



ABE 101: Completing a Medicaid Application

A Beginner's Guide to ABE and Medicaid

April 29th, 2025

Presenters



Halie Reyes,
Community Engagement
and Benefit Access Specialist



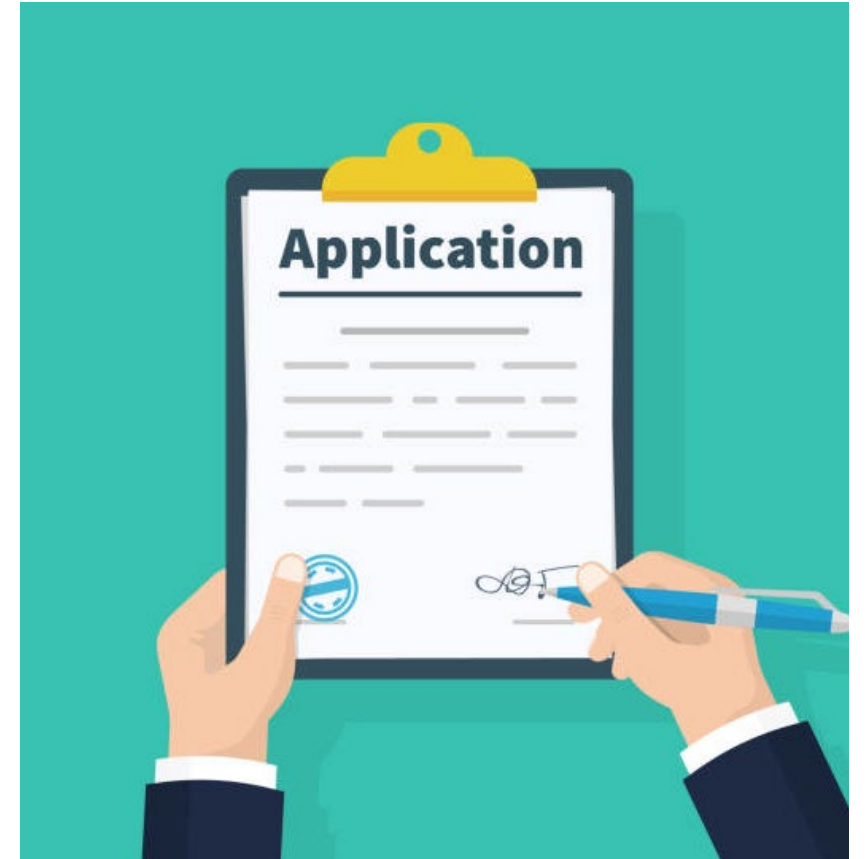
Rita Garcia
Information & Assistance
and Benefits Specialist



What is BEC?

Stands for **Benefit Enrollment Center**. Our team aims to:

- Provide application assistance for public benefits
- Help people understand their benefits and advocate if needed
- Conduct outreach to educate the public
- Support other benefit counselors in our Aging Network



Housekeeping

- Please make sure to stay on mute if you are not speaking.
- Content questions that arise throughout the training can be submitted in the chat. Stella Van Den Eeden, an Avisery Training Specialist, will be answering questions.
- Slides and toolkit were sent via email this morning. Recording will be shared afterwards.



Goal of this training

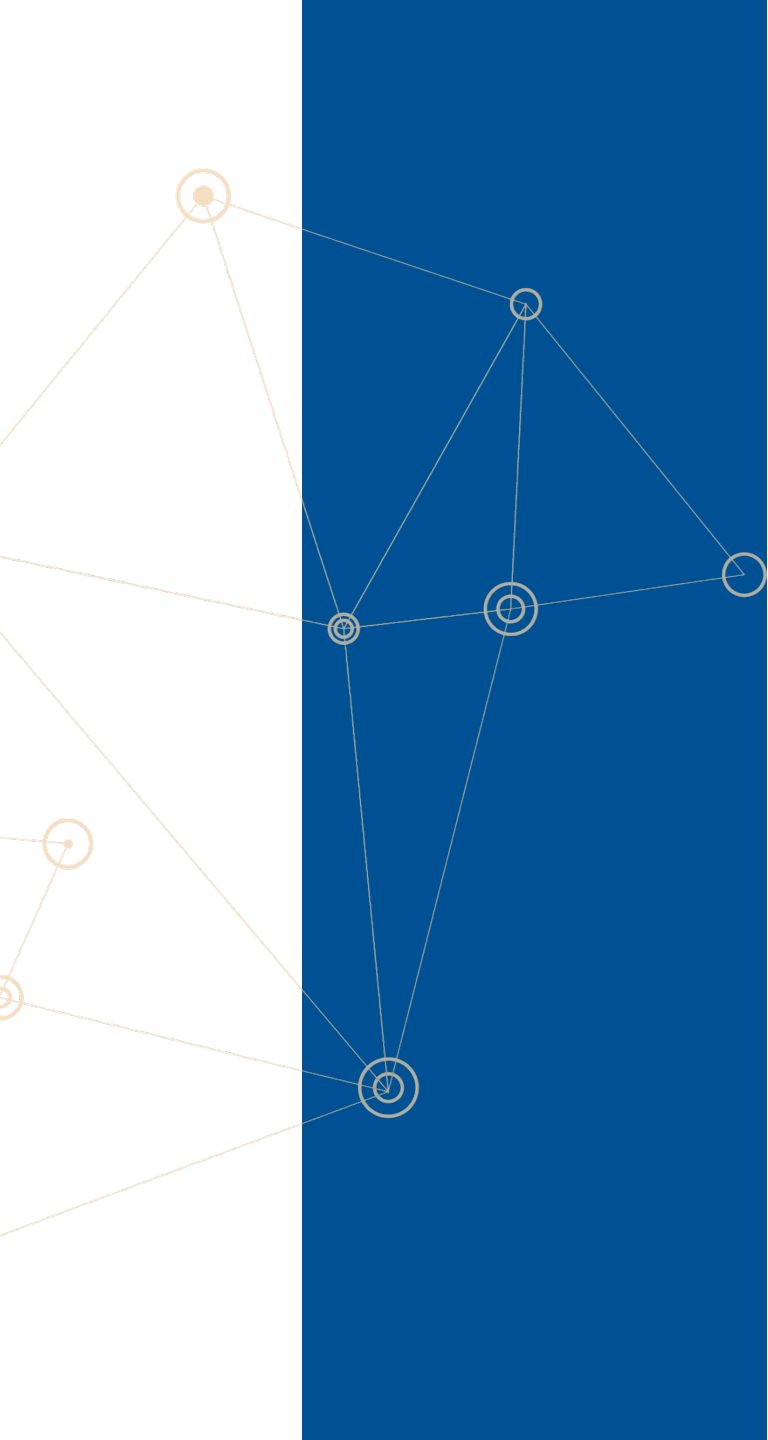
- Medicaid 101 for Beginning Medicaid Counselors
- Practical training is offered from the perspective of a benefit counselor.
- Introductory instruction on how to complete an ABE application.
- Introduce the specific language used by key stakeholders.
- Basic introduction to the Illinois Medicaid System.
- This is one part in a series of introductory trainings.



Agenda

- Medicaid Overview
- Illinois Medicaid Enrollment Process
- The ABE Application
- Submitting Documents
- Manage My Case and Redeterminations
- Troubleshooting





Part One: Medicaid Overview

What is Medicaid?

A health insurance program for people with **low incomes** who meet the income and asset tests.



What is Medicare?

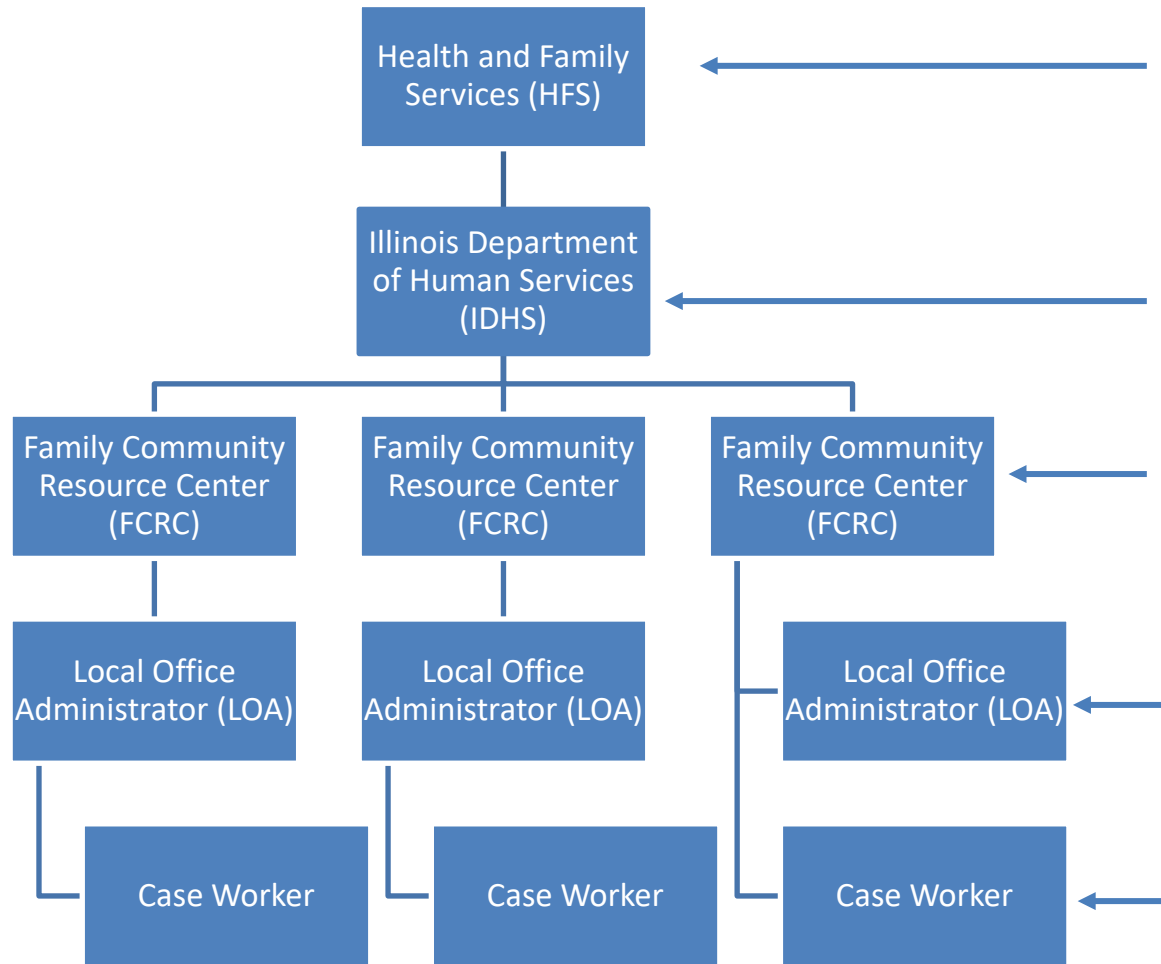
Medicare is a different federal health coverage program and is often confused with Medicaid.

Medicare is a federal health coverage program for older adults 65+ and some people with disabilities with a *qualifying work history*.

