



Rep. Sara Feigenholtz

**Filed: 1/2/2013**

09700HB6253ham001

LRB097 23532 KTG 73018 a

1 AMENDMENT TO HOUSE BILL 6253

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 6253 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Findings. The General Assembly finds it is in  
5 the best interests of the State to take advantage of the  
6 Patient Protection and Affordable Care Act to enable Illinois  
7 to receive enhanced federal revenue to cover the costs of  
8 health care for low-income adults who are otherwise not  
9 eligible for Medicaid. The General Assembly further finds that  
10 the administration and financing of the Medicaid program must  
11 be sound to ensure Illinois may take full advantage of national  
12 health care reform to keep people healthier; reimburse  
13 hospitals and clinics for uncompensated and charity care for  
14 the uninsured; and replace spending by county and local  
15 governments for healthcare costs now borne by local health  
16 departments, social service agencies, homeless shelters,  
17 mental health clinics, drug treatment centers, township

1 organizations, and others for the care of the uninsured.  
2 Accordingly, the General Assembly finds that, while filling the  
3 current gap in Medicaid coverage, it is essential that the  
4 State preserve and extend recent efforts to reform Illinois'  
5 Medicaid program. Changes designed to increase efficiencies  
6 and enhance program integrity must continue to prevent client  
7 and provider fraud and abuse; to impose controls on use of  
8 Medicaid services to prevent over-use or waste; to rationalize  
9 the Medicaid health care delivery system by adopting care  
10 coordination models wherever feasible to achieve effective and  
11 efficient care delivery across all covered services; and to  
12 operate the program within budget limits.

13 Section 5. The Illinois Public Aid Code is amended by  
14 changing Sections 5-1.1, 5-1.4, and 5-2 as follows:

15 (305 ILCS 5/5-1.1) (from Ch. 23, par. 5-1.1)

16 Sec. 5-1.1. Definitions. The terms defined in this Section  
17 shall have the meanings ascribed to them, except when the  
18 context otherwise requires.

19 (a) "Nursing facility" means a facility, licensed by the  
20 Department of Public Health under the Nursing Home Care Act,  
21 that provides nursing facility services within the meaning of  
22 Title XIX of the federal Social Security Act.

23 (b) "Intermediate care facility for the developmentally  
24 disabled" or "ICF/DD" means a facility, licensed by the

1 Department of Public Health under the ID/DD Community Care Act,  
2 that is an intermediate care facility for the mentally retarded  
3 within the meaning of Title XIX of the federal Social Security  
4 Act.

5 (c) "Standard services" means those services required for  
6 the care of all patients in the facility and shall, as a  
7 minimum, include the following: (1) administration; (2)  
8 dietary (standard); (3) housekeeping; (4) laundry and linen;  
9 (5) maintenance of property and equipment, including  
10 utilities; (6) medical records; (7) training of employees; (8)  
11 utilization review; (9) activities services; (10) social  
12 services; (11) disability services; and all other similar  
13 services required by either the laws of the State of Illinois  
14 or one of its political subdivisions or municipalities or by  
15 Title XIX of the Social Security Act.

16 (d) "Patient services" means those which vary with the  
17 number of personnel; professional and para-professional skills  
18 of the personnel; specialized equipment, and reflect the  
19 intensity of the medical and psycho-social needs of the  
20 patients. Patient services shall as a minimum include: (1)  
21 physical services; (2) nursing services, including restorative  
22 nursing; (3) medical direction and patient care planning; (4)  
23 health related supportive and habilitative services and all  
24 similar services required by either the laws of the State of  
25 Illinois or one of its political subdivisions or municipalities  
26 or by Title XIX of the Social Security Act.

1           (e) "Ancillary services" means those services which  
2 require a specific physician's order and defined as under the  
3 medical assistance program as not being routine in nature for  
4 skilled nursing facilities and ICF/DDs. Such services  
5 generally must be authorized prior to delivery and payment as  
6 provided for under the rules of the Department of Healthcare  
7 and Family Services.

8           (f) "Capital" means the investment in a facility's assets  
9 for both debt and non-debt funds. Non-debt capital is the  
10 difference between an adjusted replacement value of the assets  
11 and the actual amount of debt capital.

