUSE BILL 315

2 AMENDMENT NO. _____. Amend House Bill 315, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 5. If and only if House Bill 473 and House Bill
6 3860 of the 95th General Assembly become law, the Illinois
7 Public Aid Code is amended by changing Section 5-2 as follows:

8 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

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

16 2. Persons otherwise eligible for basic maintenance

1 under Articles III and IV but who fail to qualify
2 thereunder on the basis of need, and who have insufficient
3 income and resources to meet the costs of necessary medical
4 care, including but not limited to the following:

5 (a) All persons otherwise eligible for basic
6 maintenance under Article III but who fail to qualify
7 under that Article on the basis of need and who meet
8 either of the following requirements:

9 (i) their income, as determined by the
10 Illinois Department in accordance with any federal
11 requirements, is equal to or less than 70% in
12 fiscal year 2001, equal to or less than 85% in
13 fiscal year 2002 and until a date to be determined
14 by the Department by rule, and equal to or less
15 than 100% beginning on the date determined by the
16 Department by rule, of the nonfarm income official
17 poverty line, as defined by the federal Office of
18 Management and Budget and revised annually in
19 accordance with Section 673(2) of the Omnibus
20 Budget Reconciliation Act of 1981, applicable to
21 families of the same size; or

22 (ii) their income, after the deduction of
23 costs incurred for medical care and for other types
24 of remedial care, is equal to or less than 70% in
25 fiscal year 2001, equal to or less than 85% in
26 fiscal year 2002 and until a date to be determined

1 by the Department by rule, and equal to or less
2 than 100% beginning on the date determined by the
3 Department by rule, of the nonfarm income official
4 poverty line, as defined in item (i) of this
5 subparagraph (a).

6 (b) All persons who would be determined eligible
7 for such basic maintenance under Article IV by
8 disregarding the maximum earned income permitted by
9 federal law.

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

12 4. Persons not eligible under any of the preceding
13 paragraphs who fall sick, are injured, or die, not having
14 sufficient money, property or other resources to meet the
15 costs of necessary medical care or funeral and burial
16 expenses.

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

25 (b) The Illinois Department and the Governor shall
26 provide a plan for coverage of the persons eligible under

1 paragraph 5(a) by April 1, 1990. Such plan shall provide
2 ambulatory prenatal care to pregnant women during a
3 presumptive eligibility period and establish an income
4 eligibility standard that is equal to 133% of the nonfarm
5 income official poverty line, as defined by the federal
6 Office of Management and Budget and revised annually in
7 accordance with Section 673(2) of the Omnibus Budget
8 Reconciliation Act of 1981, applicable to families of the
9 same size, provided that costs incurred for medical care
10 are not taken into account in determining such income
11 eligibility.

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

24 6. Persons under the age of 18 who fail to qualify as
25 dependent under Article IV and who have insufficient income
26 and resources to meet the costs of necessary medical care

1 to the maximum extent permitted under Title XIX of the
2 Federal Social Security Act.

3 7. Persons who are under 21 years of age and would
4 qualify as disabled as defined under the Federal
5 Supplemental Security Income Program, provided medical
6 service for such persons would be eligible for Federal
7 Financial Participation, and provided the Illinois
8 Department determines that:

9 (a) the person requires a level of care provided by
10 a hospital, skilled nursing facility, or intermediate
11 care facility, as determined by a physician licensed to
12 practice medicine in all its branches;

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

16 (c) the estimated amount which would be expended
17 for care outside the institution is not greater than
18 the estimated amount which would be expended in an
19 institution.

20 8. Persons who become ineligible for basic maintenance
21 assistance under Article IV of this Code in programs
22 administered by the Illinois Department due to employment
23 earnings and persons in assistance units comprised of
24 adults and children who become ineligible for basic
25 maintenance assistance under Article VI of this Code due to
26 employment earnings. The plan for coverage for this class

1 of persons shall:

2 (a) extend the medical assistance coverage for up
3 to 12 months following termination of basic
4 maintenance assistance; and

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

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

11 (ii) such coverage shall include all services
12 covered while the person was eligible for basic
13 maintenance assistance;

14 (iii) no premium shall be charged for such
15 coverage; and

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

23 9. Persons with acquired immunodeficiency syndrome
24 (AIDS) or with AIDS-related conditions with respect to whom
25 there has been a determination that but for home or
26 community-based services such individuals would require

1 the level of care provided in an inpatient hospital,
2 skilled nursing facility or intermediate care facility the
3 cost of which is reimbursed under this Article. Assistance
4 shall be provided to such persons to the maximum extent
5 permitted under Title XIX of the Federal Social Security
6 Act.

