

Rep. Robyn Gabel

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1	AMENDMENT TO HOUSE BILL 498
2	AMENDMENT NO Amend House Bill 498 by replacing
3	everything after the enacting clause with the following:
4	"Section 5. The Illinois Public Aid Code is amended by
5	adding Section 5-35 as follows:
6	(305 ILCS 5/5-35 new)
7	Sec. 5-35. Wrap-around service components of first episode
8	psychosis treatment.
9	(a) Subject to subsection (d), the Department of Healthcare
10	and Family Services shall provide adolescents and young adults
11	who are experiencing an initial episode of psychosis or
12	pre-psychosis medical assistance coverage for the wrap-around
13	service components of the bundled first episode psychosis
14	treatment that are not covered by their primary health
15	insurance plan. The purpose of this medical assistance coverage
16	is to prevent disability and a permanent shift from private

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1 insurance coverage to medical assistance coverage for 2 adolescents and young adults experiencing psychosis. Eligibility requirements for adolescents and young adults with 3 4 private insurance who apply for medical assistance coverage for 5 the wrap-around service components of first episode psychosis treatment shall be the same as those requirements applicable to 6 7 all other persons applying for medical assistance coverage under this Article. The Department shall maximize individual 8 9 and family-cost sharing and any federal matching funds for 10 coverage of the wrap-around service components of first episode 11 psychosis treatment for adolescents and young adults with 12 private insurance. 13 (b) Individuals and families with private insurance who are 14 eligible under this Section for medical assistance coverage for 15 the wrap-around service components of first episode psychosis 16 treatment shall be required to contribute to the cost of the 17 wrap-around service components based on their income level and ability to pay and on the following cost-sharing requirements. 18 For children under age 21, parental income is not included for 19 20 purposes of cost-sharing: 21 (1) An individual or family with private insurance and 22 with earned income of less than 200% of the federal poverty 23 level shall not be required to pay more than 2.5% of their

24 <u>earned income toward the annual cost of the wrap-around</u>

25 <u>service components.</u>

26 (2) An individual or family with private insurance and

1 with earned income of at least 200% but less than 400% of 2 the federal poverty level shall not be required to pay more 3 than 5% of their earned income toward the annual cost of 4 the wrap-around service components.

5 <u>(3) An individual or family with private insurance and</u> 6 with earned income of at least 400% but less than 500% of 7 the federal poverty level shall not be required to pay more 8 than 8% of their earned income toward the annual cost of 9 the wrap-around service components.

10(4) An individual or family with private insurance and11with earned income of 500% or greater of the federal12poverty level shall not be required to pay more than 10% of13their earned income toward the annual cost of the14wrap-around service components.

15 <u>(c) The Division of Mental Health of the Department of</u> 16 <u>Human Services, in cooperation with the Department of</u> 17 <u>Healthcare and Family Services, shall establish, by rule,</u> 18 <u>policies and procedures for cost-sharing within 6 months of</u> 19 <u>receiving federal approval of the medical assistance coverage</u> 20 <u>for wrap-around service components of first episode psychosis</u> 21 treatment as described in this Section.

22 <u>(d) The Department of Healthcare and Family Services shall</u> 23 <u>submit the necessary application to the federal Centers for</u> 24 <u>Medicare and Medicaid Services for a waiver or State Plan</u> 25 <u>amendment to implement medical assistance coverage for the</u> 26 <u>wrap-around service components of first episode psychosis</u> 10000HB0498ham001 -4- LRB100 06295 KTG 23373 a

1	treatment as described in this Section. Implementation of this
2	Section is contingent upon federal approval. The Department
3	shall implement the medical assistance coverage described in
4	this Section within 6 months of receiving federal approval.
5	Section 99. Effective date. This Act takes effect upon

6 becoming law.".