12           (g) "Profit" means the amount which shall accrue to a  
13 facility as a result of its revenues exceeding its expenses as  
14 determined in accordance with generally accepted accounting  
15 principles.

16           (h) "Non-institutional services" means those services  
17 provided under paragraph (f) of Section 3 of the Disabled  
18 Persons Rehabilitation Act and those services provided under  
19 Section 4.02 of the Illinois Act on the Aging.

20           (i) (Blank).

21           (j) "Institutionalized person" means an individual who is  
22 an inpatient in an ICF/DD or nursing facility, or who is an  
23 inpatient in a medical institution receiving a level of care  
24 equivalent to that of an ICF/DD or nursing facility, or who is  
25 receiving services under Section 1915(c) of the Social Security  
26 Act.

1           (k) "Institutionalized spouse" means an institutionalized  
2 person who is expected to receive services at the same level of  
3 care for at least 30 days and is married to a spouse who is not  
4 an institutionalized person.

5           (l) "Community spouse" is the spouse of an  
6 institutionalized spouse.

7           (m) "Health Benefits Service Package" means, subject to  
8 federal approval, benefits covered by the medical assistance  
9 program as determined by the Department by rule for individuals  
10 eligible for medical assistance under paragraph 18 of Section  
11 5-2 of this Code.

12           (Source: P.A. 96-1530, eff. 2-16-11; 97-227, eff. 1-1-12;  
13 97-820, eff. 7-17-12.)

14           (305 ILCS 5/5-1.4)

15           Sec. 5-1.4. Moratorium on eligibility expansions.  
16 Beginning on January 25, 2011 (the effective date of Public Act  
17 96-1501), there shall be a 4-year moratorium on the expansion  
18 of eligibility through increasing financial eligibility  
19 standards, or through increasing income disregards, or through  
20 the creation of new programs which would add new categories of  
21 eligible individuals under the medical assistance program in  
22 addition to those categories covered on January 1, 2011 or  
23 above the level of any subsequent reduction in eligibility.  
24 This moratorium shall not apply to expansions required as a  
25 federal condition of State participation in the medical

1 assistance program or to expansions approved by the federal  
2 government that are financed entirely by units of local  
3 government and federal matching funds. If the State of Illinois  
4 finds that the State has borne a cost related to such an  
5 expansion, the unit of local government shall reimburse the  
6 State. All federal funds associated with an expansion funded by  
7 a unit of local government shall be returned to the local  
8 government entity funding the expansion, pursuant to an  
9 intergovernmental agreement between the Department of  
10 Healthcare and Family Services and the local government entity.  
11 Within 10 calendar days of the effective date of this  
12 amendatory Act of the 97th General Assembly, the Department of  
13 Healthcare and Family Services shall formally advise the  
14 Centers for Medicare and Medicaid Services of the passage of  
15 this amendatory Act of the 97th General Assembly. The State is  
16 prohibited from submitting additional waiver requests that  
17 expand or allow for an increase in the classes of persons  
18 eligible for medical assistance under this Article to the  
19 federal government for its consideration beginning on the 20th  
20 calendar day following the effective date of this amendatory  
21 Act of the 97th General Assembly until January 25, 2015. This  
22 moratorium shall not apply to those persons eligible for  
23 medical assistance pursuant to 42 U.S.C.  
24 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of  
25 Section 5-2 of this Code.

26 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

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. (Blank).

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

1 maintenance assistance under Article VI of this Code due to  
2 employment earnings. The plan for coverage for this class  
3 of persons shall:

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

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

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

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

16 (iii) no premium shall be charged for such  
17 coverage; and

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

25 9. Persons with acquired immunodeficiency syndrome  
26 (AIDS) or with AIDS-related conditions with respect to whom

1           there has been a determination that but for home or  
2           community-based services such individuals would require  
3           the level of care provided in an inpatient hospital,  
4           skilled nursing facility or intermediate care facility the  
5           cost of which is reimbursed under this Article. Assistance  
6           shall be provided to such persons to the maximum extent  
7           permitted under Title XIX of the Federal Social Security  
8           Act.