Some people have Medicare AND Medicaid. If someone has both, they are referred to as a “Dual” because they are *dually eligible* for both programs



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

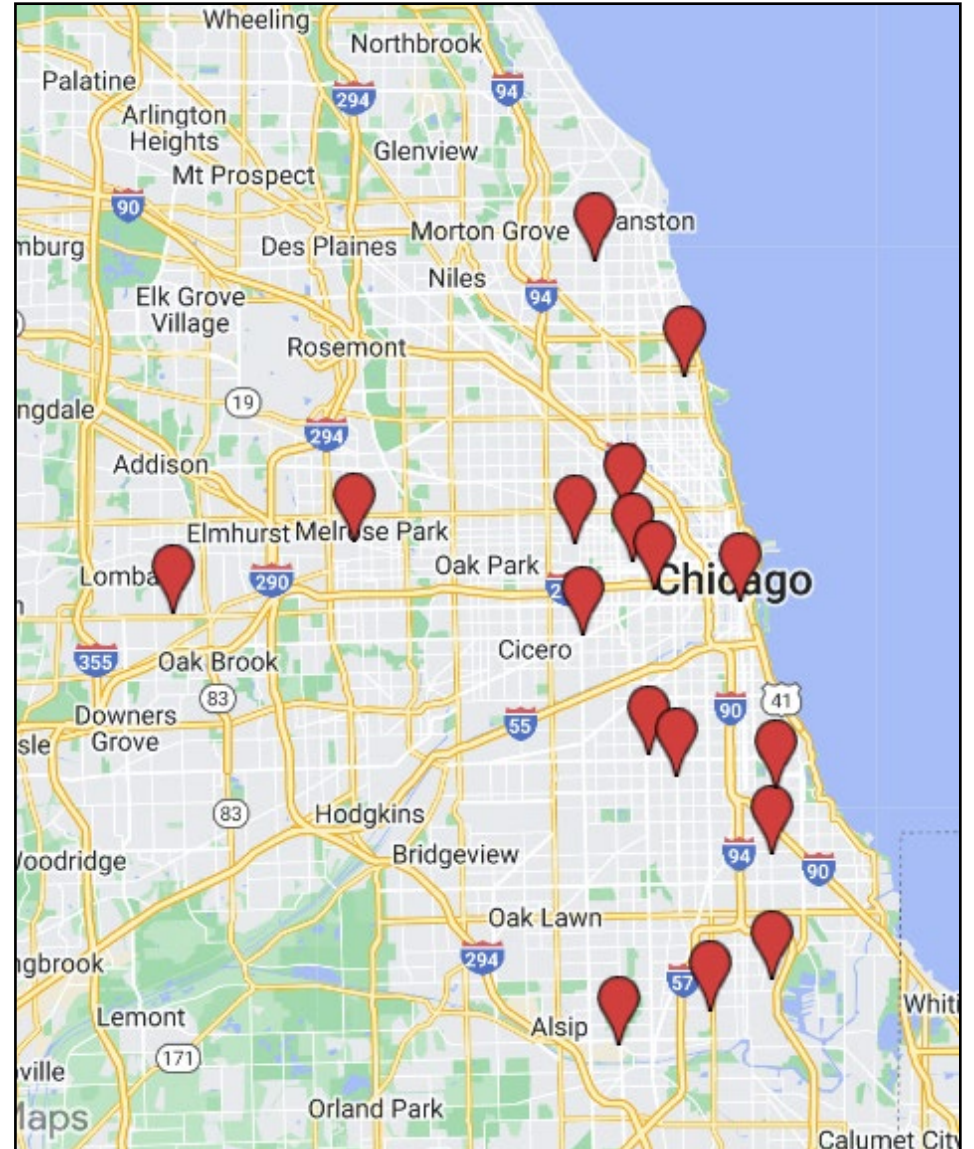
Case workers receive applications and approve and deny benefit applications



FCRC Offices

Use the IDHS Office Locator to search for exact addresses.

<https://www.dhs.state.il.us/page.aspx?module=12>



Eligibility

- **All** Medicaid programs are means tested, meaning that applicants must be below a certain gross income limit to qualify.
- Immigration status, household size, and assets and are other factors that can affect eligibility of IL residents.
- Eligibility amounts are based off the Federal Poverty Line (FPL). FPL limits are raised every year. Medicaid FPL increases typically go into effect in April.



Immigration Status and Eligibility

- Lawful Permanent Residents (LPR) living in the U.S. legally for 5+ years OR
- Non-citizen groups that include:
 - Refugees/Asylees
 - U.S. military or veterans and their dependents
 - Battered noncitizens, spouses, children, or parents



Illinois Medicaid Programs for Non-Citizens

- **Health Benefits for Immigrant Adults (HBIA)**- Medicaid coverage available for adults 42-64 regardless of immigration status. Program is ending as of July 1st, 2025.
- **Health Benefits for Immigrant Seniors (HBIS)**- Medicaid coverage available to adults 65+ regardless of immigration status. Enrollments currently paused.
- **Emergency coverage for Noncitizens**- Emergency coverage is available for noncitizens that do not meet immigration eligibility requirements.



Gross vs Net Income

All income reported must be **gross** income.

Gross: Income *before* deductions

Net: Income *after* deductions

If someone is working, you need their income before taxes are taken out.

If someone is receiving Social Security benefits and has Part B Premiums taken out of their check, refer to the amount earned before that deduction.

How Much You Will Get	
Your monthly benefit before deductions	\$1,586.70
Deductions:	
Medicare Medical Insurance (If you did not have Medicare as of November 16, 2023 or if someone else pays your premium, we show \$0.00)	-\$174.70
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2024. If you did not elect withholding as of November 1, 2023, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 16, 2023, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2023 on or about January 10, 2024.	\$1,412.00



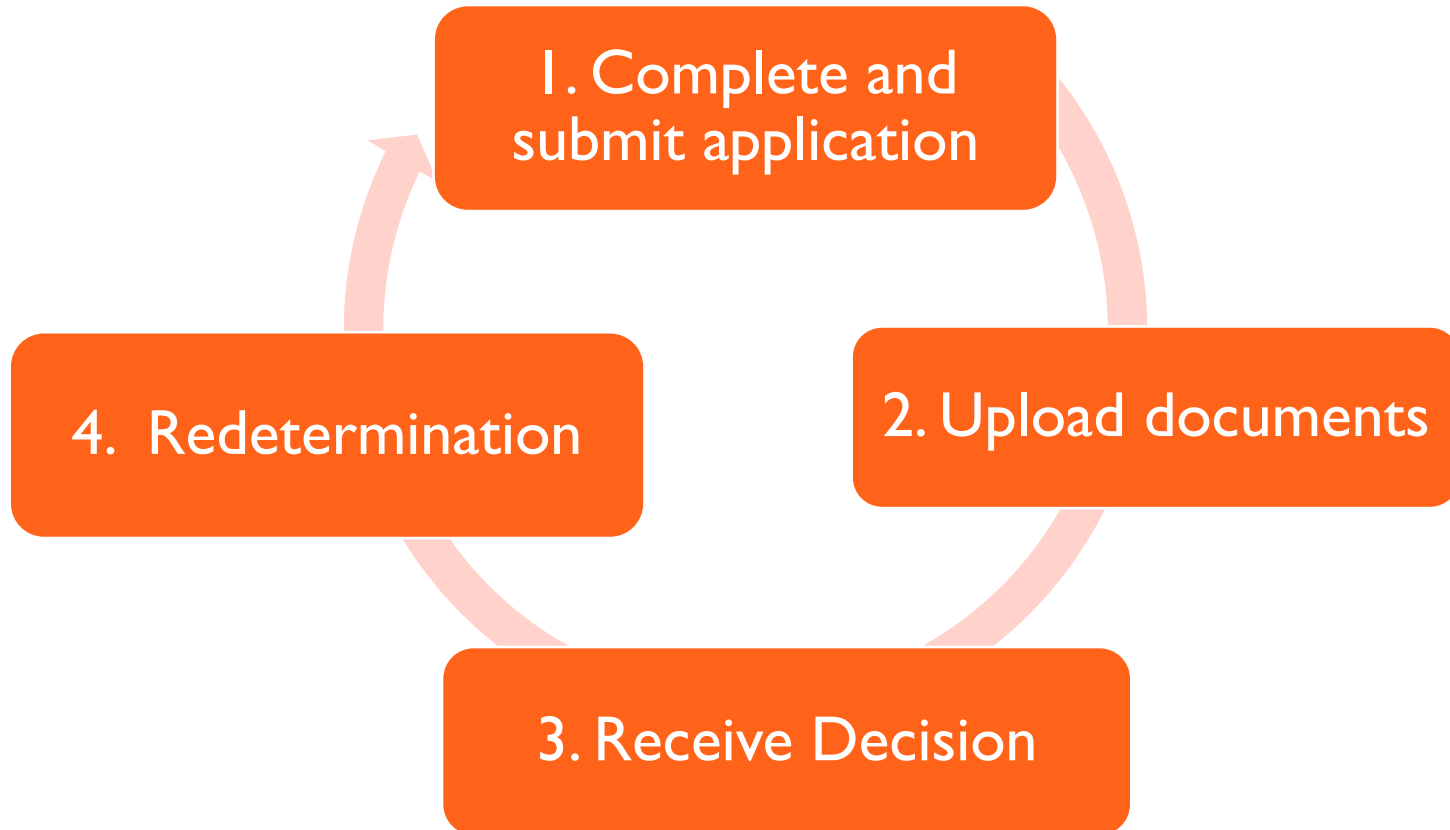
2025 Important Medicaid Income Limits

	Monthly income limit	Asset Limits
ACA Adult Medicaid: Adults aged 18-64 without Medicare	\$1,799.00- 1 person household \$2,432.00- 2 person household	N/A
AABD Medicaid: Adults 65+, and/or adults who have been approved for Social Security disability.	\$1,304.00- 1 person household \$1,763.00- 2 person household	\$17,500.00
AABD Medicaid ‘Spendedown’	Clients gross monthly income - Medical Expenses = 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.



Medicaid Enrollment Process





Part Two: The ABE Application

- Creating an Account
- General Information
- Identity Proofing
- Health Coverage, Disability, and Unpaid Medical Bills
- Assets
- Income
- Additional Information
- Submission
- Uploading Documents

What is ABE?

The Application for Benefits Eligibility (ABE) is the State of Illinois official platform where individuals can submit applications or inquire about the status of their cases for the following public benefits:

Medicaid: Low-income health insurance.

SNAP: This program helps pay for groceries. Also known as EBT, LINK, or Food Stamps.

TANF/ AABD Cash: A cash benefit available to people with low income.

Medicare Savings Programs: 3 Benefit programs that pay Medicare Part B Premiums.

- One MSP program, the Qualified Medicare Beneficiary (QMB), also pays Medicare Part A premiums and Medicare cost sharing.

AgeOptions does not train on AABD Cash/ TANF.



Benefits to applying with an ABE account

- The applications are much easier to track as there is a record of all submissions in Manage My Case.
- Faxed or mailed applications run risk of getting lost.
- There is no record of what was listed on an in-person application.
- The platform offers a secure way to upload documents.

We strongly recommend applying with an ABE account when possible. There are many barriers to the online ABE platform, but it can be a useful tool when you're able to utilize it.



Intake Information:

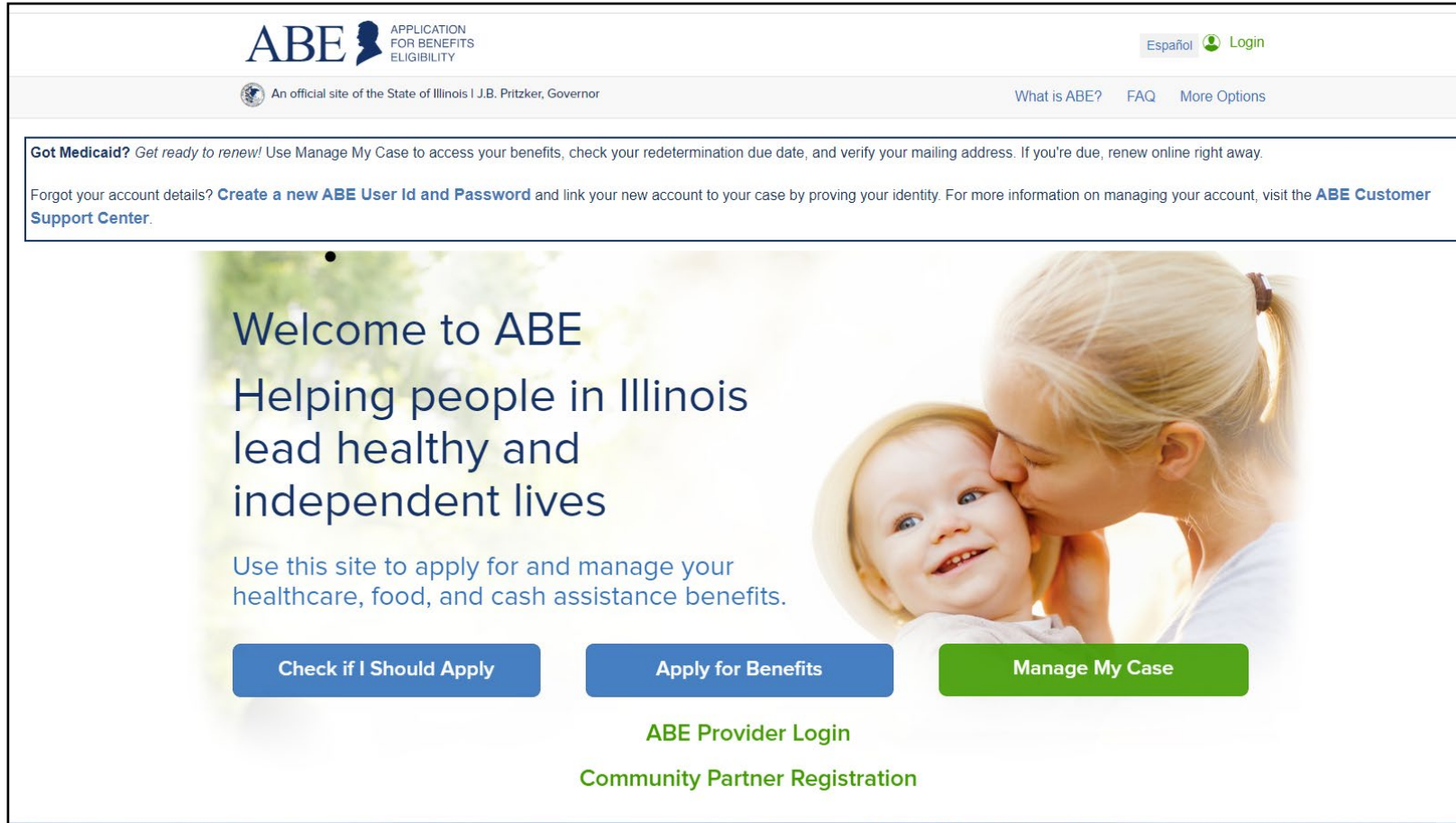
(Note: Additional information may be needed if you are applying for additional benefits)

