



Sen. Kwame Raoul

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LRB097 18977 JLS 69999 a

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 of the 97th
5 General Assembly becomes law, then the State Finance Act is
6 amended by changing Section 25 as follows:

7 (30 ILCS 105/25) (from Ch. 127, par. 161)

8 Sec. 25. Fiscal year limitations.

9 (a) All appropriations shall be available for expenditure
10 for the fiscal year or for a lesser period if the Act making
11 that appropriation so specifies. A deficiency or emergency
12 appropriation shall be available for expenditure only through
13 June 30 of the year when the Act making that appropriation is
14 enacted unless that Act otherwise provides.

15 (b) Outstanding liabilities as of June 30, payable from
16 appropriations which have otherwise expired, may be paid out of

1 the expiring appropriations during the 2-month period ending at
2 the close of business on August 31. Any service involving
3 professional or artistic skills or any personal services by an
4 employee whose compensation is subject to income tax
5 withholding must be performed as of June 30 of the fiscal year
6 in order to be considered an "outstanding liability as of June
7 30" that is thereby eligible for payment out of the expiring
8 appropriation.

9 (b-1) However, payment of tuition reimbursement claims
10 under Section 14-7.03 or 18-3 of the School Code may be made by
11 the State Board of Education from its appropriations for those
12 respective purposes for any fiscal year, even though the claims
13 reimbursed by the payment may be claims attributable to a prior
14 fiscal year, and payments may be made at the direction of the
15 State Superintendent of Education from the fund from which the
16 appropriation is made without regard to any fiscal year
17 limitations, except as required by subsection (j) of this
18 Section. Beginning on June 30, 2021, payment of tuition
19 reimbursement claims under Section 14-7.03 or 18-3 of the
20 School Code as of June 30, payable from appropriations that
21 have otherwise expired, may be paid out of the expiring
22 appropriation during the 4-month period ending at the close of
23 business on October 31.

24 (b-2) All outstanding liabilities as of June 30, 2010,
25 payable from appropriations that would otherwise expire at the
26 conclusion of the lapse period for fiscal year 2010, and

1 interest penalties payable on those liabilities under the State
2 Prompt Payment Act, may be paid out of the expiring
3 appropriations until December 31, 2010, without regard to the
4 fiscal year in which the payment is made, as long as vouchers
5 for the liabilities are received by the Comptroller no later
6 than August 31, 2010.

7 (b-2.5) All outstanding liabilities as of June 30, 2011,
8 payable from appropriations that would otherwise expire at the
9 conclusion of the lapse period for fiscal year 2011, and
10 interest penalties payable on those liabilities under the State
11 Prompt Payment Act, may be paid out of the expiring
12 appropriations until December 31, 2011, without regard to the
13 fiscal year in which the payment is made, as long as vouchers
14 for the liabilities are received by the Comptroller no later
15 than August 31, 2011.

16 (b-3) Medical payments may be made by the Department of
17 Veterans' Affairs from its appropriations for those purposes
18 for any fiscal year, without regard to the fact that the
19 medical services being compensated for by such payment may have
20 been rendered in a prior fiscal year, except as required by
21 subsection (j) of this Section. Beginning on June 30, 2021,
22 medical payments payable from appropriations that have
23 otherwise expired may be paid out of the expiring appropriation
24 during the 4-month period ending at the close of business on
25 October 31.

26 (b-4) Medical payments ~~may be made by the Department of~~

1 ~~Healthcare and Family Services and medical payments~~ and child
2 care payments may be made by the Department of Human Services
3 (as successor to the Department of Public Aid) from
4 appropriations for those purposes for any fiscal year, without
5 regard to the fact that the medical or child care services
6 being compensated for by such payment may have been rendered in
7 a prior fiscal year; and payments may be made at the direction
8 of the Department of Healthcare and Family Services (or
9 successor agency) from the Health Insurance Reserve Fund ~~and~~
10 ~~the Local Government Health Insurance Reserve Fund~~ without
11 regard to any fiscal year limitations, except as required by
12 subsection (j) of this Section. Beginning on June 30, 2021,
13 medical and ~~payments made by the Department of Healthcare and~~
14 ~~Family Services,~~ child care payments made by the Department of
15 Human Services, and payments made at the discretion of the
16 Department of Healthcare and Family Services (or successor
17 agency) from the Health Insurance Reserve Fund and ~~the Local~~
18 ~~Government Health Insurance Reserve Fund~~ payable from
19 appropriations that have otherwise expired may be paid out of
20 the expiring appropriation during the 4-month period ending at
21 the close of business on October 31.

