**Section 128.240 Eligibility Determination and Enrollment Process**

a) The applicant's military discharge status, time spent in active duty, health insurance status and eligibility for Veterans Administration healthcare will be reviewed first.

b) For the purpose of determining eligibility under this Part, applicants who are not found ineligible under subsection (a) of this Section will be screened for eligibility for medical assistance under the Public Aid Code or health benefits, including rebates, under the Children's Health Insurance Program Act. Veterans who are likely to be eligible for these other programs will be directed to apply for them. Veterans and their spouses may be enrolled under this Part while an application for coverage under another program is pending.

c) If the monthly countable income is equal to or less than the Veterans Care income standard, the application will be approved if all other factors of eligibility are met. The Veterans Care income standard is 50 percent of the Federal Poverty Level plus the Veterans Administration Geographic Means Test threshold.

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

e) Eligibility determinations for the program made by the 10th day of a month will be effective the first day of the following month. Eligibility determinations for the program made after the 10th day of a month will be effective no later than the first day of the second month following that determination.

f) The duration of eligibility for the program will be 12 months unless one of the events described in Section 128.210(b) occurs or the Department shortens the enrollment period to maintain program spending within available funding.

g) Veterans and their spouses may obtain backdated medical coverage for the month of application plus up to three months prior to the month of application, except as stated in Section 128.330(a). Spouses are not eligible to be included for backdated months prior to December 1, 2012. This coverage shall be subject to the veteran paying the premiums for the months of backdated coverage requested. The veteran and spouse may choose the month for which backdated coverage will begin. Backdated months of coverage shall be consecutive beginning with the initial month of backdated coverage requested.

h) At the sole discretion of the Department, the Department may reduce the income threshold established in subsection (c) of this Section if necessary to keep the cost of the program within available funding.

(Source: Amended at 36 Ill. Reg. 17062, effective November 26, 2012)