

Medicaid Benefits

Jay Bohn

Department of Human Services

Division of Developmental Disabilities

Medicaid Administration

There are 3 ways to apply for Medicaid Benefits

Paper Application Form: **IL444-2378B** submit this to the FCRC. To find a Public Aid office or FCRC near you, go to the DHS Office locator on the DHS home page:
<http://www.dhs.state.il.us/page.aspx>

Go online to: <https://abe.illinois.gov/abe/access/> and click on the '**APPLY for BENEFITS**' tab.

You can also apply for healthcare and SNAP over the phone by calling the ABE Customer Call Center: **(800) 843-6154**

(Please allow up to 45 days for processing)

Manage My Case

MMC provides customers with information about their Cash/Medical/SNAP benefits, including application status, redetermination status, recent notices and benefit amounts. Customers can also submit redeterminations, changes and request new benefit programs.

You can 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 a work-around for this issue: <http://www.dhs.state.il.us/page.aspx?item=76721>

Scroll down to **REQUESTING MANUAL STATE IDENTITY PROOFING.**

SNAP

Supplemental Nutrition Assistance Program

SNAP Is a 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 the SNAP assistance.

You will not be eligible for SNAP if residing with parents – unless all family members are income eligible.

If you qualify, you may receive up to **\$281 per month** on the LINK card.

For 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 receive SSI to be eligible for cash assistance. The amount of assistance varies. The average amount that I see our DD Waiver customers receiving is \$90/month.

MSP

Individuals can participate in the Medicare Savings Program 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.

Link to Extra Help with Drug Costs:

https://www2.illinois.gov/aging/ship/Documents/SHIP_Extra_HelpChart.pdf

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 (Affordable Care Act)
- AABD Medical (Aid to the Aged, Blind and Disabled)
 - AABD Spend Down
 - DAC (Disabled Adult Child)
 - 1619b (SSA Determined)
 - LTC (Long Term Care)
 - DoA (Department on Aging)
- HBWD (Health Benefits for Workers with Disabilities)

Link to all HFS Medical Programs:

<https://www2.illinois.gov/hfs/MedicalClients/Pages/medicalprograms.aspx>

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.

SSA, SSI, SSDI, RSDI
Railroad Retirement
Pensions
Annuity pay out
Unemployment

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 or visit the website: [IL ABLE Accounts for Individuals with Disabilities | IL ABLE \(illinoisable.com\)](https://illinoisable.com)

Citizenship

All Kids will cover children under 18 regardless. For adults between the ages of 19 and 41, they must be income eligible and lawfully admitted into the USA for 5 years. Look for the date of entry on the INS card.

Adults age 42 to 54 who have been admitted into the US for 5 years and are undocumented who enrolled prior to July 1st 2023 will be eligible for Health Benefits for Immigrant Adults (HBIA). Enrollment into HBIA was paused on July 1, 2024 due to budget concerns. Seniors age 65 and older, not in the US for 5 years and undocumented, may be income eligible for Health Benefits for Immigrant Seniors (HBIS). The program will be capped when enrollment reaches 16,500. Both programs offer comprehensive health insurance but do not cover waiver services, long term care, and funeral/burial services. Enrollees in both HBIA and HBIS, as of 7/1/23, will pay co-pays, co-insurance and will be transitioned to Managed Care by January 1, 2024.

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.

Please inform the previous state's Medicaid office of non-residency. They will need to close out your case.

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 Waiver, then the Waiver costs can be applied to the monthly SPD.

For the 3 DHS-DDD Waivers, we use the **IL444-2653** form to meet the SPD. 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

Submitting Medical Bills for Meeting the Spenddown

A Bill must have 5 things to be accepted:

1. Date of service.
2. Amount incurred.
3. Nature of service.
4. Name and address of provider and the name of the person for whom the service was provided.
5. If the bill is subject to TPL coverage, then consideration will depend on whether the bill has been adjudicated or if provider's estimate can be accepted.

TPL & MCO

Third Party Liability (private insurance)

To report changes in TPL, please contact the TPL unit at HFS:

https://www2.illinois.gov/hfs/SiteCollectionDocuments/Private_Insurance_ThirdPartyLiability.pdf TPL Hotline: 217-524-2490

Managed Care Organization

If you do not have a TPL then you will have to enroll in a MCO. For MCO questions and issues, please contact Client Enrollment Services at HFS: 1-877-912-8880 OR

www.enrollhfs.illinois.gov

If you have a TPL then you are exempt from the MCO enrollment.

Medical Redetermination

Every medical 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 recertification month. If they are not received, then the case will auto cancel the last day of the month.

The REDE is to be completed by the Customer or the Approved Representative.

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

Approved Representative

We advise all guardians file as an Approved Representative. This is the only way you can speak to the FCRC and any of Illinois HealthChoice MCOs. Please include any guardianship papers with the AR forms when submitting.

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.

Note: An *Approved Representative* is different from a *Representative Payee*.

Form

IL444-2998

Question

My child was born with a rare genetic disorder. Are they eligible for Medicaid?

Yes, if they are income eligible. This means the parental income is counted. Also, yes if they are awarded a child Medicaid waiver for Support or Residential services. The child will be medically eligible for those waivers as parental income then becomes exempt.

Question

My son has Medicaid and is in the Adults with DD waiver. My husband retired two years ago, and my son also receives federal SSDI. I am told he will start on Medicare in a month. Does he have to pay for the Part B premium?

Not necessarily. If his income is \$1,639/month or less, then he is eligible for one of the Medical Savings Programs. The state will pay the premium.

Question

My daughter is disabled and works. Her income may make her ineligible for the AABD Spend Down medical plan. Is there any plan for individuals in this situation?

Yes. The HBWD medical plan is an option. If you are an individual with a disability, between the ages of 16 and 64 and working, you may qualify for HBWD. Workers with countable income of up to \$4,253 per month for a single person may [qualify for the program](#). Unlike other Medicaid programs, HBWD allows enrollees to have up to \$25,000 in assets. Depending on their income, enrollees pay a [monthly premium](#) based on their income range to receive comprehensive healthcare coverage.

Question

I was just approved for the Medicaid AABD/Spend down plan, but my case is in an unmet status. How can it be met so that I can receive the benefits?

Good question. To meet a spenddown the customer must provide allowable medical expenses in the amount of their spenddown. Up to 6 months of expenses can be used. This could include things such as cost for medical insurance, Part B premiums, hospital/Dr visits, Medications prescribed by a Dr, ETC... If unable to meet spenddown then explore a different medical plan such as 1619, DAC, and HBWD.

DD Hub at Local Office – 238: DHS.FCS.DDWAIVER@illinois.gov

This is for any customer age 19+ enrolled in the DD Waiver or on the PUNS waiting list. Office 238 is a central processing unit through the DHS-Division of Family and Community Services located in Springfield. IL.

**For assistance with All Kids children's Medical cases and kids 18yr transitioning to adult Medicaid, please contact Jennifer Frescura and Matt Gurney at HFS-All Kids:
Jennifer.Frescura@illinois.gov Matthew.R.Gurney@Illinois.gov**

Link to all 9 Illinois HCB Waivers:

[Home and Community Based Services Waiver Programs | HFS \(illinois.gov\)](#)

Link to the Cash/SNAP/Medical Policy Manual:

<https://www.dhs.state.il.us/page.aspx?item=13473>

Illinois Medicaid State Plan Fee Schedules:

<https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

(For any HFS Billing questions please call 877-782-5565)



Jay Bohn
DHS-DDD
217-558-1361
Jay.Bohn@Illinois.gov