- 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



Home screen

WWW.ABE.ILLINOIS.GOV



The screenshot shows the home screen of the ABE website. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To the right are links for 'Español' and 'Login'. Below the logo is a navigation bar with 'An official site of the State of Illinois | J.B. Pritzker, Governor' and links for 'What is ABE?', 'FAQ', and 'More Options'. A banner below the navigation bar contains text about Medicaid renewal and account management. The main content area features a large image of a woman kissing a baby on the cheek. To the left of the image, the text reads 'Welcome to ABE' and 'Helping people in Illinois lead healthy and independent lives'. Below this is a sub-headline: 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' At the bottom of the main content area are four buttons: 'Check if I Should Apply', 'Apply for Benefits', 'Manage My Case', and 'ABE Provider Login'. Below these buttons is a link for 'Community Partner Registration'.

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Español Login

An official site of the State of Illinois | J.B. Pritzker, Governor

What is ABE? FAQ More Options

Got Medicaid? *Get ready to renew!* Use Manage My Case to access your benefits, check your redetermination due date, and verify your mailing address. If you're due, renew online right away.

Forgot your account details? **Create a new ABE User Id and Password** and link your new account to your case by proving your identity. For more information on managing your account, visit the **ABE Customer Support Center**.

Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

[Check if I Should Apply](#) [Apply for Benefits](#) [Manage My Case](#)

[ABE Provider Login](#)

[Community Partner Registration](#)



Home Screen: The first things to learn

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply

Apply for Benefits

Manage My Case

ABE Provider Login

Community Partner Registration

Benefit Screener

Tool to help determine what benefits the household may qualify for

Application

Link to apply for SNAP, Medicaid, Medicare Savings Program, or Cash Benefits

Manage My Case

A portal that allows you to view the status of any existing benefit cases, apply for new programs, file redeterminations, and report changes



Log in screen

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois **and** an ABE profile.

- Create an ILogin Account** I do not have an ILogin account with state of Illinois.
- Connect an ABE Profile** I am a first-time or existing ABE user and I have an ILogin Account.
- ABE Sign In** I have an ILogin account and connected my ABE profile

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
- ✓ Update your contact or household information
- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

[Apply for benefits without an Account](#)

In most cases when working with a new client you will begin by creating an ILogin account.

If the client is not able to establish an ILogin account, you may apply without an account.



Proceeding without an account



Apply for benefits without an Account?

We recommend creating an ILogin Account so you may:

- Save your application progress.
- Return to your application later.
- Return to see the status of your application.
- Upload proof documents.

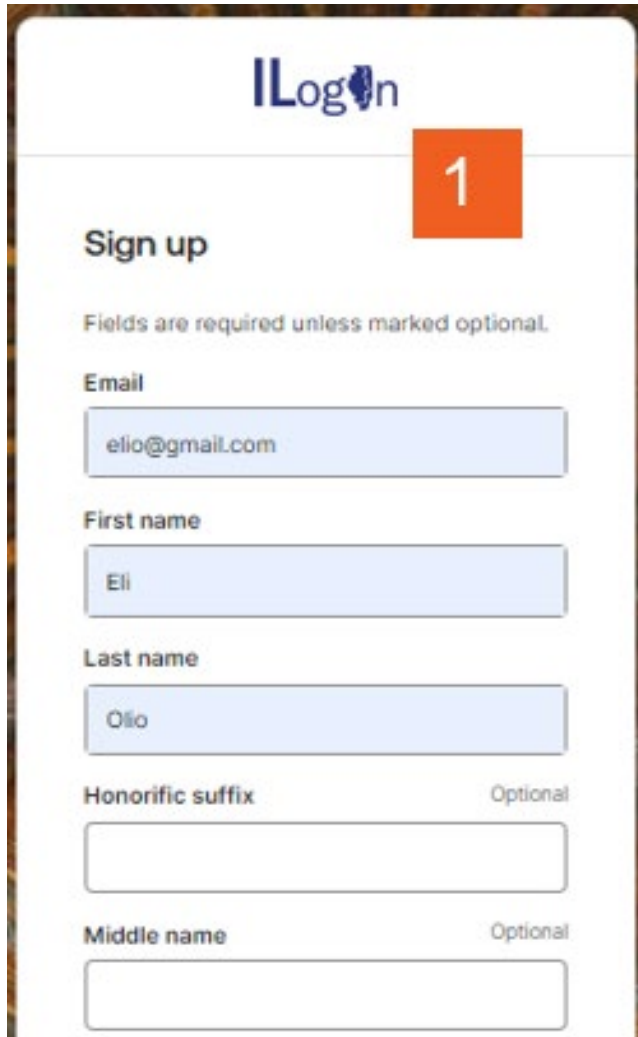
**Create an ILogin
Account**

[Apply for benefits without an Account](#)

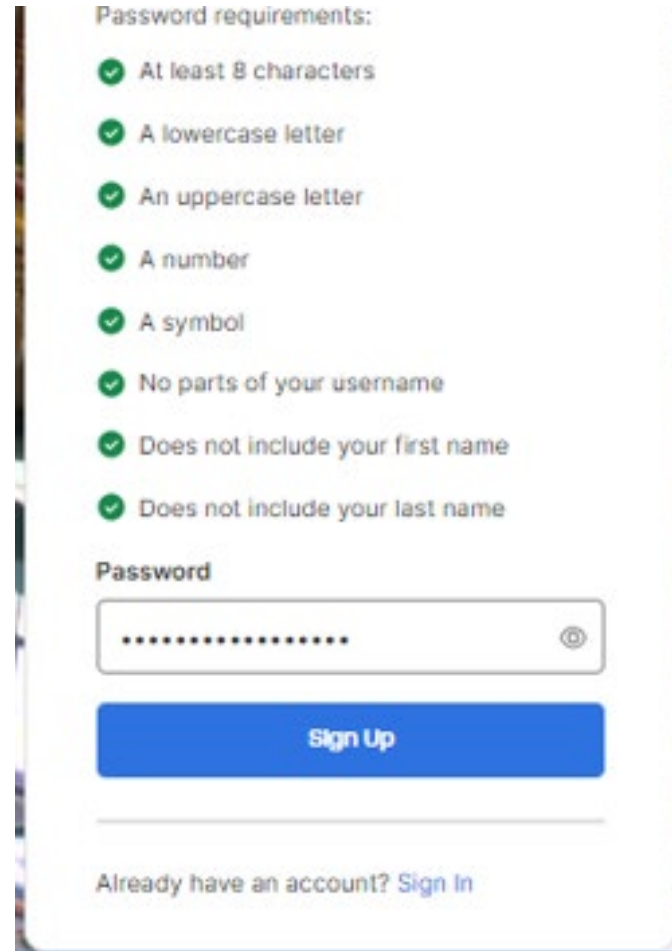
After selecting to apply without an account you will see this pop up. Click the blue hyperlink at the bottom to be directed to the application.



Creating an ILogin account



The screenshot shows the ILogin sign-up page. At the top left is the ILogin logo. A red square with the number '1' is positioned to the right of the logo. Below the logo is the text 'Sign up'. Underneath is a note: 'Fields are required unless marked optional.' The form contains several input fields: 'Email' with the value 'elio@gmail.com', 'First name' with 'Eli', 'Last name' with 'Olio', 'Honorific suffix' (Optional), and 'Middle name' (Optional).



This screenshot shows the password requirements section of the sign-up form. It lists several criteria, each with a green checkmark: 'At least 8 characters', 'A lowercase letter', 'An uppercase letter', 'A number', 'A symbol', 'No parts of your username', 'Does not include your first name', and 'Does not include your last name'. Below the requirements is a 'Password' input field with a masked password '.....' and a visibility icon. A blue 'Sign Up' button is located below the password field. At the bottom, there is a link: 'Already have an account? Sign In'.


Enter the client's email, name, and create a password.


Note: Do not enter your email or someone else's who may use ILogin in the future (also used for SSA.gov). Only one account can be attached to an email.



Select “Set up” under email

Select Email if shown PLUS at least one other security method to access your State of Illinois - ILogin account

 **Email**
Verify with a link or code sent to your email
Used for recovery
[Set up →](#)

 **Google Authenticator**
Enter a temporary code generated from the Google Authenticator app.
Used for access
[Set up →](#)

 **Okta Verify**
Okta Verify is an authenticator app,

ILogin


Sign In

Email or Username

Keep me signed in

[Next](#)

ILogin

 Elio@gmail.com

Verify with your password

Password

[Verify](#)

[Forgot password?](#)

[Back to sign in](#)

Next you will be directed to select a security method. All accounts will be required to set up an email. After clicking “Set up” you may enter the client’s email and password.

Enter code sent to email

iLogin

2.



Verification email sent

To finish signing in, check your email.

[Back to sign in](#)

State of Illinois

Hi John,

An iLogin account has been created. Your username is `abeuser111deloitte@mailinator.com`

You will need to complete the activation and configuration of your account via the activation link below.

When requested to setup your Multi-Factor Authentication (MFA), it is suggested you setup at least two authentication methods. If one is not available, you have the option to switch to another method without contacting the support team. Okta Verify is a preferred method.

Click the following link to activate your account:

[Activate iLogin Account](#)

This link expires in 7 days.

3.

An email will be sent to the client's email address that will include a code. Enter the code on your screen.

iLogin



iAuthentication

test@gmail.com

A code was sent to your phone. Enter the code below to verify.
Carrier messaging charges may apply

Enter Code

000000

Verify

[Return to authenticator list](#)

[Back to sign in](#)



susiesnowflake@mailinator.com

Set up security methods

Security methods help protect your ILogin-Dev - State of Illinois account by ensuring only you have access.

Set up required

- Google Authenticator**
Enter a temporary code generated from the Google Authenticator app.
Used for access
[Set up →](#)
- Okta Verify**
Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity
Used for access or recovery
[Set up →](#)
- Phone**
Verify with a code sent to your phone
Used for access or recovery
[Set up →](#)
- Security Question**
Choose a security question and answer that will be used for signing in
Used for access
[Set up →](#)

- Phone**
Verify with a code sent to your phone
Used for access or recovery
[Set up →](#)
- Security Question**
Choose a security question and answer that will be used for signing in
Used for access
[Set up →](#)

Set up second security method

The client can opt to set up a second security method by phone, security questions, or authenticator apps.

