



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB6297

by Rep. David E. Miller - John A. Fritchey - Lou Lang

SYNOPSIS AS INTRODUCED:

215 ILCS 106/41 new

Amends the Children's Health Insurance Program Act. Provides that for purposes of the "FamilyCare" program under the Act, a caretaker relative, including a pregnant woman or her spouse if living together, who is 19 years of age or older qualifies for medical assistance if certain conditions are met, including conditions relating to (i) disenrollment for Medicaid or benefits under the Children's health Insurance Program Act or the Covering ALL KIDS Health Insurance Act or (ii) the availability of affordable health insurance to the individual. Provides that for the purpose of determining eligibility under these provisions, the Department of Healthcare and Family Services shall disregard income in an amount equal to the difference between 133% and 400% of the Federal Poverty Level Guidelines for the appropriate family size. States provisions concerning the commencement of eligibility. Requires that eligibility be reviewed annually. Provides for monthly premiums to be paid by caretaker relatives, based on family income. Provides for re-enrollment following termination of an individual's coverage under the program. Provides that the provisions of the amendatory Act are subject to appropriation. Provides that neither the Governor nor any agency or agency head under the jurisdiction of the Governor has any rulemaking authority under the amendatory Act, but that the Governor may suggest rules by filing them with the General Assembly and requesting that the General Assembly authorize such rulemaking by law, enact the suggested rules into law, or take other appropriate action in the General Assembly's discretion.

LRB095 20194 DRJ 47112 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Children's Health Insurance Program Act is
5 amended by adding Section 41 as follows:

6 (215 ILCS 106/41 new)

7 Sec. 41. FamilyCare eligibility.

8 (a) A caretaker relative who is 19 years of age or older
9 qualifies for medical assistance under Article V of the
10 Illinois Public Aid Code when countable income is at or below
11 the appropriate income standard and all MANG(C) eligibility
12 requirements in 89 Ill. Adm. Code Part 120, with the exception
13 of Sections 120.320 through 120.323, are met. The appropriate
14 income standard is 133% of the Federal Poverty Level
15 Guidelines, as published annually in the Federal Register, for
16 the appropriate family size. If income is greater than this
17 amount, it shall be compared to the MANG(C) Income Standard in
18 89 Ill. Adm. Code 120.30 to determine the spenddown amount.

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

23 (1) The individual is not otherwise eligible under 89

1 Ill. Adm. Code Part 120 or 89 Ill. Adm. Code Part 123 or
2 Section 125.200.

3 (2) All MANG(C) eligibility requirements in 89 Ill.
4 Adm. Code Part 120, with the exception of Sections 120.320
5 through 120.323, are met.

6 (3) The individual meets the requirements set forth in
7 either subparagraph (A) or subparagraph (B):

8 (A) Upon initial determination of eligibility:

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

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

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

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

24 (v) the individual was disenrolled for medical
25 assistance under the Illinois Public Aid Code or
26 benefits, including rebates, under the Children's

1 Health Insurance Program Act or the Covering ALL
2 KIDS Health Insurance Act within one year prior to
3 applying under this Section, unless the individual
4 has State-sponsored health insurance;

5 (vi) the individual aged out of coverage under
6 a parent's health insurance; or

7 (vii) the individual's income, as determined
8 for establishing the appropriate premium payment
9 under subsection (h) of this Section, is at or
10 below 200% of the Federal Poverty Level
11 Guidelines.

12 (B) Upon determination of eligibility:

13 (i) the individual's income, as determined for
14 establishing the appropriate premium payment under
15 subsection (h) of this Section, is at or below 200%
16 of the Federal Poverty Level Guidelines;

17 (ii) the individual was initially enrolled
18 under subdivision (b) (3) (A) (i), (b) (3) (A) (v), or
19 (b) (3) (A) (vi) of this Section; or

20 (iii) affordable health insurance is not
21 available to the individual. For the purposes of
22 this Section, "affordable health insurance" for an
23 individual does not exceed 4% of the family's
24 monthly countable income. The amount of income
25 disregarded under subsection (c) of this Section
26 shall not be disregarded when making this

1 determination. For the purposes of this
2 subdivision (b)(3)(B), health insurance shall be
3 considered unavailable to the individual if
4 subdivision (b)(3)(A)(iii) or (b)(3)(A)(iv)
5 applies.

