



Appealing Illinois Department of Human Services (IDHS) Decisions

June 17, 2025

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Housekeeping

- Questions via the Q&A box or during the live Q&A session at the end.
- Please use the chat feature for technical issues
 - Slides will be uploaded in the chat
- Zoom live transcript feature – click on “Show Captions”
- Please fill out our evaluation at the end!

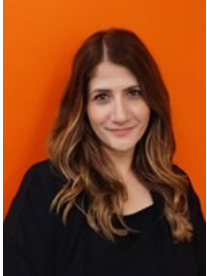


About Avisery

Avisery by AgeOptions **trains professionals** on how to help consumers **navigate the complexities** of Medicare & Medicaid.



Avisery Team



Georgia Gerdes
Senior Training
Specialist



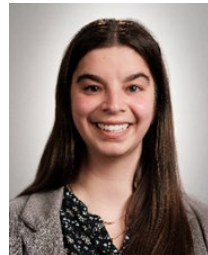
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What Avisery Does



Offer **TRAININGS, WEBINARS,** and **EDUCATIONAL MATERIALS** to professionals who counsel consumers on health care access and coverage



Provide **FREE ADVICE** to guide professionals in their work with consumers



ADVOCATE for administrative rule and legislative changes to enhance access and affordability



Avisery “Ask the Expert” Service for Professionals

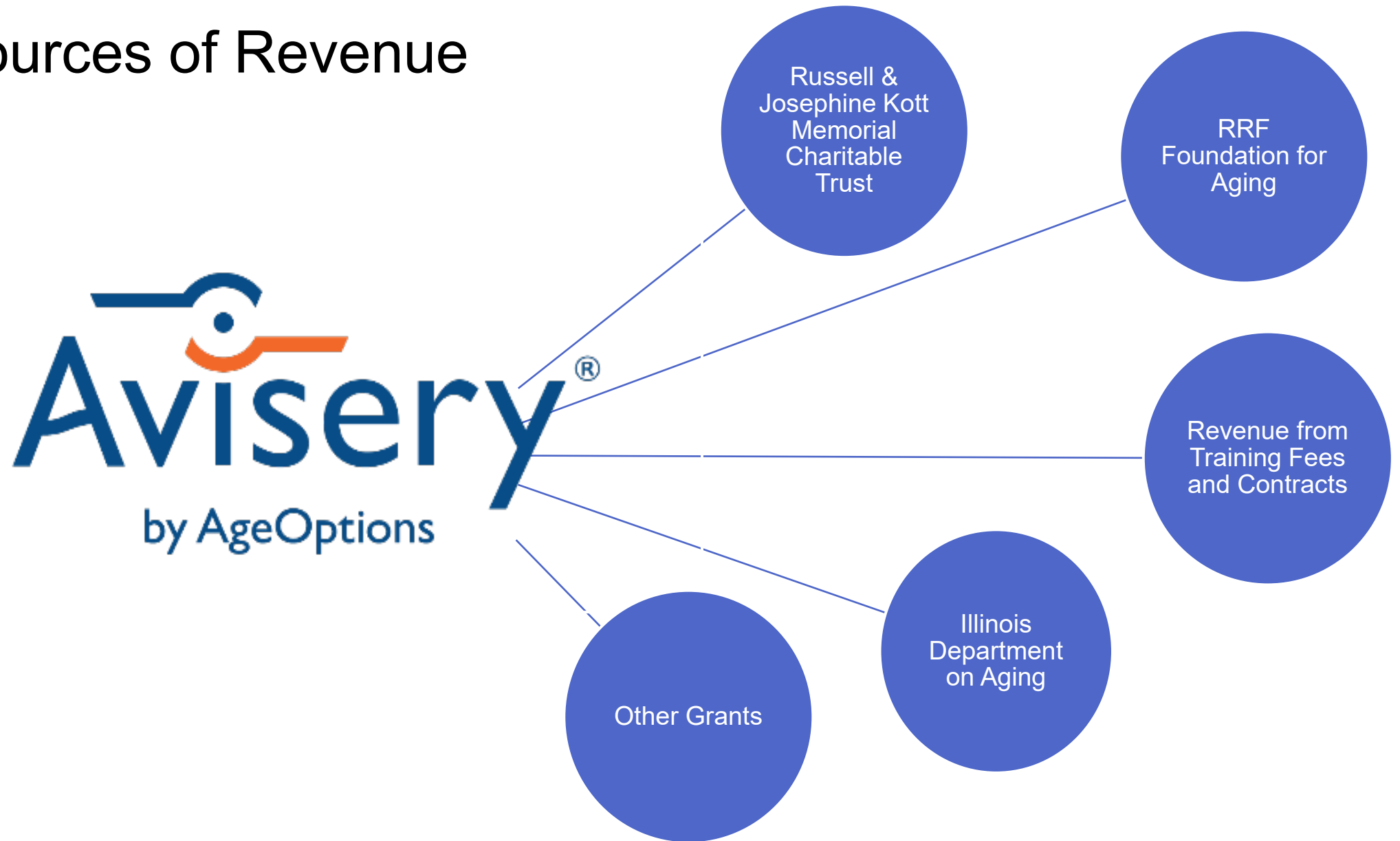


Email avisery@ageoptions.org or call us at [708-628-3440](tel:708-628-3440).

Avisery Specialists will:

- Offer **free expert guidance** on Medicare, Medicaid, and other health benefits
- Provide **information or guide professionals through action plans**
- Employ **advanced problem-solving strategies**
- **Leverage relationships** with key stakeholders

2025 Sources of Revenue



Presenter: Steven Scheuer, Legal Aid Chicago



Steven Scheuer is a Supervisory Attorney in the Public Benefits Practice Group at Legal Aid Chicago. His practice focuses on access to public benefits, including Medicaid, SNAP, TANF, AABD Cash, and Social Security. He represents clients in administrative hearings before the Illinois Department of Human Services and the Social Security Administration. Before joining Legal Aid Chicago, Steven was a fellow at Uptown People's Law Center, representing clients in eviction and Social Security matters.

APPEALING ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) DECISIONS

Steven Scheuer
Supervisory Attorney
Public Benefits Practice Group
06.2025



EQUAL JUSTICE STARTS HERE

Legal Aid Chicago is a non-profit that provides **free** civil legal services to people with limited income* in Cook County, securing their rights to economic stability, affordable housing, personal safety, fair working conditions, and basic healthcare.

* No financial eligibility requirements for seniors or victims of domestic or sexual violence; higher income limits for certain populations or legal issues, including veterans, people living with HIV, and others.



