



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB6173

by Rep. André M. Thapedi

SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Public Aid Code. Provides that the 2-year moratorium on eligibility expansions does not apply to expansions approved by the federal government that are financed entirely by units of local government and federal matching funds. Regarding classes of persons eligible under the Medical Assistance Program, deletes provisions extending eligibility to persons who are under age 21 and would qualify as disabled as defined under the Federal SSI Program, under certain conditions. Regarding eligibility under the Family Care program, provides that on and after July 1, 2012 (rather than through December 31, 2013), eligibility shall extend to a caretaker relative who is 19 years of age or older when countable income is at or below 133% (rather than 185%) of the Federal Poverty Level Guidelines for the appropriate family size. Makes other changes regarding eligibility under the Family Care program. Extends eligibility to persons who, pursuant to a waiver approved by the Secretary of the U.S. Department of Health and Human Services, are eligible for medical assistance under Title XIX or XXI of the Social Security Act. Permits the Department of Healthcare and Family Services to adopt rules concerning the waiver program. Provides that if the United States Supreme Court holds Title II, Subtitle A, Section 2001(a) of Public Law 111-148 to be unconstitutional, or if a holding of Public Law 111-148 makes Medicaid eligibility allowed under Section 2001(a) inoperable, or if an Act of Congress that becomes a Public Law eliminates Section 2001(a) of Public Law 111-148, the State or a unit of local government shall be prohibited from enrolling individuals in the Medical Assistance Program as the result of federal approval of a State Medicaid waiver on or after the effective date of this amendatory Act. Makes other changes. Effective immediately.

LRB097 21594 KTG 69823 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 Sections 5-1.4, 5-2.03, 5-2, 15-1, 15-2, 15-5, and
6 15-11 as follows:

7 (305 ILCS 5/5-1.4)

8 Sec. 5-1.4. Moratorium on eligibility expansions.
9 Beginning on the effective date of this amendatory Act of the
10 96th General Assembly, there shall be a 2-year moratorium on
11 the expansion of eligibility through increasing financial
12 eligibility standards, or through increasing income
13 disregards, or through the creation of new programs which would
14 add new categories of eligible individuals under the medical
15 assistance program in addition to those categories covered on
16 January 1, 2011. This moratorium shall not apply to expansions
17 required as a federal condition of State participation in the
18 medical assistance program or to expansions approved by the
19 federal government that are financed entirely by units of local
20 government and federal matching funds. If the State of Illinois
21 finds that the State has borne a cost related to such an
22 expansion, the unit of local government shall reimburse the
23 State. All federal funds associated with an expansion funded by

1 a unit of local government shall be returned to the health care
2 provider. Within 10 calendar days of the effective date of this
3 amendatory Act of the 97th General Assembly, the Department of
4 Healthcare and Family Services shall formally advise the
5 Centers for Medicare and Medicaid Services of the passage of
6 this amendatory Act of the 97th General Assembly. The State is
7 prohibited from submitting additional waiver requests that
8 expand or allow for an increase in the classes of persons
9 eligible for medical assistance under this Article to the
10 federal government for its consideration beginning on the 20th
11 calendar day following the effective date of this amendatory
12 Act of the 97th General Assembly until January 25, 2013.

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

14 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

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

20 1. Recipients of basic maintenance grants under
21 Articles III and IV.

22 2. Persons otherwise eligible for basic maintenance
23 under Articles III and IV, excluding any eligibility
24 requirements that are inconsistent with any federal law or
25 federal regulation, as interpreted by the U.S. Department

1 of Health and Human Services, but who fail to qualify
2 thereunder on the basis of need or who qualify but are not
3 receiving basic maintenance under Article IV, and who have
4 insufficient income and resources to meet the costs of
5 necessary medical care, including but not limited to the
6 following:

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

11 (i) their income, as determined by the
12 Illinois Department in accordance with any federal
13 requirements, 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 by the federal Office of
20 Management and Budget and revised annually in
21 accordance with Section 673(2) of the Omnibus
22 Budget Reconciliation Act of 1981, applicable to
23 families of the same size; or

24 (ii) their income, after the deduction of
25 costs incurred for medical care and for other types
26 of remedial care, 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 in item (i) of this
7 subparagraph (a).