6 (c) For the purpose of determining eligibility under this
7 Section, the Department shall disregard income in an amount
8 equal to the difference between 133% and 400% of the Federal
9 Poverty Level Guidelines for the appropriate family size.

10 (d) If, after the application of subsection (c) of this
11 Section, the caretaker relative is not eligible, total
12 countable income shall be compared to the MANG(C) Income
13 Standard in 89 Ill. Adm. Code 120.30 to determine the spenddown
14 amount.

15 (e) Eligibility shall commence as follows:

16 (1) Eligibility determinations for the program made by
17 the 15th day of the month shall be effective the first day
18 of the following month. Eligibility determinations for the
19 program made after the 15th day of the month shall be
20 effective no later than the first day of the second month
21 following that determination.

22 (2) Individuals with income at or below 200% of the
23 Federal Poverty Level Guidelines found eligible under this
24 Section may obtain coverage for a period prior to the date
25 of application for the program subject to the following:

26 (A) The individual must request prior coverage

1 within 6 months following the initial date of coverage.

2 (B) The prior coverage shall be individual
3 specific and shall only be available the first time the
4 individual is enrolled under this Section.

5 (C) The prior coverage shall begin with services
6 rendered during the 2 weeks prior to the date the
7 individual's application was filed and shall continue
8 until the individual's coverage under subdivision
9 (e) (1) of this Section is effective.

10 (f) Eligibility shall be reviewed annually.

11 (g) Caretaker relatives enrolled under this Section must
12 pay monthly premiums as follows:

13 (1) Individuals who are not American Indians or Alaska
14 Natives in families with countable income above 150% and at
15 or below 200% of the Federal Poverty Level Guidelines shall
16 pay premiums as set forth in 89 Ill. Adm. Code 125.320(b).

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

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

25 (h) Individuals who are American Indians or Alaska Natives
26 shall have no co-payments if their family income is at or below

1 200% of the Federal Poverty Level Guidelines.

2 (i) The amount of income disregarded under subsection (c)
3 of this Section shall not be disregarded in determining premium
4 levels, or co-payments or eligibility for prior coverage or
5 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 month
9 preceding the month of coverage.

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

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

14 (n) Partial premium payments shall not be refunded.

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

20 (p) Following termination of an individual's coverage
21 under this Section, the following action is required before the
22 individual can be re-enrolled:

23 (1) A new application must be completed and the
24 individual must be determined otherwise eligible.

25 (2) There must be full payment of premiums due under 89
26 Ill. Adm. Code Part 120 or 89 Ill. Adm. Code Part 123 or

1 Part 125, for periods in which a premium was owed and not
2 paid for the individual.

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

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

9 (g) For the purposes of this Section, "health insurance"
10 means any health insurance coverage as defined in Section 2 of
11 the Comprehensive Health Insurance Plan Act.

12 (r) The provisions of this amendatory Act of the 95th
13 General Assembly are subject to appropriation.

14 (s) Notwithstanding any other rulemaking authority that
15 may exist, neither the Governor nor any agency or agency head
16 under the jurisdiction of the Governor has any authority to
17 make or promulgate rules to implement or enforce the provisions
18 of this amendatory Act of the 95th General Assembly. If,
19 however, the Governor believes that rules are necessary to
20 implement or enforce the provisions of this amendatory Act of
21 the 95th General Assembly, the Governor may suggest rules to
22 the General Assembly by filing them with the Clerk of the House
23 and Secretary of the Senate and by requesting that the General
24 Assembly authorize such rulemaking by law, enact those
25 suggested rules into law, or take any other appropriate action
26 in the General Assembly's discretion. Nothing contained in this

1 amendatory Act of the 95th General Assembly shall be
2 interpreted to grant rulemaking authority under any other
3 Illinois statute where such authority is not otherwise
4 explicitly given. For the purposes of this amendatory Act of
5 the 95th General Assembly, "rules" is given the meaning
6 contained in Section 1-70 of the Illinois Administrative
7 Procedure Act, and "agency" and "agency head" are given the
8 meanings contained in Sections 1-20 and 1-25 of the Illinois
9 Administrative Procedure Act to the extent that such
10 definitions apply to agencies or agency heads under the
11 jurisdiction of the Governor.