



Tips for ABE Spenddown Applications

How to use this guide

- This resource offers tips and guidance for components of the online ABE application that people applying for AABD spenddown often find confusing.
- Guide for creating an I-Login and ABE User Account is available here <https://www.dhs.state.il.us/page.aspx?item=164791>
- A complete walk through of the ABE application is available here: <https://www.dhs.state.il.us/page.aspx?item=164883>



ABE.Illinois.gov



Guidance on spenddown specific ABE questions

Johnny Appleseed
Primary Account Holder ⓘ

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

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

Remember! Client must also meet spenddown for any backdated months you are applying for

Always select AABD if you are completing a spenddown application



* **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

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

Back Save and Exit Next

Remember! If someone is getting services through the **Community Care Program**, the cost of those services can be used to pay for the spenddown. Applicants must work with their **local Community Care Unit (CCU)** to arrange to get those costs applied.

Local CCU can be found here:
<https://webapps.illinois.gov/AGE/ProviderProfileSearch>



*** 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

Remember! If someone is getting services through the **Developmental Disabilities Waiver**, the cost of those services can be used to pay for the spenddown. Applicants must work with their an **Independent Service Coordination (ISC)** office to arrange to get those costs applied.

https://hfs.illinois.gov/medicaidclients/hcbs/support_cyad.html

Only check yes to this question if someone has health coverage through a job. Do not check yes for Medicare coverage



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

If the client would like to use a backdated spenddown to help pay past medical bills, mark that they have unpaid medical bills for the month you need paid. **Do not submit copies of any bills the client needs paid**



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**

List that this is a spenddown application in the comments.

If the client needs coverage during a specific month, list the month.

The application will likely not be considered a spenddown application if you forget to note it in this comment box.



Uploading Documents

- Files must be smaller than 2 MB
- Include your spenddown coversheet! If possible, include it as the first page of the file with preceding all medical bills.
- Upload the coversheet as the first document if you do not have room to submit everything as one file.
- **In addition to uploading online, fax bills to the Central Scanning Unit at 1-844-736-3563 and the local office with the coversheet**



Click 'Next' after submitting an application"

Or

Click 'Upload Documents' on the Manage My Case homescreen. Note: If maintaining a current spenddown file a **change report**

Final Steps – Read Entire Page!
Congratulations, your application was successfully submitted!
Here are your next steps:

Your Application Number is **T292970**

Write down your application number or print your application for your records.
Your application was sent to the following office to be processed:

North Suburban FCRC
3501 W ALGONQUIN Road
ROLLING MEADOWS IL 60008-3129
Phone Number: (847) 483-7171

Full Application (HTML) Full Application PDF: [Print My Application](#)

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

What to Expect Next
Print a copy of our "What's Next Guide". This will give you helpful information while you wait for your application to be processed. [Print What's Next Guide](#)

You can also contact the DHS Help Line at 1-800-843-6154 if you have a question or need to report new information like a change in address.

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.

Illinois Voter Registration

- To complete a new voter registration application or update your existing voter registration information online please visit Illinois State Board of Elections.
- To complete a paper application, please download one of the following PDFs, complete the form, and bring it to your election office or Family Community Resource Center when completed.
 - English Voter Registration Form (PDF)
 - Spanish Voter Registration Form (PDF)

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

No documents have been requested at this time. You can still upload a document at any time using the button below.

[View Upload History](#) Click this button to view documents that have already been uploaded to your case.

[Upload Documents](#) Click this button to upload verification documents to your case.

What are my available notices?

To view the details about notices sent to you regarding your case, you can click on the "View Notices" link below. Information is current as of **March 26, 2024 03:24 PM**.

Available Notices
View notices sent in the last 12 months.

What is the status of my ABE application, Redetermination, or Reported Change?

Application Status

Application Number	Date	Status	Details
T29297070	April 9, 2024	Submitted	



Uploading documents

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 ▼

- click here to choose
- Proof of Citizenship
- Proof of Unearned Income
- Proof of SSN
- Proof of Relationship
- Proof of School Attendance
- Proof of Illinois Residency
- Proof of SSN Application
- Proof of Aged, Blind and Disability Assistance
- Proof of Disability
- Proof of Pregnancy
- Proof of Health Insurance
- Proof of "living with"
- Proof of Liquid Assets
- Proof of Other Assets
- Proof of Employment
- Proof of Self Employment
- Proof of Rental Property/Room Payment
- Proof of Other Expenses
- Other Proof

Adding. To do so, click Browse and then select the file from your device. To click the ADD button, the file should then appear in the chart below.

