

Medicaid Application and Redetermination Process

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Department of Human Services

Division of Developmental Disabilities

Medicaid Administration

There are two ways to apply for Cash/Medical/SNAP

- 1) Paper Application Form: **IL444-2378B** submit this to the DHS – FCRC. To find a public aid office or FCRC, go to the DHS Office locator on the DHS home page:
<http://www.dhs.state.il.us/page.aspx?>
- 2) Go online to: <https://abe.illinois.gov/abe/access/> and click on the '**APPLY for BENEFITS**' tab.

Manage My Case

You can also set up a MMC at the abe.illinois.gov website.

Some Individuals will not be able to get past the Experian identity proofing screen if they do not have a credit history.

There is now a work-a-round for this issue.

<http://www.dhs.state.il.us/page.aspx?item=76721>

Requesting Manual State Identity Proofing to Access Manage My Case

If a customer or applicant has tried to set up **MMC**, but could not pass Identity Proofing in ABE, there is now a process to request manual State Identity Proofing.

To request State Identity Proofing, fill out, sign, and return the [State Identity Proofing Request Form \(pdf\)](#), [IL444-3610 S FORMULARIO DE SOLICITUD DE PRUEBA DE IDENTIDAD DEL ESTADO \(pdf\)](#). and proof documents (listed on page 3 of the form).

If an Approved Representative is completing the form, a signed [Approved Representative Form](#) MUST be mailed along with the Request form, and Proof Document, even if one is already on file with the State.

Proof documents - you will need a copy of one (1) document from Column A or two (2) documents from Column B from the list of Acceptable Identity Proofing Documents.

Return the completed form and proof documents to:
Illinois Department of Healthcare and Family Services
Attn.: ID Proofing Unit
600 E. Ash, Building 500, 5th Fl.
Springfield, IL 62703
or

Return the form to your local FCRC

The form cannot be emailed and should NOT be sent to Central Scanning.

Allow 6-8 weeks to hear back from the state.

If there are questions, email: ABE.Questions@illinois.gov

SNAP

Supplemental Nutrition Assistance Program

Federal Program that provides nutrition benefits to supplement the food budget for those who qualify so they can purchase healthy food.

SNAP will require an interview in person or by phone.

Customers residing in a For-Profit Group home are **not eligible** for SNAP assistance.

PM 05-08-01

If you qualify, you will receive **\$15 - \$194 per month** on the LINK card.

For any assistance with the LINK card please go to:

ebt-link.illinois.gov or Illinois Electronic Benefit Transfer (EBT) Link Card

1-800-678-LINK (5465)

Cash Assistance

Individuals must already be receiving SSI to be eligible for cash assistance. The amount of assistance varies. The average amount that I see our ID/DD customers receiving is about \$90/month.

MSP

Individuals can also apply for the *Medical Savings Program(MSP)* if they receive Medicare and want to have the premiums/deductibles paid by the State. This is what the QMB, SLIB, and QI-1 benefits provide.

Please contact the DD Hub if you would like more information regarding MSP.

Medical Coverage

Illinois has many Medicaid plans available. Here are the plans available for Waiver and ICF customers. You cannot pick which plan you want to be in. We will place you into the correct plan.

- All Kids Assist
 - ACA
- AABD Medical
- AABD Spend Down
 - DAC
 - 1619
 - LTC
 - DoA
 - HBWD

Earned Income Verifications

Paystubs (most current 30 days)

If someone just started a job, and no paystubs have been issued yet, have the employer write a statement on company letterhead. The statement must include: start date, pay rate & pay frequency.

Self employed income use form **IL444-2790** or submit last years taxes.

If the customer lives with parents, and the parents claim the customer on taxes, then the parental income is required too.

Parental income is **exempt** for Children under 18 entering the DD WAIVER. Income verification will still need to be provided. Please see this link to the **IB: DD.16.080** : <http://www.dhs.state.il.us/page.aspx?item=84234>

Unearned Income Verifications

SSA, SSI, SSDI, RSDI*

Rail Road Retirement

Pensions

Annuity pay out

Unemployment*

* - We can verify this information here at DHS without verifications needed to be submitted.

Asset Verifications

Bank statements

Life insurance policies

Pre-Paid burial funds

Car/House

Trusts

ABLE Account

If you would like information on the Illinois ABLE Account then please call [1-888-609-8683](tel:1-888-609-8683).

ABLE Questions? Go to: ilsavewithable.com

Spousal Impoverishment

This helps to protect a spouse's home, assets and income when their wife/husband has to go into a nursing home.