7 10. Participants in the long-term care insurance
8 partnership program established under the Illinois
9 Long-Term Care Partnership Program Act ~~Partnership for~~
10 ~~Long-Term Care Act~~ who meet the qualifications for
11 protection of resources described in Section 15 ~~25~~ of that
12 Act.

13 11. Persons with disabilities who are employed and
14 eligible for Medicaid, pursuant to Section
15 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as
16 provided by the Illinois Department by rule. In
17 establishing eligibility standards under this paragraph
18 11, the Department shall, subject to federal approval:

19 (a) set the income eligibility standard at not
20 lower than 350% of the federal poverty level;

21 (b) exempt retirement accounts that the person
22 cannot access without penalty before the age of 59 1/2,
23 and medical savings accounts established pursuant to
24 26 U.S.C. 220;

25 (c) allow non-exempt assets up to \$25,000 as to
26 those assets accumulated during periods of eligibility

1 under this paragraph 11; and

2 (d) continue to apply subparagraphs (b) and (c) in
3 determining the eligibility of the person under this
4 Article even if the person loses eligibility under this
5 paragraph 11.

6 12. Subject to federal approval, persons who are
7 eligible for medical assistance coverage under applicable
8 provisions of the federal Social Security Act and the
9 federal Breast and Cervical Cancer Prevention and
10 Treatment Act of 2000. Those eligible persons are defined
11 to include, but not be limited to, the following persons:

12 (1) persons who have been screened for breast or
13 cervical cancer under the U.S. Centers for Disease
14 Control and Prevention Breast and Cervical Cancer
15 Program established under Title XV of the federal
16 Public Health Services Act in accordance with the
17 requirements of Section 1504 of that Act as
18 administered by the Illinois Department of Public
19 Health; and

20 (2) persons whose screenings under the above
21 program were funded in whole or in part by funds
22 available ~~appropriated~~ to the Illinois Department of
23 Public Health for breast or cervical cancer screening.

24 Additionally, uninsured persons for whom one or more
25 screening or diagnostic services for breast or cervical
26 cancer have been paid in whole or in part by public funds

1 if, during the course of those screening or diagnostic
2 services, cancer was detected. Such persons shall be
3 eligible for medical assistance under this provision for so
4 long as they need treatment for the cancer.

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

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

17 14. Subject to the availability of funds for this
18 purpose, the Department may provide coverage under this
19 Article to persons who reside in Illinois who are not
20 eligible under any of the preceding paragraphs and who meet
21 the income guidelines of paragraph 2(a) of this Section and
22 (i) have an application for asylum pending before the
23 federal Department of Homeland Security or on appeal before
24 a court of competent jurisdiction and are represented
25 either by counsel or by an advocate accredited by the
26 federal Department of Homeland Security and employed by a

1 not-for-profit organization in regard to that application
2 or appeal, or (ii) are receiving services through a
3 federally funded torture treatment center. Medical
4 coverage under this paragraph 14 may be provided for up to
5 24 continuous months from the initial eligibility date so
6 long as an individual continues to satisfy the criteria of
7 this paragraph 14. If an individual has an appeal pending
8 regarding an application for asylum before the Department
9 of Homeland Security, eligibility under this paragraph 14
10 may be extended until a final decision is rendered on the
11 appeal. The Department may adopt rules governing the
12 implementation of this paragraph 14.

13 15. FamilyCare eligibility.

14 (a) A caretaker relative who is 19 years of age or
15 older when countable income is at or below 133% of the
16 Federal Poverty Level Guidelines, as published
17 annually in the Federal Register, for the appropriate
18 family size. A person may not spend down to become
19 eligible under this paragraph 15.

