



Sen. Kwame Raoul

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1 AMENDMENT TO HOUSE BILL 5007

2 AMENDMENT NO. _____. Amend House Bill 5007 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. If and only if Senate Bill 2840, AS AMENDED, of
5 the 97th General Assembly becomes law, then the Illinois Public
6 Aid Code is amended by changing Sections 5-1.4, 5-2, 5-2.03,
7 15-1, 15-2, 15-5, and 15-11 as follows:

8 (305 ILCS 5/5-1.4)

9 Sec. 5-1.4. Moratorium on eligibility expansions.
10 Beginning on January 25, 2011 (the effective date of Public Act
11 96-1501) ~~this amendatory Act of the 96th General Assembly,~~
12 there shall be a 4-year ~~2-year~~ moratorium on the expansion of
13 eligibility through increasing financial eligibility
14 standards, or through increasing income disregards, or through
15 the creation of new programs which would add new categories of
16 eligible individuals under the medical assistance program in

1 addition to those categories covered on January 1, 2011 or
2 above the level of any subsequent reduction in eligibility.
3 This moratorium shall not apply to expansions required as a
4 federal condition of State participation in the medical
5 assistance program or to expansions approved by the federal
6 government that are financed entirely by units of local
7 government and federal matching funds. If the State of Illinois
8 finds that the State has borne a cost related to such an
9 expansion, the unit of local government shall reimburse the
10 State. All federal funds associated with an expansion funded by
11 a unit of local government shall be returned to the local
12 government entity funding the expansion, pursuant to an
13 intergovernmental agreement between the Department of
14 Healthcare and Family Services and the local government entity.
15 Within 10 calendar days of the effective date of this
16 amendatory Act of the 97th General Assembly, the Department of
17 Healthcare and Family Services shall formally advise the
18 Centers for Medicare and Medicaid Services of the passage of
19 this amendatory Act of the 97th General Assembly. The State is
20 prohibited from submitting additional waiver requests that
21 expand or allow for an increase in the classes of persons
22 eligible for medical assistance under this Article to the
23 federal government for its consideration beginning on the 20th
24 calendar day following the effective date of this amendatory
25 Act of the 97th General Assembly until January 25, 2015.

26 (Source: P.A. 96-1501, eff. 1-25-11.)

1 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

7 1. Recipients of basic maintenance grants under
8 Articles III and IV.

9 2. Persons otherwise eligible for basic maintenance
10 under Articles III and IV, excluding any eligibility
11 requirements that are inconsistent with any federal law or
12 federal regulation, as interpreted by the U.S. Department
13 of Health and Human Services, but who fail to qualify
14 thereunder on the basis of need or who qualify but are not
15 receiving basic maintenance under Article IV, and who have
16 insufficient income and resources to meet the costs of
17 necessary medical care, including but not limited to the
18 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 either of the following requirements:

23 (i) their income, as determined by the
24 Illinois Department in accordance with any federal
25 requirements, is equal to or less than 70% in

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

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

21 (b) All persons who, excluding any eligibility
22 requirements that are inconsistent with any federal
23 law or federal regulation, as interpreted by the U.S.
24 Department of Health and Human Services, would be
25 determined eligible for such basic maintenance under
26 Article IV by disregarding the maximum earned income

1 permitted by federal law.

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

4 4. Persons not eligible under any of the preceding
5 paragraphs who fall sick, are injured, or die, not having
6 sufficient money, property or other resources to meet the
7 costs of necessary medical care or funeral and burial
8 expenses.

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

17 (b) The Illinois Department and the Governor shall
18 provide a plan for coverage of the persons eligible under
19 paragraph 5(a) by April 1, 1990. Such plan shall provide
20 ambulatory prenatal care to pregnant women during a
21 presumptive eligibility period and establish an income
22 eligibility standard that is equal to 133% of the nonfarm
23 income official poverty line, as defined by the federal
24 Office of Management and Budget and revised annually in
25 accordance with Section 673(2) of the Omnibus Budget
26 Reconciliation Act of 1981, applicable to families of the

1 same size, provided that costs incurred for medical care
2 are not taken into account in determining such income
3 eligibility.

