Medicaid General Q & A - 2020 Update

Individuals receiving early notification of a PUNS selection should be sure to be Medicaid eligible. It is a requirement in order to access the Home and Community Based waiver funding you have been waiting for. Below are some general questions and answers that can assist.

Q: Who should I reach out to after getting the DHS early notice of a PUNS selection or the DHS PUNS selection with questions about applying for Medicaid or assisting an adult son/daughter with applying?

A: Your Independent Service Coordination (ISC) agency.

Q: As a parent, do I have to include my income and my spouse’s income when I assist my adult son/daughter with their Medicaid application?

A: This is determined by the MAGI Rules- if someone applies for Medicaid and is a dependent on someone else’s tax return, regardless of their age, the income of all household members must be divulged. The link to the 2019 update of the definitive guide to this topic: https://healthlaw.org/resource/advocates-guide-to-magi/# If the Medicaid applicant is 18 years old and lives at home, Medicaid will ask for parents’ income during the application process.

Q: As a parent, can I help my adult son/daughter, or, as a relative or friend of an individual with a developmental disability, can I help them apply for Medicaid?

A: Yes, but even if you are a guardian, you must attach an approved representative form to a written application: See: http://www.dhs.state.il.us/onenetlibrary/12/documents_Forms/IL444-2998-IES.pdf Attach a copy of legal guardianship to the 2998 form if signing the application for an adult son or daughter.

Q: If I cannot verify identity through the online Medicaid application (ABE.Illinois.gov) how do I verify identity?

A: Use the State Identify Proofing Request Form:—see list of documents that will suffice: http://www.dhs.state.il.us/onenetlibrary/12/documents_Forms/IL444-3610.pdf

Q: Where can I get information about Medicaid spend down and pay-in spend down?

A: https://www.illinois.gov/hfs/info/Brochures20and20Forms/Brochures/Pages/HFS591SP.aspx

Q: As a parent, can my adult son/daughter be Medicaid eligible if they currently have health insurance through my employer health insurance policy or my spouse’s policy?

A: Yes, Medicaid pays last. Many individuals have health insurance through their employment or are on a parent’s employer health insurance policy. Some also have Medicare because they receive
Supplemental Security Disability Income (SSDI) either on the basis of the individual’s work history or as a Disabled Adult Child of a worker who is retired, disabled or deceased.

One must be Medicaid eligible and enrolled in Medicaid to access the Medicaid Home and Community Based Waiver for adults with developmental disabilities in IL.

Q: If I am not Medicaid eligible due to my work income but I have a developmental disability and want to use the waiver funding what options do I have?

A: You may be eligible for Health Benefits for Workers with Disabilities, a Medicaid buy in program: https://www.illinois.gov/hfs/MedicalPrograms/hbwd/Pages/default.aspx

Q: How long does it take for HFS to process my Medicaid application?

A: The Illinois Medicaid Manual states that caseworkers have 45 days to process most Medicaid applications but 60 days for a Medicaid application based on disability.

Q: If I am selected from the PUNS and still have not applied for Medicaid is there any way to speed up the application process?

A: Yes, reach out to your ISC for further information.

Q: How do I apply for Medicaid?

A: The online application can be accessed at: https://www.ABE.Illinois.gov and the downloadable written application can be accessed at: https://www.illinois.gov/hfs/SiteCollectionDocuments/hfs2378h.pdf

Q: If I have a question about a Medicaid application, a temporary Medicaid card, my annual redetermination of Medicaid eligibility or change of status, can I contact Healthcare and Family Services (HFS) directly?

A: Yes. Email HFS.ACA@illinois.gov List the individual’s name, DOB, SSN, RIN (if you have one), confirmation # from ABE (if you did the Medicaid application or redetermination online.) If the individual has private insurance, send a copy of the front/back of the private insurance card; provide the full name, address and phone # for the Approved Representative; a scanned copy of any related correspondence and or information about medical appointments set up and/or prescription refills due in the next 7 days.

Q: If I am on the DDD waiver now and have a question about my annual redetermination of Medicaid eligibility, who do I contact?

A: Email DHS.DD.MediRede@illinois.gov. If you do not receive a response within 72 hours contact Mikie Salmon at Mikie.Salmon@illinois.gov or 217-557-9253.

What you need to know about SNAP benefits

SNAP stands for Supplemental Nutrition Assistance Program, often referred to by its former name - Food Stamps. This is a program of the U.S. Department of Agriculture. You can apply for SNAP at the
same time that you apply for (or do rede for) Medicaid. However, the SNAP program has its own rules for income and eligibility.

- People who live in a NFP (not-for-profit) CILA (and ICILA) should apply for and maintain SNAP benefits.
- People with disabilities who live at home are considered to be a “household unit” until they reach their 22nd birthday. This means that the income of all household members is counted.
- For more SNAP information, see: [http://www.dhs.state.il.us/page.aspx?item=30357](http://www.dhs.state.il.us/page.aspx?item=30357)

**Glossary of helpful terms**

- **DOB** = Date of Birth
- **SSN** = Social Security Number
- **RIN** = Recipient Identification Number (issued by HFS)
- **HFS** = Illinois Department of Healthcare and Family Services, our state’s Medicaid agency
- **DHS** = Illinois Department of Human Services- they have an agreement with HFS to handle Medicaid and SNAP (Food Stamp) applications and redeterminations. This is handled by the DHS Division of Family and Community Services.
- **ABE** = Application for Benefits Eligibility (online application site)

**Redeterminations (redes):** Redes for Medicaid enrollees in general:

There is still a backlog; People can either attempt to use ABE or complete and mail back the form they receive.

The rede form is not available on the HFS website.

Some people do not get rede notices, as the data system used by DHS is able to verify them automatically. This is called an “ex parte renewal”.

Rede letters and forms are sent out to people when additional information is required.

Blank rede forms are not available online (you may want to make a copy of the one mailed to you prior to completing it; otherwise, you must contact DHS to obtain a replacement form).

**Ligas Family Advocate Program:** 815-464-1832

Director: Shirley Perez: shirley@thearcofil.org
Ligas Family Advocate for Northern Illinois: mary@thearcofil.org
Ligas Family Advocate for Southern Illinois: megan@thearcofil.org
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