20 (b) A caretaker relative, including a pregnant
21 woman or her spouse if living together, who is 19 years
22 of age or older qualifies for medical assistance under
23 subparagraph (a) of this paragraph 15 if all of the
24 following are met:

25 (1) The individual is not otherwise eligible
26 for medical assistance or healthcare benefits

1 under the Children's Health Insurance Program Act
2 or the Covering ALL KIDS Health Insurance Act.

3 (2) The individual meets the requirements set
4 forth in the following subdivision (b) (2) (A) or
5 (b) (2) (B) as appropriate:

6 (A) Upon initial determination of
7 eligibility:

8 (i) the individual has been without
9 health insurance for at least 12 months
10 prior to the date of application, unless
11 the individual is a pregnant woman, in
12 which case the individual was without
13 health insurance when her pregnancy was
14 medically confirmed;

15 (ii) the individual lost
16 employer-sponsored health insurance when
17 his or her job or his or her spouse's job
18 ended;

19 (iii) the individual has exhausted the
20 lifetime benefit limit of his or her health
21 insurance;

22 (iv) the individual's health insurance
23 is purchased under the provisions of the
24 Consolidated Omnibus Budget Reconciliation
25 Act (COBRA);

26 (v) the individual was disenrolled for

1 medical assistance under the Illinois
2 Public Aid Code or benefits, including
3 rebates, under the Children's Health
4 Insurance Program Act or the Covering ALL
5 KIDS Health Insurance Act within one year
6 prior to applying under this paragraph 15,
7 unless the individual has State-sponsored
8 health insurance;

9 (vi) the individual aged out of
10 coverage under a parent's health
11 insurance; or

12 (vii) the individual's income, as
13 determined for establishing the
14 appropriate premium payment under
15 subparagraph (g) of this paragraph 15, is
16 at or below 200% of the Federal Poverty
17 Level Guidelines.

18 (B) Upon annual redetermination of
19 eligibility:

20 (i) the individual's income, as
21 determined for establishing the
22 appropriate premium payment under
23 subparagraph (g) of this paragraph 15, is
24 at or below 200% of the Federal Poverty
25 Level Guidelines;

26 (ii) the individual was initially

1 enrolled under subdivision (b) (2) (A) (i),
2 (b) (2) (A) (v), or (b) (2) (A) (vi) of this
3 paragraph 15; or

4 (iii) affordable health insurance is
5 not available to the individual. For the
6 purposes of this paragraph 15, health
7 insurance for an individual is affordable
8 if the monthly cost to the policyholder of
9 the premium for the insurance does not
10 exceed 3% of the family's monthly
11 countable income. The amount of income
12 disregarded under subparagraph (c) of this
13 paragraph 15 shall not be disregarded when
14 making this determination.

15 For the purposes of this subdivision
16 (b) (2) (B), health insurance shall be
17 considered unavailable to the individual if
18 subdivision (b) (2) (A) (iii) or (b) (2) (A) (iv) of
19 this paragraph 15 applies or if the individual
20 has been enrolled under this paragraph 15
21 longer than 12 months.

22 (c) For the purpose of determining eligibility
23 under this paragraph 15, the Department shall
24 disregard income in an amount equal to the difference
25 between 133% and 400% of the Federal Poverty Level
26 Guidelines for the appropriate family size.

1 (d) A caretaker relative may not spend down to
2 become eligible under this paragraph 15.

3 (e) Eligibility shall commence as follows:

4 (1) Eligibility determinations for the program
5 made by the 15th day of the month shall be
6 effective the first day of the following month.
7 Eligibility determinations for the program made
8 after the 15th day of the month shall be effective
9 no later than the first day of the second month
10 following that determination.

11 (2) Individuals with income as determined for
12 establishing the appropriate premium payment under
13 subparagraph (g) of this paragraph 15 that is at or
14 below 200% of the Federal Poverty Level Guidelines
15 found eligible under this paragraph 15 may obtain
16 coverage for a period prior to the date of
17 application for the program subject to the
18 following:

19 (A) The individual must request prior
20 coverage within 6 months following the initial
21 date of coverage.

22 (B) The prior coverage shall be individual
23 specific and shall only be available the first
24 time the individual is enrolled under this
25 paragraph 15.