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

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

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

1 (a) the person requires a level of care provided by
2 a hospital, skilled nursing facility, or intermediate
3 care facility, as determined by a physician licensed to
4 practice medicine in all its branches;

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

8 (c) the estimated amount which would be expended
9 for care outside the institution is not greater than
10 the estimated amount which would be expended in an
11 institution.

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
16 adults and children who become ineligible for basic
17 maintenance assistance under Article VI of this Code due to
18 employment earnings. The plan for coverage for this class
19 of persons shall:

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

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

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

3 (ii) such coverage shall include all services
4 covered while the person was eligible for basic
5 maintenance assistance;

6 (iii) no premium shall be charged for such
7 coverage; and

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

15 9. Persons with acquired immunodeficiency syndrome
16 (AIDS) or with AIDS-related conditions with respect to whom
17 there has been a determination that but for home or
18 community-based services such individuals would require
19 the level of care provided in an inpatient hospital,
20 skilled nursing facility or intermediate care facility the
21 cost of which is reimbursed under this Article. Assistance
22 shall be provided to such persons to the maximum extent
23 permitted under Title XIX of the Federal Social Security
24 Act.

25 10. Participants in the long-term care insurance
26 partnership program established under the Illinois

1 Long-Term Care Partnership Program Act who meet the
2 qualifications for protection of resources described in
3 Section 15 of that Act.

4 11. Persons with disabilities who are employed and
5 eligible for Medicaid, pursuant to Section
6 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
7 subject to federal approval, persons with a medically
8 improved disability who are employed and eligible for
9 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
10 the Social Security Act, as provided by the Illinois
11 Department by rule. In establishing eligibility standards
12 under this paragraph 11, the Department shall, subject to
13 federal approval:

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

16 (b) exempt retirement accounts that the person
17 cannot access without penalty before the age of 59 1/2,
18 and medical savings accounts established pursuant to
19 26 U.S.C. 220;

20 (c) allow non-exempt assets up to \$25,000 as to
21 those assets accumulated during periods of eligibility
22 under this paragraph 11; and

23 (d) continue to apply subparagraphs (b) and (c) in
24 determining the eligibility of the person under this
25 Article even if the person loses eligibility under this
26 paragraph 11.

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

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

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

19 "Medical assistance" under this paragraph 12 shall be
20 identical to the benefits provided under the State's
21 approved plan under Title XIX of the Social Security Act.
22 The Department must request federal approval of the
23 coverage under this paragraph 12 within 30 days after the
24 effective date of this amendatory Act of the 92nd General
25 Assembly.

26 In addition to the persons who are eligible for medical

1 assistance pursuant to subparagraphs (1) and (2) of this
2 paragraph 12, and to be paid from funds appropriated to the
3 Department for its medical programs, any uninsured person
4 as defined by the Department in rules residing in Illinois
5 who is younger than 65 years of age, who has been screened
6 for breast and cervical cancer in accordance with standards
7 and procedures adopted by the Department of Public Health
8 for screening, and who is referred to the Department by the
9 Department of Public Health as being in need of treatment
10 for breast or cervical cancer is eligible for medical
11 assistance benefits that are consistent with the benefits
12 provided to those persons described in subparagraphs (1)
13 and (2). Medical assistance coverage for the persons who
14 are eligible under the preceding sentence is not dependent
15 on federal approval, but federal moneys may be used to pay
16 for services provided under that coverage upon federal
17 approval.