If you encounter a situation where this would be an issue, then please contact the DD Hub.

Non Financial Factors

Citizenship

All Kids will cover children under 18 regardless. For adults, must be lawfully admitted into the USA for 5 years. Look for the date of entry on the INS card.

Some refugees/asylees can have the 5 year requirement waived if they were the victim of abuse/neglect/human trafficking.

Residency

You must be an Illinois resident to receive Illinois Medicaid Benefits. You can apply the day you arrive in the state, not before.

Spend Down

A customer can be placed into a Spend Down case if their countable income is above 100% of the FPL for AABD and 138% for those ACA eligible.

The Spend Down amount will be '*dollar for dollar*' the amount over the FPL.

If the customer is in a Federal Waiver, then the waiver costs can be applied to the monthly SD.

For the 3 DHS-DDD Waivers, we use the **IL444-2653** form to meet the SD. Other waivers have similar forms. Here is a link to the form instructions: <http://www.dhs.state.il.us/page.aspx?item=44976>

*****Pay-in Spenddown option*****

The Pay-in Spenddown Enrollment Form (**HFS 458SP-4** or **458SPS-4**) Spenddown Payment/Fiscal Operations, PO Box 19141, Springfield, Il 62794-9141

Medical Redetermination

Every medical Medicaid case in Illinois goes through an annual redetermination process.

This is Federal Law: **42 CFR § 435.916** – Periodic renewal of Medicaid eligibility.

Know your REDE date! If you don't know then ask.

REDEs are always due the first day of the month. If they are not received then the case will auto cancel the last day of the month. The new IES system runs on **HFS** policy.

REDEs are sent out the month before they are due. Please provide any updated verifications: Income, Assets, Insurance, updated 2653, Etc.

AUTO-REDE?

If you meet a certain criteria **then** your case may be eligible for automatic redetermination.

The medical programs/services described in the next slide are **potentially eligible** (non-excluded) for auto-REDE. Some financial and non-financial data have been previously verified and updated in IES through regularly scheduled interfaces or by worker action during the clearance check.

- All Kids Assist (non-spenddown)
- All Kids Share
- All Kids Premium Levels 1 & 2
- Moms & Babies (non-spenddown)
- FamilyCare
- ACA Adult
- Former Foster Care
- SSI recipients receiving AABD Medical
- SSI recipients receiving long term care (LTC)-nursing home, Supportive Living Facility (SLF), Department on Aging (DoA) or shelter care services
- Disabled Adult Children (DAC), Widow(er) and Section 1619 cases

Exclusions to the Auto-REDE Process

The following programs and services are **excluded** from auto-REDE:

- Medical extension
- Cases in spenddown status
- AABD medical (does not receive SSI)
- Medicare Savings Program (QMB, SLIB, QI-1)
- Any medical program when the individual is receiving LTC-nursing home, SLF, DoA or (does not receive SSI income)
- Shelter care services (medical and medical spenddown)
- Health Benefits for Workers with Disabilities (HBWD)
- Veterans Care
- Health Benefits for Persons with Breast or Cervical Cancer (BCC)

Who Completes The REDE?

The Customer or the Approved Representative

If the Customer is enrolled in the DD Waiver, then the ISC should assist the Customer and Approved Representative if needed.

The only REDE the ISC is required to complete and submit to DHS is the annual *Clinical DD Waiver Redetermination form*. This is for continued waiver eligibility. This is not for continued Medicaid benefits eligibility. Contact your ISC for any questions regarding this process.

Please do not confuse the two REDEs.

Approved Representative

We advise that all guardians file as an Approved Representative. This is the only way you can speak to the FCRC and any of Illinois HealthChoice MCOs.

ICFs, CILAs and ISCs can make their agency an Approved Representative. A customer can have as many Approved Reps on their case as they wish.

An **Approved Representative** is a person who has been given permission by a client to apply for benefits, renew benefits and receive notices about benefits.

An Approved Representative is different from a Representative Payee.

Form

IL444-2998

Didn't get the REDE in by the due date?

Don't worry, there is a 90 day cooperation period.

PM 19-04-02

A blank Medical Renewal Form **HFS-643** will also suffice for submission.

A new application will be needed to reinstated the case if the grace period has lapsed.

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DD Hub Pilot Project

(Ending 11/30/2019, New DD Hub will be located at LO-238, see email below)

HCBS waiver, ICF/DD & DHS-DDD-SODCs

DHS.DD.MediRede@Illinois.gov



Office 238 Updates and Contact Changes.msg