**Section 120.10 Eligibility for Medical Assistance**

a) Eligibility for medical assistance exists when a person meets the non-financial requirements of the program and the person's countable nonexempt income (see Sections 120.64, 120.330 and 120.360) is equal to or less than the applicable Medical Assistance − No Grant (MANG) standard and, for AABD MANG, countable nonexempt resources are not in excess of the applicable resource disregards (Section 120.382). Persons receiving basic maintenance grants under Article III or IV of the Public Aid Code are eligible for medical assistance. Financial eligibility for medical assistance for other persons living in the community is determined according to Section 120.60, unless otherwise specified. Financial eligibility for medical assistance for persons receiving long-term care services, as defined in Section 120.61(a), is determined according to that Section, unless otherwise specified.

b) For AABD MANG, a person's countable income and resources include the person's countable income and resources and the countable income and resources of all persons included in the Medical Assistance standard. The person's responsible relatives living with the child must be included in the standard. The person has the option to request that a dependent child under age 18 in the home who is not included in the MANG unit be included in the MANG standard.

c) For applications received on or after October 1, 2013, eligibility for pregnant women and children, as set forth in Section 120.11, 120.12 and 120.14, and parents and other caretaker relatives, as set forth in Section 120.32, shall be determined as set forth in Section 120.64.

d) For AABD MANG, if a person's countable nonexempt income is greater than the applicable MANG standard and/or countable nonexempt resources are over the applicable resource disregard, the person must meet the spenddown obligation determined for the applicable time period before becoming eligible to receive medical assistance.

e) Effective January 1, 2014, for pregnant women and children, if countable nonexempt income is greater than the applicable standard, a child or pregnant woman must meet the spenddown obligation determined for the applicable time period before becoming eligible to receive medical assistance.

f) A one month eligibility period is used for persons receiving long-term care services (as defined in Section 120.61(a)). Nonexempt income and nonexempt resources over the resource disregard are applied toward the cost of care on a monthly basis, as provided in Section 120.61.

g) Newborns

1) When the Department becomes aware of the birth of a child to a recipient of medical assistance , the child shall be deemed to have applied for medical assistance, without written request, if the mother had been receiving medical assistance on the date of birth of the child.

2) The newborn shall be eligible to receive medical assistance for a period of time as determined in Section 120.400.

h) ACA Adults

Persons not otherwise eligible under this Section, who are no younger than age 19 and no older than age 64 in households with income that is at or below 133 percent of the Federal Poverty Level (FPL) are eligible for medical assistance. Eligibility under this subsection (h) shall be determined as set forth in Section 120.64, except that no coverage for medical services under this subsection (h) shall begin prior to January 1, 2014. Notwithstanding any other provision of this Title 89, effective January 1, 2014, a person may not spend down to become eligible under this subsection (h).

i) Former Foster Care

Persons older than age 18 and younger than age 26 who reside in Illinois, who are not eligible under subsections (a), (b), (c), (f) and (g), who were in foster care under the responsibility of the State of Illinois on the date of attaining age 18 or on the date of attaining age 21 for whom a court has continued wardship for good cause and who received medical assistance under the Illinois Medicaid State Plan or State Plan waiver while in foster care are eligible for medical assistance. No coverage for medical services under this subsection (i) shall begin prior to January 1, 2014. Notwithstanding any other provision of this Title 89, effective January 1, 2014, a person may not spend down to become eligible under this subsection (i).

(Source: Amended at 38 Ill. Reg. 18432, effective August 19, 2014)