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

23 14. Subject to the availability of funds for this
24 purpose, the Department may provide coverage under this
25 Article to persons who reside in Illinois who are not
26 eligible under any of the preceding paragraphs and who meet

1 the income guidelines of paragraph 2(a) of this Section and
2 (i) have an application for asylum pending before the
3 federal Department of Homeland Security or on appeal before
4 a court of competent jurisdiction and are represented
5 either by counsel or by an advocate accredited by the
6 federal Department of Homeland Security and employed by a
7 not-for-profit organization in regard to that application
8 or appeal, or (ii) are receiving services through a
9 federally funded torture treatment center. Medical
10 coverage under this paragraph 14 may be provided for up to
11 24 continuous months from the initial eligibility date so
12 long as an individual continues to satisfy the criteria of
13 this paragraph 14. If an individual has an appeal pending
14 regarding an application for asylum before the Department
15 of Homeland Security, eligibility under this paragraph 14
16 may be extended until a final decision is rendered on the
17 appeal. The Department may adopt rules governing the
18 implementation of this paragraph 14.

19 15. Family Care Eligibility.

20 (a) Through December 31, 2013, a caretaker
21 relative who is 19 years of age or older when countable
22 income is at or below 185% of the Federal Poverty Level
23 Guidelines, as published annually in the Federal
24 Register, for the appropriate family size. Beginning
25 January 1, 2014, a caretaker relative who is 19 years
26 of age or older when countable income is at or below

1 133% of the Federal Poverty Level Guidelines, as
2 published annually in the Federal Register, for the
3 appropriate family size. A person may not spend down to
4 become eligible under this paragraph 15.

5 (b) Eligibility shall be reviewed annually.

6 (c) Caretaker relatives enrolled under this
7 paragraph 15 in families with countable income above
8 150% and at or below 185% of the Federal Poverty Level
9 Guidelines shall be counted as family members and pay
10 premiums as established under the Children's Health
11 Insurance Program Act.

12 (d) Premiums shall be billed by and payable to the
13 Department or its authorized agent, on a monthly basis.

14 (e) The premium due date is the last day of the
15 month preceding the month of coverage.

16 (f) Individuals shall have a grace period through
17 60 days of coverage to pay the premium.

18 (g) Failure to pay the full monthly premium by the
19 last day of the grace period shall result in
20 termination of coverage.

21 (h) Partial premium payments shall not be
22 refunded.

23 (i) 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) The first month's premium must be paid if
10 there was an unpaid premium on the date the
11 individual's previous coverage was canceled.

12 The Department is authorized to implement the
13 provisions of this amendatory Act of the 95th General
14 Assembly by adopting the medical assistance rules in effect
15 as of October 1, 2007, at 89 Ill. Admin. Code 125, and at
16 89 Ill. Admin. Code 120.32 along with only those changes
17 necessary to conform to federal Medicaid requirements,
18 federal laws, and federal regulations, including but not
19 limited to Section 1931 of the Social Security Act (42
20 U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department
21 of Health and Human Services, and the countable income
22 eligibility standard authorized by this paragraph 15. The
23 Department may not otherwise adopt any rule to implement
24 this increase except as authorized by law, to meet the
25 eligibility standards authorized by the federal government
26 in the Medicaid State Plan or the Title XXI Plan, or to

1 meet an order from the federal government or any court.

2 16. Subject to appropriation, uninsured persons who
3 are not otherwise eligible under this Section who have been
4 certified and referred by the Department of Public Health
5 as having been screened and found to need diagnostic
6 evaluation or treatment, or both diagnostic evaluation and
7 treatment, for prostate or testicular cancer. For the
8 purposes of this paragraph 16, uninsured persons are those
9 who do not have creditable coverage, as defined under the
10 Health Insurance Portability and Accountability Act, or
11 have otherwise exhausted any insurance benefits they may
12 have had, for prostate or testicular cancer diagnostic
13 evaluation or treatment, or both diagnostic evaluation and
14 treatment. To be eligible, a person must furnish a Social
15 Security number. A person's assets are exempt from
16 consideration in determining eligibility under this
17 paragraph 16. Such persons shall be eligible for medical
18 assistance under this paragraph 16 for so long as they need
19 treatment for the cancer. A person shall be considered to
20 need treatment if, in the opinion of the person's treating
21 physician, the person requires therapy directed toward
22 cure or palliation of prostate or testicular cancer,
23 including recurrent metastatic cancer that is a known or
24 presumed complication of prostate or testicular cancer and
25 complications resulting from the treatment modalities
26 themselves. Persons who require only routine monitoring

