State of Illinois
Phase 2 of The Integrated Eligibility System (IES) and ABE's "Manage My Case" and Appeals Portals
IES Phase 2 – Go Live
Case Information at Go Live

- **For Go Live** – IES will bring over from the Legacy System, all cases which have been active within the last 150 days and some older than that. The older cases will remain in the Legacy System’s Client Database (CDB) for historical referenced.
  - Case information from the CDB will be loaded into IES. Active cases coming over from the Legacy system will get NEW, 9-digit IES case numbers.
  - Case Information on pending applications will remain in IES at conversion with their current tracking/case number.

- **For most cases**, the Legacy System doesn’t have all of the data IES needs. Caseworkers will look at each case when they process the redetermination or change request to make sure the case has all of the data moving forward.

- When processing the redetermination or a change request, workers who are not able to get the needed information electronically from a data hub or from a saved case record, will send a Request for Verification Notices to the client.
  - Clients can use MMC to respond to that request for verifications or report a change
  - Clients should NOT add missing information into MMC unless it is in response to a request for information;

- **No client will lose benefits because of the conversion of data to IES.** For cases affected by the data conversion issues, benefit changes will only occur as part of a redetermination or case change request based on current information. When they process a redetermination or a case change, the caseworkers will look for and merge multiple cases with the same Head of Household (HOH), clean up the data, and re-run clearances and eligibility.
Transitioning Appeal information at Go Live –

Information on active and closed appeals from 1/1/2010 to 10/18/2017 will be loaded into IES for Go Live.

With Respect to appeal requests received in the run-up to Go Live

- Appeals staff will continue to register appeals using the current process that they received through the end of the day on 10/18
- Final day of hearings will be held 10/19. There will be no hearings scheduled the week of 10/23, and only a light schedule on 10/30 and 10/31
- Appeals team will register appeals received between 10/19 and 10/24 in IES after Go Live
- FCRCs will continue the current process of communicating appeal requests and documentation to the Bureau of Appeals and Hearings through 10/23
- FCRCs will hold pre-hearing conferences through the ‘down day’ – 10/23 – and will complete “legacy” hearing notes and other hearing results documentation and send to the Bureau of Hearings and Appeals.
Redetermination Dates at Go Live

- IES generates redetermination notices 60 days before the end of the benefit period. That’s when the “Time to Renew” button will appear in MMC.

- The first set of “redesigned” redetermination notices that IES will send out will be in November 2017 for the benefit period ending on January 31, 2018.

- NOTE: People with a redetermination due in October, November, or December of 2017 should have received or will be receiving their redetermination notices as before. They are under the pre-Go Live process.
  - Clients can NOT use MMC to complete a redetermination due in October, November, or December since IES didn’t generate the mailing.
  - Clients should return the redetermination forms for medical only cases as they do today: Upload, fax or mail in to the IMRP or take to the local office.
  - If the redetermination is for medical and SNAP, the forms need to go to the local office for redeterminations due in October, November and December ONLY.

- If someone has a question about the dates their redetermination forms are due or where to send them, call 1-855-458-4945.
Changes the Client see in IES Phase 2
Changes the Client can see with Phase 2

- Benefit correspondence will have a **standard “look and feel”**, language has been simplified and **some similar notices have been consolidated**; there is a new “**Notice of Decision**” which consolidates several types of case action notices.

- When customers are mailed a request for form or verifications, a **Document Cover Sheet with a barcode** will be included. Customers should include the cover sheet with any forms or verifications.

- There will be a **new Central Scanning Unit (CSU) in Springfield where the customers will mail forms and verifications.** The CSU address will be printed on forms to return, cover sheets, and return envelopes. The CSU will scan verifications received for AKU and all local offices (with the exception of the 3 LTC hubs) to the appropriate electronic case file. **Customers can still bring documents to the local office.**

- **Electronic interfaces will detect changing customer circumstances** (e.g. new sources of income, Social Security determination, Medicare). Customers may receive notices of case changes – even if they have not reported a change.