Children & Families



Consumer



Public Benefits



**Criminal Records
Relief**



Long-Term Care



**Immigrants & Workers'
Rights**



Housing

IL DEPARTMENT OF HUMAN SERVICES



Food Assistance



Medical Assistance



Cash Assistance for Low-Income Families



Cash Assistance for Elderly and People with Disabilities



Cash Assistance for Non-Citizen Victims of Trafficking, Torture, or Other Serious

AGENDA

- What is an appeal?
- What can you appeal and when?
- How do you file an appeal?
- What do you do after filing the appeal?
- How do you handle a hearing?

Note 1

You do not need to be an attorney to file and win IDHS appeals!

Note 2

Do not withdraw an appeal until you have evidence in writing!
Practice telling them “no”.

WHAT IS AN APPEAL?



This is your constitutional right!

Goldberg v. Kelly, 397 USC 254 (1970)

- Welfare benefits are a form of property, so are subject to Procedural Due Process (5th and 14th amendments to US Constitution)
- Interest of a recipient in obtaining benefits needed to procure the necessities of life outweighs administrative efficiency
- Pre-termination procedures are required before terminating benefits
 - **Notice**
 - **Hearing with an impartial decision-maker**
 - **Right to cross-examine witnesses**
 - **Discovery (getting information)**
 - **Decision on the record**
 - **Right to have an attorney (but not a free or court-appointment one)**

WHAT IS AN APPEAL?

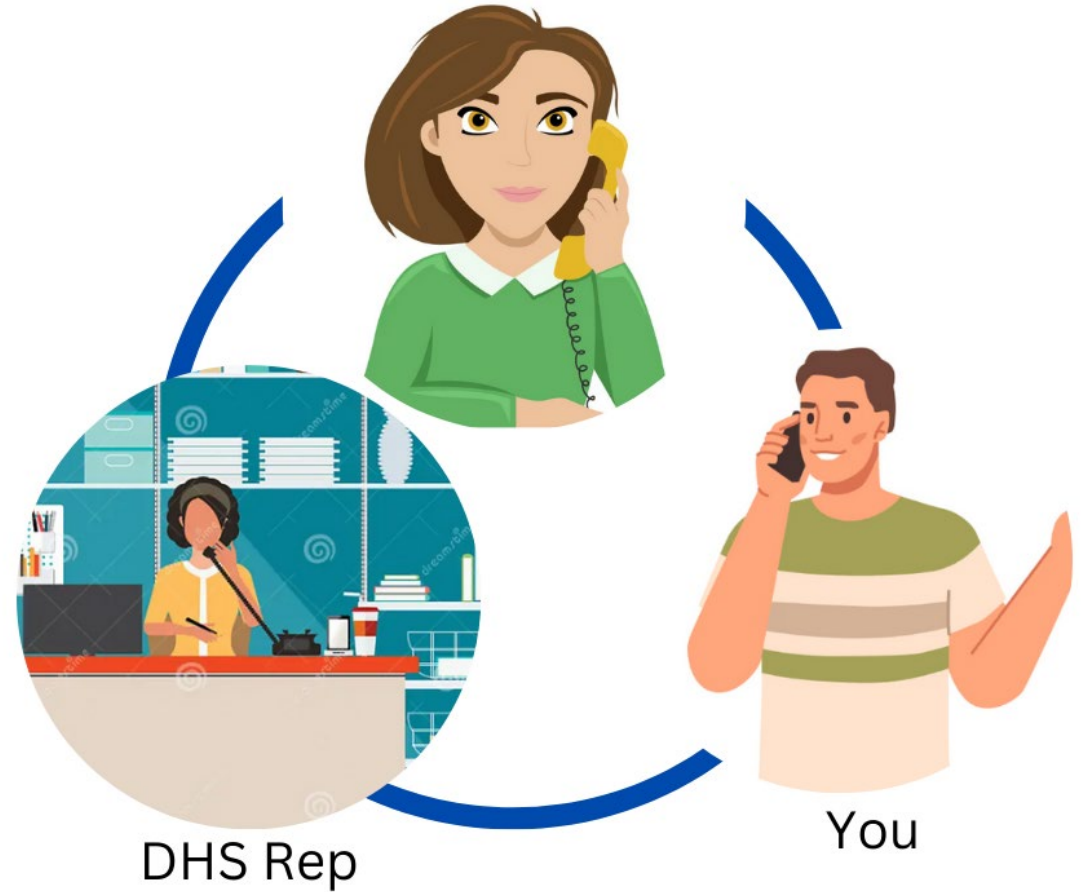
“Filing an appeal” is really asking for an impartial decision-maker (the administrative law judge (“ALJ”)) to step in to:

- **Assert your due process RIGHTS**
- **Ensure IDHS follows federal and state laws**
- **Fix a mistake that IDHS made so you can get the benefits people are entitled to receive**
- **Appeals are handled by the Bureau of Hearings (BOH or BAH)**
- **Denial of Medicaid services or payment are most often appealed through the MCO or IDHFS**

In reality, **you can often resolve problems without ever talking to the ALJ.**

WHAT IS AN APPEAL HEARING?

Judge

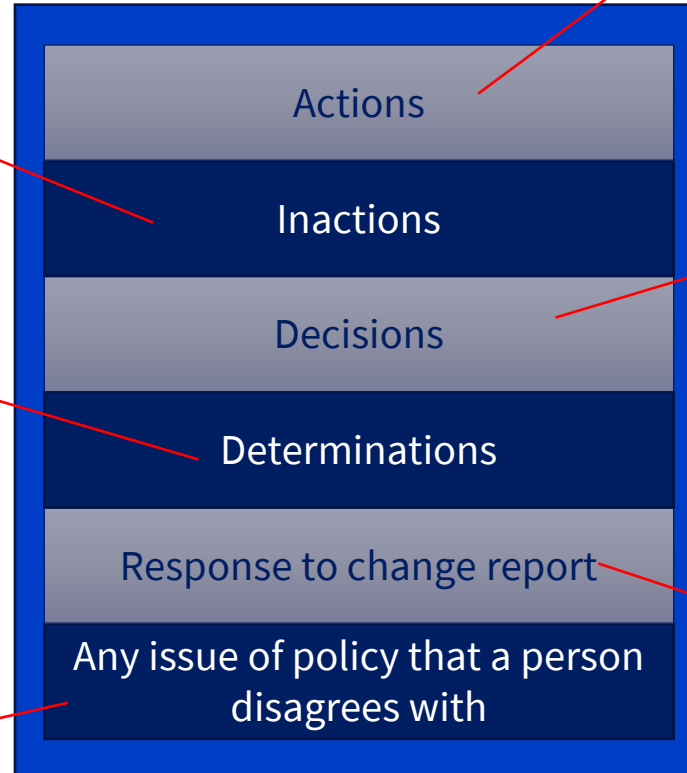


WHAT CAN I APPEAL

IDHS fails to timely act on an application

IDHS incorrectly finds someone ineligible or eligible for less than they should have

IDHS applies a policy that does not comply with state or federal law.



