

# HB0945



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

**HB0945**

Introduced 2/8/2007, by Rep. Robert F. Flider

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-2

from Ch. 23, par. 5-2

Amends the Illinois Public Aid Code. Provides for Medicaid eligibility, in the case of persons who are otherwise eligible for Aid to the Aged, Blind or Disabled but who fail to qualify for that assistance on the basis of need, if they are spouses living together in the same household and if their non-exempt assets are equal to or less than the same resource allowance established for a community spouse as set forth in the Social Security Act upon a division of community assets.

LRB095 09165 DRJ 29358 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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  
13 Articles III and IV.

14 2. Persons otherwise eligible for basic maintenance  
15 under Articles III and IV but who fail to qualify  
16 thereunder on the basis of need, and who have insufficient  
17 income and resources to meet the costs of necessary medical  
18 care, 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 any ~~either~~ of the following requirements:

23 (i) their income, as determined by the

1 Illinois Department in accordance with any federal  
2 requirements, is equal to or less than 70% in  
3 fiscal year 2001, equal to or less than 85% in  
4 fiscal year 2002 and until a date to be determined  
5 by the Department by rule, and equal to or less  
6 than 100% beginning on the date determined by the  
7 Department by rule, of the nonfarm income official  
8 poverty line, as defined by the federal Office of  
9 Management and Budget and revised annually in  
10 accordance with Section 673(2) of the Omnibus  
11 Budget Reconciliation Act of 1981, applicable to  
12 families of the same size; ~~or~~

13 (ii) their income, after the deduction of  
14 costs incurred for medical care and for other types  
15 of remedial care, is equal to or less than 70% in  
16 fiscal year 2001, equal to or less than 85% in  
17 fiscal year 2002 and until a date to be determined  
18 by the Department by rule, and equal to or less  
19 than 100% beginning on the date determined by the  
20 Department by rule, of the nonfarm income official  
21 poverty line, as defined in item (i) of this  
22 subparagraph (a); or

23 (iii) in the case of spouses living together in  
24 the same household, their non-exempt assets are  
25 equal to or less than the same resource allowance  
26 established for a community spouse as set forth in

1           Section 1924 of the Social Security Act upon a  
2           division of community assets.

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

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

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

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

22          (b) The Illinois Department and the Governor shall  
23          provide a plan for coverage of the persons eligible under  
24          paragraph 5(a) by April 1, 1990. Such plan shall provide  
25          ambulatory prenatal care to pregnant women during a  
26          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  
24 to the maximum extent permitted under Title XIX of the  
25 Federal Social Security Act.

26 7. Persons who are under 21 years of age and would

1           qualify as disabled as defined under the Federal  
2           Supplemental Security Income Program, provided medical  
3           service for such persons would be eligible for Federal  
4           Financial Participation, and provided the Illinois  
5           Department determines that:

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

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

13                   (c) the estimated amount which would be expended  
14                   for care outside the institution is not greater than  
15                   the estimated amount which would be expended in an  
16                   institution.

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

25                   (a) extend the medical assistance coverage for up  
26                   to 12 months following termination of basic

1 maintenance assistance; and

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

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

8 (ii) such coverage shall include all services  
9 covered while the person was eligible for basic  
10 maintenance assistance;

11 (iii) no premium shall be charged for such  
12 coverage; and

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

20 9. Persons with acquired immunodeficiency syndrome  
21 (AIDS) or with AIDS-related conditions with respect to whom  
22 there has been a determination that but for home or  
23 community-based services such individuals would require  
24 the level of care provided in an inpatient hospital,  
25 skilled nursing facility or intermediate care facility the  
26 cost of which is reimbursed under this Article. Assistance

1 shall be provided to such persons to the maximum extent  
2 permitted under Title XIX of the Federal Social Security  
3 Act.

4 10. Participants in the long-term care insurance  
5 partnership program established under the Partnership for  
6 Long-Term Care Act who meet the qualifications for  
7 protection of resources described in Section 25 of that  
8 Act.

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

13 12. Subject to federal approval, persons who are  
14 eligible for medical assistance coverage under applicable  
15 provisions of the federal Social Security Act and the  
16 federal Breast and Cervical Cancer Prevention and  
17 Treatment Act of 2000. Those eligible persons are defined  
18 to include, but not be limited to, the following persons:

19 (1) persons who have been screened for breast or  
20 cervical cancer under the U.S. Centers for Disease  
21 Control and Prevention Breast and Cervical Cancer  
22 Program established under Title XV of the federal  
23 Public Health Services Act in accordance with the  
24 requirements of Section 1504 of that Act as  
25 administered by the Illinois Department of Public  
26 Health; and



1           (2) persons whose screenings under the above  
2           program were funded in whole or in part by funds  
3           appropriated to the Illinois Department of Public  
4           Health for breast or cervical cancer screening.

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

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

1 person to be disregarded shall not be less than \$2,000, and the  
2 amount of assets of a married couple to be disregarded shall  
3 not be less than \$3,000.

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

8 The eligibility of any person for medical assistance under  
9 this Article shall not be affected by the receipt by the person  
10 of donations or benefits from fundraisers held for the person  
11 in cases of serious illness, as long as neither the person nor  
12 members of the person's family have actual control over the  
13 donations or benefits or the disbursement of the donations or  
14 benefits.

15 (Source: P.A. 93-20, eff. 6-20-03; 94-629, eff. 1-1-06;  
16 94-1043, eff. 7-24-06.)