

1 AN ACT concerning aging.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Senior Citizens and Persons with  
5 Disabilities Property Tax Relief Act is amended by changing  
6 Section 4 as follows:

7 (320 ILCS 25/4) (from Ch. 67 1/2, par. 404)

8 Sec. 4. Amount of Grant.

9 (a) In general. Any individual 65 years or older or any  
10 individual who will become 65 years old during the calendar  
11 year in which a claim is filed, and any surviving spouse of  
12 such a claimant, who at the time of death received or was  
13 entitled to receive a grant pursuant to this Section, which  
14 surviving spouse will become 65 years of age within the 24  
15 months immediately following the death of such claimant and  
16 which surviving spouse but for his or her age is otherwise  
17 qualified to receive a grant pursuant to this Section, and any  
18 person with a disability whose annual household income is less  
19 than the income eligibility limitation, as defined in  
20 subsection (a-5) and whose household is liable for payment of  
21 property taxes accrued or has paid rent constituting property  
22 taxes accrued and is domiciled in this State at the time he or  
23 she files his or her claim is entitled to claim a grant under

1 this Act. With respect to claims filed by individuals who will  
2 become 65 years old during the calendar year in which a claim  
3 is filed, the amount of any grant to which that household is  
4 entitled shall be an amount equal to 1/12 of the amount to  
5 which the claimant would otherwise be entitled as provided in  
6 this Section, multiplied by the number of months in which the  
7 claimant was 65 in the calendar year in which the claim is  
8 filed.

9 (a-5) Income eligibility limitation. For purposes of this  
10 Section, "income eligibility limitation" means ~~an amount for~~  
11 ~~grant years 2008 through 2019:~~

12 ~~(1) less than \$22,218 for a household containing one~~  
13 ~~person;~~

14 ~~(2) less than \$29,480 for a household containing 2~~  
15 ~~persons; or~~

16 ~~(3) less than \$36,740 for a household containing 3 or~~  
17 ~~more persons.~~

18 For grant years 2020 through 2026 ~~and thereafter:~~

19 (A) ~~(1)~~ less than \$33,562 for a household  
20 containing one person;

21 (B) ~~(2)~~ less than \$44,533 for a household  
22 containing 2 persons; or

23 (C) ~~(3)~~ less than \$55,500 for a household  
24 containing 3 or more persons.

25 For grant years 2027 and 2028, the income eligibility  
26 limitation amounts shall be increased by an amount equal to

1 the percentage increase of the cost-of-living adjustment  
2 issued by the Social Security Administration. The Department  
3 on Aging shall determine the dates upon which the new adjusted  
4 amounts take effect and shall publish the adjusted amounts on  
5 its website.

6 ~~For 2009 claim year applications submitted during calendar~~  
7 ~~year 2010, a household must have annual household income of~~  
8 ~~less than \$27,610 for a household containing one person; less~~  
9 ~~than \$36,635 for a household containing 2 persons; or less~~  
10 ~~than \$45,657 for a household containing 3 or more persons.~~

11 ~~The Department on Aging may adopt rules such that on~~  
12 ~~January 1, 2011, and thereafter, the foregoing household~~  
13 ~~income eligibility limits may be changed to reflect the annual~~  
14 ~~cost of living adjustment in Social Security and Supplemental~~  
15 ~~Security Income benefits that are applicable to the year for~~  
16 ~~which those benefits are being reported as income on an~~  
17 ~~application.~~

18 If a person files as a surviving spouse, then only his or  
19 her income shall be counted in determining his or her  
20 household income.

21 (b) Limitation. Except as otherwise provided in  
22 subsections (a) and (f) of this Section, the maximum amount of  
23 grant which a claimant is entitled to claim is the amount by  
24 which the property taxes accrued which were paid or payable  
25 during the last preceding tax year or rent constituting  
26 property taxes accrued upon the claimant's residence for the

1 last preceding taxable year exceeds 3 1/2% of the claimant's  
2 household income for that year but in no event is the grant to  
3 exceed (i) \$700 less 4.5% of household income for that year for  
4 those with a household income of \$14,000 or less or (ii) \$70 if  
5 household income for that year is more than \$14,000.

6 (c) Public aid recipients. If household income in one or  
7 more months during a year includes cash assistance in excess  
8 of \$55 per month from the Department of Healthcare and Family  
9 Services or the Department of Human Services (acting as  
10 successor to the Department of Public Aid under the Department  
11 of Human Services Act) which was determined under regulations  
12 of that Department on a measure of need that included an  
13 allowance for actual rent or property taxes paid by the  
14 recipient of that assistance, the amount of grant to which  
15 that household is entitled, except as otherwise provided in  
16 subsection (a), shall be the product of (1) the maximum amount  
17 computed as specified in subsection (b) of this Section and  
18 (2) the ratio of the number of months in which household income  
19 did not include such cash assistance over \$55 to the number  
20 twelve. If household income did not include such cash  
21 assistance over \$55 for any months during the year, the amount  
22 of the grant to which the household is entitled shall be the  
23 maximum amount computed as specified in subsection (b) of this  
24 Section. For purposes of this paragraph (c), "cash assistance"  
25 does not include any amount received under the federal  
26 Supplemental Security Income (SSI) program.