26 (C) The prior coverage shall begin with

1 services rendered during the 2 weeks prior to
2 the date the individual's application was
3 filed and shall continue until the
4 individual's coverage under subdivision (e) (1)
5 of this paragraph 15 is effective.

6 (f) Eligibility shall be reviewed annually.

7 (g) Caretaker relatives enrolled under this
8 paragraph 15 must pay monthly premiums as follows:

9 (1) Individuals who are not American Indians
10 or Alaska Natives in families with countable
11 income above 150% and at or below 200% of the
12 Federal Poverty Level Guidelines shall be counted
13 as family members and pay premiums as established
14 under the Children's Health Insurance Program Act.

15 (2) Individuals in families with countable
16 income above 200% but at or below 300% of the
17 Federal Poverty Level Guidelines shall pay
18 premiums of \$80 per person per month.

19 (3) Individuals in families with countable
20 income above 300% but at or below 400% of the
21 Federal Poverty Level Guidelines shall pay
22 premiums of \$140 per person per month.

23 (h) Individuals who are American Indians or Alaska
24 Natives shall have no co-payments if their family
25 income is at or below 200% of the Federal Poverty Level
26 Guidelines.

1 (i) The amount of income disregarded under
2 subparagraph (c) of this paragraph 15 shall not be
3 disregarded in determining premium levels or in
4 determining co-payments or eligibility for prior
5 coverage or rebates.

6 (j) Premiums shall be billed by and payable to the
7 Department or its authorized agent, on a monthly basis.

8 (k) The premium due date is the last day of the
9 month preceding the month of coverage.

10 (l) Individuals shall have a grace period through
11 the month of coverage to pay the premium.

12 (m) Failure to pay the full monthly premium by the
13 last day of the grace period shall result in
14 termination of coverage.

15 (n) Partial premium payments shall not be
16 refunded.

17 (o) When termination of coverage is recorded by the
18 15th day of the month, it shall be effective the first
19 day of the following month. When termination of
20 coverage is recorded after the 15th day of the month,
21 it shall be effective no later than the first day of
22 the second month following that determination.

23 (p) Following termination of an individual's
24 coverage under this paragraph 15, the following action
25 is required before the individual can be re-enrolled:

26 (1) A new application must be completed and the

1 individual must be determined otherwise eligible.

2 (2) There must be full payment of premiums due
3 under this Code, the Children's Health Insurance
4 Program Act, the Covering ALL KIDS Health
5 Insurance Act, or any other healthcare program
6 administered by the Department for periods in
7 which a premium was owed and not paid for the
8 individual.

9 (3) If the termination was the result of
10 non-payment of premiums, the individual must be
11 out of the program for 3 months before
12 re-enrollment.

13 (4) The first month's premium must be paid if
14 there was an unpaid premium on the date the
15 individual's previous coverage was canceled.

16 (g) For the purposes of this paragraph 15, "health
17 insurance" means any health insurance coverage as
18 defined in Section 2 of the Comprehensive Health
19 Insurance Plan Act.

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

23 The eligibility of any such person for medical assistance
24 under this Article is not affected by the payment of any grant
25 under the Senior Citizens and Disabled Persons Property Tax
26 Relief and Pharmaceutical Assistance Act or any distributions

1 or items of income described under subparagraph (X) of
2 paragraph (2) of subsection (a) of Section 203 of the Illinois
3 Income Tax Act. The Department shall by rule establish the
4 amounts of assets to be disregarded in determining eligibility
5 for medical assistance, which shall at a minimum equal the
6 amounts to be disregarded under the Federal Supplemental
7 Security Income Program. The amount of assets of a single
8 person to be disregarded shall not be less than \$2,000, and the
9 amount of assets of a married couple to be disregarded shall
10 not be less than \$3,000.

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

15 The eligibility of any person for medical assistance under
16 this Article shall not be affected by the receipt by the person
17 of donations or benefits from fundraisers held for the person
18 in cases of serious illness, as long as neither the person nor
19 members of the person's family have actual control over the
20 donations or benefits or the disbursement of the donations or
21 benefits.

22 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;
23 95-546, eff. 8-29-07; revised 1-22-08.)

24 Section 99. Effective date. This Act takes effect upon
25 becoming law."