IDHS reduces or stops benefits without sufficient notice to the recipient in writing

IDHS issues a Notice of Decision that has the wrong decision

IDHS incorrectly finds someone ineligible or eligible for less than they should because of a change

QUICK ASIDE: THE POLICY MANUAL

Policy Manual Chapter Table of Contents

[WORKERS' ACTION GUIDE TABLE OF CONTENTS.](#)

[MEMOS](#) [MANUAL RELEASES](#) [INDEX](#)

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

Google: “Illinois DHS PM”



Links

[Introduction](#)

[PM 01: Rights and Responsibilities](#)

[PM 02: Initial Request for Benefits](#)

[PM 03: Nonfinancial Factors](#)

[PM 04: Who to Include in the Benefit Unit](#)

[PM 05: Special SNAP Situations](#)

WHEN CAN I APPEAL?

60 days

- Decision related to cash or medical (AABD Medical and Cash, ACA Adult, Family Health Plans, TANF)

90 days

- Decision related to food (SNAP)

No
deadline!

- IDHS fails to send a required notice
- IDHS fails to timely make a decision
- IDHS fails to notify the client that a request was denied

Calculating Dates

Day 1 =

- Date on notice

E.g., if date on medical notice is June 5, 2025, appeal deadline is August 4, 2025.

Date Appeal Filed

Mailed: postmark

Otherwise:

- Date received prior to 5pm.
- If after 5pm, next business day.

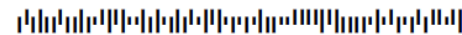
WHEN SHOULD I APPEAL TERMINATION OR REDUCTION?

Continuing Benefits

- MUST file appeal by the later of:
 - ***10 calendar days after the date on the notice, or***
 - ***The date of change***
- No continuing benefits for missed SNAP redetermination
- Risk of overpayment for SNAP and Cash



State of Illinois
Department of Human Services
Department of Healthcare and Family Services



Date of Notice: December 20, 2023
Case Number: [REDACTED]
Client Name: [REDACTED]
Individual ID: [REDACTED]
Office Name: HUMBOLDT PARK FCRC
Office Address: 2753 W NORTH AVE
CHICAGO, IL 60647
Phone: 773-292-7200
TTY:
Fax: 844-736-3563

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning February 01, 2024, your benefits will change as follows:

Your **Supplemental Nutrition Assistance Program (SNAP)** Benefits will go down. \$700.00 is the new amount of your SNAP Benefits.

Date of Notice: 12/20/2023 + 10 days = 12/30/24

Date of change = 2/1/24

Appeal must be filed before 2/1/24 to request continuing benefits.

NO DEADLINE TO APPEAL

No legally sufficient notice of decision (or no notice at all) issued in response to an application (or program add) within processing deadlines

- IDHS saying it made a decision is not enough!
- Includes cases where DHS fails to consider all months of eligibility (e.g. 3 months of retroactive Medicaid or MSP)
- Exception: Termination at end of SNAP Certification period

| Program | Longest Deadline |
|--|------------------|
| Medical for someone who is over 65 or who has Medicare | 60 days |
| AABD Cash | 60 days |
| Medical for others | 45 days |
| TANF | 45 days |
| SNAP (regular processing) | 30 days |
| SNAP (expedited processing) | 30 days |

NO DEADLINE TO APPEAL

- Written notice was sent but didn't have legally required elements:
- **Practice Tip:** Do not file appeal for inaction until you have all of the documents you think IDHS will need to approve your application
 - ***Things requested in a Verification Checklist***
 - ***Proof of 30 days of earned income***

Incomplete list of information IDHS is required to include in notices

Clear statement of approval, denial, or action taken

Amount of benefit

Date change or approval is effective

Clear statement of the reason for the action

Reference to specific policy that supports the action

Names of individuals whose benefits are starting, ending, or changing

Budgets for cash and food assistance

Type of medical assistance they are eligible for/ineligible for

If medical is denied for financial reasons, calculations supporting that decision

QUICK DECISIONS CHECKLIST:

This checklist will not identify all appealable issues or all mistakes IDHS might have made. But it will find many of the kinds of problems you can usually resolve without an attorney:

- ☐ IDHS failed to make a decision on an application or other request
- ☐ Benefits denied or terminated because of missed verifications
- ☐ Failure to include correct household members in the eligibility unit
- ☐ Incorrect Income used
- ☐ Incorrect Resources used
- ☐ Incorrect use of medical expenses to meet spenddown
- ☐ Failed to consider correct Medical category
- ☐ Benefits denied because of failure to submit redetermination where one was submitted on time

MISSED VERIFICATIONS

PM 01-07-08: If notice denies/terminates benefits based on missed verifications and appeal is timely filed, IDHS must accept any information or verifications presented during the appeal process, treat that information and those verifications as if they were available at the time of the original decision, and reverse or modify their decision.

MISSED REDETERMINATION

Unlike verifications, you cannot file an appeal to get IDHS to recognize a redetermination filed after the deadline. However, if you have proof it was filed timely, you can successfully appeal the termination. You can also file a new application while the appeal is pending.

HOW TO APPEAL



| Method | How? |
|------------|--|
| Orally | <p>Go to FCRC and tell them you want to appeal. Get proof that you did this in writing, or at least, write down: your appeal number, the FCRC rep's name, where you met them, and day/time you met them.</p> <p>Call 1-800-435-0774. Write down: your appeal number, the name of the BAH rep you talked to, and the day/time you talked to them.</p> |
| In writing | <p><u>Form IL444-0103</u>. Mail (with proof), fax, email, or drop off at the FCRC. Get proof that you did this in writing, or at least, write down: your appeal number, the FCRC rep's name, where you met them, and day/time you met them.</p> |
| Online | Through the Appeals Portal in Manage My Case (ABE) |

HOW TO APPEAL: IN WRITING

Washington, 4th Floor, Chicago, IL 60602; via email at DHS.BAH@Illinois.gov; Fax at (312) 793-3387; by Telephone at (800) 435-0774; or online at <https://abe.illinois.gov/abe/access/appeals>.

| | | | |
|-----------------------------------|----------------------|-------------------------|-------------------|
| Appellant First Name: | Appellant Last Name: | Date of Birth: | Telephone Number: |
| Address: (No. & Street, Apt. No.) | City, County: | State, Zip Code: | Email Address: |
| Name Case is Under: | Case Number: | Social Security Number: | |

Will you need an interpreter in the hearing? ☐ Yes ☐ No If Yes, what language? _____

I am appealing action taken on: ☐ SNAP ☐ Long Term Care ☐ Medical Assistance ☐ AABD Cash Assistance ☐ TANF ☐ Child Care (check all that apply)

Application/Request Date: _____ Date of Department Notice you are appealing: _____

If you can, please provide your Notice of Decision with this Appeal Request Form.