As caseworkers, it can be helpful to use security questions to avoid having to contact the client each time we access their account.



Connect the ABE Profile

ABE Access

All users of abe.illinois.gov are required to create an ILogin account with State of Illinois **and** an ABE profile.

Connect an ABE Profile I am a first-time or existing ABE user and I have an ILogin Account.

An ILogin Account allows you to apply for and manage your SNAP, Cash and Medical Benefits.

- ✓ Apply for more benefits or renew benefits
- ✓ Update your contact or household information
- ✓ Sign up for electronic notification
- ✓ File and manage appeals
- ✓ Review notices about your case

Exit

Once both security methods are verified, you will be directed back to the log in screen to connect an ABE profile.



Connect the ABE Profile

Connect an ABE Profile

Enter your current ABE user ID and password :

• User ID

• Password

Next

[I have never had or cannot remember my ABE login information](#)

If the client has a previous ABE profile you may enter their User ID and password.

If the client does not have a previous account, click the blue hyperlink at the bottom to create the profile.

Note: When entering a previous profile you may encounter an error. Click the blue hyperlink to bypass the error.

Connect an ABE Profile

Success! Your ILogin Account **Testy12@mailinator.com** is connected to ABE.

Next



Select “Start a new application...” to begin

Click here to start a new application

Apply For Benefits

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

- Start a new application for Health care coverage, SNAP, Cash Assistance, and/or Medicare Savings Program.**
For most people, it will take approximately 30 minutes to fill out the application.
- Keep working on an application that you have already started.**
- Check the status or view an application that you have already submitted.**
- Manage My Case.**
- File or Manage Appeal.**

As you apply for benefits, **please do not use the Forward, Back or Stop buttons on your web browser** to move from page to page. Instead, use the buttons on this website.

Note: You will be logged out after 15 minutes of inactivity.
If you have technical difficulties using this website, please [Report Technical Difficulties](#)

NOTE: Only start a new application if the client is certain neither they or their spouse has Medicaid, SNAP, MSP, or AABD Cash and therefore do not have an *active case* with an FCRC (public aid office).

Next

Scroll down to the bottom and click next

Apply For Benefits

Before you start the application, there are a few things you should know.



Right to submit my application now

You can submit your application right away before answering the questions, but it may take us longer to decide if you qualify for benefits.

The date DHS or HFS receives your application is your "application date" and may affect the date your benefits start. Your "application date" is the date from which SNAP benefits will be provided. If your application is received or filed online after close of business on a business day, the date of application is the following business day. Business days are Monday to Friday most weeks and state business closes at 5:00 p.m. Weekends and state holidays are not business days.

To submit your application for SNAP, Cash Assistance, or Healthcare Coverage right away:

- Click on the "Save & Exit" button at the bottom of any page within the online application
- Choose the "Submit my application now" option.
- Your application will be sent to DHS or HFS office with only the information you have entered.
- You will still need to provide additional information. A worker will contact you to gather other information that we will need to make a decision.
- You will not be able to change your answers or add information to your application.



We accept paper applications

If you prefer a paper application, click the link below. You can type in answers to the questions or print the form and fill it out by hand. When you are done, mail, fax, or take it to a Family and Community Resource Center.

[Paper form to apply for Cash, SNAP, and Healthcare \(PDF\)](#)



What if I need food right away?

If you apply for SNAP you might be able to get benefits right away, if:

- your gross income and assets are less than your monthly rent or mortgage payment and the appropriate utility standard.
- your assets are less than \$100 and your monthly income for the month of application is less than \$150, or
- your assets are less than \$100 and at least one person applying is a migrant worker who does not expect to earn at least \$25 in the next 10 days.



What information will I need to fill out the application?

- ✓ Full names and dates of birth for everyone who is applying for benefits
- ✓ Social Security numbers for everyone applying. If Social Security numbers are pending, give the date(s) the application(s) were made.
- ✓ Address of where you live.
- ✓ Information about all of the income everyone receives.
- ✓ If someone applying for benefits is not a US citizen, have the Non-Citizen Registration Numbers
- ✓ If someone is applying for Cash or Health Care Coverage for the Aged, Blind or Disabled, have information about the value of everyone's cash, checking and savings accounts.
- ✓ If someone is applying for SNAP or Cash, have:
 - the amount of child or spousal support paid.
 - the names of any absent parents.
 - housing and utility costs.
 - the amount paid for care of a child or disabled adult.

Back

Next

Hello, Johnny. You are logged in.

Before you go to the next page:
⚠ Approved Representatives must upload a completed IL444-2998 Approved Representative form (PDF). The Approved Representative will receive a copy of all notices sent to the customer. The role of the Approved Representative is fully explained on the form. The form must be completed entirely and signed by the customer. It is not necessary to be an Approved Representative to help someone apply for benefits.

- Apply for Coverage
- Start**
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income

Who is filling out the application?

Are you filling out this application for yourself or someone in your family? Yes No

Are you filling out this application for someone else? If so are you:

- a friend or legal guardian
- someone with power of attorney
- a staff person of a community agency 

If you or your agency are registered as a community partner on this site, enter your agency number here.

By checking this box, a request will be sent to allow this agency to view information on my case. You will still need to approve this request in your ABE account.

Check in with your agency to see if you need to become an approved representative

Some of your organizations may have registered as a community agency. If so, list your agency number here.



Click 'Apply for Healthcare Coverage'

Apply for Coverage

- Start**
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Apply for Benefits

Please select Yes or No for each benefit option below

Apply for SNAP (Supplemental Nutrition Assistance Program)? Yes No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

Apply for Healthcare Coverage? Yes No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

Apply for Family Planning Program? Yes No

The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)

Apply for Cash Assistance? Yes No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

Apply for Medicare Savings Program? Yes No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)

Back **Save and Exit** **Next**

Please note:
If you have your client apply for multiple programs, there may be additional steps and documentation required.



Hello, Johnny. You are logged in.



8% Complete

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

More About Benefits

We are almost ready to start! There are just a few more things you should know. Once you have read this, click on the **Next** button at the bottom of the page.

SNAP, Cash Assistance and Healthcare Coverage

- ✓ You have the right to submit your application right away by providing only your name address and signature but by filling out as many pages as possible, you may avoid delays in processing of your application. If you still want to submit your application now click "Save and Exit".
- ✓ The date we receive your application is your application date which affects the date your benefits will start. If the application is filed online after close of business (such as weekends, holidays, or after 5:00 P.M. on business days), the date of the application is the following business day.

Back

Save and Exit

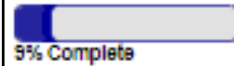
Next



General Information



Hello, Johnny. You are logged in.



Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills


Other Bills

Finish


Submit



Johnny Appleseed

Primary Account Holder 

People In Your Home

* First Name : 

Johnny

Middle Initial :

* Last Name :

Appleseed

Suffix :

▼

Gender :



Male



Female

Date of Birth :

MM

DD

YYYY

/

/

/

What is this person's marital status?

▼

What county do you live in?

▼

Back

Save and Exit

Next



Hello, Johnny. You are logged in.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Where You Live

* Street Address:

* City :

* State :

* Zip Code :

I am homeless right now. If you are homeless fill out a mailing address instead of this address.

Mailing Address

Where can we mail notices about your benefits? ⓘ

Street Address or P.O. Box Number :

City :

State :

Zip Code :

Back

Save and Exit

Next

Mailing address can be different from where you live



Hello, Johnny. You are logged in.

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Contact Information

How can we get in touch with you?

Home Phone :

Work Phone : Extension:

Cell Phone :

Alternate Phone :

Phone for Text Reminders : 

Standard fees may apply from your mobile service provider.

What is the best phone to get in touch with you during a weekday?

What is the best time to call you during the weekday?

If you are deaf or hard of hearing and you have asked us to get in touch by phone, what method do you use?

What language should we use if we need to contact you?

What language should we use when we mail you notices? English Spanish

Email Address:

Confirm Email Address :

Back

Save and Exit

Next

Applicants can elect to get text reminders for important dates.

Applicants can elect to get emailed reminders that notices are available online and/or were mailed



Hello, Johnny. You are logged in.



7% Complete

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

People in the Home

* Tell us about the family members who live with you. If you file taxes, tell us about everyone on your tax return (You don't need to file taxes to get health coverage).

1

DO Include:

- Yourself
- Your spouse
- Your children under 19 who live with you
- Your unmarried partner with whom you have a child
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 19 who you take care of and lives with you
- Anyone who will claim you as a tax dependent, even if they don't live with you

You DON'T have to include:

- Your unmarried partner's children
- Your parents who live with you, but file their own tax return (if you're over 19)
- Other adult relatives who file their own tax return

Back

Save and Exit

Next

Make sure to pause and consider how this description applies to your client's living situation when determining how to complete the application. Refer to the Medicaid Household Rules Chart if you are working with a family.



Requesting Retroactive Health Benefits

Benefit Selection

Select Yes or No to apply for benefits for this person. If you don't see the benefit you need, navigate "Back" to the Apply for Benefits screen and select Yes to make it available here

* Healthcare Coverage : Yes No

* Do you want to backdate your medical application three months? This could help pay for unpaid medical bills during that time period. : Yes No

Please select Yes or No for each month of medical backdating

* December Yes No

* November Yes No

* October Yes No


IMPORTANT!
Clients can get retroactive health coverage for the 3 months prior to application date.

These boxes **must** get checked off if the client wants to get backdated coverage.



Select the medical benefit choice (AABD or ACA) your client would like to enroll in

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

If you click 'No Preference', the applicant will get screened for ACA as it has simpler eligibility rules.



ACA vs AABD coverage: Why does it matter?

- People with Social Security Disability Insurance (SSDI) can get Medicare 24 months after their disability start date
- Therefore, disabled adults under 65 **without** Medicare are often eligible for both AABD and ACA Medicaid.
- ACA Medicaid has a **higher income limit and no asset limit**. So if they're eligible for ACA, it'll be easier to maintain their enrollment.

We recommend you click 'ACA Medicaid' if the person is under 65 and not receiving Medicare.



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

	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+		✓




Tax Information

* Is this person planning to file taxes this year?

Yes No I don't know

Social Security Information

You do not have to answer these questions if this person is not applying for benefits. 

Social Security Number : - -

Please Confirm Social Security Number : - -

If this person does not have a Social Security Number (SSN), but has applied for one, when did he or she apply? Ex: mm/dd/yyyy

Social Security number is required for anyone applying for benefits.

If a household member is **NOT** applying, their SSN does not need to be entered.



If a household member is not a US citizen, you may enter their citizenship information

Citizenship Information

Is this person a U.S. citizen?  Yes No

Anyone applying for benefits has to provide information on their immigration status.

Is this a request for emergency medical for a non-citizen? Yes No

Is this person a documented non-citizen? Yes No

Document Type

Document Number

What is this persons Alien registration number?

What was their date of entry? Ex: mm/dd/yyyy

* What date did this status begin?  Ex: mm/dd/yyyy

Click "Yes" here if applying for Emergency Medicaid for a non-citizens.

Applicants must have had a green card for at least 5 years to be eligible for Medicaid



Veteran Information

Veteran Information

Is or was this person in the military or a spouse or child of someone in the military?

Yes No



Note: Race and ethnicity information is optional

Ethnicity

Select this person's ethnicity. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.

- Puerto Rican
- Non-Hispanic/Latino
- Another Hispanic, Latino, or Spanish origin
- Mexican, Mexican American, Chicano/a
- Cuban

Race

Select this person's race. You do not have to answer this question if you do not want to. Your answers will not be used to make a decision about your benefits.



- American Indian / Alaska Native
- Black / African American
- Native Hawaiian
- Other
- Filipino
- Japanese
- Samoan
- Unknown
- Asian Indian
- Other Asian
- White
- Chinese
- Guamanian or Chamorro
- Korean
- Vietnamese



If the client is living at the address they previously stated, select “In this home”

Residence Information

Is this person a resident of Illinois? Yes No

* Where does this person live?  In this Home 

Back

- In this Home
- Nursing home/Supportive Living Program
- Group Home Including CILA
- County Jail/County Juvenile Detention
- Illinois State Prison/State Juvenile Detention
- Shelter Care
- Other

Note: We recommend that beginning application assisters contact an experienced counselor if they are helping someone who lives in one of these other places on the list, as there will be additional rules to consider that are not covered in this training



*** Blindness or Disability**

Does anyone have a disability or blindness determined by the Social Security Administration OR have a disabling condition that has lasted at least 12 months and prevents the person from working? Yes No

Tell us who:


Johnny

*** Department on Aging Services**

Has anyone applied for or received services through the Department on Aging's Community Care Program? Yes No

Tell us who:


Johnny

The Community Care Program is a caretaking service facilitated by the IDOA.