22 (b-5) Medical payments may be made by the Department of
23 Human Services from its appropriations relating to substance
24 abuse treatment services for any fiscal year, without regard to
25 the fact that the medical services being compensated for by
26 such payment may have been rendered in a prior fiscal year,

1 provided the payments are made on a fee-for-service basis
2 consistent with requirements established for Medicaid
3 reimbursement by the Department of Healthcare and Family
4 Services, except as required by subsection (j) of this Section.
5 Beginning on June 30, 2021, medical payments made by the
6 Department of Human Services relating to substance abuse
7 treatment services payable from appropriations that have
8 otherwise expired may be paid out of the expiring appropriation
9 during the 4-month period ending at the close of business on
10 October 31.

11 (b-6) Additionally, payments may be made by the Department
12 of Human Services from its appropriations, or any other State
13 agency from its appropriations with the approval of the
14 Department of Human Services, from the Immigration Reform and
15 Control Fund for purposes authorized pursuant to the
16 Immigration Reform and Control Act of 1986, without regard to
17 any fiscal year limitations, except as required by subsection
18 (j) of this Section. Beginning on June 30, 2021, payments made
19 by the Department of Human Services from the Immigration Reform
20 and Control Fund for purposes authorized pursuant to the
21 Immigration Reform and Control Act of 1986 payable from
22 appropriations that have otherwise expired may be paid out of
23 the expiring appropriation during the 4-month period ending at
24 the close of business on October 31.

25 (b-7) Payments may be made in accordance with a plan
26 authorized by paragraph (11) or (12) of Section 405-105 of the

1 Department of Central Management Services Law from
2 appropriations for those payments without regard to fiscal year
3 limitations.

4 (c) Further, payments may be made by the Department of
5 Public Health and ~~7~~ the Department of Human Services (acting as
6 successor to the Department of Public Health under the
7 Department of Human Services Act), ~~7~~ and ~~the Department of~~
8 ~~Healthcare and Family Services~~ from their respective
9 appropriations for grants for medical care to or on behalf of
10 ~~persons suffering from chronic renal disease, persons~~
11 ~~suffering from hemophilia, rape victims, and~~ premature and
12 high-mortality risk infants and their mothers and for grants
13 for supplemental food supplies provided under the United States
14 Department of Agriculture Women, Infants and Children
15 Nutrition Program, for any fiscal year without regard to the
16 fact that the services being compensated for by such payment
17 may have been rendered in a prior fiscal year, except as
18 required by subsection (j) of this Section. Beginning on June
19 30, 2021, payments made by the Department of Public Health and
20 ~~7~~ the Department of Human Services, ~~7~~ and ~~the Department of~~
21 ~~Healthcare and Family Services~~ from their respective
22 appropriations for grants for medical care to or on behalf of
23 ~~persons suffering from chronic renal disease, persons~~
24 ~~suffering from hemophilia, rape victims, and~~ premature and
25 high-mortality risk infants and their mothers and for grants
26 for supplemental food supplies provided under the United States

1 Department of Agriculture Women, Infants and Children
2 Nutrition Program payable from appropriations that have
3 otherwise expired may be paid out of the expiring
4 appropriations during the 4-month period ending at the close of
5 business on October 31.

