

Medicaid Webinar with Jay Bohn

October 6th 2025

Access to recording here: <https://youtu.be/OaXOyOTdhL8>

Questions & Answers

SNAP

1. Does the SNAP restriction apply for adults in a household of 1 residing with a parent?
2. Are individuals in CLF eligible for Snap benefits?
3. Are individuals in a CLF eligible for SNAP benefits?
4. My daughter lives at home but never eats with us. Would she be eligible for SNAP benefits?

ALL SNAP related questions, please refer to the following links for resources:

IDHS: WAG 25-03-02 (1) SNAP (state.il.us)

<https://www.dhs.state.il.us/page.aspx?item=21738>

IDHS: WAG 25-03-09: Basis of Issuance Table (1) (10-01-22)
(state.il.us)

<https://www.dhs.state.il.us/page.aspx?item=145932>

IDHS: WAG 25-03-09: Basis of Issuance Table (2) (10-01-22)
(state.il.us)

<https://www.dhs.state.il.us/page.aspx?item=146389>

IDHS: WAG 25-03-09: Basis of Issuance Table (3) (10-01-22)
(state.il.us)

<https://www.dhs.state.il.us/page.aspx?item=146442>

IDHS: WAG 25-06-05-a (1) Minimum Monthly SNAP Benefit Amount for 1-2 Persons (state.il.us)

<https://www.dhs.state.il.us/page.aspx?item=67224>

FAMILY HEALTH PLANS

5. I have a family with a son who is in his 30s and on a DD waiver. Dad is retiring soon and was told his son would automatically switch from Medicaid to Medicare and they are worried about premiums etc. Can you please give me more information on this? I am having a difficult time understanding the reason behind the possible change and if it will affect them. Thank you so much!

Answer: To find information in health plans available, please visit this link: <https://www.dhs.state.il.us/page.aspx?item=21741>

6. Can you explain how Medicaid and a Special Needs Payback Trust works?

Answer: If it's special needs trust and it fits the parameters, it's exempt. If it's anything else, then it's not exempt, and we will look at it. If that person wants to send me an email with an example, I can look at it and have the asset discovery unit to review and further advise.

SPENDDOWN

7. What if u have a spenddown?

Answer: Anyone can review information on spenddown using the slide deck attached to the Medicaid Presentation using this link:

<https://youtu.be/OaXOyOTdhL8>

8. I have a daughter that is a MMAI recipient. Will she be automatically enrolled in a specific new FIDE SNP plan or how do I choose a specific plan to put her in? Will I be able to select the specific plan this Fall 2025 that I'd like her to be in, like the new Humana FIDE SNP plan? Will she still need to meet the Spend Down for her adult HBCS waiver on the new FIDE SNP program?

Answer: I do not know how this is going to work yet. I just recently learned that MMAI is ending, and the D-SNP starts 1/1/26. I am in ongoing meeting with HFS regarding this issue. Mailings will be going out to all customers with this information.

9. My son (with a developmental disability) turned 18 in May. We got guardianship completed and then initiated the process to apply for his SSI. He is covered with my health insurance - but should I go ahead and apply for Medicaid as secondary - now? Any reason to wait (until SSI is finalized? until he graduates from high school and starts Transition Program)

Answer: You could start anytime you want to. If this person is on the puns about ready to be pulled off, seeking an award letter for my waiver services? If so, then yes, you would want to start it now. Otherwise, you would not have to start it until you get that pre-selection letter. That gives you enough time to start. Do you need a secondary to pick up any extra medical expenses? If so, you go ahead and apply now if he's going to be eligible.

10. Is there a difference between supplemental medical coverage and MMAI services?

Answer: I don't get into MMI. That's ending at the end of the year and they're starting another program.

11. Is there a difference in resources and care between the ACA affordable care act and AABD aid to the aged blind and disabled? And is HBWD health benefits for workers with disabilities a Medicaid plan?

Answer: We have all different kinds of plans here in Illinois. It's around a hundred different plans. I'm just showing you the ones that pay for Medicaid services. Now ACA does not look at assets and resources. AABD does look at assets and resources. no difference in services only difference in the category. It's just the category you're in you were placed in. Different categories get different forms of federal reimbursement. It's more of a behind the scenes thing. You're not going to see any of that stuff in the doctor's office or in the group home.

HBWD is a Medicaid plan under Illinois Department of Healthcare and Family Services [Medical Programs | HFS](#)

12. What are the income limits for DAC Disabled adult child Medicaid?

Answer: Here is the link to find information on Disable Adult Children DAC benefits and requirements:

<https://www.dhs.state.il.us/page.aspx?Item=13835>

13. Are all special needs trusts exempt or not counted towards assets?

Answer: Yes, because it's specialized. They tell what needs to be done with the money. You can't go out and buy things that you like. It must be for the care of the person. So those kinds of special needs trusts, that are designated for the care of the person, are exempt. A regular trust would not be. If they got questions about their trust, they'll want to talk to their CPA about that.

14. Why would a Special Needs Trust have to be disclosed?

Answer: Because you want government subsidized benefits and we need to know that it's policy.