8 (b) All persons who, excluding any eligibility
9 requirements that are inconsistent with any federal
10 law or federal regulation, as interpreted by the U.S.
11 Department of Health and Human Services, would be
12 determined eligible for such basic maintenance under
13 Article IV by disregarding the maximum earned income
14 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
20 costs of necessary medical care or funeral and burial
21 expenses.

22 5.(a) Women during pregnancy, after the fact of
23 pregnancy has been determined by medical diagnosis, and
24 during the 60-day period beginning on the last day of the
25 pregnancy, together with their infants and children born
26 after September 30, 1983, whose income and resources are

1 insufficient to meet the costs of necessary medical care to
2 the maximum extent possible under Title XIX of the Federal
3 Social Security Act.

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

17 (c) The Illinois Department may conduct a
18 demonstration in at least one county that will provide
19 medical assistance to pregnant women, together with their
20 infants and children up to one year of age, where the
21 income eligibility standard is set up to 185% of the
22 nonfarm income official poverty line, as defined by the
23 federal Office of Management and Budget. The Illinois
24 Department shall seek and obtain necessary authorization
25 provided under federal law to implement such a
26 demonstration. Such demonstration may establish resource

1 standards that are not more restrictive than those
2 established under Article IV of this Code.

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

8 7. ~~(Blank). Persons who are under 21 years of age and~~
9 ~~would qualify as disabled as defined under the Federal~~
10 ~~Supplemental Security Income Program, provided medical~~
11 ~~service for such persons would be eligible for Federal~~
12 ~~Financial Participation, and provided the Illinois~~
13 ~~Department determines that:~~

14 ~~(a) the person requires a level of care provided by~~
15 ~~a hospital, skilled nursing facility, or intermediate~~
16 ~~care facility, as determined by a physician licensed to~~
17 ~~practice medicine in all its branches;~~

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

21 ~~(c) the estimated amount which would be expended~~
22 ~~for care outside the institution is not greater than~~
23 ~~the estimated amount which would be expended in an~~
24 ~~institution.~~

25 8. Persons who become ineligible for basic maintenance
26 assistance under Article IV of this Code in programs

1 administered by the Illinois Department due to employment
2 earnings and persons in assistance units comprised of
3 adults and children who become ineligible for basic
4 maintenance assistance under Article VI of this Code due to
5 employment earnings. The plan for coverage for this class
6 of persons shall:

7 (a) extend the medical assistance coverage for up
8 to 12 months following termination of basic
9 maintenance assistance; and

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

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

16 (ii) such coverage shall include all services
17 covered while the person was eligible for basic
18 maintenance assistance;

19 (iii) no premium shall be charged for such
20 coverage; and

21 (iv) such coverage shall be suspended in the
22 event of a person's failure without good cause to
23 file in a timely fashion reports required for this
24 coverage under the Social Security Act and
25 coverage shall be reinstated upon the filing of
26 such reports if the person remains otherwise

1 eligible.

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

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

17 11. Persons with disabilities who are employed and
18 eligible for Medicaid, pursuant to Section
19 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
20 subject to federal approval, persons with a medically
21 improved disability who are employed and eligible for
22 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
23 the Social Security Act, as provided by the Illinois
24 Department by rule. In establishing eligibility standards
25 under this paragraph 11, the Department shall, subject to
26 federal approval:

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

3 (b) exempt retirement accounts that the person
4 cannot access without penalty before the age of 59 1/2,
5 and medical savings accounts established pursuant to
6 26 U.S.C. 220;

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

10 (d) continue to apply subparagraphs (b) and (c) in
11 determining the eligibility of the person under this
12 Article even if the person loses eligibility under this
13 paragraph 11.