6 (d) The Department of Public Health and the Department of
7 Human Services (acting as successor to the Department of Public
8 Health under the Department of Human Services Act) shall each
9 annually submit to the State Comptroller, Senate President,
10 Senate Minority Leader, Speaker of the House, House Minority
11 Leader, and the respective Chairmen and Minority Spokesmen of
12 the Appropriations Committees of the Senate and the House, on
13 or before December 31, a report of fiscal year funds used to
14 pay for services provided in any prior fiscal year. This report
15 shall document by program or service category those
16 expenditures from the most recently completed fiscal year used
17 to pay for services provided in prior fiscal years.

18 (e) The Department of Healthcare and Family Services, the
19 Department of Human Services (acting as successor to the
20 Department of Public Aid), and the Department of Human Services
21 making fee-for-service payments relating to substance abuse
22 treatment services provided during a previous fiscal year shall
23 each annually submit to the State Comptroller, Senate
24 President, Senate Minority Leader, Speaker of the House, House
25 Minority Leader, the respective Chairmen and Minority
26 Spokesmen of the Appropriations Committees of the Senate and

1 the House, on or before November 30, a report that shall
2 document by program or service category those expenditures from
3 the most recently completed fiscal year used to pay for (i)
4 services provided in prior fiscal years and (ii) services for
5 which claims were received in prior fiscal years.

6 (f) The Department of Human Services (as successor to the
7 Department of Public Aid) shall annually submit to the State
8 Comptroller, Senate President, Senate Minority Leader, Speaker
9 of the House, House Minority Leader, and the respective
10 Chairmen and Minority Spokesmen of the Appropriations
11 Committees of the Senate and the House, on or before December
12 31, a report of fiscal year funds used to pay for services
13 (other than medical care) provided in any prior fiscal year.
14 This report shall document by program or service category those
15 expenditures from the most recently completed fiscal year used
16 to pay for services provided in prior fiscal years.

17 (g) In addition, each annual report required to be
18 submitted by the Department of Healthcare and Family Services
19 under subsection (e) shall include the following information
20 with respect to the State's Medicaid program:

21 (1) Explanations of the exact causes of the variance
22 between the previous year's estimated and actual
23 liabilities.

24 (2) Factors affecting the Department of Healthcare and
25 Family Services' liabilities, including but not limited to
26 numbers of aid recipients, levels of medical service

1 utilization by aid recipients, and inflation in the cost of
2 medical services.

3 (3) The results of the Department's efforts to combat
4 fraud and abuse.

5 (h) As provided in Section 4 of the General Assembly
6 Compensation Act, any utility bill for service provided to a
7 General Assembly member's district office for a period
8 including portions of 2 consecutive fiscal years may be paid
9 from funds appropriated for such expenditure in either fiscal
10 year.

11 (i) An agency which administers a fund classified by the
12 Comptroller as an internal service fund may issue rules for:

13 (1) billing user agencies in advance for payments or
14 authorized inter-fund transfers based on estimated charges
15 for goods or services;

16 (2) issuing credits, refunding through inter-fund
17 transfers, or reducing future inter-fund transfers during
18 the subsequent fiscal year for all user agency payments or
19 authorized inter-fund transfers received during the prior
20 fiscal year which were in excess of the final amounts owed
21 by the user agency for that period; and

22 (3) issuing catch-up billings to user agencies during
23 the subsequent fiscal year for amounts remaining due when
24 payments or authorized inter-fund transfers received from
25 the user agency during the prior fiscal year were less than
26 the total amount owed for that period.

1 User agencies are authorized to reimburse internal service
2 funds for catch-up billings by vouchers drawn against their
3 respective appropriations for the fiscal year in which the
4 catch-up billing was issued or by increasing an authorized
5 inter-fund transfer during the current fiscal year. For the
6 purposes of this Act, "inter-fund transfers" means transfers
7 without the use of the voucher-warrant process, as authorized
8 by Section 9.01 of the State Comptroller Act.