I AM REQUESTING A FAIR HEARING BECAUSE:

- ☐ My application/request was denied and I disagree with this
- ☐ IDHS says I am not disabled and I disagree with this
- ☐ I was enrolled in spenddown and I disagree with this
- ☐ A penalty period was imposed and I disagree with this
- ☐ I disagree with the benefit amount
- ☐ I disagree with the beginning eligibility date
- ☐ My benefits were stopped or reduced and I disagree with this
- ☐ I was charged with an overpayment and I disagree with this
- ☐ My SNAP benefits were recouped for a previous overpayment claim(s) and I disagree with this
- ☐ Money was recovered on an overpayment claim(s) and I disagree with this
- ☐ A sanction was imposed and I disagree with this
- ☐ I asked to be exempt from the Department's work and training activities and I was denied
- ☐ I requested Crisis Assistance and I was denied
- ☐ IDHS has not taken action on my application or a request

Other Reason: _____

Include enough information that they can tell whose case you're talking about.

If you have a notice from IDHS, you can find your case number here.



State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: July 15, 2024
Case Number: [REDACTED]
Client Name: [REDACTED]
Individual ID: [REDACTED]
Office Name: SOUTHEAST FCRC
Office Address: 8001 S COTTAGE GRV
CHICAGO, IL 60619
Phone: 773-602-4200
TTY: _____



Do your best. If none of the choices makes sense, write your answer in. IDHS should not reject your appeal or deny your case based on this information.

HOW TO APPEAL: IN WRITING

4cc33626-9397-48aa-9f84-408ac8f9aede

Please Check One:

Under some programs, benefits may continue while the hearing decision is pending. If possible,

☐ I WANT my benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits. I want the following benefits to continue:

☐ Cash ☐ SNAP ☐ Cash and SNAP ☐ Medical Assistance

☐ I DO NOT WANT my benefits continued while the hearing decision is pending.

Do you want someone else to represent you at the hearing? If yes, provide their information in the space below.

| | | |
|--|-----------------------|---------------------------------------|
| Approved Representative First Name, Last Name | Telephone Number: | Email Address: |
| | | |
| Address (No. & Street, Apt. No.) | City, State, Zip Code | Representative's Firm (if applicable) |
| | | |

If signed by a person other than the appellant, you must attach written authorization to file an appeal on behalf of appellant. Please note: You may submit your own written authorization or use [Form IL444-0960 - Authorized Representative Form](#) for Appeals. Form IL444-2998 - Approved Representative Consent Form, will not be accepted for appeal representation.

Your Signature (or Signature of Approved Representative)

Date

Please Note: You are entitled by law to a final decision on your appeal and to full implementation of a decision favorable to you within 90 days from the time you requested the appeal, unless you have requested a delay of your hearing. For SNAP benefits only, you are entitled by law to a final decision on your appeal within 60 days and full implementation of a decision favorable to you within 10 days of receipt of the hearing decision.

For IDHS Office Use Only: To be completed by the FCRC or Hearings

| | | |
|----------------------------------|---|---|
| Date Notice of Appeal Received: | Date of Postmark, if mailed (attach envelope): | Date of written request for hearing, if preceding this form: |
| | | |
| Date of Decision Being Appealed: | Case Name: | Case Number: |
| | | |

Request continuing benefits if relevant and if filed before the latter of:


- Date of change
- 10 days after the date of the notice reducing or stopping benefits

This is the person who they will contact for the hearing. They will likely still contact the recipient directly to discuss the case, so be prepared to coach recipients for these calls.

If someone other than the recipient signs, they must be authorized to do that by law or be the authorized rep on the case.

HOW TO APPEAL: ONLINE


ABE

APPLICATION
FOR BENEFITS
ELIGIBILITY

Help

|

Print

Logged in: bfranklin0253 |  Logout

Am I Eligible?

|

Apply For Benefits

|

Appeals

Hello, Bernice. You are logged in.

Case Summary

Benefit Details

Contact Information

Account Management

Report My Changes

Click this button to report changes to your DHS or HFS Office.

Apply for Other Benefits

Click this button to apply for additional benefits.

Welcome to the Case Summary Page. This page gives you a look at your benefits, and lets you know if there is anything you need to do to receive or continue benefits. From this page you can find information about your [benefit status](#), [verifications](#), [notices](#), [application](#) or [change report status](#).

We have taken a number of steps to keep your information private and secure. To learn more, [view your security and account management information](#).

As a head of household, you can [control benefit information displayed to other adults in your household](#).

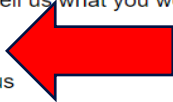
Step 1

HOW TO APPEAL: ONLINE

What do you want to do?

Please click a button to tell us what you would like to do before clicking the Next button.

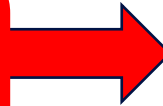
- ☐ Start a new appeal
☐ Check appeal(s) status



Next

Step 2

Indicate why you are appealing the best you can. This is not a test. Sometimes the reason for your appeal isn't listed. Pick the option that is closest. You can explain and even change ("amend") your reason for filing later.



ABE

Help | Print

Logged in: bfranklin0253 | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, Bernice. You are logged in.

Getting Started

Let's get started on the appeal. First, Please give us some basic information. Please answer YES to only those statements that apply to your appeal.

Program Information

Please answer the questions regarding the benefits you are appealing to the best of your ability. If you need clarification on any programs, please click on the blue hyperlinks.

| | |
|--|---|
| Are you appealing a change or denial of your SNAP benefits? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change or denial of your medical benefits ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you Medicaid eligible, but are appealing a denial of services (Dental, Pharmacy, Items, etc.)? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a decision on your All Kids medical case? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change or denial of cash benefits , such as TANF or AABD Cash? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a child support case? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change or denial of services through the Home Services Program (HSP) ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change, denial, beginning eligibility date, or cancellation of child care benefits? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change, denial, beginning eligibility date, or cancellation of Vocal Rehabilitation benefits? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a denial of services through the Division of Developmental Disabilities (DD) Program ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing your discharge from a Supportive Living Facility (SLF) ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing your placement on, or would like to be removed from, the HealthCare Worker Registry ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you, or have you applied to be, a WIC Vendor ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing a change or denial of services through the Medically Fragile Technologically Dependent (MFTD) program? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing the denial of payment for a medical bill ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Are you appealing an item not listed above? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Back

Save and Exit

Next

Step 3

HOW TO APPEAL: ONLINE

SNAP

You indicated that you are appealing your SNAP benefits. If the option is available, please select "yes" if you want to continue your benefits until a decision is made on your appeal.

