**Section 120.540 Illinois Healthy Women Program**

a) A woman shall be eligible for medical services under this program if the woman:

1) Meets required citizenship/immigration status as described in Section 120.310;

2) Meets residency requirements as described in Section 120.311;

3) Does not reside in a public institution as described in Section 120.318;

4) Furnishes a Social Security Number as described in Section 120.327;

5) Is 19 through 44 years of age;

6) Has monthly countable income equal to or less than 200 percent of the federal poverty level guideline.

A) Monthly countable income is determined by taking the total gross monthly income of the woman, and her spouse if she is married and living with her spouse, and subtracting allowable deductions and exemptions according to the provisions of Subpart H, except that sections 120.335(a), 120.345(b), 120.355(a), 120.360(d), 120.362(a) and (b), 120.364, 120.366, 120.370(a), 120.371(c), 120.373(a) and 120.379 shall not apply.

B) The number of individuals in the family determines the applicable income standard.

b) A woman meeting the criteria described under subsection (a) of this Section will be automatically enrolled in the program if she lost eligibility for medical assistance under this Part or health benefits under 89 Ill. Adm. Code 125 for a reason other than failing to meet one of the criteria listed in subsection (a) of this Section.

c) Women who are not enrolled automatically under subsection (b) of this Section may apply for the program by submitting an Illinois Healthy Women application to an address specified by the Department or alternative methods that the Department establishes.

1) The application must meet all requirements found at 89 Ill. Adm. Code 110.10, including provisions regarding who may apply on behalf of the woman.

2) Applicants are obligated to provide truthful and accurate information for determining eligibility and to report promptly to the Department any change in non-financial information provided on the application.

3) Applicants will be notified, in writing, regarding the outcome of the determination of their eligibility.

d) Initial coverage will begin as follows:

1) For women enrolled under subsection (b) of this Section, initial coverage will automatically commence beginning on the first day of the month following the last month of medical assistance or health benefits coverage and will continue for three months. If, in the prescribed timeframe of three months for initial coverage, the woman signs and returns the enrollment form that is mailed to her by the Department, eligibility will continue for an additional nine months beginning on the first day of the month that follows the third month of initial coverage.

2) For women enrolled under subsection (c) of this Section, upon determination of eligibility, initial coverage will commence on the first day of the month in which the application was received by the Department and will continue for 12 months.

e) Eligibility must be redetermined once every 12 months.

1) If the woman continues to meet the requirements set forth in subsection (a), the woman will remain eligible for an additional 12 months if, within the prescribed timeframe, she signs and returns the re-enrollment form that is mailed to her.

2) If the woman does not continue to meet the requirements set forth in subsection (a) or if she does not sign and return the re-enrollment form, her eligibility for the program will be terminated.

3) Each woman will be notified, in writing, regarding the outcome of her re-determination of eligibility.

f) A re-enrollment form will not be mailed to the woman if, after coverage under this program began:

1) She reached the age of 45 years;

2) She moved out of Illinois;

3) She became eligible for another medical program under this Part or 89 Ill. Adm. Code 125;

4) She became an inmate of a correctional facility or a resident of a public institution;

5) She requested that benefits be terminated; or

6) The Department paid for a sterilization procedure for her.

g) Coverage for all participants shall end upon termination of the federal waiver under which this coverage is provided.

h) Benefits available under this program are those set forth in 89 Ill. Adm. Code 140.486.

(Source: Amended at 31 Ill. Reg. 12756, effective August 27, 2007)