1 services are not considered to need treatment. "Medical
2 assistance" under this paragraph 16 shall be identical to
3 the benefits provided under the State's approved plan under
4 Title XIX of the Social Security Act. Notwithstanding any
5 other provision of law, the Department (i) does not have a
6 claim against the estate of a deceased recipient of
7 services under this paragraph 16 and (ii) does not have a
8 lien against any homestead property or other legal or
9 equitable real property interest owned by a recipient of
10 services under this paragraph 16.

11 17. Persons who, pursuant to a waiver approved by the
12 Secretary of the U.S. Department of Health and Human
13 Services, are eligible for medical assistance under Title
14 XIX or XXI of the federal Social Security Act.
15 Notwithstanding any other provision of this Code and
16 consistent with the terms of the approved waiver, the
17 Illinois Department, may by rule:

18 (a) Limit the geographic areas in which the waiver
19 program operates.

20 (b) Determine the scope, quantity, duration, and
21 quality, and the rate and method of reimbursement, of
22 the medical services to be provided, which may differ
23 from those for other classes of persons eligible for
24 assistance under this Article.

25 (c) Restrict the persons' freedom in choice of
26 providers.

1 In implementing the provisions of Public Act 96-20, the
2 Department is authorized to adopt only those rules necessary,
3 including emergency rules. Nothing in Public Act 96-20 permits
4 the Department to adopt rules or issue a decision that expands
5 eligibility for the FamilyCare Program to a person whose income
6 exceeds 185% of the Federal Poverty Level as determined from
7 time to time by the U.S. Department of Health and Human
8 Services, unless the Department is provided with express
9 statutory authority.

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

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

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

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

12 Notwithstanding any other provision of this Code, if the
13 United States Supreme Court holds Title II, Subtitle A, Section
14 2001(a) of Public Law 111-148 to be unconstitutional, or if a
15 holding of Public Law 111-148 makes Medicaid eligibility
16 allowed under Section 2001(a) inoperable, the State or a unit
17 of local government shall be prohibited from enrolling
18 individuals in the Medical Assistance Program as the result of
19 federal approval of a State Medicaid waiver on or after the
20 effective date of this amendatory Act of the 97th General
21 Assembly, and any individuals enrolled in the Medical
22 Assistance Program pursuant to eligibility permitted as a
23 result of such a State Medicaid waiver shall become immediately
24 ineligible.

25 Notwithstanding any other provision of this Code, if an Act
26 of Congress that becomes a Public Law eliminates Section

1 2001(a) of Public Law 111-148, the State or a unit of local
2 government shall be prohibited from enrolling individuals in
3 the Medical Assistance Program as the result of federal
4 approval of a State Medicaid waiver on or after the effective
5 date of this amendatory Act of the 97th General Assembly, and
6 any individuals enrolled in the Medical Assistance Program
7 pursuant to eligibility permitted as a result of such a State
8 Medicaid waiver shall become immediately ineligible.

9 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;
10 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
11 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
12 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
13 revised 10-4-11.)

14 (305 ILCS 5/5-2.03)

15 Sec. 5-2.03. Presumptive eligibility. Beginning on the
16 effective date of this amendatory Act of the 96th General
17 Assembly and except where federal law requires presumptive
18 eligibility, no adult may be presumed eligible for medical
19 assistance under this Code and the Department may not cover any
20 service rendered to an adult unless the adult has completed an
21 application for benefits, all required verifications have been
22 received, and the Department or its designee has found the
23 adult eligible for the date on which that service was provided.
24 Nothing in this Section shall apply to pregnant women or to
25 persons enrolled under the medical assistance program due to

1 expansions approved by the federal government that are financed
2 entirely by units of local government and federal matching
3 funds.

4 (Source: P.A. 96-1501, eff. 1-25-11.)