Note: If you Continue Benefits, and your appeal is unsuccessful, you may have to pay back your continued benefits amount

Date of Notice/Action being appealed:
(if you do not provide this information it
will slow your appeal registration)

MM DD YYYY
 / /

Your Case Number/
Application Number

[click here to choose](#) ▼

Would you like to continue Benefits?
(In some instances, you might not be
eligible to continue benefits)

No ▼

Back

Save and Exit

Next

Step 4

Include the date on the notice, if you have it.
For inactions, we usually put the date of the
application

This is one of the few place in the appeal
where entering incorrect information might
cause confusion later in the appeal process

For terminations and reductions: Change this to "yes" if you want to
receive continuing benefits during the appeal

HOW TO APPEAL: ONLINE

Who are you? ☒ Client ☐ Authorized Representative

What is your relationship to the client?

☐ Attorney
☐ Friend or family member
☐ Parent of a Minor
☐ Legal Guardian
☐ Power of Attorney
☐ Other

Please note that if you are applying for someone else, you will be required to provide your contact information. Additionally, you will be required to upload documentation indicating that you have been authorized to file this appeal. Please see the links at the bottom of the page if you have any questions.

Client Information

Lets get started on the appeal. First, please give us some basic information about the client. Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Prefix: * First Name: Middle Initial: * Last Name: Suffix:

* Date of Birth: MM/DD/YYYY / /

* Please Confirm Date of Birth: MM/DD/YYYY / /

Social Security Number: - -

Please Confirm Social Security Number: - -

Gender: Female

* Preferred Language:

Other Language:

Do you need a translator for this hearing with the above-preferred language? ☐ Yes ☐ No

Step 5

If the “authorized representative”, then you must also submit a signed authorized representative form (IL444-0960).

Updating the address here will NOT update the address in recipient’s case. This section only ensures that appeal-related information is sent to the proper address.

Program Information

Our records show that the client applied for or are receiving benefits under the following programs. Below are the details of the program and the client is appealing. **Please note, if the appeal is unsuccessful, the client may have to pay back the benefits.**

| Program Appealing | Case Number / App Number | Benefits to be continued |
|-------------------|--------------------------|--------------------------|
| SNAP | 105090511 | No |

Mailing Address

Please give us the mailing address that you would like all appeal information to be sent.

* Street Address or P.O. Box Number:

APT 1404

* City: CHICAGO * State: Illinois * Zip Code:

Contact Information

Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes. If you do not have one of the items we ask for, just leave it blank.

Home Phone:

Work Phone: Ext:

Cell Phone:

Message Phone:

Step 6

HOW TO APPEAL: ONLINE

Representative Information

The client has the right to have a representative. The representative can be an attorney, friend, family member, or other individual that the client authorized to act on your behalf during the appeals process. Please see the links at the bottom of the page if you have any questions regarding the rights and responsibilities of the Authorized Representative. If you want to add an Authorized Representative, please click the add button below. If you are the representative filling out the appeal request, you must add your contact information by clicking the button below

| Representative | Section Complete? | Change or Erase |
|---|-------------------|-----------------|
| You have told us that you do not have an Approved Representative. | | |

Add an Approved Representative

Add

Appeal Filing Signature

I understand that an electronic signature has 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 signing this form.

* First Name : Middle Initial : * Last Name :

PENALTY OF PERJURY

An applicant or registrant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Illinois Criminal Code of 2012 and for the purpose of this Section shall be guilty of a class 3 felony.

Back Save and Exit Next

Step 6

Upload authorized rep form here. If you do not have one yet, you can also upload it later, but you may have to upload some document to move forward.

Signature line must match the client's name as written in the system.

HOW TO APPEAL: ONLINE

On the following screen you will get a Confirmation Number and you can download a pdf copy of the appeal itself.
We recommend you write down the confirmation number AND keep a copy of the appeal itself.



**** Do not mail this information. Your appeal was submitted electronically.****

Thank you for using ABE to file your appeal.

[REDACTED], your appeal was submitted July 18th, 2024 at 2:01 PM.

Your appeal tracking number is 2400610720. You will need this number to check the status of your appeal.