15. Our daughter had Medicaid under ACA when she was approved for SSI. Since then, she has moved into a Cila. Should she now be under AABD? Is this something that the CILA address? Thank you.

Answer: Has she experienced any problems with the ACA plan that she's on now? If so, then yes, she will want to discuss that not with the group home, but with the ISC agent because the ISC agent will be able to relay that concern to the DD hub and take any action if needed.

16. My daughter is on ACA but I think she should be on AABD. Who can answer this type of question?

Answer: Jay would like additional information to answer this question. If the family would like to contact Jay by email, including in the email their case identification number, and if and why they might wish to switch categories, he would be happy to review the family's case and advise.

17. Families are being asked to enroll in managed care even if they have private health insurance. I thought their managed care would be their private insurance, can you please advise?

Answer: If a family has received information advising them to enroll in an MCO and they have a TPL, that would have been sent erroneously. If this has happened to your family, you can bring it to Jay's attention by contacting him, or you can contact the TPL hotline or the MCO number listed on the document and they will be able to further assist you.

Third Party Liability (TPL) Inquiry Line at 217-524-2490

18. Is someone on Medicare and Medicaid required to be in an MCO?

Answer: PM 20-24-01 IDHS: PM 20-24-01: Enrolling in an MCO Enrollment in the Medicare-Medicaid Alignment Initiative (MMAI) program is very similar to HealthChoice Illinois enrollment. Customers are automatically assigned using a systematic process and are mailed an enrollment letter by ICES. The 90-day switch period from enrollment effective date and open enrollment period does not apply as customers in the MMAI program are allowed to opt out of the program or switch MMAI plans at any time. Dual eligible customers who opt out of the MMAI program and are receiving waiver services or long-term care services must enroll with an HealthChoice Illinois Managed Long Term Services and Supports (MLTSS) health plan for their MLTSS services only.

19. What is clinical redetermination? And who must do it?

Answer: The clinical redetermination is an annual check to see if the customer still requires active treatment. This is done by the ISC agent. ISC Manual 9.4: IDHS: Independent Service Coordination (ISC) Manual

At least annually, a service coordinator will conduct a level of care/Waiver eligibility redetermination. In this Section, a redetermination refers to the clinical level of care and is conducted for continuing eligibility of services to everyone in the DDD Waivers. This redetermination is for waiver claiming and is summarized and documented on the Redetermination of Medicaid DD Waiver Eligibility form [IL462-0952].

20. Do you need to report ABLE account on the Redetermination form?

Answer: Yes, all financial information should be disclosed.

21. Is there a limit to the number of approved representatives an individual can have?

Answer: Jay shared that a customer can have as many approved representatives on their case as they would like.

22. Would you advise a parent to apply to be an approved rep in addition to the agency where their adult child resides?

Answer: Jay shared that it is the family's choice, but if it were him, that would be something that he would do.

23. Are you able to have two payee representatives, that are co-guardians? If so, how can you add the co-guardian, even if you submitted the documentation to SSI

Answer: Jay does not have the authority to discuss SSI. A question about payee representatives would be better answered by an SSI representative. However, when talking about Medicaid, a customer can have as many approved representatives on their case as they would like. Jay noted one customer who lost Medicaid coverage because they were unable to submit the required documentation by the due date. As a result of this, the customer enrolled five payee representatives (guardian, provider, neighbor, etc.) to ensure that situation would not happen again.

24. If one has too much money in their special needs trust, can they be ineligible for Medicaid? What constitutes too much?

Answer: Special needs trusts are exempt. There is no mention of an amount for "too much".

PM 09-04-02: IDHS: PM 09-04-02: Types of Accounts

Note: An important consideration is that, upon the individual's death, funds remaining in an SNT, as well as an ABLE account, would be subject to claims by Medicaid for services performed.

MEDICAID WAIVERS IN ILLINOIS

25. Please name all the waivers.

- a. <https://hfs.illinois.gov/medicalclients/hcbs.html>
- a. Adults with Developmental Disabilities
- b. Residential Services for Children and Young Adults...
- c. Medically Fragile/Technology Dependent Children
- d. Persons who are Elderly
- e. Persons with Brain Injury (BI)
- f. Persons with Disabilities
- g. Persons with HIV or AIDS
- h. Supportive Living Program
- i. Support Waiver for Children and Young Adults with DD

26. When pulled for the HCBS waiver, do you need to close one waiver, before starting another waiver? What is the best timing for those things?

Answer: No person can participate in two Medicaid waivers at the same time. For example: once an individual has been approved for the Developmental Disabilities (DD) waiver and is currently enrolled in the Department of Rehabilitative services (DRS) must contact their counselor at DRS to inform them of their wishes to transition to the DD waiver. One waiver must be closed before starting the new waiver.

OTHER

27. I received a text this weekend indicating that the Illinois DHS needs my current address. The text asks me to click a link to update my address.

Answer: Never trust unverified links. If you get text messages that seem suspicious, check directly with government websites or call their help line.