STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State. **Illinois**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1902(r)(2) of the Act	1. Methods of Determining Income
	a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
	(1) In determining countable income for AFDC-related individuals, the following methods are used: ☐ (a) The methods under the State's approved AFDC plan only; or ☒ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related-pregnant women, infants, and children).

(1) In determining countable resources for AFDC related individuals, the following methods are used:

☐ (a) The methods under the State's approved AFDC plan; or

☒ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES UNDER SECTION 1902(R)(2) OF THE ACT

_X_ Section 1902(f) State ____ Non-Section 1902(f) State

6. For the medically needy aged, blind and disabled program, the State will disregard countable earned or unearned income equal to the difference between the income eligibility standard established under Section 1902 (M) (1) of the Act and the State's medically needy income eligibility standard for the appropriate family size.

7. For children covered under Section 1902 (a) (10) (A) (ii) (VIII) of the Act, the State will disregard all income and resources.

8. For children covered under 42 CFR 435.222(b) (1), the State will disregard all income and resources.

9. For parents and caretaker relatives covered under Section 1902(a)(10)(A)(ii)(I) of the Act and 42 CFR 435.210, the State will disregard total countable earned and unearned income equal to the difference between the AFDC income standard and 185% of the Federal poverty level for the appropriate family size. The State will use federal poverty level figures for the appropriate family size as revised annually in the Federal Register. This methodology is effective October 1, 2007.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(R)(2) OF THE ACT

_X_ Section 1902(f) State ____ Non-Section 1902(f) State

5. For parents and caretaker relatives covered under Section 1902(a)(10)(A)(ii)(I) of the Act and 42 CFR 435.210, the State will disregard resources.

2. __/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

No premiums may be imposed for individuals with family income above 100 percent but at or below 150 percent of the FPL.

B. For groups of individuals with family income above 150 percent of the FPL:

1. Cost sharing

a. ___/No cost sharing is imposed.

b. X /Cost sharing is imposed under Section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			Method for Determining Family Income (including monthly or quarterly period
		Deductible	Co-Insurance	Co-Payment	
Parents and caretaker relatives 1902(a)(10)(A)(ii)(I)	Inpatient Hospital	0	0	Same as Attachment 4.18-A, page 1	Family income is determined on a monthly basis in the same manner as for eligibility except that the State will not disregard countable income equal to the difference between the AFDC income standard and 185% of the FPL for cost sharing.
	Practitioner visits	0	0		
	Brand name drugs	0	0		

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

It should be noted that States can select one or more options in imposing cost sharing (including co-payments, co-insurance, and deductibles) and premiums.

A. For groups of individuals with family income above 100 percent but at or below 150 percent of the FPL:

1. Cost sharing

a. __/No cost sharing is imposed.

b. X /Cost sharing is imposed under Section 1916A of the Act as follows (specify the amounts by group and services (see below)):

Group of Individuals	Item/Service	Type of Charge			*Method for Determining Family Income (including monthly or quarterly period
		Deductible	Co-insurance	Co-payment	
Parents and caretaker relatives 1902(a)(10)(A)(ii)(I)	Inpatient Hospital	0	0	Same as Attachment 4.18-A, page 1	Family income is determined on a monthly basis in the same manner as for eligibility except that the State will not disregard countable income equal to the difference between the AFDC income standard and 185% of the FPL for cost sharing.
	Practitioner visits	0	0		
	Brand name drugs	0	0		

*Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.
Attach a schedule of the cost sharing amounts for specific items and services and the various eligibility groups.

c. Limitations: The total aggregate amount of cost sharing and premiums imposed under sections 1916 and 1916A of the Act for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a quarterly basis as specified by the State.
   - Cost sharing with respect to any item or service may not exceed 10 percent of the cost of such item or service.
   - A family's total cost sharing under Medicaid (1916 and 1916A of the Act) and CHIP may not exceed $25 in a calendar quarter.

d. No cost sharing will be imposed for the following services:
   - Services furnished to individuals under 18 years of age that are required to be provided under Section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
   - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
   - Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate pregnancy;
   - Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
   - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
   - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
   - Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
   - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
   - Any other services specified as exempted by section 1916A(b)(3)(B) of the Act.

e. Enforcement

   1. __/ Providers are permitted to require, as a condition of the provision of care, items, or services, the payment of any cost sharing.

c. Limitations
   - Cost sharing with respect to any item or service may not exceed 20 percent of the cost of such item or service.
   - The total aggregate amount of all cost sharing and premiums imposed under sections 1916 and 1916A of the Act for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly and quarterly basis as specified by the State.
   - Co-payments for all family members enrolled in Medicaid (1916 and 1916A of the Act) and CHIP are limited to a combined total of $25 per quarter.

d. No cost sharing will be imposed for the following services:
   - Services furnished to individuals under 18 years of age that are required to be provided Medicaid under Section 1902(a)(10)(A)(i), and including services furnished to individuals with respect to whom aid and assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
   - Preventive services (such as well baby and well child care and immunizations) provided to children under 18 years of age, regardless of family income;
   - Services furnished to pregnant women, if such services relate to the pregnancy or to any other medical condition which may complicate pregnancy;
   - Services furnished to a terminally ill individual who is receiving hospice care, (as defined in section 1905(o) of the Act);
   - Services furnished to any individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs;
   - Emergency services as defined by the Secretary for the purposes of section 1916(a)(2)(D) of the Act;
   - Family planning services and supplies described in section 1905(a)(4)(C) of the Act; and
   - Services furnished to women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
   - Any other services specified as exempted by section 1916A(b)(3)(B) of the Act.

e. Enforcement

1.__/ Providers are permitted to require, as a condition of the provision of care, items, or services, the payment of any cost sharing.