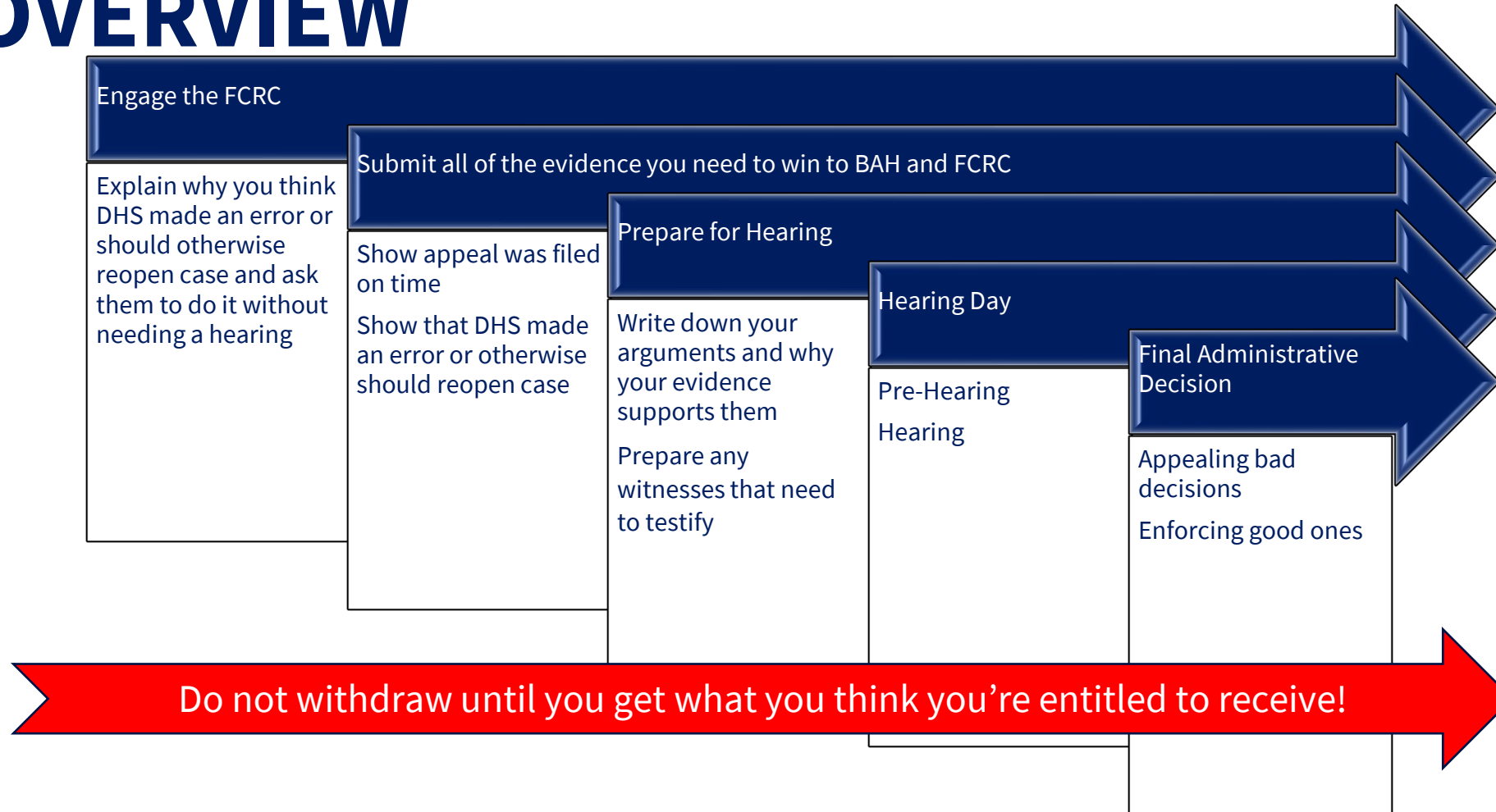
ALTERNATIVE RESOLUTION

- Change report to adjust benefits moving forward
- New medical or MSP application with request for retroactive benefits (if available) while appeal pending
- Use your contacts at DHS
 - **FCRCs**
 - **IDHS Policy Staff**



Medicaid, SLIB, and QI1
(up to 3 months retroactive coverage)

OVERVIEW



After filing the appeal

Engage the FCRC

DHS “must” schedule a pre-appeal meeting with the client within **10 days** after the appeal is received. PM 01-07-07.

- Ask them to contact the right party for pre-hearing meeting.
- Tell them WHY you are appealing.
- Submit any proof you have.
- Ask them to send you proof if they think you are wrong.
- Include Authorization form for Appeals, if you are representing someone else:
<https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0960.pdf>

Appeal 2400610720

dhs.englewoodfcrc@illinois.gov

Appeal 2400610720

I am writing to request a pre-hearing for appeal 2400610720, which I filed today. I understand this meeting should be scheduled in the next 10 days according to PM 01-07-07. I filed this appeal because I filed an application for SNAP and Medicaid over 30 days ago and I haven't received a decision. I am attaching a copy of my application to this email. Please send me a notice of decision evaluating my eligibility for SNAP and Medicaid. I hope we can resolve this appeal without the need for a hearing.

You can reach me at (XXX) XXX-XXXX.

Thank you,
John



After filing the appeal

Engage the FCRC

Appeal 240061072



To  dhs.northsidefcrc@illinois.gov X |

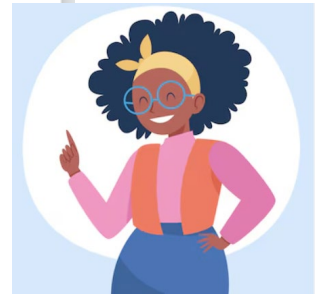
Cc Bcc

Appeal 240061072

I am writing to request a pre-hearing for appeal 240061072, which I filed yesterday. I understand this meeting should be scheduled in the next 10 days according to PM 01-07-07. I filed this appeal because DHS denied my April 2024 application for AABD Cash based on failure to submit verifications DHS requested. I am submitting those verifications now. I am asking you to reopen my application under PM 01-07-08.

You can reach me at (XXX) XXX-XXXX.

Thank you,
Rhondi



After filing the appeal

Engage the FCRC

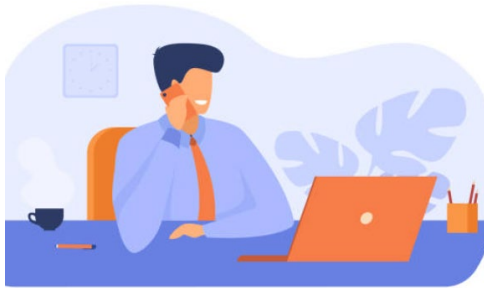
Pre-Hearing Meetings

- You may get a notice asking you to call the FCRC, or the FCRC may call without notice
- Usually takes place over the phone, but you can ask to meet at the FCRC if that's better for you
- Take notes of what happens at the meeting
- Be sure to note:
 - Date and time of meeting
 - Name of the FCRC representative you're talking to
 - Contact information for the FCRC representative so you can follow-up with them
 - Any next steps you need to take
 - Anything the DHS rep says they will do, and deadline for them to do it



After filing the appeal

Engage the FCRC



Common Responses

“It looks like we made a mistake. We can process it this week. Do you want to withdraw the appeal?”

“We already denied your application. Do you want to withdraw your appeal?”

“It looks like we denied your application for missed verifications. I have the notice here. I can send it to you. Do you want to withdraw your appeal?”

Possible Replies

“No. I can withdraw the appeal after I receive the notice of decision. Do you need any additional information before you can approve my benefits?”

“No. Please send me a copy of the notice of decision your office sent when it denied my application. After I review it, I might withdraw my appeal. If your office didn’t issue a notice of decision, please let me know if you need any additional information before you can approve my benefits.”

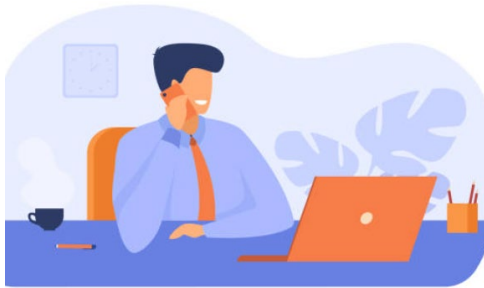
“No. Please send me a copy of the notice. Also, let me know what verifications your office thinks I did not send it.”



Do not withdraw until you get what you think you’re entitled to receive!

After filing the appeal

Engage the FCRC



Common Responses

“You missed the deadline to submit the verifications. We don’t have to reopen the application. You have to apply again. You should withdraw your appeal.”

“The documents you sent us aren’t what we were looking for. You need to apply again. You should withdraw your appeal.”

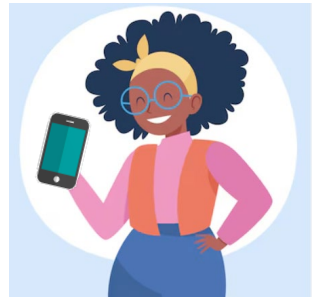
“We are still missing proof of income. You need to apply again. Do you want to withdraw your appeal?”