- Customers can **check benefit information using the ABE Manage My Case (MMC) portal and can file and manage appeals online in the ABE Appeals portal**. Among other things, the head of household on the case will be able to check the status of applications, report changes, add newborns to a case, upload documents, check for and change appointments (SNAP and TANF), complete redeterminations, view and print Notices.

- All **redeterminations will be processed through IES**. As long as all relevant information is in the IES case record, IES will be able to automatically redetermine some medical cases after a review of electronic sources of information (known as Process A). Those required to submit redetermination information to the state (Process B), can redetermine their benefits online through MMC.
Change to ABE’s Application

With Phase 2, individuals filling out an application will have the option to go through Identity Proofing after answering the household questions for each person on the case.

• Identity proofing is NOT required, the applicant can still submit an application by clicking the box that says “Verify Identity Later” at the bottom of the page.

• But if the identify proofing is successful, once the application is submitted, ABE will list what information could be verified electronically and what documents are still needed that can be uploaded with the application.

Please refer to the ABE Guide for Customers for a step-by-step explanation of how to apply for Benefits through ABE and use Manage My Case (MMC).

Visit the ABE Customer Support Page for various resources including ABE Guides, FAQs, How To Set Up Manage My Case and more.
Real-Time Verification if Go Through ID Proofing in Application

![Image of ABE Application for Benefits Eligibility System]

**Submit Your Documents**

We already verified some information using electronic data verifications. We do this to save you from needing to upload this information, and it helps us process applications more quickly.

<table>
<thead>
<tr>
<th>Who</th>
<th>We Have Already Verified</th>
<th>How We Verified the Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Citizenship</td>
<td></td>
<td>Verified through Federal Data Services Hub</td>
</tr>
<tr>
<td>Proof of SSN</td>
<td></td>
<td>Verified through Federal Data Services Hub</td>
</tr>
<tr>
<td>Proof of Illinois Residency</td>
<td></td>
<td>Verified through Illinois Secretary of State</td>
</tr>
<tr>
<td>Proof of Child Support Income</td>
<td></td>
<td>Verified through Key Information Delivery System</td>
</tr>
</tbody>
</table>

Based on what you’ve told us, you may need to submit some additional information. Select the documents you are ready to upload now and click Next. If you do not have documents to upload now click Logout to exit ABE. You will be able to log back in to your application and upload documents at a later time, but please do so as quickly as possible. **Be aware you cannot upload documents after the State begins processing your application**.

**View DHS forms**

**View HFS forms**

<table>
<thead>
<tr>
<th>Who</th>
<th>Proof That May Be Needed</th>
<th>Examples of Documents That May Serve as Proof</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Proof of Employment</td>
<td>Form 266/266A - Verification of Employment, employer statement, last 30 days of check stubs or earnings statements</td>
</tr>
<tr>
<td></td>
<td>Other Proof</td>
<td>Other related verification documents.</td>
</tr>
</tbody>
</table>

If you are ready to begin uploading the selected documents above, click Next.
New Medical Management Unit (MMU)
Medical Management Unit (MMU)

- The current Illinois Medicaid Redetermination Program office has a new name and new functions. It’s Office 155, the Medical Management Unit. It is NOT a walk in unit, do not send anyone there in person.

- The MMU will continue to process redeterminations for medical-only cases.

- The MMU will also **process changes, conduct appeals and maintain** medical-only Family Health Plan (except All-Kids Share or Premium Level cases), ACA Adult and Former Foster Care cases (categories 94 and 96). This includes client-initiated newborn-adds.

- Once a Family Health Plan, ACA Adult or Former Foster Care application has been processed at the local office, the caseworker electronically transfers it to the MMU.