Supported file types: .jpg, .jpeg, .png, .tiff, .tif, .pdf.

To see more information about the documents you need to upload, click on the document type in Step 1 before continuing to Step 3. You may add up to 10 documents before moving on to step 3. After submitting your upload.

Back

Click 'Proof of Other Expenses'

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: Proof of Other Expenses ▼
Document Type: click here to choose ▼

Comment (Optional)

- click here to choose
- Lessor/Rent Receipt
- Statement from a Facility
- Statement from a Health Care Provider
- Current Bill/Receipt/Money Order/Cancelled Check
- Caregiver Contract
- Medical Expenses
- Expenses (Non-Medical)
- Loss of Income

Click 'Medical Expenses'

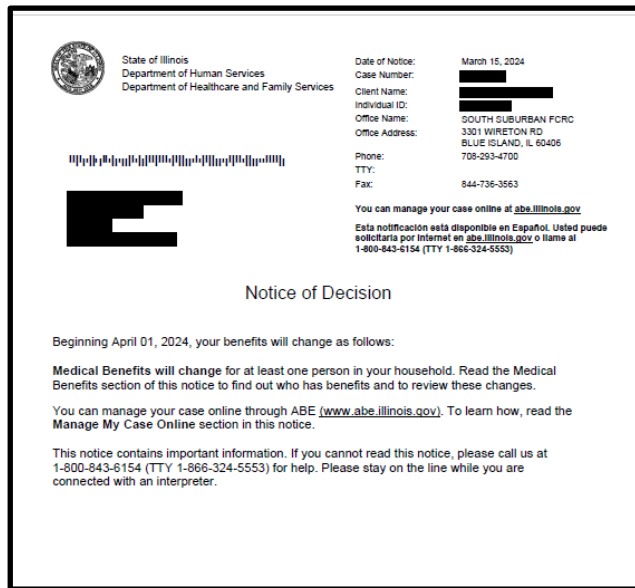


Tracking Applications

- Anticipated processing time is 60 days
- If you include a SNAP application with the application, it will get processed in 30 days
- The client will receive a Notice of Decision once the application has been processed
- Follow up with IDHS if application has been outstanding for more than 60 days. Review our following up with IDHS tool for follow-up tactics



Interpreting the Notice of Decision



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

Date of Notice: March 15, 2024
Case Number: [REDACTED]
Client Name: [REDACTED]
Individual ID: [REDACTED]
Office Name: SOUTH SUBURBAN FCRC
Office Address: 3301 WIRETON RD
BLUE ISLAND, IL 60406
Phone: 708-293-4700
TTY: [REDACTED]
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 April 01, 2024, your benefits will change as follows:

Medical Benefits will change for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the Manage My Case Online section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

- Packet can be anywhere from around 5-20 pages
- Lots of variation between notices
- States if the client was approved or denied, how the spenddown was calculated, the months approved.
- Medicaid Card and Recipient Identification Number (RIN) number included in packet





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

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Case Number: [REDACTED]
Client Name: [REDACTED]
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Office Name: SOUTH SUBURBAN FCRC
Office Address: 3301 WIRETON RD
BLUE ISLAND, IL 60406
Phone: 708-293-4700
TTY:
Fax: 844-736-3563



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Medical Benefits Section

Medical Benefits

The person(s) listed in the table below have been **approved** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Jun 01, 2023 Must meet Spenddown Deductible

Lists what type of Medicaid the client has been approved for and dates of coverage

Beginning June 01, 2023, [REDACTED] been approved with a Spenddown Deductible. You will not receive medical benefits unless you meet your Spenddown Deductible. Read the **Information about Spenddown Deductible** section of this notice to see the amount of your spenddown and which month(s) have been met.