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

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

1 Health; and

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

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

13 In addition to the persons who are eligible for medical
14 assistance pursuant to subparagraphs (1) and (2) of this
15 paragraph 12, and to be paid from funds appropriated to the
16 Department for its medical programs, any uninsured person
17 as defined by the Department in rules residing in Illinois
18 who is younger than 65 years of age, who has been screened
19 for breast and cervical cancer in accordance with standards
20 and procedures adopted by the Department of Public Health
21 for screening, and who is referred to the Department by the
22 Department of Public Health as being in need of treatment
23 for breast or cervical cancer is eligible for medical
24 assistance benefits that are consistent with the benefits
25 provided to those persons described in subparagraphs (1)
26 and (2). Medical assistance coverage for the persons who

1 are eligible under the preceding sentence is not dependent
2 on federal approval, but federal moneys may be used to pay
3 for services provided under that coverage upon federal
4 approval.

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

10 14. Subject to the availability of funds for this
11 purpose, the Department may provide coverage under this
12 Article to persons who reside in Illinois who are not
13 eligible under any of the preceding paragraphs and who meet
14 the income guidelines of paragraph 2(a) of this Section and
15 (i) have an application for asylum pending before the
16 federal Department of Homeland Security or on appeal before
17 a court of competent jurisdiction and are represented
18 either by counsel or by an advocate accredited by the
19 federal Department of Homeland Security and employed by a
20 not-for-profit organization in regard to that application
21 or appeal, or (ii) are receiving services through a
22 federally funded torture treatment center. Medical
23 coverage under this paragraph 14 may be provided for up to
24 24 continuous months from the initial eligibility date so
25 long as an individual continues to satisfy the criteria of
26 this paragraph 14. If an individual has an appeal pending

1 regarding an application for asylum before the Department
2 of Homeland Security, eligibility under this paragraph 14
3 may be extended until a final decision is rendered on the
4 appeal. The Department may adopt rules governing the
5 implementation of this paragraph 14.

6 15. Family Care Eligibility.

7 (a) On and after July 1, 2012 ~~Through December 31,~~
8 ~~2013,~~ a caretaker relative who is 19 years of age or
9 older when countable income is at or below 133% ~~185%~~ of
10 the Federal Poverty Level Guidelines, as published
11 annually in the Federal Register, for the appropriate
12 family size. ~~Beginning January 1, 2014, a caretaker~~
13 ~~relative who is 19 years of age or older when countable~~
14 ~~income is at or below 133% of the Federal Poverty Level~~
15 ~~Guidelines, as published annually in the Federal~~
16 ~~Register, for the appropriate family size.~~ A person may
17 not spend down to become eligible under this paragraph
18 15.

19 (b) Eligibility shall be reviewed annually.

20 (c) (Blank). ~~Caretaker relatives enrolled under~~
21 ~~this paragraph 15 in families with countable income~~
22 ~~above 150% and at or below 185% of the Federal Poverty~~
23 ~~Level Guidelines shall be counted as family members and~~
24 ~~pay premiums as established under the Children's~~
25 ~~Health Insurance Program Act.~~

26 (d) (Blank). ~~Premiums shall be billed by and~~

1 ~~payable to the Department or its authorized agent, on a~~
2 ~~monthly basis.~~

3 (e) (Blank). ~~The premium due date is the last day~~
4 ~~of the month preceding the month of coverage.~~

5 (f) (Blank). ~~Individuals shall have a grace period~~
6 ~~through 60 days of coverage to pay the premium.~~

7 (g) (Blank). ~~Failure to pay the full monthly~~
8 ~~premium by the last day of the grace period shall~~
9 ~~result in termination of coverage.~~

10 (h) (Blank). ~~Partial premium payments shall not be~~
11 ~~refunded.~~

12 (i) Following termination of an individual's
13 coverage under this paragraph 15, the individual must
14 be determined eligible before the person can be
15 re-enrolled. ~~following action is required before the~~
16 ~~individual can be re-enrolled:~~

17 (1) ~~A new application must be completed and the~~
18 ~~individual must be determined otherwise eligible.~~

19 (2) ~~There must be full payment of premiums due~~
20 ~~under this Code, the Children's Health Insurance~~
21 ~~Program Act, the Covering ALL KIDS Health~~
22 ~~Insurance Act, or any other healthcare program~~
23 ~~administered by the Department for periods in~~
24 ~~which a premium was owed and not paid for the~~
25 ~~individual.~~