Back **Save and Exit** **Next**



Disability Information

More About Johnny's Disability or Blindness

You have told us that Johnny has disability, is blind or is unable to work due to illness or injury. Please tell us a little bit more about this.

Johnny's Disability or Blindness

Has the Social Security Administration (SSA) made an official decision that Johnny is blind?

When did Johnny become blind?

Ex:
mm/dd/yyyy

Has the Social Security Administration (SSA) made an official decision that Johnny has disability?

When did Johnny become disabled?

Ex:
mm/dd/yyyy

Does Johnny need help with activities of daily living through personal assistance services, a nursing home, or other medical facility? (e.g.:meal preparation, bathing, dressing and grooming)

Yes No

Back

Save and Exit

Next



More About Johnny's Disability or Blindness

You have told us that Johnny has disability, is blind or is unable to work due to illness or injury. Please tell us a little bit more about this.

Johnny's Disability or Blindness

Has the Social Security Administration (SSA) made an official decision that Johnny is blind?

When did Johnny become blind?

Ex:
mm/dd/yyyy

Has the Social Security Administration (SSA) made an official decision that Johnny has disability?

When did Johnny become disabled?

Appeal Pending
Yes
No
Waiting for Decision

Does Johnny need help with activities of daily living through personal assistance services, a nursing home, or other medical facility? (e.g.:meal preparation, bathing, dressing and grooming)

Yes No

Back

Save and Exit

Next



Hello, Johnny. You are logged in.



29% Complete

Apply for Coverage

✓ Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Household Members Summary

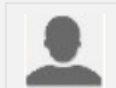
Here is a summary of what you told us. You can change your answers by clicking on the "Change" button. If you made a mistake and want to remove a person's designation for something on the application, click "Erase". For example, if the summary page says a person is disabled but that's not correct, click "Erase".

To add another person to this application, click "Add Person"

[Add Person](#)

Johnny Appleseed

Personal Information [Change](#)



Born: **Not provided**
Gender: **Male**
Language: **Not provided**
Phone: **Not provided**

Benefit Selection [Change](#)

- Healthcare Coverage

Click 'Add Person' to add other household members information next. Other household members will get asked the same questions.





Identity Proofing



Verify applicant's identity

APPLICATION

Verify Your Identity

Verify Identity

We need to verify your identity. We can verify your identity during the application process or you can do it later. If you return later to link your case in MMC, you will be required to verify at that time.

To verify your identity later, choose the 'Verify your Identity Later' button

To verify your identity now, complete the questions below and choose 'Verify Identity Now'. If you do not have an Illinois Driver's license or State ID Card, we will attempt to verify your Identity using another method.

* Do you have an Illinois Driver's License or State ID Card? Yes No

[Verify Identity Later](#) [Back](#) [Verify Identity Now](#)

[Frequently Asked questions \(FAQ\)](#) [Contact Us](#) [Satisfaction Survey](#)



Hello, USER. You are logged in.

Verify your Identity - Illinois Driver's License or State ID Card

Complete the Illinois Driver's License/State ID Details section below. Enter the information **EXACTLY** as shown on your Illinois Driver's License/State ID Card, including your middle name **ONLY** if it appears on your ID.

Illinois Driver's License/State ID Information

* First Name

Middle Name

* Last Name

Suffix

* Date of Birth MM DD YYYY
 / /

* Eye Color
Brown
Black
Grey
Green
Hazel
Blue
Yellow

* Height ft in

* Weight lb

* Enter in your 12-digit Illinois Driver's License or Illinois State ID Number - -

On your Illinois Drivers License, your Illinois Driver's License Number is located here:



On your Illinois State ID Card, your Illinois State ID Number is located here:



Back

Next

Verify with ID card

Make sure to type in information *exactly* as it is listed on the ID card

PRO TIP! Put a 0 before the numerical value in the 'ft' section and a 0 in front of the in section, if applicable

*Example: if someone is 5ft 5in, state that they are **05** ft and **05** inches.*

If you don't put the 0 the system will not be able to verify identity



Verify with Experian background questions

ABE APPLICATION FOR BENEFITS ELIGIBILITY Help | Print Logged in: happy1540 | Logout

Verify Your Identity

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

1. Which of the following streets have you lived on?
 - Sunnyside Rd.
 - Main St.
 - Michigan Ave.
 - Grand Ave.
 - None of the above
2. Which of the following phone numbers have you been associated with?
 - 217-555-1212
 - 312-000-1234
 - 773-555-0000
 - 872-111-0000
 - None of the above
3. What street number have you lived at?
 - 111
 - 34786
 - 14177
 - 300
 - None of the above
4. What is your mother's maiden name?
 - Smith
 - Johnson
 - Williams
 - Brown
 - None of the above
5. What county do you currently live in?
 - Cook
 - Adams
 - Sangamon
 - DuPage
 - None of the above

Next

If you are unable to verify identity through the client's ID, the client can answer a series of questions that drawn from their credit report.

These questions are only available if the applicant has credit history.



You may see this screen if you unsuccessfully answered the verification questions or there is no credit history to verify the applicant's identity.

Verify Your Identity

We were unable to verify your identity based on the answers you provided.

Our Identity Verification service is hosted by Experian. Please call the Experian help desk and give them this reference number to verify your identity over the phone.

Help Desk Phone Number: 1-866-578-5409

Reference Number: 8c31-e9-68c6

Please answer the question below after calling Experian.

Were you able to verify your identity through Experian? Yes No

Click Next to complete the identify verification process

[Back](#)

If you are unable to verify identity through state ID and/or Experian, you can manually verify by faxing a form to IDHS.





Health Coverage, Disability, and Unpaid Medical Bills



Healthcare Coverage for December

You have told us that Johnny needs Healthcare Coverage for the month of December. Please give us more information about this request.

Household Members

Please let us know each family member who lived with you at any time during the month of December.

No one


Johnny

Hospital or Away From Home

Please let us know each family member who lived in a hospital or away from home during the month of December.

No one


Johnny

Unpaid Medical Bills

Please let us know each family member who has unpaid medical expenses during the month of December.

No one


Johnny

Make sure you upload copies of any unpaid medical bill you report if applying for a Medicaid Spenddown.

You can report many things - including but not limited to bills for medical services, prescription drugs, and insurance premiums.



*** Disability**

Has anyone been approved to receive service under the Developmental Disabilities waiver, but not yet received benefits?

Yes No

*** Healthcare Coverage**

Does anyone in the household have health insurance through their job? Do not check "yes" if your only coverage is Medicaid or All Kids.

Yes No

If someone does have health coverage through their job, Medicaid would be their secondary payer and help pick up the costs their primary insurance does not cover. They must accept employer insurance if it is offered to them.



More About Johnny's Healthcare Coverage

You have told us that Johnny has Healthcare Coverage other than Medicare and Medicaid. Please answer the questions below to tell us more about the coverage.

* Type of Coverage

- Health/hospital insurance (employer, parent, etc.)
- Workers compensation
- Other
- Student Coverage

Name of policyholder

Name of the insurance company

Medicaid is considered the 'Payer of Last Resort'. This means that if the applicant has other insurance, Medicaid will only pay what the primary insurance does not cover. IDHS needs the applicant's other insurance information so they can determine if they need to pay the costs of any services.





Assets



Apply for Coverage

✓ Start

✓ People

Liquid Resources

Other Resources

Job Income


Other Income

Housing Bills

Other Bills

Finish

Liquid Resources

Tell us about the people in your home who have liquid resources. 

If someone owns a resource with another person, only check the box of one of the owners. Later, we will ask more about who else owns the resource.

*** Cash**

Does anyone keep cash at home (rather than in a savings or checking account)? Yes No


*** Savings Account**

Does anyone have a savings account or closed or removed/added a name to a savings account in the last 5 years? Yes No

*** Checking Account**

Does anyone have a checking account or closed or removed/added a name to a checking account in the last 5 years? Yes No

*** Other Liquid Resources**

Does anyone own any other liquid resources or has anyone sold/given away any liquid resources in the past five years? 



* Other Liquid Resources

Does anyone own any other liquid resources or has anyone sold/given away any liquid resources in the past five years? Yes No



5 Year Look Back Period

This question is asked because there is a 5 year look back period for individuals who want to use Medicaid to go into long term care or get Home and Community Based Services.

Assets can not be given away or transferred in the past 60 months to meet an asset test.

Tell me more

By other liquid resources, we mean things like:

- Trusts or annuities,
- Credit union accounts,
- Christmas club accounts,
- Savings bonds,
- Stocks or mutual funds,
- Money market accounts,
- IRAs,
- Keoghs
- Medical savings accounts
- Or any other accounts, funds, or resources.

Remember if someone owns a resource with another person, only check the box of one of the owners. Later, we will ask about who else owns the resource.



Other Liquid Resources

Next, please check the box(es) to tell us which type(s) of other resource(s) each person owns or has sold/given away in the last 60 months. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once. If you need to know more about a type of resource listed below, please click the Help button.

* Johnny's Other Liquid Resources



- Trusts and/or annuities
- Money Market Accounts
- Savings bonds, stocks or mutual funds
- IRA, Keogh, 401(k) or deferred compensation account(s)
- Medical Savings Account
- Lawsuit that may bring money
- Certificates of Deposit (CDs)
- Other (tax refund, mineral/oil rights, nursing home accounts, promissory notes/loans, reverse mortgages, etc.)

The total of all liquid accounts must be under \$17,500.00 for anyone applying for AABD Medicaid.



More About Johnny's Checking Account.

Please tell us a little bit more about Johnny's checking account.

What is the balance of Johnny's checking account?

\$

Sold / Given Away

Complete only for persons who live in a nursing home facility or a supportive living facility or who intend to move to a nursing home facility or supportive living facility, or who receive or have applied for services through the Department on Aging's Community Care Program. Please answer if the checking account has been closed or a name is added/removed in the last 60 months.

Yes No

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the balance of Johnny's checking account during these months.

Month

Balance

December

\$

Does Johnny have another checking account?

Yes No



Vehicles

Vehicles

Next, please check the boxes to tell us which types of vehicles each person owns. Keep in mind that if a vehicle has more than one owner, you only need to tell us about it once.

Johnny's Vehicles



Johnny

- Car
- Truck
- Boat
- Camper / Trailer
- Motorcycle
- Recreational Vehicle
- Other Vehicles

Back

Save and Exit

Next

One vehicle per person is exempt from this asset test. Fair Market Value does not need to be verified if the vehicle is exempt.

More About Johnny's Car.

* Year :

Make :

Model :

What is the fair market value of Johnny's car?

\$

How much does Johnny owe on this car?

\$

Other Owners

Does anyone own the car with Johnny?

Someone outside of the home

First Name:

Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's car during these months.

Month

Value

December

\$

Does Johnny own another car?

Yes No

Back

Save and Exit

Next




Real Estate

Real Estate

Next, please check the boxes to tell us the type of real estate that each person owns. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once.

Johnny's Real Estate


Johnny

- Home / Building
- Land
- Life Estate
- Mobile Home
- Other Real Estate

Back **Save and Exit** **Next**

The house the applicant lives in is exempt from asset tests. Additional Real Estate is not.



More About Johnny's Home / Building.

Please tell us a little bit more about Johnny's home / building.

Does Johnny live in this home / building? Keep in mind that you should only answer yes if this is Johnny's primary residence. Yes No

If you answered no because Johnny is staying in a nursing home, hospital, or other care facility, does Johnny plan to return to this home / building? Yes No

Does Johnny's spouse live in this home / building? Yes No

What is the fair market value of Johnny's home / building? \$

How much does Johnny owe on this home / building? \$

Is this home / building listed for sale? Yes No

Home / Building Address

What is the address of this home / building?