1           (d) Joint ownership. If title to the residence is held  
2 jointly by the claimant with a person who is not a member of  
3 his or her household, the amount of property taxes accrued  
4 used in computing the amount of grant to which he or she is  
5 entitled shall be the same percentage of property taxes  
6 accrued as is the percentage of ownership held by the claimant  
7 in the residence.

8           (e) More than one residence. If a claimant has occupied  
9 more than one residence in the taxable year, he or she may  
10 claim only one residence for any part of a month. In the case  
11 of property taxes accrued, he or she shall prorate 1/12 of the  
12 total property taxes accrued on his or her residence to each  
13 month that he or she owned and occupied that residence; and, in  
14 the case of rent constituting property taxes accrued, shall  
15 prorate each month's rent payments to the residence actually  
16 occupied during that month.

17           (f) (Blank).

18           (g) Effective January 1, 2006, there is hereby established  
19 a program of pharmaceutical assistance to the aged and to  
20 persons with disabilities, entitled the Illinois Seniors and  
21 Disabled Drug Coverage Program, which shall be administered by  
22 the Department of Healthcare and Family Services and the  
23 Department on Aging in accordance with this subsection, to  
24 consist of coverage of specified prescription drugs on behalf  
25 of beneficiaries of the program as set forth in this  
26 subsection. Notwithstanding any provisions of this Act to the

1 contrary, on and after July 1, 2012, pharmaceutical assistance  
2 under this Act shall no longer be provided, and on July 1, 2012  
3 the Illinois Senior Citizens and Disabled Persons  
4 Pharmaceutical Assistance Program shall terminate. The  
5 following provisions that concern the Illinois Senior Citizens  
6 and Disabled Persons Pharmaceutical Assistance Program shall  
7 continue to apply on and after July 1, 2012 to the extent  
8 necessary to pursue any actions authorized by subsection (d)  
9 of Section 9 of this Act with respect to acts which took place  
10 prior to July 1, 2012.

11 To become a beneficiary under the program established  
12 under this subsection, a person must:

13 (1) be (i) 65 years of age or older or (ii) a person  
14 with a disability; and

15 (2) be domiciled in this State; and

16 (3) enroll with a qualified Medicare Part D  
17 Prescription Drug Plan if eligible and apply for all  
18 available subsidies under Medicare Part D; and

19 (4) for the 2006 and 2007 claim years, have a maximum  
20 household income of (i) less than \$21,218 for a household  
21 containing one person, (ii) less than \$28,480 for a  
22 household containing 2 persons, or (iii) less than \$35,740  
23 for a household containing 3 or more persons; and

24 (5) for the 2008 claim year, have a maximum household  
25 income of (i) less than \$22,218 for a household containing  
26 one person, (ii) \$29,480 for a household containing 2

1 persons, or (iii) \$36,740 for a household containing 3 or  
2 more persons; and

3 (6) for 2009 claim year applications submitted during  
4 calendar year 2010, have annual household income of less  
5 than (i) \$27,610 for a household containing one person;  
6 (ii) less than \$36,635 for a household containing 2  
7 persons; or (iii) less than \$45,657 for a household  
8 containing 3 or more persons; and

9 (7) as of September 1, 2011, have a maximum household  
10 income at or below 200% of the federal poverty level.

11 All individuals enrolled as of December 31, 2005, in the  
12 pharmaceutical assistance program operated pursuant to  
13 subsection (f) of this Section and all individuals enrolled as  
14 of December 31, 2005, in the SeniorCare Medicaid waiver  
15 program operated pursuant to Section 5-5.12a of the Illinois  
16 Public Aid Code shall be automatically enrolled in the program  
17 established by this subsection for the first year of operation  
18 without the need for further application, except that they  
19 must apply for Medicare Part D and the Low Income Subsidy under  
20 Medicare Part D. A person enrolled in the pharmaceutical  
21 assistance program operated pursuant to subsection (f) of this  
22 Section as of December 31, 2005, shall not lose eligibility in  
23 future years due only to the fact that they have not reached  
24 the age of 65.

25 To the extent permitted by federal law, the Department may  
26 act as an authorized representative of a beneficiary in order

1 to enroll the beneficiary in a Medicare Part D Prescription  
2 Drug Plan if the beneficiary has failed to choose a plan and,  
3 where possible, to enroll beneficiaries in the low-income  
4 subsidy program under Medicare Part D or assist them in  
5 enrolling in that program.

6 Beneficiaries under the program established under this  
7 subsection shall be divided into the following 4 eligibility  
8 groups:

9 (A) Eligibility Group 1 shall consist of beneficiaries  
10 who are not eligible for Medicare Part D coverage and who  
11 are:

12 (i) a person with a disability and under age 65; or

13 (ii) age 65 or older, with incomes over 200% of the  
14 Federal Poverty Level; or

15 (iii) age 65 or older, with incomes at or below  
16 200% of the Federal Poverty Level and not eligible for  
17 federally funded means-tested benefits due to  
18 immigration status.