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Apr 01, 2023 - May 31, 2023

Lists backdated coverage, if applicable



Medical Benefits

The person(s) listed in the table below have been **approved** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Jun 01, 2023 Must meet Spenddown Deductible

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The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[REDACTED]	[REDACTED]	[REDACTED]	AABD Spenddown Deductible	Apr 01, 2023 - May 31, 2023



Coverage Chart

Name	Birth Date	Medical ID (RIN)	Coverage Date(s)	Income Spenddown Deductible Per Month	
				Amount	Met/Unmet
[REDACTED]	[REDACTED]	[REDACTED]	Sep 2023 - Ongoing	\$367.00	Met
			Aug 2023	\$367.00	Met
			Jul 2023	\$367.00	Met
			Jun 2023	\$367.00	Met



Spenddown Case Details

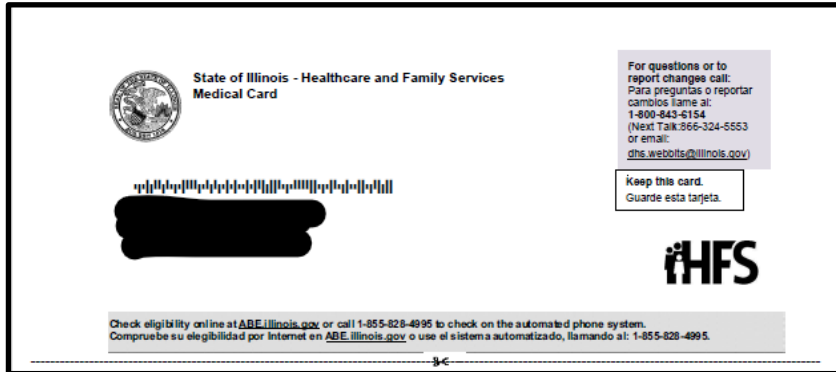
How we calculated your eligibility for Spenddown Deductible

The facts we used to decide [REDACTED] your Medical eligibility beginning January 2024 are:

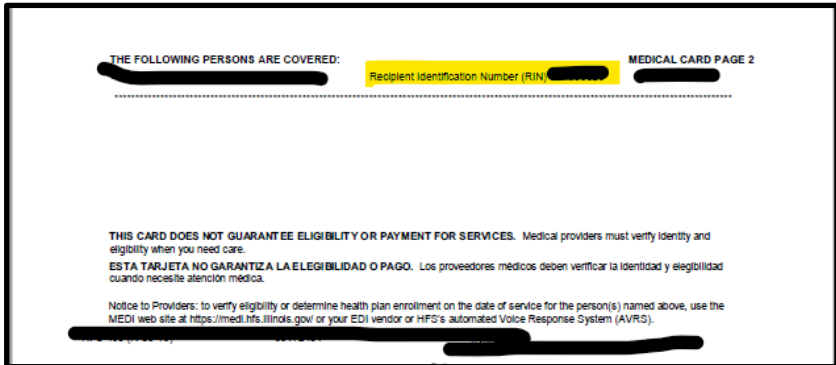
- o The number of people counted in the family size is 1.
- o Countable monthly income is \$1512.00.
- o The value of your resources is \$100.00.
- o The monthly income spenddown deductible is \$297.00.
- o Your resource reduction amount from previous months is \$0.00
- o The spenddown deductible is not met July 2023, August 2023, September 2023, November 2023 and January 2024.
- o You must meet your spenddown deductibles before we enroll you in health coverage.



Front



Back



Locating the Medicaid Card

- Located on the last page of the packet (one double sided sheet of paper)
- Because Medicaid Spenddown clients are Fee for Service, this will be considered the client's Medical Card
- RIN number can be used to bill Medicaid



Reviewing the Notice of Decision

- Observe if the client met their spenddown goals.
- If they did not, double check the Notice of Decision. See if the following information is correct:
 - Countable monthly income
 - Spenddown amount
 - Medical bill amount
 - Coverage Dates
 - Backdated Coverage



Following up on incorrect Spenddown Decisions

- Try and contact IDHS directly to address the issue.
- If you are unable to resolve the issue with IDHS, **appeal the decision**
- Contact Avisery at Avisery@ageoptions.org for help trouble shooting/ questions