2.__/(If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.

3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.

4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

a. ____/ No premiums are imposed.

b. _X_/ Premiums are imposed under section 1916A if the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	Method for Determining Family income (including monthly or quarterly period)
Parents and caretaker relatives covered under 1902(a)(10)(A)(ii)(I) of the Act with income above 150% up to and including 185% of FPL.	$15 for one, $25 for two, $30 for three, $35 for four and $40 for five or more family members per month (counting children covered under CHIP in addition to adults).	To determine premium amounts, family income is determined on a monthly basis in the same manner as for eligibility except that the State will not disregard countable income equal to the difference between the AFDC income standard and 185% of the FPL.

Attach a schedule of the premium amounts for the various eligibility groups. (See above)

c. Limitation: The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a quarterly basis as specified by the State.

Co-payments for all family members under Medicaid (sections 1916 and 1916A) and CHIP are limited to a combined total of $25per quarter.

d. No premiums shall be imposed for the following individuals:

- Individuals under 18 years of age that are required to be provided medical assistance under section 1902(a)(10)(A)(i), and including individuals with respect to whom aid or assistance is made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of such title, without regard to age;
- Pregnant women;
- Any terminally ill individual receiving hospice care, as defined in section 1905(o);
- Any individual who is an inpatient in a hospital, nursing facility, intermediate care facility, or other medical institution, if such individual is required, as a condition of receiving services in such institution under the State plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs; and
- Women who are receiving Medicaid by virtue of the application of sections 1902(a)(10)(A)(ii)(XVIII) and 1902(aa) of the Act.
- Any other individuals exempted by section 1916A(b)(3)(A) of the Act.

e. Enforcement

1. X_/ Prepayment required for the following groups of individuals who are applying for Medicaid: Parents and caretaker relatives who were canceled for failure to pay premiums will be required to pay the first month's premium prior to start of benefits. Illinois will activate coverage upon receipt of the first month's premium payment. Once coverage is activated, the monthly premium is due at the start of each subsequent month. Parents and caretaker relatives are given a minimum of a 60 day grace period after the month starts to pay the premium before coverage ends.
2. X_/ Eligibility terminated after failure to pay for 60 days for the following groups of individuals who are receiving Medicaid: parents and caretaker relatives covered under Section 1902(a)(10)(A)(ii)(I) of the Act.
3. __/ Payment will be waived on a case-by-case basis for undue hardship.

C. Period for determining aggregate 5 percent cap

Specify the period for which the 5 percent maximum would be applied.

X/ Quarterly

_/ Monthly

D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

Upon approval for FamilyCare, the department sends an initial invoice to notify the parent/caretaker of the monthly premium amount and the due date. For each subsequent month, the department sends a statement to notify the parent/caretaker relative of the amount of the on-going monthly premium and the due date.

The following materials notify the parent/caretaker relative of cost sharing amounts for medical services and prescriptions:

- Families receive a cost-sharing tracking packet that explains the process for collecting receipts and reporting their costs;
- Monthly FamilyCare ID cards list co-payments for medical visits, prescriptions, inpatient hospital and specifies services for which there is no co-payment: generic prescriptions, lab, radiology, emergency room and family planning visits;
- All Kids/FamilyCare website lists co-payments; and
- Materials used in outreach activities list co-payments for doctor visits, prescriptions and hospital services and describe cost-sharing limits.

Co-payments are tracked quarterly. Co-payment and premium costs for all family members enrolled under Medicaid (sections 1916 and 1916A) or CHIP are counted toward the cost sharing cap of 5% of the family's income. The co-payment tracking packet provides families with the information they need to track their costs. When families accumulate $25 in co-payments, they submit their tracking form and co-payment receipts. The submissions are reviewed to confirm that the co-payment limits have been met. If so, co-payments are stopped for the remainder of the quarter.

Illinois sends a notice to the family to tell them they do not have any co-payments for the remainder of the quarter, and a new cost sharing tracking packet is sent for the following quarter. Indicators are entered into MMIS and the accounting system to suspend co-payments. Providers can check electronic eligibility verification systems to verify that the individual does not have any co-payments.

The state assures that all families stay under the 5% aggregate cost sharing limit by capping co-payments at $25 per quarter and having very low premium amounts. When co-payments are capped, even for those who must continue to pay premiums, no family will exceed the 5% quarterly limit.