- The household address (123 Appleseed Ln, Oak Park, IL 60301)
- Other

Street Address:

City :

State :

Zip Code :

Other Owners

Please check the boxes for anyone who owns the home / building with Johnny. If the joint owner lives in the home but is not listed below, [Click here for more information about Real Property](#)

Someone outside of the home

First Name:

Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's home / building during these months.

Month

Value

December

\$

Does Johnny own another home / building?

Yes No

If the client lives in their home, you can skip the sections asking the fair market value and amount owed as that asset is exempt.



Estate Recovery

- State of Illinois can recover the money they paid to those using AABD Medicaid after the beneficiary passes away.
- Usually only done for Medicaid recipients in Long Term Care.
- Lien on “real property” (ex. homes, land)
 - Estate claim (real property AND personal property)
- More information: <https://hfs.illinois.gov/medicalclients/medicaidestaterecovery/guidetothemedicaidestaterecoveryprogram.html>




Life Insurance

Life Insurance

Please check the box to tell us what kind of life insurance each person has. If you are not sure, please click the Help button to read more about each type of life insurance. Keep in mind that if a resource has more than one owner, you only need to tell us about that resource once.

Johnny's Life Insurance


Johnny

Annuity Term
 Whole

Back **Save and Exit** **Next**

Life insurance policies without a cash value are exempt. If the life insurance policy has a cash value, the first \$1,500 is exempt but the rest is then counted towards the asset limit. Proof of the life insurance policy must be submitted.

Johnny's Annuity Life Insurance

You have told us that Johnny has life insurance. Please tell us more about Johnny's Annuity policy.

What is the face value of this Annuity policy? By face value, we mean the minimum benefit that will be paid out upon Johnny's death. In most cases, this is the amount written on the policy. \$

What is the cash surrender value of this policy? By cash surrender value, we mean the amount Johnny would get if the Annuity policy were cancelled. \$

What is the policy number?

Life Insurance Company

Please tell us more about Johnny's Life Insurance company.

Insurance Company Name :

Address :

City : State : Zip Code :

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's Annuity during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own another Annuity insurance policy? Yes No



Other Additional Resources

Additional Resources

Please check the box for anyone who owns any other additional resource.

*** Johnny's Additional Resources**


Johnny

- Mineral / Oil / Royalties / Copyright / Patents
- Tools and equipment, Livestock or crops
- Other Additional Resource
- Safe Deposit Box

Back **Save and Exit** **Next**

It is highly unlikely that you will encounter a case where someone has one of these assets. If you do, contact Avisery for assistance.

More About Johnny's Mineral / Oil / Royalties / Copyright / Patents

Please tell us a little bit more about Johnny's mineral / oil / royalties / copyright / patents.

What is the total value of Johnny's mineral / oil / royalties / copyright / patents? \$

Other Owners

Please check the boxes for anyone who owns mineral / oil / royalties / copyright / patents with Johnny. If the joint owner lives in the home but is not listed below, [See More About Additional Resources](#).

Someone outside of the home

First Name: Last Name:

Prior Months Information

You have told us that Johnny needs Healthcare Coverage for the prior 3 months. Please tell us about the value of Johnny's mineral / oil / royalties / copyright / patents during these months.

Month	Value
December	\$ <input type="text"/>

Does Johnny own any other additional resource that he or she is keeping as an investment? Yes No

Back **Save and Exit** **Next**





Income



Job Income

Hello, Johnny. You are logged in.

59% Complete

Apply for Coverage

- ✓ Start
- ✓ People
- ✓ Liquid Resources
- ✓ Other Resources
- Job Income**
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit


Job Income Information

Tell us about the people in your home who have jobs or are self-employed.

*** Current or Recent Job**

Check the box for anyone who has a job right now or had a job in the last 3 months or is on strike from a job right now. Do not check this box if the person is self-employed.


No one

 Johnny

*** Self Employment** ?

Check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.

No one

 Johnny

Back **Save and Exit** **Next**

More About Johnny's Job

Tell us more about a job Johnny has had in the past 3 months.

Do not enter information about Work Study here. We will ask about that later in the Other Income section.

Employer

* Name of Employer:

Employer Address:

City: State: Zip Code:

Employer Phone:

Job Title:

When did Johnny start this job? Ex: mm/dd/yyyy

Is Johnny's payment from employment expected to continue for the next 30 days? Yes No

Pay Information

How often does Johnny get paid? This is Johnny's pay period.

How much does Johnny get paid each time they are paid? \$



Hourly Pay — Does Johnny get paid by the hour? Yes No

Bonus, Commission Pay or Tips — Does Johnny get any other pay, such as a bonus, commission pay, or tips? Yes No

Job End — Is this job ended or going to end? Yes No

Prior Months Income — You have told us that Johnny needs Healthcare Coverage for prior months. Please tell us the total gross amount that Johnny got paid in each of these months.

Month	Total Gross Amount
*December	\$ <input type="text"/>

Does Johnny have any other jobs? Yes No

If someone has variable income, list what they earned in the past 30 days.

If the applicant is seeking retroactive coverage for previous months, the household's income should be below the appropriate Medicaid income limit for those months.



Self-Employment/ Contract Employees

More About Johnny's Self-Employment

You have told us that Johnny is or has been self-employed in the last 90 days. Tell us more about this self-employment.


Self-Employment


What type of self-employment does Johnny have?

What is the start date of Johnny's self-employment?

Ex: mm/yyyy

How many hours a month is Johnny self-employed? If Johnny's hours are not regular, try to estimate the number of hours.

What is the gross monthly income amount from Johnny's self-employment before any expenses are taken out? 

How much are Johnny's business expenses each month? 


Is Johnny's self-employment expected to continue for the next 30 days? Yes No

Is Johnny's self-employment run out of the home? Yes No

Prior Months Self Employment Income

You told us that Johnny needs Healthcare Coverage for the prior 90 days. Tell us the total gross amount that Johnny earned with this self-employment in these months.

Month

Total Gross Amount 

December

\$

Does Johnny have any other self-employment?

Yes No

Back

Save and Exit

Next



Tips for Reporting Self Employment

- Fill out as much information as you can.
- Self Employed individuals' can deduct work expenses from their gross income when determining eligibility. Make sure to list expenses.
- Clients can submit self employment ledgers to document expenses. They do not need to submit receipts as proof of any expenses.



Other Income

Hello, Johnny. You are logged in.

66% Complete

Apply for Coverage

- Start
- People
- Liquid Resources
- Other Resources
- Job Income
- Other Income**
- Housing Bills
- Other Bills
- Finish
- Submit

Money From Other Sources

Tell us about money the people in your home get from sources other than a job or self-employment. This includes money given to you by friends or family. If you are not sure about a source of income, click on Help to read more about what we are looking for.

*** Supplemental Security Income (SSI)**

Did anyone get SSI in the last 3 months? [?](#) Yes No

*** Retirement, Survivor, and Disability Insurance (RSDI)**

Did anyone get RSDI in the last 3 months? [?](#) Yes No

*** Child Support**

Did anyone get child support from someone outside of your home in the past 3 months? [?](#) Yes No

*** Room and Meals**

Does anyone get money for renting a room and/or providing meals to someone? Yes No

*** Adoption Subsidy Payments**

Does anyone receive an adoption subsidy payment? [?](#) Yes No

*** Other Income**

Does anyone get any other types of income or payments? [?](#) Yes No

[Back](#) [Save and Exit](#) [Next](#)

Click here if the applicant receives SSI

Click here if the applicant receives any other type of Social Security Benefit

‘Other Income’ sources on this list may also be referred to as “**Unearned Income**” because the money is not earned through work.



More About Johnny's Retirement, Survivor's, and Disability Insurance (RSDI)

You have told us that Johnny gets money from Retirement, Survivor's, and Disability Insurance (RSDI). Please answer the questions below to tell us more about this payment. If you get this type of payment only a few times a year, please choose monthly and estimate how much this payment would be each month.

When did Johnny start getting payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

Ex: mm/dd/yyyy

How often does Johnny get payments from Retirement, Survivor's, and Disability Insurance (RSDI)?

How much is each payment from Retirement, Survivor's, and Disability Insurance (RSDI)?

Is Johnny's payment from Retirement, Survivor's, and Disability Insurance (RSDI) expected to continue for the next 30 days?

 Yes No

Does Johnny have any other Retirement, Survivor's, and Disability Insurance (RSDI)?

 Yes No

This is an example of what is asked if any "Other types of income" is checked off.

Note: Any income someone receives from these sources is counted when determining eligibility.





Additional Information



Hello, Johnny. You are logged in.



98% Complete

Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

✓ Job Income

✓ Other Income

Housing Bills

Other Bills

✓ Finish

Submit

Additional Information

In the box below, you can provide us with any additional information that may help us with your application. Space is limited, so please be brief.

Back

Save and Exit

Next



How to Use the 'Additional Information' Section

- This comment section is your golden opportunity to highlight an important component of the case or unusual situation on the application.
- Language should always be brief and professional. It is not a space to tell client stories.
- Provide supporting documentation as much as possible.



When to write something in the 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 Non-citizens	Application for Emergency Medicaid for Non-citizen. Please Expedite.
Unusual Circumstance	Brief note describing circumstance. Use no more than 1-2 sentences.





Submission



Hello, Johnny. You are logged in.

100% Complete

Apply for Coverage

✓ Start

✓ People

✓ Liquid Resources

✓ Other Resources

✓ Job Income

✓ Other Income

Housing Bills

Other Bills

✓ Finish

Submit

Signing Your Application

You are just a few minutes away from submitting your application. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your application.

Do I have to come to the office to be interviewed?

If you are applying for Cash or SNAP benefits we will schedule an interview within 14 days, usually at our office. However, if you can not come to the office because of problems with work, health, transportation or child care we can talk with you over the phone. If you have indicated that you cannot go to a DHS Office in person for an interview, please be aware that DHS WILL CALL YOU at the telephone number listed to complete an interview by phone. If you are applying for TANF cash assistance you must come to the office for an interview. If you are applying for Healthcare only, no office interview is required.

Healthcare Coverage Rights and Responsibilities

Read Carefully - These are your Rights and Responsibilities as an applicant for Healthcare benefits.

We will keep what you tell us private as required by law.

Be sure to answer the questions correctly. We may check all information on your application. You must help us if we ask you to prove that your information is correct.

We will use the information you provided as well as information from other sources such as Social Security benefits, unemployment insurance, unearned income and wages from employment to decide if you qualify.

You agree the state may seek reimbursement for services the state covered for your family. If these services should have been paid for by your other health coverage, you



Fraud Penalty Affidavit

Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

* By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Healthcare Coverage](#)

Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand the penalties for giving false information.
- I understand that upon verification of my information, this attestation will have the same legal effect and can be enforced in the same way as a written signature.

* By checking this box and typing my name below, I am electronically attesting to the information in the application.

* First Name :

Middle Initial :

* Last Name :

Back

Submit



Who will receive the application?

Office Information

Based on the information you provided in your application, the system will send your application to the following DHS/HFS office:

West Suburban FCRC
2701 W LAKE Street
MELROSE PARK IL 60160-3800
Phone Number: (708) 338-7600

If you would like to be served at an alternate office, please select your office of choice from the list below:

Service Office:
WEST SUBURBAN LOCAL OFFICE

Authorization Key (Office Use Only)

Note: This phone number usually just routes straight to the IDHS hotline. It is typically not answered by anyone who works at the local office.

ABE will offer to send the application to the closest FCRC office. However, the applicant can opt to send their application to any office in their county if they want to. They can select a different office here.



Submission Summary

Keep Track of Your Application

Your tracking number for this application is **T10012188**

Be sure to write this number down or print this page for your records.

If you are applying because you have a disability, you will get a notice about medical benefits within 60 days of your application date. If you do not have a disability, you will get a notice within 45 days.

You will get an answer about your SNAP application within 30 days.

If you have a question about your application or need to report new information you may contact the office listed at the top of this page. It will be helpful to have your tracking number.


Print Your Application

DO NOT MAIL THIS APPLICATION. Print or save it for your own records only.

To print, click on the Print My Application button below. If you decide to print or save a copy keep in mind this application has your private and personal information on it.