9 (i-1) Beginning on July 1, 2021, all outstanding
10 liabilities, not payable during the 4-month lapse period as
11 described in subsections (b-1), (b-3), (b-4), (b-5), (b-6), and
12 (c) of this Section, that are made from appropriations for that
13 purpose for any fiscal year, without regard to the fact that
14 the services being compensated for by those payments may have
15 been rendered in a prior fiscal year, are limited to only those
16 claims that have been incurred but for which a proper bill or
17 invoice as defined by the State Prompt Payment Act has not been
18 received by September 30th following the end of the fiscal year
19 in which the service was rendered.

20 (j) Notwithstanding any other provision of this Act, the
21 aggregate amount of payments to be made without regard for
22 fiscal year limitations as contained in subsections (b-1),
23 (b-3), (b-4), (b-5), (b-6), and (c) of this Section, and
24 determined by using Generally Accepted Accounting Principles,
25 shall not exceed the following amounts:

26 (1) \$6,000,000,000 for outstanding liabilities related

1 to fiscal year 2012;

2 (2) \$5,300,000,000 for outstanding liabilities related
3 to fiscal year 2013;

4 (3) \$4,600,000,000 for outstanding liabilities related
5 to fiscal year 2014;

6 (4) \$4,000,000,000 for outstanding liabilities related
7 to fiscal year 2015;

8 (5) \$3,300,000,000 for outstanding liabilities related
9 to fiscal year 2016;

10 (6) \$2,600,000,000 for outstanding liabilities related
11 to fiscal year 2017;

12 (7) \$2,000,000,000 for outstanding liabilities related
13 to fiscal year 2018;

14 (8) \$1,300,000,000 for outstanding liabilities related
15 to fiscal year 2019;

16 (9) \$600,000,000 for outstanding liabilities related
17 to fiscal year 2020; and

18 (10) \$0 for outstanding liabilities related to fiscal
19 year 2021 and fiscal years thereafter.

20 (k) Department of Healthcare and Family Services Medical
21 Assistance Payments.

22 (1) Definition of Medical Assistance.

23 For purposes of this subsection, the term "Medical
24 Assistance" shall include, but not necessarily be
25 limited to, medical programs and services authorized
26 under Titles XIX and XXI of the Social Security Act,

1 the Illinois Public Aid Code, the Children's Health
2 Insurance Program Act, the Covering ALL KIDS Health
3 Insurance Act, the Long Term Acute Care Hospital
4 Quality Improvement Transfer Program Act, and medical
5 care to or on behalf of persons suffering from chronic
6 renal disease, persons suffering from hemophilia and
7 victims of sexual assault.

8 (2) Limitations on Medical Assistance payments that
9 may be paid from future fiscal year appropriations.

10 (A) The maximum amounts of annual unpaid Medical
11 Assistance bills received and recorded by the
12 Department of Healthcare and Family Services on or
13 before June 30th of a particular fiscal year
14 attributable in aggregate to the General Revenue Fund,
15 Healthcare Provider Relief Fund, Tobacco Settlement
16 Recovery Fund, Long-Term Care Provider Fund, and the
17 Drug Rebate Fund that may be paid in total by the
18 Department from future fiscal year Medical Assistance
19 appropriations to those funds are: \$700,000,000 for
20 fiscal year 2013 and \$100,000,000 for fiscal year 2014
21 and each fiscal year thereafter.

22 (B) Bills for Medical Assistance services rendered
23 in a particular fiscal year, but received and recorded
24 by the Department of Healthcare and Family Services
25 after June 30th of that fiscal year, may be paid from
26 either appropriations for that fiscal year or future

1 fiscal year appropriations for Medical Assistance.
2 Such payments shall not be subject to the requirements
3 of subparagraph (A).

4 (C) Medical Assistance bills received by the
5 Department of Healthcare and Family Services in a
6 particular fiscal year, but subject to payment amount
7 adjustments in a future fiscal year may be paid from a
8 future fiscal year's appropriation for Medical
9 Assistance. Such payments shall not be subject to the
10 requirements of subparagraph (A).