19 (B) Eligibility Group 2 shall consist of beneficiaries  
20 who are eligible for Medicare Part D coverage.

21 (C) Eligibility Group 3 shall consist of beneficiaries  
22 age 65 or older, with incomes at or below 200% of the  
23 Federal Poverty Level, who are not barred from receiving  
24 federally funded means-tested benefits due to immigration  
25 status and are not eligible for Medicare Part D coverage.

26 If the State applies and receives federal approval for

1 a waiver under Title XIX of the Social Security Act,  
2 persons in Eligibility Group 3 shall continue to receive  
3 benefits through the approved waiver, and Eligibility  
4 Group 3 may be expanded to include persons with  
5 disabilities who are under age 65 with incomes under 200%  
6 of the Federal Poverty Level who are not eligible for  
7 Medicare and who are not barred from receiving federally  
8 funded means-tested benefits due to immigration status.

9 (D) Eligibility Group 4 shall consist of beneficiaries  
10 who are otherwise described in Eligibility Group 2 who  
11 have a diagnosis of HIV or AIDS.

12 The program established under this subsection shall cover  
13 the cost of covered prescription drugs in excess of the  
14 beneficiary cost-sharing amounts set forth in this paragraph  
15 that are not covered by Medicare. The Department of Healthcare  
16 and Family Services may establish by emergency rule changes in  
17 cost-sharing necessary to conform the cost of the program to  
18 the amounts appropriated for State fiscal year 2012 and future  
19 fiscal years except that the 24-month limitation on the  
20 adoption of emergency rules and the provisions of Sections  
21 5-115 and 5-125 of the Illinois Administrative Procedure Act  
22 shall not apply to rules adopted under this subsection (g).  
23 The adoption of emergency rules authorized by this subsection  
24 (g) shall be deemed to be necessary for the public interest,  
25 safety, and welfare.

26 For purposes of the program established under this

1 subsection, the term "covered prescription drug" has the  
2 following meanings:

3 For Eligibility Group 1, "covered prescription drug"  
4 means: (1) any cardiovascular agent or drug; (2) any  
5 insulin or other prescription drug used in the treatment  
6 of diabetes, including syringe and needles used to  
7 administer the insulin; (3) any prescription drug used in  
8 the treatment of arthritis; (4) any prescription drug used  
9 in the treatment of cancer; (5) any prescription drug used  
10 in the treatment of Alzheimer's disease; (6) any  
11 prescription drug used in the treatment of Parkinson's  
12 disease; (7) any prescription drug used in the treatment  
13 of glaucoma; (8) any prescription drug used in the  
14 treatment of lung disease and smoking-related illnesses;  
15 (9) any prescription drug used in the treatment of  
16 osteoporosis; and (10) any prescription drug used in the  
17 treatment of multiple sclerosis. The Department may add  
18 additional therapeutic classes by rule. The Department may  
19 adopt a preferred drug list within any of the classes of  
20 drugs described in items (1) through (10) of this  
21 paragraph. The specific drugs or therapeutic classes of  
22 covered prescription drugs shall be indicated by rule.

23 For Eligibility Group 2, "covered prescription drug"  
24 means those drugs covered by the Medicare Part D  
25 Prescription Drug Plan in which the beneficiary is  
26 enrolled.

1           For Eligibility Group 3, "covered prescription drug"  
2           means those drugs covered by the Medical Assistance  
3           Program under Article V of the Illinois Public Aid Code.

4           For Eligibility Group 4, "covered prescription drug"  
5           means those drugs covered by the Medicare Part D  
6           Prescription Drug Plan in which the beneficiary is  
7           enrolled.

8           Any person otherwise eligible for pharmaceutical  
9           assistance under this subsection whose covered drugs are  
10          covered by any public program is ineligible for assistance  
11          under this subsection to the extent that the cost of those  
12          drugs is covered by the other program.

13          The Department of Healthcare and Family Services shall  
14          establish by rule the methods by which it will provide for the  
15          coverage called for in this subsection. Those methods may  
16          include direct reimbursement to pharmacies or the payment of a  
17          capitated amount to Medicare Part D Prescription Drug Plans.

18          For a pharmacy to be reimbursed under the program  
19          established under this subsection, it must comply with rules  
20          adopted by the Department of Healthcare and Family Services  
21          regarding coordination of benefits with Medicare Part D  
22          Prescription Drug Plans. A pharmacy may not charge a  
23          Medicare-enrolled beneficiary of the program established under  
24          this subsection more for a covered prescription drug than the  
25          appropriate Medicare cost-sharing less any payment from or on  
26          behalf of the Department of Healthcare and Family Services.

1           The Department of Healthcare and Family Services or the  
2 Department on Aging, as appropriate, may adopt rules regarding  
3 applications, counting of income, proof of Medicare status,  
4 mandatory generic policies, and pharmacy reimbursement rates  
5 and any other rules necessary for the cost-efficient operation  
6 of the program established under this subsection.

7           (h) A qualified individual is not entitled to duplicate  
8 benefits in a coverage period as a result of the changes made  
9 by this amendatory Act of the 96th General Assembly.

10       (Source: P.A. 101-10, eff. 6-5-19.)