Possible Replies

“No. PM 01-07-08 says that if DHS denies benefits based on missed verifications and appeal is timely filed, IDHS must accept any information or verifications presented during the appeal process, treat that information and those verifications as if they were available at the time of the original decision, and reverse or modify their decision.”

“No. Please let me know what is wrong with the documents I sent so I can try to send new ones that should be accepted under PM 01-07-08.”

“No. What documents do you need to prove my eligibility?”



Do not withdraw until you get what you think you’re entitled to receive!

After filing the appeal

Prepare for Hearing

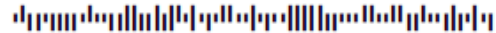
Continue engaging with the FCRC as needed to resolve your appeal.

When your hearing is scheduled, you should receive a notice of the hearing date. Check the contact information

To change the hearing date, submit a written request at least 2 business days before the hearing.



State of Illinois
Department of Human Services



Appeal Number:

RE:

Date of Notice:

Office Name:

Office Address:

Bureau Email:

Phone:

TTY:

Fax:

09/12/2024

Appeals DHS Office
69 W WASHINGTON 4
CHICAGO, IL 60602

DHS.BAH@illinois.gov

(800) 435 - 0774

(877) 734 - 7429

(312) 793 - 3387

You can manage your appeal online at

<https://abe.illinois.gov/abe/access/appeals>

Si tiene preguntas sobre este documento o necesita ayuda para traducirlo, por favor contacte (800) 435-0774, (877) 734-7429 (TTY)

Hearing Scheduled Letter

This is to advise that a Hearing Officer will hear this appeal on the following date and time:

October 2, 2024, 9:00AM

This hearing date and time replaces any other scheduled hearing dates, times, or locations referenced in other letters that you received prior to the date of this letter. This letter supersedes all prior scheduling letters under this appeal number.

This hearing will be conducted by telephone. On the hearing date and time, you will be contacted at the following phone number: (773) [REDACTED]. If this phone number is not correct, is listed as a zero because you did not provide a phone number, no phone number is listed, or you do not have access to a phone, you can use the ABE Appeals Portal (abe.illinois.gov/abe/access/appeals) or contact the Appeals Office to provide an updated phone number or suggest an alternative means of conducting the hearing. We will strive to contact



EVIDENCE ISSUES

I didn't do something

- Provide documents (e.g., verifications) as soon as possible (PM 01-07-08)
- Testify at the hearing (will you call any witnesses?)
- Affidavit

DHS didn't do something

- Cross-examine at the hearing: "Isn't it true DHS didn't issue a notice of decision in response to my April application?"
- DHS notices
- Print out from MMC

DHS documents

- Ask DHS representative to produce it
- Ask Judge to ask DHS for it
- Ask Judge to issue a subpoena; difficult and likely only successful if you can explain what other efforts you've made to obtain it

Someone else's documents

- Document efforts to get documents yourself, and ask DHS if unsuccessful (DHS has a legal duty to assist)
- Ask Judge to issue a subpoena; difficult and likely only successful if you can explain what other efforts you've made to obtain it and why it is critical for your case

After filing the appeal

Prepare for
Hearing

Right to review your file

- DHS must provide you with an opportunity to review your file prior to the hearing if you request it (89 Ill. Admin. Code 10.283)
- You can ask for information about benefit history, copies of past applications and redeterminations, information from data sharing systems, etc.
- Keep written proof of all requests/communications with the FCRC and BAH.



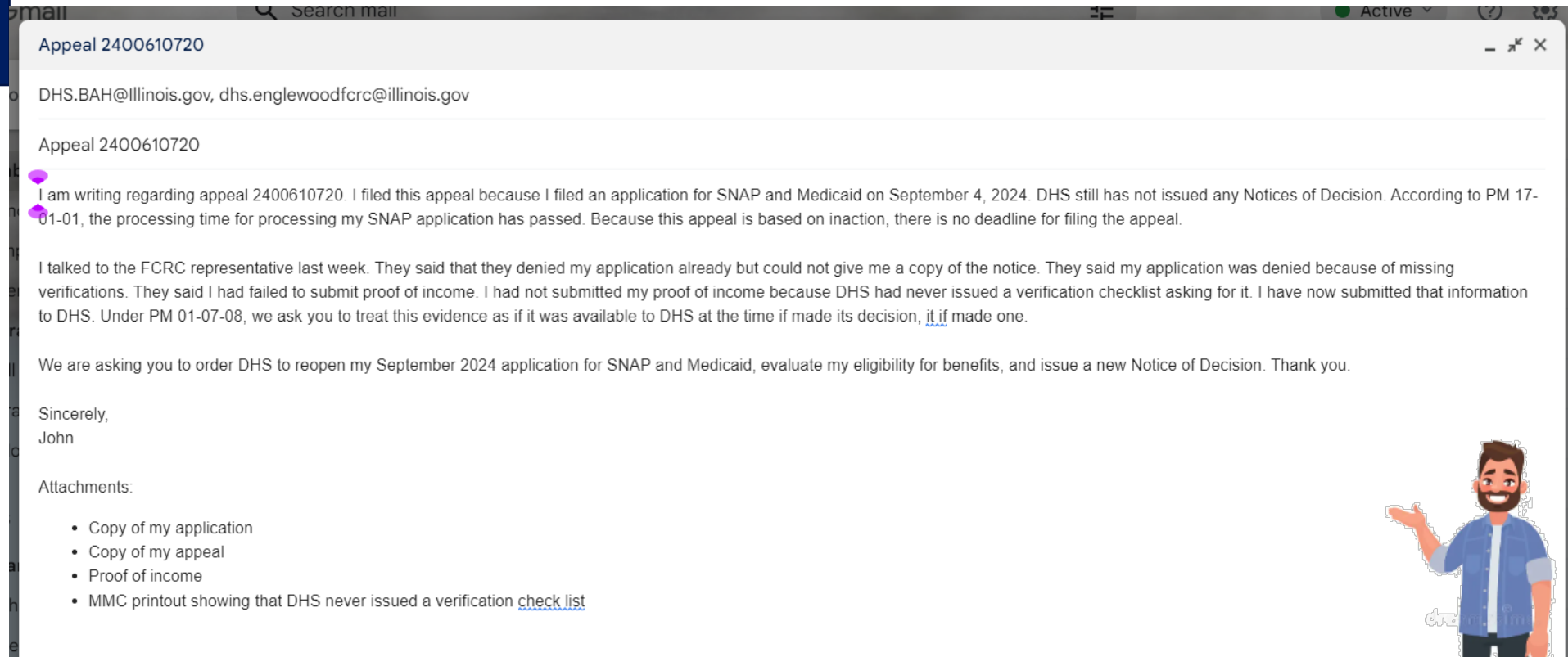
Do not withdraw until you get what you think you're entitled to receive!