5 (305 ILCS 5/15-1) (from Ch. 23, par. 15-1)

6 Sec. 15-1. Definitions. As used in this Article, unless the
7 context requires otherwise:

8 (a) (Blank). ~~"Base amount" means \$108,800,000 multiplied~~
9 ~~by a fraction, the numerator of which is the number of days~~
10 ~~represented by the payments in question and the denominator of~~
11 ~~which is 365.~~

12 (a-5) "County provider" means a health care provider that
13 is, or is operated by, a county with a population greater than
14 3,000,000.

15 (b) "Fund" means the County Provider Trust Fund.

16 (c) "Hospital" or "County hospital" means a hospital, as
17 defined in Section 14-1 of this Code, which is a county
18 hospital located in a county of over 3,000,000 population.

19 (Source: P.A. 87-13; 88-85; 88-554, eff. 7-26-94.)

20 (305 ILCS 5/15-2) (from Ch. 23, par. 15-2)

21 Sec. 15-2. County Provider Trust Fund.

22 (a) There is created in the State Treasury the County
23 Provider Trust Fund. Interest earned by the Fund shall be
24 credited to the Fund. The Fund shall not be used to replace any

1 funds appropriated to the Medicaid program by the General
2 Assembly.

3 (b) The Fund is created solely for the purposes of
4 receiving, investing, and distributing monies in accordance
5 with this Article XV. The Fund shall consist of:

6 (1) All monies collected or received by the Illinois
7 Department under Section 15-3 of this Code;

8 (2) All federal financial participation monies
9 received by the Illinois Department pursuant to Title XIX
10 of the Social Security Act, 42 U.S.C. 1396b, attributable
11 to eligible expenditures made by the Illinois Department
12 pursuant to Section 15-5 of this Code;

13 (3) All federal moneys received by the Illinois
14 Department pursuant to Title XXI of the Social Security Act
15 attributable to eligible expenditures made by the Illinois
16 Department pursuant to Section 15-5 of this Code; and

17 (4) All other monies received by the Fund from any
18 source, including interest thereon.

19 (c) Disbursements from the Fund shall be by warrants drawn
20 by the State Comptroller upon receipt of vouchers duly executed
21 and certified by the Illinois Department and shall be made
22 only:

23 (1) For hospital inpatient care, hospital outpatient
24 care, care provided by other outpatient facilities
25 operated by a county, and disproportionate share hospital
26 adjustment payments made under Title XIX of the Social

1 Security Act and Article V of this Code as required by
2 Section 15-5 of this Code;

3 (1.5) For services provided or purchased by county
4 providers pursuant to Section 5-11 of this Code;

5 (2) For the reimbursement of administrative expenses
6 incurred by county providers on behalf of the Illinois
7 Department as permitted by Section 15-4 of this Code;

8 (3) For the reimbursement of monies received by the
9 Fund through error or mistake;

10 (4) For the payment of administrative expenses
11 necessarily incurred by the Illinois Department or its
12 agent in performing the activities required by this Article
13 XV;

14 (5) For the payment of any amounts that are
15 reimbursable to the federal government, attributable
16 solely to the Fund, and required to be paid by State
17 warrant; and

18 (6) For hospital inpatient care, hospital outpatient
19 care, care provided by other outpatient facilities
20 operated by a county, and disproportionate share hospital
21 adjustment payments made under Title XXI of the Social
22 Security Act, pursuant to Section 15-5 of this Code.

23 (7) For medical care and related services provided
24 pursuant to a contract with a county.

25 (Source: P.A. 95-859, eff. 8-19-08.)

1 (305 ILCS 5/15-5) (from Ch. 23, par. 15-5)

2 Sec. 15-5. Disbursements from the Fund.

3 (a) The monies in the Fund shall be disbursed only as
4 provided in Section 15-2 of this Code and as follows:

5 (1) To the extent that such costs are reimbursable
6 under federal law, to pay the county hospitals' inpatient
7 reimbursement rates based on actual costs incurred,
8 trended forward annually by an inflation index.

