**Section 119.20 Eligibility**

a) Illinois Cares Rx Eligibility Qualifications

To be eligible for Illinois Cares Rx pharmaceutical benefits, an individual must meet all of the following requirements:

1. Be:

A) 65 years of age or older; or

B) a disabled person.

2) Be domiciled in Illinois at the time of filing an application, and during the coverage period.

3) Be enrolled in a Coordinating Medicare Part D PDP if eligible for Medicare Part D.

4) Apply for all available subsidies under Medicare Part D. The Department may deem individuals to be compliant with this requirement in cases where the Department's data clearly indicates the individual would not be eligible for any low income subsidy.

5) Have a maximum household income at or below 200% of the Federal Poverty Level (FPL).

b) Illinois Cares Rx Plus Eligibility Qualifications

To be eligible for Illinois Cares Rx Plus pharmaceutical benefits as described in Section 119.60(a), an individual must meet all of the eligibility requirements described in subsection (a) and meet the following requirements:

1) Be Medicare-eligible; or

2) Meet the following requirements:

A) Be a U.S. citizen or qualify as an eligible non-citizen pursuant to 89 Ill. Adm. Code 120.310; and

B) Be 65 years of age or older.

c) Proof of Eligibility Qualifications

An applicant must submit proof of his or her eligibility qualifications as described in subsections (a) and (b).

1) Examples of proof of date of birth include:

A) a baptismal record; or

B) a birth certificate; or

C) a driver's license; or

D) an identification card from the Secretary of State's office; or

E) an insurance policy; or

F) naturalization papers.

2) Examples of proof of disability include:

A) proof that an applicant is eligible to receive disability benefits under the federal Social Security Act of 1935 (see 42 USC 423); or

B) issuance of an Illinois Disabled Person Identification Card stating that an applicant is under a Class 2 disability, as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A]; or

C) status of an applicant as a disabled person determined by a physician designated by the Department on Aging using the same standards as used by the Social Security Administration with the costs of any required examination paid by the applicant (see 42 USC 423); or

D) receipt by an applicant of Railroad (see 45 USC 231), Civil Service, or Veterans' total disability benefits (see 38 USC 101). (See 320 ILCS 25/3.14.)

3) Applicants age 64 and older who are ineligible for Medicare must submit proof of citizenship as set forth in section 6036 of the federal Deficit Reduction Act of 2005. This requirement becomes inapplicable if federal funding for these individuals becomes unavailable.

d) Income

Income shall be based on income for the full calendar year prior to the year the applicant filed an application for pharmaceutical benefits, unless the applicant requests consideration of projected income as described in subsections (d)(1)(A), (B), (C), (D) and (E).

1) Projected Income

A) An applicant may request that projected income for the coverage year be used as current income in determining eligibility at the time an application is filed if projected income for the coverage year will be lower than current income for the coverage year. The application must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable an applicant to qualify for this program.

B) An applicant whose application has been denied for exceeding maximum household income eligibility qualifications may file a Schedule P requesting use of projected income for the coverage year as current income for the coverage year in re-determining eligibility if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable an applicant to qualify for this program.

C) A beneficiary whose application has been approved for Illinois Cares Rx Basic may file a Schedule P requesting use of projected income for the coverage year as current income for the coverage year in redetermining the eligibility for Illinois Cares Rx Plus if projected income for the coverage year will be lower than current income for the coverage year. The Schedule must include an itemized listing of current income for the coverage year and projected income for the coverage year, together with documentation for the lost sources of income used in calculating projected income. The Department on Aging will allow such a request and use projected income as current income in processing the application if its use will enable a beneficiary to qualify for Illinois Cares Rx Plus.

D) Amended applications for pharmaceutical assistance benefits must be filed on the appropriate paper forms approved by the Department on Aging prior to the expiration of the coverage year for the coverage year at issue.

E) A beneficiary may not use projected income for two consecutive years, except in the case of hardship such as death, change in marital status or retirement.

2) Countable Income

The earned and unearned income of the applicant and his or her spouse (if the spouse resides with the applicant) shall be counted when determining eligibility.

3) Assets shall not be considered.

4) Illinois Cares Rx Plus participants shall be exempt from the requirements of 89 Ill. Adm. Code 102.210, Estate Claims, with regard to expenditures made for Illinois Cares Rx benefits.

e) An individual who is eligible for medical assistance with a spenddown may participate in Illinois Cares Rx, if that individual meets all of the eligibility requirements for participation in the program.

f) An individual who receives benefits from any of the Medicare Savings programs, the Qualified Medicare Beneficiary (QMB) program, the Specified Low Income Medicare Beneficiary (SLIB) program, or the Qualified Individual (QI) program may participate in Illinois Cares Rx, if that individual meets all of the eligibility requirements for participation in the program.

g) Application Process

1) An application for pharmaceutical assistance benefits under the Act must be filed on the appropriate paper or electronic forms approved by the Department on Aging.

2) Individuals shall apply by completing and submitting an application as specified by the Illinois Department on Aging.

3) Spouses who live together in the same residence may apply on the same application as long as the application contains both signatures.

4) After eligibility is determined by the Illinois Department on Aging, notice of the outcome shall be sent to the applicant.

5) An individual enrolled in Illinois Cares Rx shall receive coverage under his or her own name and unique Recipient Identification Number.

h) Enrollment Periods

1) Enrollment shall be effective the first of the month no later than the second month after the date when the applicant was determined to be eligible for the program.

2) The initial coverage period shall continue from the effective date of the enrollment through the end of the calendar year following the year in which the beneficiary filed the application for Illinois Cares Rx benefits.

3) Individuals must reapply annually.

4) Subsequent uninterrupted periods of enrollment shall be for 12 months and shall be coincident with the calendar year.

i) Authorization of Illinois Cares Rx

Once an individual has been determined eligible for Illinois Cares Rx, an Illinois Cares Rx identification card shall be sent to the individual.

j) Illinois Cares Rx coverage shall terminate:

1) at the end of a participant's coverage period unless the participant reapplies timely and is found to continue to be eligible;

2) when a participant no longer resides in Illinois;

3) when a participant becomes an inmate of a public institution;

4) upon a participant's death;

5) upon discovery that the initial determination of the participant's eligibility was incorrect; or

6) when a participant fails to apply for any low income subsidy available under Medicare Part D, except in cases where the Department has deemed the individual to be compliant based on the Department's data.

k) Appeal Rights

Any applicant or beneficiary aggrieved by action of the Department on Aging under the Act, whether in the denial of an application or amended application may request in writing that the Department on Aging reconsider its action, setting out the facts on which the request is based. The Department on Aging will consider the request and either affirm or modify its action.

(Source: Amended at 36 Ill. Reg. 1516, effective January 23, 2012)