11 (D) Medical Assistance payments made by the
12 Department of Healthcare and Family Services from
13 funds other than those specifically referenced in
14 subparagraph (A) may be made from appropriations for
15 those purposes for any fiscal year without regard to
16 the fact that the Medical Assistance services being
17 compensated for by such payment may have been rendered
18 in a prior fiscal year. Such payments shall not be
19 subject to the requirements of subparagraph (A).

20 (3) Extended lapse period for Department of Healthcare
21 and Family Services Medical Assistance payments.
22 Notwithstanding any other State law to the contrary,
23 outstanding Department of Healthcare and Family Services
24 Medical Assistance liabilities, as of June 30th, payable
25 from appropriations which have otherwise expired, may be
26 paid out of the expiring appropriations during the 6-month

1 period ending at the close of business on December 31st.

2 (1) The changes to this Section made by this amendatory Act
3 of the 97th General Assembly shall be effective for payment of
4 Medical Assistance bills incurred in fiscal year 2013 and
5 future fiscal years. The changes to this Section made by this
6 amendatory Act of the 97th General Assembly shall not be
7 applied to Medical Assistance bills incurred in fiscal year
8 2012 or prior fiscal years.

9 (Source: P.A. 96-928, eff. 6-15-10; 96-958, eff. 7-1-10;
10 96-1501, eff. 1-25-11; 97-75, eff. 6-30-11; 97-333, eff.
11 8-12-11.)

12 Section 10. If and only if Senate Bill 2840 of the 97th
13 General Assembly becomes law, then the Illinois Public Aid Code
14 is amended by changing Sections 5-1.4, 5-2, 5-2.03, 15-1, 15-2,
15 15-5, and 15-11 as follows:

16 (305 ILCS 5/5-1.4)

17 Sec. 5-1.4. Moratorium on eligibility expansions.
18 Beginning on January 25, 2011 (the effective date of Public Act
19 96-1501) ~~this amendatory Act of the 96th General Assembly,~~
20 there shall be a 4-year ~~2-year~~ moratorium on the expansion of
21 eligibility through increasing financial eligibility
22 standards, or through increasing income disregards, or through
23 the creation of new programs which would add new categories of
24 eligible individuals under the medical assistance program in

1 addition to those categories covered on January 1, 2011. This
2 moratorium shall not apply to expansions required as a federal
3 condition of State participation in the medical assistance
4 program or to expansions approved by the federal government
5 that are financed entirely by units of local government and
6 federal matching funds. If the State of Illinois finds that the
7 State has borne a cost related to such an expansion, the unit
8 of local government shall reimburse the State. All federal
9 funds associated with an expansion funded by a unit of local
10 government shall be returned to the local government entity
11 funding the expansion, pursuant to an intergovernmental
12 agreement between the Department of Healthcare and Family
13 Services and the local government entity. Within 10 calendar
14 days of the effective date of this amendatory Act of the 97th
15 General Assembly, the Department of Healthcare and Family
16 Services shall formally advise the Centers for Medicare and
17 Medicaid Services of the passage of this amendatory Act of the
18 97th General Assembly. The State is prohibited from submitting
19 additional waiver requests that expand or allow for an increase
20 in the classes of persons eligible for medical assistance under
21 this Article to the federal government for its consideration
22 beginning on the 20th calendar day following the effective date
23 of this amendatory Act of the 97th General Assembly until
24 January 25, 2013.

25 (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
26 fiscal year 2001, equal to or less than 85% in

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

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

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

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

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

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

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

1 are not taken into account in determining such income
2 eligibility.

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

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

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

26 (a) the person requires a level of care provided by

1 a hospital, skilled nursing facility, or intermediate
2 care facility, as determined by a physician licensed to
3 practice medicine in all its branches;

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

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

11 8. Persons who become ineligible for basic maintenance
12 assistance under Article IV of this Code in programs
13 administered by the Illinois Department due to employment
14 earnings and persons in assistance units comprised of
15 adults and children who become ineligible for basic
16 maintenance assistance under Article VI of this Code due to
17 employment earnings. The plan for coverage for this class
18 of persons shall:

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

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

26 (i) such coverage shall be pursuant to

1 provisions of the federal Social Security Act;

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

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

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

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

24 10. Participants in the long-term care insurance
25 partnership program established under the Illinois
26 Long-Term Care Partnership Program Act who meet the

1 qualifications for protection of resources described in
2 Section 15 of that Act.