[Print My Application](#)

You will need to have a program called Adobe Acrobat Reader to see and print this application. If you do not have this program on your computer, you may install it for free by clicking on the icon below.



Your Next Steps

Based on the application you submitted, there are some steps that you may take to help us process your application. Click Next to continue.

[Back to ABE](#) [Next](#)

PRO TIP! Document the tracking number in your records. If IDHS loses the application, this may be the only way for them to locate it.

Save a PDF of the application for your records and/or print for the client. **Black out all SSNs** if you ever send anyone a copy.

Click 'Next' to submit documents.



Select Type of Proof

People often misconstrue this to be a list of required documents. It is not.

Scroll through this list and click all the types of proof you have that are relevant to the case.

If you forget to list something, there will be opportunities to add documents later.

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof													
	<input type="checkbox"/> Proof of Citizenship	<p>Provide one of the following documents: US Passport, Certificate of Naturalization, Certificate of US Citizenship (N-560 or N-561) or a document from a federally recognized Indian tribe.</p> <p>If these are not available provide one item from each column for each U.S. citizen:</p> <table border="1"> <thead> <tr> <th>Place of birth</th> <th>Identity</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Certified copy of a birth certificate from the state or county where the person was born</td> <td>Driver's License</td> </tr> <tr> <td>State issued ID card</td> </tr> <tr> <td>Final adoption decree</td> <td>School ID</td> </tr> <tr> <td rowspan="2">Official military record that shows a place of birth</td> <td>U.S. Military ID</td> </tr> <tr> <td>U.S. military dependent card</td> </tr> <tr> <td rowspan="2">Papers showing the person was employed by the U.S. government before 1976.</td> <td>Other government ID (city, county or state issued)</td> </tr> <tr> <td>For children under age 16, school or daycare records, or a parent or guardian's signature on this application</td> </tr> </tbody> </table>	Place of birth	Identity	Certified copy of a birth certificate from the state or county where the person was born	Driver's License	State issued ID card	Final adoption decree	School ID	Official military record that shows a place of birth	U.S. Military ID	U.S. military dependent card	Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)	For children under age 16, school or daycare records, or a parent or guardian's signature on this application
Place of birth	Identity														
Certified copy of a birth certificate from the state or county where the person was born	Driver's License														
	State issued ID card														
Final adoption decree	School ID														
Official military record that shows a place of birth	U.S. Military ID														
	U.S. military dependent card														
Papers showing the person was employed by the U.S. government before 1976.	Other government ID (city, county or state issued)														
	For children under age 16, school or daycare records, or a parent or guardian's signature on this application														
	<input type="checkbox"/> Proof of Illinois Residency	Illinois driver's License, rent/ lease/ mortgage receipt, utility bill, document from U.S. Department of Homeland Security, medical records/ clinic cards, home owners insurance, statement from homeless shelter, property tax bill, employment records, school enrollment records, mail document showing postmark within last 30 days with illinois address, other ID with a name and address.													
	<input type="checkbox"/> Proof of SSN	Social Security Card													
	<input type="checkbox"/> Proof of living with	Proof of a child living with a parent or caretaker relative													



Submitting Documents

Upload Documents

You can use this screen to upload your documents by following these 3 easy steps.

Step 1

First, you'll need to choose the household member who the document is for. Once you have done that, please let us know what type of document you are uploading by selecting the correct Type of Proof and Document Type from the menus below.

It's important to add only one document type at a time, and to select only the correct person for each document type.

[View a list of documents currently needed for your case.](#) You may also enter comments into the box below.

* Household Member:

click here to choose ▾

* Type of Proof

click here to choose ▾

* Document Type

click here to choose ▾

Comment (Optional)

Step 2

Next, you'll need to add the file that you plan on uploading. To do so, click Browse and then select the file from your computer. After you have selected the file, make sure to click the ADD button. the file should then appear in the chart below.

The types of files supported for upload are: jpg, jpeg, tif, tiff, png and pdf.

Choose File No file chosen

To add more than one document, please return to Step1 before continuing to Step 3. You may add up to 10 documents before moving on to step 3 and submitting your upload.

Back

We strongly advise you upload documents within 24 hours of the application.

If a caseworker opens the application before you submit documents, you may lose your ability to upload them online.



Step 1: Select the household member the document is relevant to, the type of proof, and document type. (e.g. Johnny Appleseed, Proof of Residency, Drivers License)

Step 2: Attach the file. Please note that uploads are limited to 2MB. Each document should have their own upload. Do not submit multiple documents at once.

Step 3: Add document.

Documents to always submit, if applicable

Type of Proof	Document Needed
Pension Income	Most recent 1099R
Self Employed Income	1099 and/or self employment ledger listing work related expenses
Unemployment	Unemployment Statement
Alien Registration Number	Copy of the front and back of green card for all Legal Permanent Residents in the household
Work Income	Last 30 days of paystubs and/ or written letter from employer that includes a date, amount earned, and frequency paid. Employer should type the letter and use business letter head if possible.



Recommended Documents (not required, but encouraged)

Type of Proof	Document Needed	Why do we recommend?
Identification	Illinois State ID/ Drivers License	All information on ID if you want to complete identity proofing.
Social Security Income	Social Security Award Letter	Allows benefit counselor to confirm gross income and verify eligibility
Medical Expenses	Bills or receipts for Medicare premium, supplemental premium, medical supplies, doctor co-pays, medical transportation, hospital visits, dental or vision care, and prescriptions	Can be used as deductions for SNAP benefits



Verification Checklist

When IDHS is unable to verify a piece of information they will send a Verification Checklist.

The checklist states who the verification is for, what type of proof is needed, and the documents they can accept.

Often, the deadlines are short so action needs to be taken immediately.

Verification Checklist

We need the items listed below to determine your eligibility. If you have an office interview **BRING** the items with you. If you have a phone interview or are applying for medical only, return these items as described in the instructions on the last page of this document.

What you need to give us - Give us the information that is marked below by the due dates listed below.

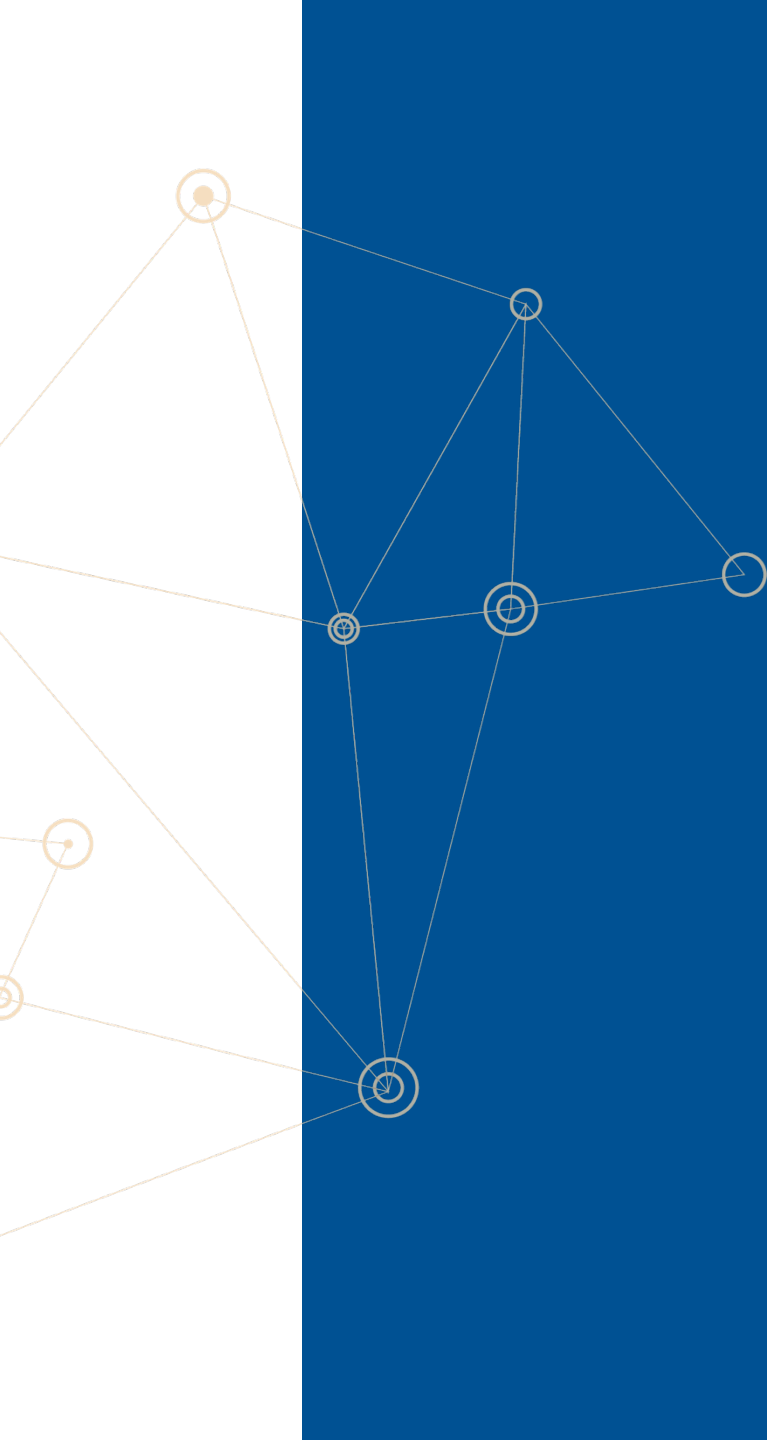
Please return at least one of the requested examples for each verification and person listed below **by no later than August 29, 2016**. If you do not respond by **August 29, 2016** your SNAP, Cash and/or Medical benefits could be reduced, cancelled or denied.

Please include the last 60 months of bank statements from INB Bank for Mary.

Name of Person	What is Needed	Examples	Required For
Mary Mary	See the statement above	Provide the information listed above	Cash, Medical

If you need more time or help in getting information, notify your Family Community Resource Center listed above before the interview date or due date.





Part Three: Redeterminations and Report Changes

What is a Redetermination?

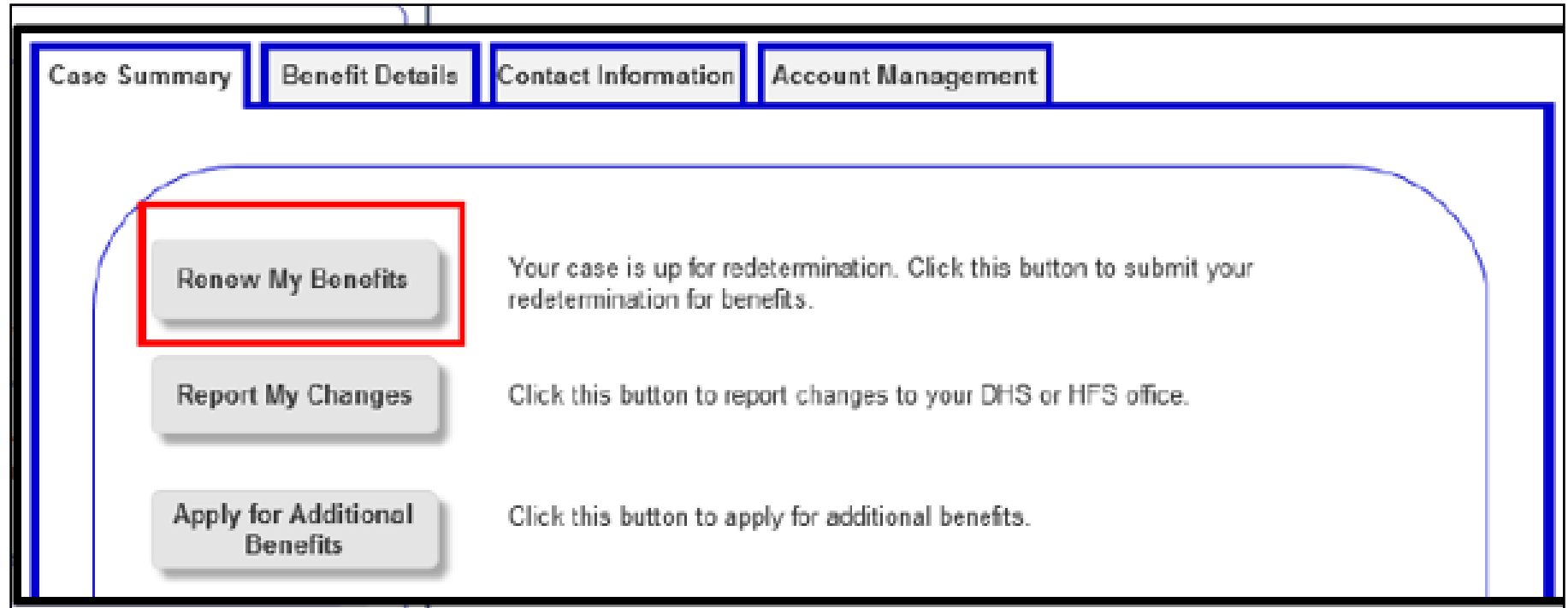
- Most Medicaid recipients must renew or ‘redetermine’ their Medicaid benefits once a year.
- Applicants will receive a physical form in the mail when it is time to complete their redetermination. They may be required to submit updated income documentation.
- Applicants are renewed automatically if IDHS can verify their income with one of their computer systems. If someone is renewed automatically, they will get a letter letting them know they were renewed.
- Medicaid recipients can complete their redetermination by returning a mailed form, calling the IDHS hotline, or submitting one through Manage My Case. **We recommend submitting through Manage My Case.**



Completing Redeterminations

If the client needs to redetermine, the 'Renew My Benefits' button will first appear 60 business days before the redetermination is due.