9 (2) To the extent that such costs are reimbursable
10 under federal law, to pay county hospitals and county
11 operated outpatient facilities for outpatient services
12 based on a federally approved methodology to cover the
13 maximum allowable costs.

14 (3) To pay the county hospitals disproportionate share
15 hospital adjustment payments as may be specified in the
16 Illinois Title XIX State plan.

17 (3.5) To pay county providers for services provided or
18 purchased pursuant to Section 5-11 of this Code.

19 (4) To reimburse the county providers for expenses
20 contractually assumed pursuant to Section 15-4 of this
21 Code.

22 (5) To pay the Illinois Department its necessary
23 administrative expenses relative to the Fund and other
24 amounts agreed to, if any, by the county providers in the
25 agreement provided for in subsection (c).

26 (6) To pay the county providers any other amount due

1 according to a federally approved State plan, including but
2 not limited to payments made under the provisions of
3 Section 701(d)(3)(B) of the federal Medicare, Medicaid,
4 and SCHIP Benefits Improvement and Protection Act of 2000.
5 Intergovernmental transfers supporting payments under this
6 paragraph (6) shall not be subject to the computation
7 described in subsection (a) of Section 15-3 of this Code,
8 but shall be computed as the difference between the total
9 of such payments made by the Illinois Department to county
10 providers less any amount of federal financial
11 participation due the Illinois Department under Titles XIX
12 and XXI of the Social Security Act as a result of such
13 payments to county providers.

14 (b) The Illinois Department shall promptly seek all
15 appropriate amendments to the Illinois Title XIX State Plan to
16 maximize reimbursement, including disproportionate share
17 hospital adjustment payments, to the county providers.

18 (c) (Blank).

19 (d) The payments provided for herein are intended to cover
20 services rendered on and after July 1, 1991, and any agreement
21 executed between a qualifying county and the Illinois
22 Department pursuant to this Section may relate back to that
23 date, provided the Illinois Department obtains federal
24 approval. Any changes in payment rates resulting from the
25 provisions of Article 3 of this amendatory Act of 1992 are
26 intended to apply to services rendered on or after October 1,

1 1992, and any agreement executed between a qualifying county
2 and the Illinois Department pursuant to this Section may be
3 effective as of that date.

4 (e) If one or more hospitals file suit in any court
5 challenging any part of this Article XV, payments to hospitals
6 from the Fund under this Article XV shall be made only to the
7 extent that sufficient monies are available in the Fund and
8 only to the extent that any monies in the Fund are not
9 prohibited from disbursement and may be disbursed under any
10 order of the court.

11 (f) All payments under this Section are contingent upon
12 federal approval of changes to the Title XIX State plan, if
13 that approval is required.

14 (Source: P.A. 95-859, eff. 8-19-08.)

15 (305 ILCS 5/15-11)

16 Sec. 15-11. Uses of State funds.

17 (a) At any point, if State revenues referenced in
18 subsection (b) or (c) of Section 15-10 or additional State
19 grants are disbursed to the Cook County Health and Hospitals
20 System, all funds may be used only for the following:

21 (1) medical services provided at hospitals or clinics
22 owned and operated by the Cook County Health and Hospitals
23 System ~~Bureau of Health Services; or~~

24 (2) information technology to enhance billing
25 capabilities for medical claiming and reimbursement; or -

1 (3) services purchased by county providers pursuant to
2 Section 5-11 of this Code.

3 (b) State funds may not be used for the following:

4 (1) non-clinical services, except services that may be
5 required by accreditation bodies or State or federal
6 regulatory or licensing authorities;

7 (2) non-clinical support staff, except as pursuant to
8 paragraph (1) of this subsection; or

9 (3) capital improvements, other than investments in
10 medical technology, except for capital improvements that
11 may be required by accreditation bodies or State or federal
12 regulatory or licensing authorities.

13 (Source: P.A. 95-859, eff. 8-19-08.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law; however, no part of this Act takes effect before
16 the date on which Senate Bill 2840, AS AMENDED, of the 97th
17 General Assembly becomes law."