After filing the appeal

Prepare for
Hearing

Note

Communication and attachments sent to BAH are not easily viewable (if at all) by FCRC staff. If you submit verifications or change contact information with BAH, you still need to submit those to your FCRC.



Do not withdraw until you get what you think you're entitled to receive!

After filing the appeal

Prepare for Hearing

Note

Documents to support your appeal can be uploaded on the ABE appeals portal, but the FCRC will likely not be able to see them. Any documents to support your appeal uploaded through ABE should be sent to the FCRC separately.

Welcome. This page allows you to manage your appeal. From this page, you can check the status, withdraw, or upload documents for your appeal request.

If you are ready to end your ABE session, be sure to Logout.

Appeal Request Status

This information is current as of 06/10/2025

| Appeal Number | Appeal Request Date | Appeal Request / Hearing Status | What actions would you like to take? |
|--|---------------------|--|--|
|  | 01/16/2025 | Hearing record is closed. The Bureau is working on a decision. | Change Contact Information or Add Representative View Appeal Request (HTML) View Appeal Request (PDF) View Appointments View Notices Withdraw Appeal |
|  | 04/10/2025 | Scheduled | Change Contact Information or Add Representative Manage My Communication Upload Documents View Appeal Request (HTML) View Appeal Request (PDF) View Appointments View Notices Withdraw Appeal |



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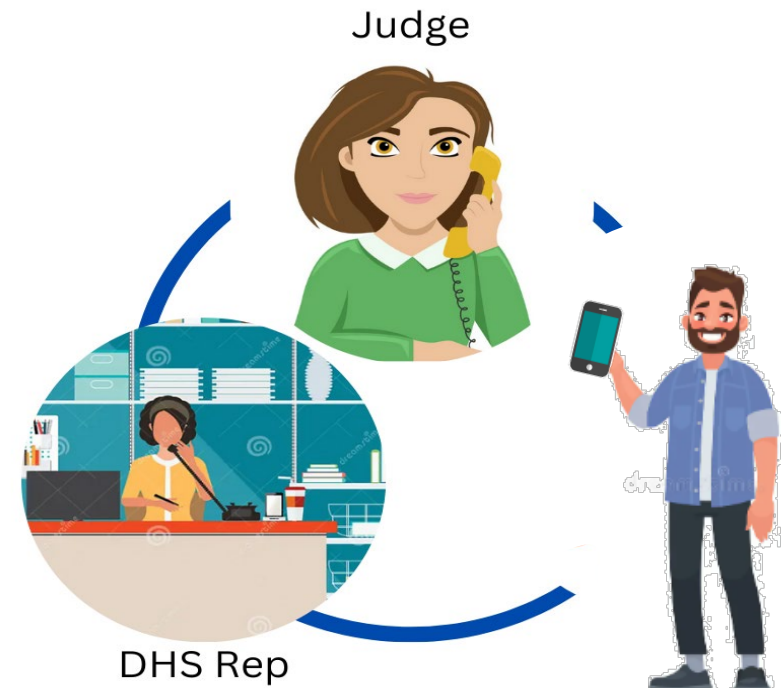
After filing the appeal

Hearing day

A LOT of phone calls. The FCRC rep should call you before the hearing for a final pre-hearing conference. Coach the client to direct any calls to their representative.

Conversations with the judge usually will be recorded.

If you do not get a call within 1 hour after your hearing start time, email dhs.bahcoordinator@illinois.gov to let them know you're ready and waiting.



Do not withdraw until you get what you think you're entitled to receive!

After filing the appeal

Hearing day

- Prehearing meeting – probably with someone who never looked at your case before.
- Many times DHS will ask if YOU want a continuance even if IDHS says they need more time. Agreeing to a continuance is usually better than withdrawing the appeal.

PM 01-07-10-c: Request for Hearing Delay

After a hearing starts, you can request it be continued at another time. You will likely get one continuance in each appeal for any reason. After that, you need “good cause.”



Do not withdraw until you get what you think you're entitled to receive!

After filing the appeal

Hearing day

General Hearing Tips

- Keep the emails you've sent handy. You've already written out your arguments there so you can just read them!
- Keep a checklist of what you need to prove so you can make sure you cover all of your arguments. Ask the judge to confirm they have all the documents you submitted.
- Wait until it's your turn to talk. If you feel like you need to interject, ask the judge first. Generally, direct your comments and arguments to the judge.
- You have a right to cross-examine the FCRC Representative. But it is best not to argue with them.
- You do not need to convince the FCRC Rep that you are right. It's up to the judge now!



Do not withdraw until you get what you think you're entitled to receive!

Step 4

Final Administrative Decision (FAD)

If you and DHS cannot agree, and the judge holds a full hearing, the judge will issue a written decision. It usually takes at least 30 days before we receive the written decision.

- **The final decision should be issued within 60 days (SNAP only) or 90 days (all other cases) from the date the appeal was filed**, but extended for any hearing delays caused by the person who filed the appeal.
- Appeals of a FAD must be filed in Circuit Court within 35 days after the date on the FAD.

[REDACTED] APPEAL: [REDACTED]
[REDACTED]
[REDACTED] CASE: [REDACTED]
Dear [REDACTED]

The Illinois Department of Human Services reviewed your appeal, considered and adopted the Findings of Fact of the Hearing Officer, and issued the Department's Final Administrative Decision, a copy of which is attached. The attached is the Final Administrative Decision as to Medicaid issues. The decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing for such review may be as short as 35 days from the date of this letter, which is the date that it was deposited in the United States mail.

Withdrawing Appeals

- Make sure you have a detailed agreement in writing (ideally, a new Notice of Decision that shows IDHS took the requested action)
- Can withdraw on the record at hearing, ABE, or DHS withdrawal hotline
- If neither authorized representative nor recipient show up for hearing, it will be dismissed
- If you are the authorized representative, make sure recipient understands not to withdraw by any method without your knowledge
- If IDHS does not follow through on what they agreed to do, can file a new inaction appeal based on written agreement

QUESTIONS





Thank you!

To contact Avisery by AgeOptions:

Email: avisery@ageoptions.org

Phone: 708.628.3440

*Since 1974, **AgeOptions** has established a national reputation for meeting the needs, wants and expectations of older adults in suburban Cook County. We are recognized as a leader in developing and helping to deliver innovative community-based resources and options to the evolving, diverse communities we serve.*



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