We have detailed instructions on how to access Manage My Case in your toolkit.



The screenshot displays a web interface with a navigation bar at the top containing four tabs: 'Case Summary', 'Benefit Details', 'Contact Information', and 'Account Management'. The 'Benefit Details' tab is currently selected. Below the navigation bar, there is a large rounded rectangular area containing three buttons and their corresponding instructions:

- Renew My Benefits**: Your case is up for redetermination. Click this button to submit your redetermination for benefits. (This button is highlighted with a red border in the image.)
- Report My Changes**: Click this button to report changes to your DHS or HFS office.
- Apply for Additional Benefits**: Click this button to apply for additional benefits.



The Redetermination Form

- Form is typically auto-populated
- Confirm the information is correct with the client
- If it is a spenddown case, note that in the comments
- Submit!
- Upload required documents if necessary

Redeterminations typically only take about 15 minutes to complete.



Final Steps

Thank you! Your online Redetermination was successfully submitted!

Here are your next steps:



Your Application Tracking Number is **6000272561**

Write down your tracking number or print your application for your records. Do NOT mail this Report My Changes.

Print Your Redetermination

Your Report My Changes was sent to the following office to be processed:

Adams County FCRC

300 MAINE

QUINCY IL 62301-3922

Phone Number: (217) 223-0550



Attach documents to help us process your application

If you have documents such as paystubs to upload in support of your application, you can do so on the next page.

If you do not have these documents ready now, you can log back in and upload documents later. Remember to upload documents as soon as possible, you will not be able to do so after the State begins processing the application.

Back to Manage
My Case

Next

Save the tracking number and a PDF of the Redetermination.

Click NEXT to submit any necessary documentation.

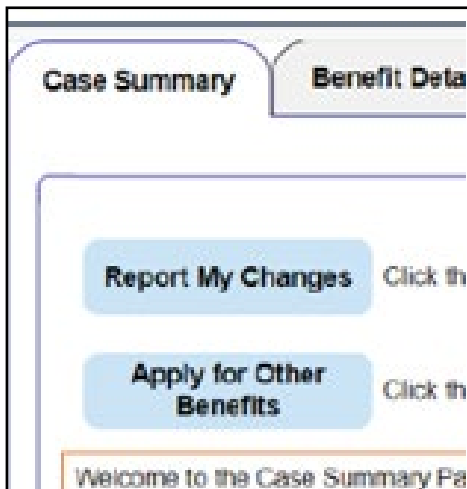
If the client receives a letter asking for further documentation, you can upload documents through Manage My Case.



Change Reports

Recipients must report changes within 10 days of the change occurring. Depending on the change, the person's benefits may be impacted.

Benefit counselors should track change reports and follow up with IDHS if they haven't been processed in 30 days. Changes can also be reported through the IDHS Hotline.



Welcome to Report My Changes

After you have told us what has changed below, we will let you know if the change requires verification and what to provide. You can upload your verification or you can mail, fax, or bring the proof to your DHS or HFS office. If you would like to withdraw your application, cancel your case, or request a case transfer, please select the "Any other change or changes not mentioned above" option under the other Changes Section.

Reporting Changes Through ABE

Please let us know what has changed. After answering yes to one or more of the categories below, an additional list of options will be shown. You may check all boxes that apply.

Change in Contact Information Yes No

Name change or correction Address Change
 E-mail address or phone number change Approved Representative add or cancel

Change in Household Yes No

Change in Household Income Yes No

Expenses/Bills Have Changed Yes No

Resources Have Changed Yes No

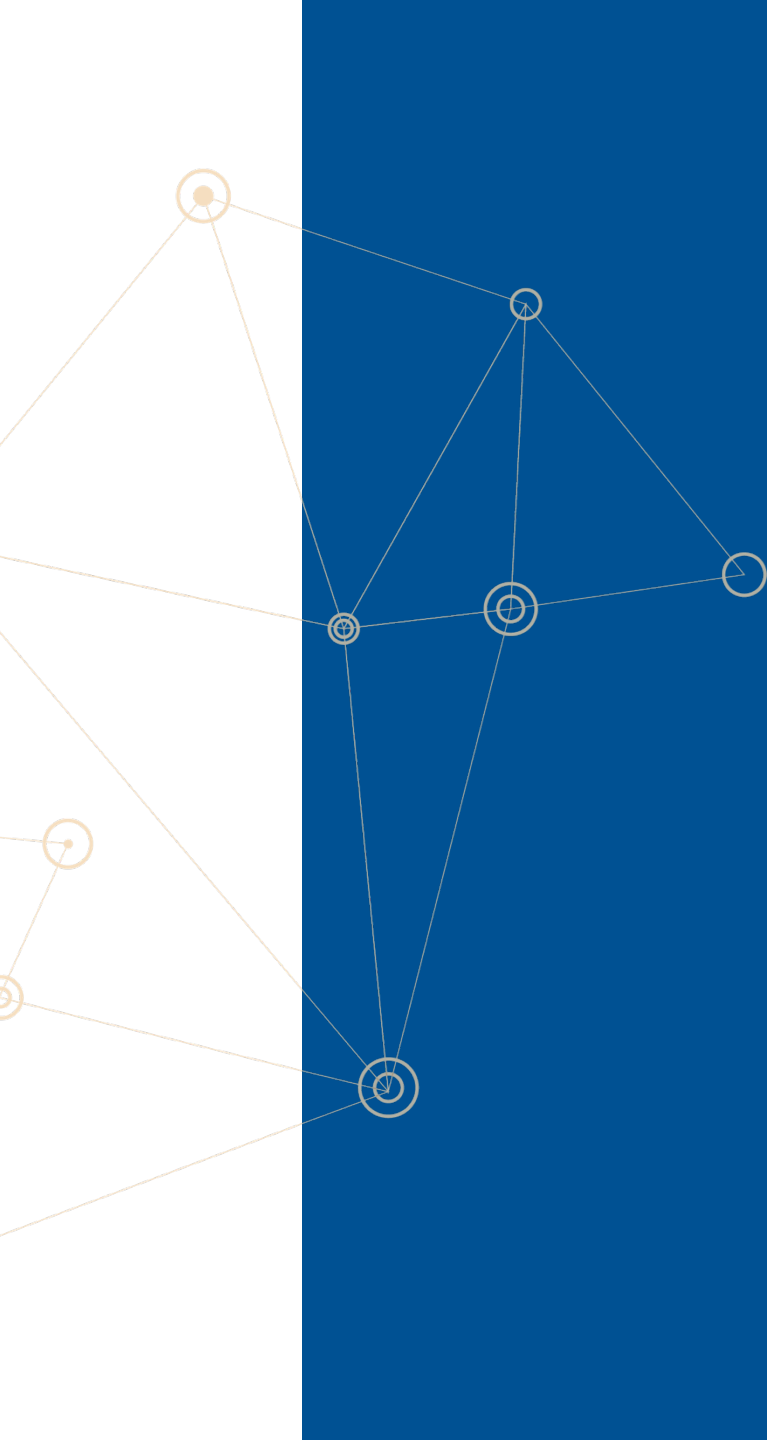
Health Insurance Has Changed Yes No

Other Changes Yes No

Any other change or changes not mentioned above

Keep in mind that you should only report changes that have already happened.





Troubleshooting Tips

Repeated error messages when using ILogin

Clear your cache!

- Clear your cache between clients when utilizing ABE.
- It may be helpful to utilize a different browser than you normally use for all ABE applications due to frequently clearing browsing history and cache.



“Your session has ended because of an error”

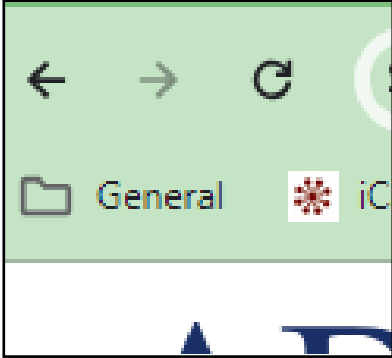
- ABE will sometimes glitch mid application. When this happens, you may be permanently blocked from the application.

Follow these steps if you encounter this error message while you are in the middle of a new application:

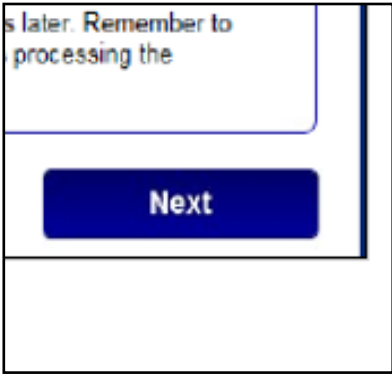
1. Try logging in on a different browser. Avoid using Internet Explorer.
2. Clear cache
3. Restart computer



Avoid Hitting the Forward/ Back button



NO



YES



Click the 'Change' or 'Erase' Button to Edit


Before you go to the next page:

⚠ If you are sure you want to erase Johnny's Cash on Hand, please click on the "Erase" link one more time. If you do not want to erase it, just click Next

Liquid Resources Summary

Here is a summary of what you have told us. If a section below has a check mark, you have given us all of the information we have asked for. If you would like to change your answers or finish a section that does not have a check mark, click on "Change." If you would like to remove something, click "Erase."

Review Your Answers: Cash

Who Has It	Amount	Section Complete?	Change or Erase
 Johnny	\$ 0.00		Change or Erase



Delayed Applications

- IDHS must process Medicaid applications within 60 days of submission.
- **Follow up on the application if it has been pending for more than 60 days.**
- If an application has been pending for more than 60 business days, you can also request a temporary Medicaid card through the client's Manage My Case.



Following up on an application

There are many avenues to follow up on an application:

- Shriver Center's Helphub
- IDHS Hotline
- IDHS 'Magic' Email
- Contacting LOA
- Direct caseworker contact, if applicable
- Filing an Appeal (Only if all other avenues have been exhausted)

Please refer to the table in your toolkit for more details.



Where should I go if I have questions?

1. AgeOptions Avisery “Ask The Expert”

Avisery by AgeOptions offers free assistance for professionals enrolling older adults in Medicaid and Medicare. Email Avisery at Avisery@ageoptions.org with any questions.

2. Shriver Center Helphub

This is a platform that allows you to connect to other Medicaid application assisters and legal advocates in the field. They can also help connect you to someone at IDHS in the event an application is delayed and/or processed incorrectly. Enroll at <https://helphub.povertylaw.org/>



Review Your Toolkits!

- This training comes with a toolkit that includes:
 - A copy of this slide deck
 - Medicaid Household Rules Flowchart
 - Citation list for further research
 - Reference Sheets detailing:
 - 2025 Important Medicaid income limits
 - Intake Information
 - Key Government Stakeholders
 - When to apply for ACA vs AABD Medicaid Chart
 - When to write something in the ABE comment section
 - Following Up with IDHS Chart



Thank you!