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

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

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

26                 (b) exempt retirement accounts that the person

1 cannot access without penalty before the age of 59 1/2,  
2 and medical savings accounts established pursuant to  
3 26 U.S.C. 220;

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

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

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

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

25 (2) persons whose screenings under the above  
26 program were funded in whole or in part by funds

1           appropriated to the Illinois Department of Public  
2           Health for breast or cervical cancer screening.

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

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

1 approval.

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

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

1 appeal. The Department may adopt rules governing the  
2 implementation of this paragraph 14.

3 15. Family Care Eligibility.

4 (a) On and after July 1, 2012, a caretaker relative  
5 who is 19 years of age or older when countable income  
6 is at or below 133% of the Federal Poverty Level  
7 Guidelines, as published annually in the Federal  
8 Register, for the appropriate family size. A person may  
9 not spend down to become eligible under this paragraph  
10 15.

11 (b) Eligibility shall be reviewed annually.

12 (c) (Blank).

13 (d) (Blank).

14 (e) (Blank).

15 (f) (Blank).

16 (g) (Blank).

17 (h) (Blank).

18 (i) Following termination of an individual's  
19 coverage under this paragraph 15, the individual must  
20 be determined eligible before the person can be  
21 re-enrolled.

22 16. Subject to appropriation, uninsured persons who  
23 are not otherwise eligible under this Section who have been  
24 certified and referred by the Department of Public Health  
25 as having been screened and found to need diagnostic  
26 evaluation or treatment, or both diagnostic evaluation and



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

1 services under this paragraph 16 and (ii) does not have a  
2 lien against any homestead property or other legal or  
3 equitable real property interest owned by a recipient of  
4 services under this paragraph 16.

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

12 (a) Limit the geographic areas in which the waiver  
13 program operates.

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

19 (c) Restrict the persons' freedom in choice of  
20 providers.

21 18. Beginning January 1, 2014, persons aged 19 or  
22 older, but younger than 65, who are not otherwise eligible  
23 for medical assistance under this Section 5-2, who qualify  
24 for medical assistance pursuant to 42 U.S.C.  
25 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR  
26 435.119, and who have income at or below 133% of the

1       federal poverty level plus 5% for the applicable family  
2       size as determined pursuant to 42 U.S.C. 1396a(e) (14) and  
3       as set forth in 42 CFR 435.603. Persons eligible for  
4       medical assistance under this paragraph 18 shall receive  
5       coverage for the Health Benefits Service Package as that  
6       term is defined in subsection (m) of Section 5-1.1 of this  
7       Code. If Illinois' federal medical assistance percentage  
8       (FMAP) is reduced below 90% for persons eligible for  
9       medical assistance under this paragraph 18, eligibility  
10       under this paragraph 18 shall cease, subject to federal  
11       approval, no later than the end of the third month  
12       following the month in which the reduction in FMAP takes  
13       effect.

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

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

26       The eligibility of any such person for medical assistance

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

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

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

24 Notwithstanding any other provision of this Code, if the  
25 United States Supreme Court holds Title II, Subtitle A, Section  
26 2001(a) of Public Law 111-148 to be unconstitutional, or if a

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

11 Notwithstanding any other provision of this Code, if an Act  
12 of Congress that becomes a Public Law eliminates Section  
13 2001(a) of Public Law 111-148, the State or a unit of local  
14 government shall be prohibited from enrolling individuals in  
15 the Medical Assistance Program as the result of federal  
16 approval of a State Medicaid waiver on or after the effective  
17 date of this amendatory Act of the 97th General Assembly, and  
18 any individuals enrolled in the Medical Assistance Program  
19 pursuant to eligibility permitted as a result of such a State  
20 Medicaid waiver shall become immediately ineligible.

21 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;  
22 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.  
23 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,  
24 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;  
25 97-687, eff. 6-14-12; 97-689, eff. 6-14-12; 97-813, eff.  
26 7-13-12; revised 7-23-12.)

1           Section 99. Effective date. This Act takes effect upon  
2    becoming law.".