26 (3) ~~The first month's premium must be paid if~~

1 ~~there was an unpaid premium on the date the~~
2 ~~individual's previous coverage was canceled.~~

3 ~~The Department is authorized to implement the~~
4 ~~provisions of this amendatory Act of the 95th General~~
5 ~~Assembly by adopting the medical assistance rules in effect~~
6 ~~as of October 1, 2007, at 89 Ill. Admin. Code 125, and at~~
7 ~~89 Ill. Admin. Code 120.32 along with only those changes~~
8 ~~necessary to conform to federal Medicaid requirements,~~
9 ~~federal laws, and federal regulations, including but not~~
10 ~~limited to Section 1931 of the Social Security Act (42~~
11 ~~U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department~~
12 ~~of Health and Human Services, and the countable income~~
13 ~~eligibility standard authorized by this paragraph 15. The~~
14 ~~Department may not otherwise adopt any rule to implement~~
15 ~~this increase except as authorized by law, to meet the~~
16 ~~eligibility standards authorized by the federal government~~
17 ~~in the Medicaid State Plan or the Title XXI Plan, or to~~
18 ~~meet an order from the federal government or any court.~~

19 16. Subject to appropriation, uninsured persons who
20 are not otherwise eligible under this Section who have been
21 certified and referred by the Department of Public Health
22 as having been screened and found to need diagnostic
23 evaluation or treatment, or both diagnostic evaluation and
24 treatment, for prostate or testicular cancer. For the
25 purposes of this paragraph 16, uninsured persons are those
26 who do not have creditable coverage, as defined under the

1 Health Insurance Portability and Accountability Act, or
2 have otherwise exhausted any insurance benefits they may
3 have had, for prostate or testicular cancer diagnostic
4 evaluation or treatment, or both diagnostic evaluation and
5 treatment. To be eligible, a person must furnish a Social
6 Security number. A person's assets are exempt from
7 consideration in determining eligibility under this
8 paragraph 16. Such persons shall be eligible for medical
9 assistance under this paragraph 16 for so long as they need
10 treatment for the cancer. A person shall be considered to
11 need treatment if, in the opinion of the person's treating
12 physician, the person requires therapy directed toward
13 cure or palliation of prostate or testicular cancer,
14 including recurrent metastatic cancer that is a known or
15 presumed complication of prostate or testicular cancer and
16 complications resulting from the treatment modalities
17 themselves. Persons who require only routine monitoring
18 services are not considered to need treatment. "Medical
19 assistance" under this paragraph 16 shall be identical to
20 the benefits provided under the State's approved plan under
21 Title XIX of the Social Security Act. Notwithstanding any
22 other provision of law, the Department (i) does not have a
23 claim against the estate of a deceased recipient of
24 services under this paragraph 16 and (ii) does not have a
25 lien against any homestead property or other legal or
26 equitable real property interest owned by a recipient of

1 services under this paragraph 16.

2 17. Persons who, pursuant to a waiver approved by the
3 Secretary of the U.S. Department of Health and Human
4 Services, are eligible for medical assistance under Title
5 XIX or XXI of the federal Social Security Act.
6 Notwithstanding any other provision of this Code and
7 consistent with the terms of the approved waiver, the
8 Illinois Department, may by rule:

9 (a) Limit the geographic areas in which the waiver
10 program operates.

11 (b) Determine the scope, quantity, duration, and
12 quality, and the rate and method of reimbursement, of
13 the medical services to be provided, which may differ
14 from those for other classes of persons eligible for
15 assistance under this Article.

16 (c) Restrict the persons' freedom in choice of
17 providers.

18 In implementing the provisions of Public Act 96-20, the
19 Department is authorized to adopt only those rules necessary,
20 including emergency rules. Nothing in Public Act 96-20 permits
21 the Department to adopt rules or issue a decision that expands
22 eligibility for the FamilyCare Program to a person whose income
23 exceeds 185% of the Federal Poverty Level as determined from
24 time to time by the U.S. Department of Health and Human
25 Services, unless the Department is provided with express
26 statutory authority.