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

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

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

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

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

26 12. Subject to federal approval, persons who are

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

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

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

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

25 In addition to the persons who are eligible for medical
26 assistance pursuant to subparagraphs (1) and (2) of this

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

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

22 14. Subject to the availability of funds for this
23 purpose, the Department may provide coverage under this
24 Article to persons who reside in Illinois who are not
25 eligible under any of the preceding paragraphs and who meet
26 the income guidelines of paragraph 2(a) of this Section and

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

18 15. Family Care Eligibility.

19 (a) Through December 31, 2013, a caretaker
20 relative who is 19 years of age or older when countable
21 income is at or below 185% of the Federal Poverty Level
22 Guidelines, as published annually in the Federal
23 Register, for the appropriate family size. Beginning
24 January 1, 2014, a caretaker relative who is 19 years
25 of age or older when countable income is at or below
26 133% of the Federal Poverty Level Guidelines, as

1 published annually in the Federal Register, for the
2 appropriate family size. A person may not spend down to
3 become eligible under this paragraph 15.

4 (b) Eligibility shall be reviewed annually.

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

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

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

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

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

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

22 (i) Following termination of an individual's
23 coverage under this paragraph 15, the following action
24 is required before the individual can be re-enrolled:

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

1 (2) There must be full payment of premiums due
2 under this Code, the Children's Health Insurance
3 Program Act, the Covering ALL KIDS Health
4 Insurance Act, or any other healthcare program
5 administered by the Department for periods in
6 which a premium was owed and not paid for the
7 individual.

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

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

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

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

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

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

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

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

26 In implementing the provisions of Public Act 96-20, the

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

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

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

26 To the extent permitted under federal law, any person found

1 guilty of a second violation of Article VIIIA shall be
2 ineligible for medical assistance under this Article, as
3 provided in Section 8A-8.

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

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

24 Notwithstanding any other provision of this Code, if an Act
25 of Congress that becomes a Public Law eliminates Section
26 2001(a) of Public Law 111-148, the State or a unit of local

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

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

13 (305 ILCS 5/5-2.03)

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

1 entirely by units of local government and federal matching
2 funds.

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

4 (305 ILCS 5/15-1) (from Ch. 23, par. 15-1)

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

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

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

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

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

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

19 (305 ILCS 5/15-2) (from Ch. 23, par. 15-2)

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

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

1 Assembly.

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

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

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

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

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

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

22 (1) For hospital inpatient care, hospital outpatient
23 care, care provided by other outpatient facilities
24 operated by a county, and disproportionate share hospital
25 adjustment payments made under Title XIX of the Social
26 Security Act and Article V of this Code as required by

1 Section 15-5 of this Code;

2 (1.5) For services provided or purchased by county
3 providers pursuant to Section 5-11 of this Code;

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

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

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

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

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

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

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

25 (305 ILCS 5/15-5) (from Ch. 23, par. 15-5)

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

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

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

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

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

16 (3.5) To pay county providers for services provided or
17 purchased pursuant to Section 5-11 of this Code.

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

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

25 (6) To pay the county providers any other amount due
26 according to a federally approved State plan, including but

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

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

17 (c) (Blank).

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

1 and the Illinois Department pursuant to this Section may be
2 effective as of that date.

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

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

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

14 (305 ILCS 5/15-11)

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

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

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

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

25 (3) services purchased by county providers pursuant to

1 Section 5-11 of this Code.

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

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

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

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

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

13 Section 99. Effective date. This Act takes effect upon
14 becoming law, except that Section 5 takes effect on July 1,
15 2012; however, no part of this Act takes effect before the date
16 on which Senate Bill 2840 of the 97th General Assembly becomes
17 law."