

# 2025 Important Medicaid Income Limits

	Monthly income limit	Asset Limits
<b>ACA Adult Medicaid:</b> Adults aged 18-64 <b>without</b> Medicare	\$1,799.00- 1 person household \$2,432.00- 2 person household	N/A
<b>AABD Medicaid:</b> Adults 65+, and/or adults who meet the Social Security Administration's definition of disability	\$1,304.00- 1 person household \$1,762.00- 2 person household	\$17,500.00
<b>AABD Spenddown:</b> 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 1<sup>st</sup> to reflect the current year's FPL.



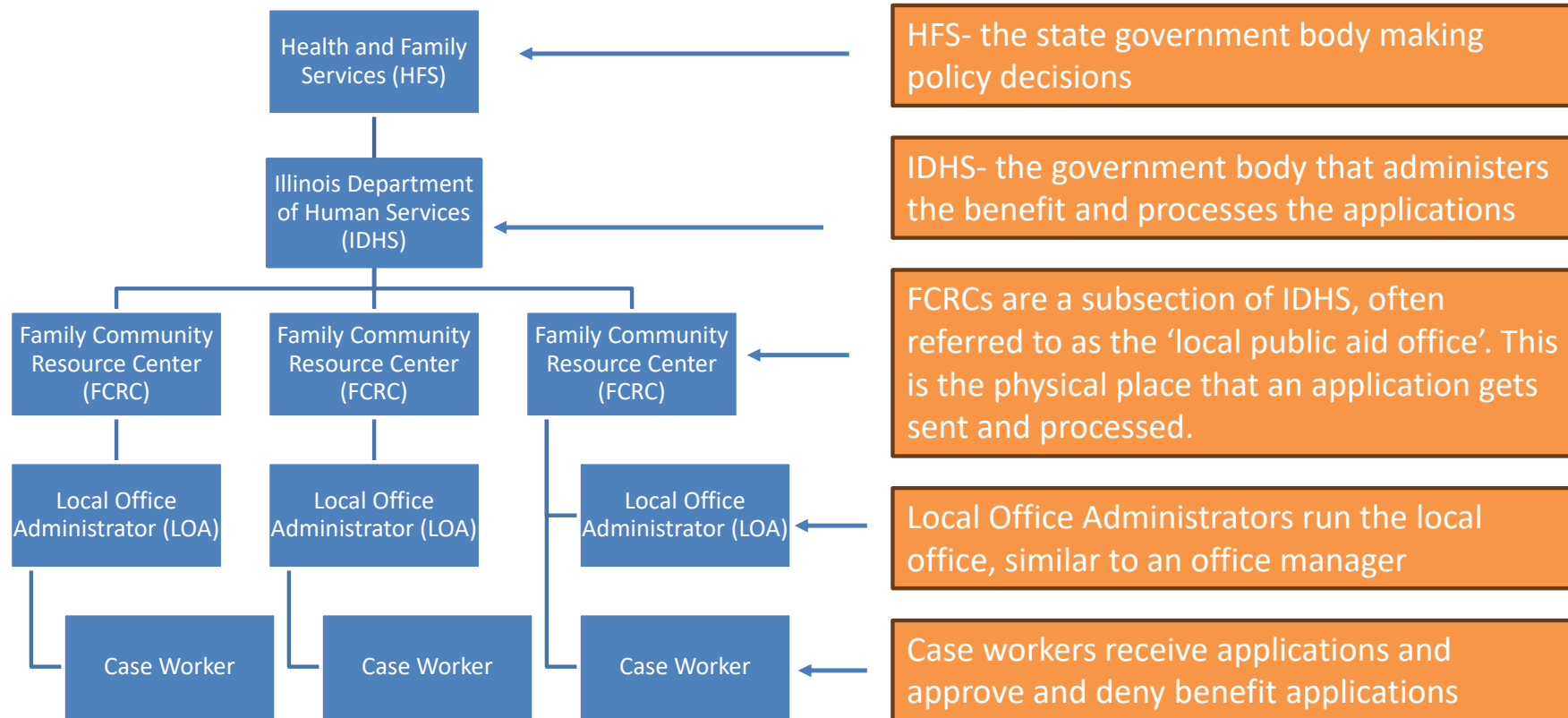
# Intake Information:

(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



# 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 <b>who does not have Medicare</b>	✓	
Disabled Adult <b>with</b> Medicare		✓
Older Adult aged 65+		✓



# 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.



## Following up with IDHS on ABE Applications

Source	Contact info	Info Needed	Pros	Cons
IDHS Hotline	<b>1-800-843-6154.</b> Choose 1 for English or 2 for Spanish. 1 for medical, food, or cash benefits, 3 for help on an existing case.	Clients SSN and/or DOB Case ID Application Tracking Number Client or Approved Representative will need to be on the line	Reliable way to contact a case worker	Long hold times that range from 15-30+ minutes. We recommend calling right at 8:30 am.
Medicaid Email	<a href="mailto:Hfs.aca@illinois.gov">Hfs.aca@illinois.gov</a> - <b>Delayed Medicaid applications and Medicaid emergencies ONLY.</b>	Client DOB Client RIN Number Case ID Application Tracking Number Brief description of issue	Email is generally responsive.	Email responder typically forwards case to an appropriate contact at IDHS, but does not solve matters directly. *Note who they forward the email to and add to your contact list.
Email LOA	Various- your organization may have an email on file. If not, reach out to other advocates/ contact Help Hub with issue.	Client DOB Client RIN Number Case ID Application Tracking Number Brief description of issue	LOA has managerial authority at FCRC offices, can address errors and delayed applications.	LOA contact information can be difficult to get. Email tracking and case follow-up may be necessary. We recommend requesting a read receipt.
File Appeal	Submit this form: <a href="https://www.dhs.state.il.us/onenetlibrary/12/documents/forms/il444-0103.pdf">https://www.dhs.state.il.us/onenetlibrary/12/documents/forms/il444-0103.pdf</a>	Use only after all other options have been exhausted. You may submit a new application while waiting for an appeal to process.	Effective way to get a case error fixed.	Longer more involved process order to receive a formal hearing.
Help hub	Join Help hub at <a href="https://helphub.povertylaw.org/home.html?returnUrl=%2findex.html">https://helphub.povertylaw.org/home.html?returnUrl=%2findex.html</a>	Description of issue. Note household size, gross monthly income, and case history. <b>No client identifying information should be listed</b>	Very responsive, great way to connect to other experienced advocates who can connect to IDHS	Third party outside of IDHS.