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

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

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

22 The eligibility of any person for medical assistance under
23 this Article shall not be affected by the receipt by the person
24 of donations or benefits from fundraisers held for the person
25 in cases of serious illness, as long as neither the person nor
26 members of the person's family have actual control over the

1 donations or benefits or the disbursement of the donations or
2 benefits.

3 Notwithstanding any other provision of this Code, if the
4 United States Supreme Court holds Title II, Subtitle A, Section
5 2001(a) of Public Law 111-148 to be unconstitutional, or if a
6 holding of Public Law 111-148 makes Medicaid eligibility
7 allowed under Section 2001(a) inoperable, the State or a unit
8 of local government shall be prohibited from enrolling
9 individuals in the Medical Assistance Program as the result of
10 federal approval of a State Medicaid waiver on or after the
11 effective date of this amendatory Act of the 97th General
12 Assembly, and any individuals enrolled in the Medical
13 Assistance Program pursuant to eligibility permitted as a
14 result of such a State Medicaid waiver shall become immediately
15 ineligible.

16 Notwithstanding any other provision of this Code, if an Act
17 of Congress that becomes a Public Law eliminates Section
18 2001(a) of Public Law 111-148, the State or a unit of local
19 government shall be prohibited from enrolling individuals in
20 the Medical Assistance Program as the result of federal
21 approval of a State Medicaid waiver on or after the effective
22 date of this amendatory Act of the 97th General Assembly, and
23 any individuals enrolled in the Medical Assistance Program
24 pursuant to eligibility permitted as a result of such a State
25 Medicaid waiver shall become immediately ineligible.

26 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;

1 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
2 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
3 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
4 revised 10-4-11.)

5 (305 ILCS 5/5-2.03)

6 Sec. 5-2.03. Presumptive eligibility. Beginning on the
7 effective date of this amendatory Act of the 96th General
8 Assembly and except where federal law requires presumptive
9 eligibility, no adult may be presumed eligible for medical
10 assistance under this Code and the Department may not cover any
11 service rendered to an adult unless the adult has completed an
12 application for benefits, all required verifications have been
13 received, and the Department or its designee has found the
14 adult eligible for the date on which that service was provided.
15 Nothing in this Section shall apply to pregnant women or to
16 persons enrolled under the medical assistance program due to
17 expansions approved by the federal government that are financed
18 entirely by units of local government and federal matching
19 funds.

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

21 (305 ILCS 5/15-1) (from Ch. 23, par. 15-1)

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

24 (a) (Blank). "~~Base amount~~" means ~~\$108,800,000 multiplied~~

1 ~~by a fraction, the numerator of which is the number of days~~
2 ~~represented by the payments in question and the denominator of~~
3 ~~which is 365.~~

4 (a-5) "County provider" means a health care provider that
5 is, or is operated by, a county with a population greater than
6 3,000,000.

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

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

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

12 (305 ILCS 5/15-2) (from Ch. 23, par. 15-2)

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

14 (a) There is created in the State Treasury the County
15 Provider Trust Fund. Interest earned by the Fund shall be
16 credited to the Fund. The Fund shall not be used to replace any
17 funds appropriated to the Medicaid program by the General
18 Assembly.

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

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

24 (2) All federal financial participation monies
25 received by the Illinois Department pursuant to Title XIX

1 of the Social Security Act, 42 U.S.C. 1396b, attributable
2 to eligible expenditures made by the Illinois Department
3 pursuant to Section 15-5 of this Code;

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

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

10 (c) Disbursements from the Fund shall be by warrants drawn
11 by the State Comptroller upon receipt of vouchers duly executed
12 and certified by the Illinois Department and shall be made
13 only:

14 (1) For hospital inpatient care, hospital outpatient
15 care, care provided by other outpatient facilities
16 operated by a county, and disproportionate share hospital
17 adjustment payments made under Title XIX of the Social
18 Security Act and Article V of this Code as required by
19 Section 15-5 of this Code;

