

2023 Important Medicaid Income Limits

	Monthly income limit	Asset Limits
ACA Adult Medicaid: Adults aged 18-64 without Medicare	\$1,677.00- 1 person household \$2,268.00- 2 person household	N/A
AABD Medicaid: Adults 65+, and/or adults who meet the Social Security Administration's definition of disability	\$1,240.00- 1 person household \$1,668.00- 2 person household	\$17,500.00
AABD Spenddown: Adults over 65+ and/ or adults who meet the Social Security Administration's definition of disability	Gross income <u>-Medical Expenses</u> = less than AABD income limit	\$17,500.00

*AABD Income limits include 25.00 disregard.ACA Income limits include a 5% income disregard. Income limits update on April 1st to reflect the current year's FPL.



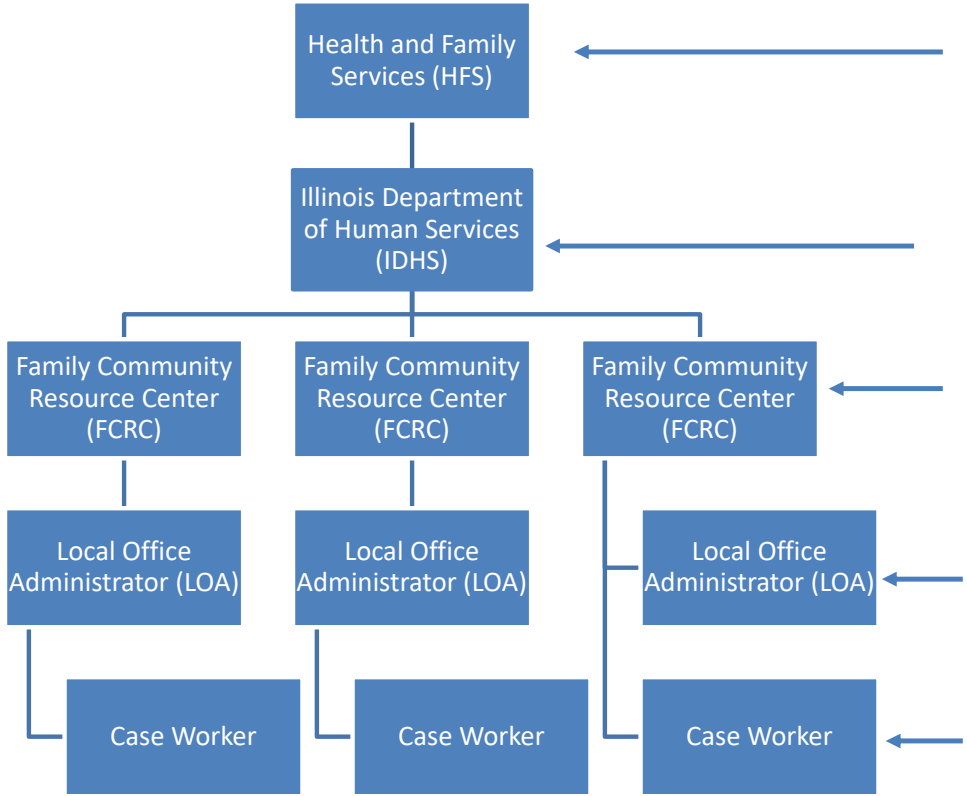
Intake Information:

(Note: Additional information may be needed if you are applying for additional benefits)

- Proof of identity found on a Driver's License or State ID
- Full names and date of birth for everyone on the application
- Social security numbers for everyone applying for benefits.
- Alien Registration Number for any person who is applying and not a US citizen
- Information about gross monthly income for everyone on the application
- Information about health insurance through work, if applicable
- Value of everyone's cash, checking, savings, and/or any other type of bank account
- General information about any vehicles, real property, life insurance, and burial resources for everyone in the household
- Medical bills from the past 6 months, if applying for Medicaid Spenddown



Key Government Stakeholders



HFS- the state government body making policy decisions

IDHS- the government body that administers the benefit and processes the applications

FCRCs are a subsection of IDHS, often referred to as the 'local public aid office'. This is the physical place that an application gets sent and processed.


Local Office Administrators run the local office, similar to an office manager

Case workers receive applications and approve and deny benefit applications



When to Click 'ACA Medicaid' vs 'AABD Medicaid'

Medical Benefit choice

If this person is eligible for more than one type of medical program, what would be the preference? 

- Aid to the Aged, Blind and Disabled (AABD) Family Care or ACA No Preference

	ACA Medicaid	AABD Medicaid
Adult 18-64	✓	
Disabled adult aged 18-64 who does not have Medicare	✓	
Disabled Adult with Medicare		✓
Older Adult aged 65+		✓



HCBS Waiver Programs

There are 9 different HCBS Programs

Each of these programs has their own enrollment process. The first point of entry is the first place that someone can go to get started.

Waiver Name	Ages Served	First Point of Entry
Persons who are Elderly	Age 60+	Illinois Department on Aging (IDOA)
Persons with Disabilities	Must be under 60 at the time of application. Must have a diagnosed severe disability expected to last at least 12 months	DHS Division of Rehabilitation Services
Adults with Developmental Disabilities	Age 18+	Division of Developmental Disabilities



HCBS Waiver Programs

Waiver Name	Ages Served	First Point of Entry
Supportive Living Program	Age 22-64 with a physical disability or 65+	HFS Bureau of Long Term Care
People who are Medically Fragile, Technology Dependent	Under Age 21 at time of application	UIC Division of Specialized Care for Children (DSCC)
Persons with Brain Injury	Any Age	DHS Division of Rehabilitation Services
Persons with HIV or Aids	Any Age	DHS Division of Rehabilitation Services
Children and Young Adults with Developmental Disabilities- Support and Residential Waivers	Age 3-21	Division of Developmental Disabilities

More information available online at: <https://hfs.illinois.gov/medicalclients/hcbs.html>



When to write something in the ABE comment section

Circumstance	What to say
Job Ended	Please note that this job ended on [date job ended] and is not expected to continue. Note if the applicant was paid out in PTO or something similar to avoid potential confusion.
Potentially Eligible for Spenddown	This is a Medicaid Spenddown Application
Requesting backdated coverage	Please note this application includes a request for backdated coverage for [list months]
Medical Emergency	Please expedite- medical emergency due to [brief description of diagnosis]
Emergency Medicaid for Undocumented Immigrants	Application for Emergency Medicaid for Undocumented Immigrant. Please Expedite.
Unusual Circumstance	Brief note describing circumstance. Use no more than 1-2 sentences.