20 (1.5) For services provided or purchased by county
21 providers pursuant to Section 5-11 of this Code;

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

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

1 (4) For the payment of administrative expenses
2 necessarily incurred by the Illinois Department or its
3 agent in performing the activities required by this Article
4 XV;

5 (5) For the payment of any amounts that are
6 reimbursable to the federal government, attributable
7 solely to the Fund, and required to be paid by State
8 warrant; and

9 (6) For hospital inpatient care, hospital outpatient
10 care, care provided by other outpatient facilities
11 operated by a county, and disproportionate share hospital
12 adjustment payments made under Title XXI of the Social
13 Security Act, pursuant to Section 15-5 of this Code.

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

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

17 (305 ILCS 5/15-5) (from Ch. 23, par. 15-5)

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

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

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

25 (2) To the extent that such costs are reimbursable

1 under federal law, to pay county hospitals and county
2 operated outpatient facilities for outpatient services
3 based on a federally approved methodology to cover the
4 maximum allowable costs.

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

8 (3.5) To pay county providers for services provided or
9 purchased pursuant to Section 5-11 of this Code.

10 (4) To reimburse the county providers for expenses
11 contractually assumed pursuant to Section 15-4 of this
12 Code.

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

17 (6) To pay the county providers any other amount due
18 according to a federally approved State plan, including but
19 not limited to payments made under the provisions of
20 Section 701(d)(3)(B) of the federal Medicare, Medicaid,
21 and SCHIP Benefits Improvement and Protection Act of 2000.
22 Intergovernmental transfers supporting payments under this
23 paragraph (6) shall not be subject to the computation
24 described in subsection (a) of Section 15-3 of this Code,
25 but shall be computed as the difference between the total
26 of such payments made by the Illinois Department to county

1 providers less any amount of federal financial
2 participation due the Illinois Department under Titles XIX
3 and XXI of the Social Security Act as a result of such
4 payments to county providers.

5 (b) The Illinois Department shall promptly seek all
6 appropriate amendments to the Illinois Title XIX State Plan to
7 maximize reimbursement, including disproportionate share
8 hospital adjustment payments, to the county providers.

9 (c) (Blank).

10 (d) The payments provided for herein are intended to cover
11 services rendered on and after July 1, 1991, and any agreement
12 executed between a qualifying county and the Illinois
13 Department pursuant to this Section may relate back to that
14 date, provided the Illinois Department obtains federal
15 approval. Any changes in payment rates resulting from the
16 provisions of Article 3 of this amendatory Act of 1992 are
17 intended to apply to services rendered on or after October 1,
18 1992, and any agreement executed between a qualifying county
19 and the Illinois Department pursuant to this Section may be
20 effective as of that date.

21 (e) If one or more hospitals file suit in any court
22 challenging any part of this Article XV, payments to hospitals
23 from the Fund under this Article XV shall be made only to the
24 extent that sufficient monies are available in the Fund and
25 only to the extent that any monies in the Fund are not
26 prohibited from disbursement and may be disbursed under any

1 order of the court.

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

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

6 (305 ILCS 5/15-11)

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

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

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

15 (2) information technology to enhance billing
16 capabilities for medical claiming and reimbursement; or ~~or~~

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

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

20 (1) non-clinical services, except services that may be
21 required by accreditation bodies or State or federal
22 regulatory or licensing authorities;

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

25 (3) capital improvements, other than investments in

1 medical technology, except for capital improvements that
2 may be required by accreditation bodies or State or federal
3 regulatory or licensing authorities.

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

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.

1		INDEX
2		Statutes amended in order of appearance
3	305 ILCS 5/5-1.4	
4	305 ILCS 5/5-2	from Ch. 23, par. 5-2
5	305 ILCS 5/5-2.03	
6	305 ILCS 5/15-1	from Ch. 23, par. 15-1
7	305 ILCS 5/15-2	from Ch. 23, par. 15-2
8	305 ILCS 5/15-5	from Ch. 23, par. 15-5
9	305 ILCS 5/15-11	