- For those not able to use Manage My Case, all forms and documents, including form 243, request to add a person to a case, **need to go to the Central Scanning Unit or to a local Family and Community Resource Center (FCRC)**. The documents will be scanned and uploaded into the client’s case, which will create a task in the queue of a caseworker in the MMU.
New and Improved
NOTICES
360C Notice of Decision – Combines a number of old Notices – Dynamic to suit Number of People and Benefits on case

SNAP approved, read SNAP benefits section for $ and who

Medical approved for at least 1 person, read medical section for who and months covered

Refer to MMC section

Bar Code – tracks to case
### 360C Medical Benefits – benefits and how decided eligibility

**How We Decided Eligibility,**
- separated for each person on case
- # of people counted in family size (differs by program)
- Countable monthly income.

<table>
<thead>
<tr>
<th>Important Information About Your Medical Group(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List of Common Services Provided for Medical Groups with Full Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Doctor and clinic visits</td>
</tr>
<tr>
<td>• Inpatient and outpatient hospital</td>
</tr>
<tr>
<td>• Emergency room</td>
</tr>
<tr>
<td>• Prescription medications</td>
</tr>
<tr>
<td>• Surgery</td>
</tr>
<tr>
<td>• Laboratory (test) services</td>
</tr>
<tr>
<td>• Hospice care</td>
</tr>
<tr>
<td>• Emergency medical transportation</td>
</tr>
<tr>
<td>• Lab tests and x-rays</td>
</tr>
<tr>
<td>• Medical supplies and equipment</td>
</tr>
<tr>
<td>• Family planning (birth control)</td>
</tr>
<tr>
<td>• Medical transportation</td>
</tr>
<tr>
<td>• Home Health services</td>
</tr>
<tr>
<td>• Chiropractic services</td>
</tr>
<tr>
<td>• Physical and Occupational therapy</td>
</tr>
<tr>
<td>• Dental care (limited for adults over age 20)</td>
</tr>
<tr>
<td>• And more, check with your health care provider for details</td>
</tr>
</tbody>
</table>

*Medical groups providing full health coverage meet the requirements for insurance under federal law, so you do not have to pay any tax penalty.*

**Information about Family Assist**

Family Assist is health coverage for parents or caregiver relatives and their children who live with them. Family Assist provides the services listed above for full health coverage. Family Assist health coverage provides an extension of medical coverage if family earnings or approved support income is insufficient.

**How We Decided Your Eligibility for Medical Benefits:**

If you have any changes in income or if anyone moves in or out of your household, you must report the change to us within 10 days by going to Manage My Case at [il211.org](http://il211.org) or by calling the phone number on the first page of this notice.

Eligibility for medical benefits for the following person(s) is based on household income, who is living with this applicant and how they are related to each other, or whether someone in the household files income taxes or is a dependent on someone else's tax return. This is called Modified Adjusted Gross Income (MAGI) methodology. You can find the income limits for each Medical Group online at [Illinois.gov/Medicaid](http://Illinois.gov/Medicaid) and then clicking “Medical Program Income Standards.”

The factors we used to decide **ongoing Medical eligibility were:**

- **The number of people counted in the family size is 2.**
  - Countable monthly income is $9,000.
- **The number of people counted in the family size is 2.**
  - Countable monthly income is $8,000.

Turn this page over to read more information on the back.
360C Medical Card (2 sided paper) – is ALWAYS last page
267 VCL Cover Sheet – to be returned with request for verifications

Verification Document Cover Sheet

IMPORTANT: Return this Verification Document Cover Sheet when you return your verifications to us to avoid a delay in processing your benefits.

From: [Redacted]  Number of Pages Returned: __________
Case Number: [Redacted] (Including this sheet)

Instructions to Submit Your Verifications

Write in the number of pages you are returning to us in the space above. Do not write anywhere else on this cover sheet. If you need to tell us about anything else, write it on a separate sheet. If you have questions, please call WOODLAWN FCRC at 773-753-0900.

There are several ways you can return your verifications to us

**ABE**
If you already have an ABE account and access to a scanner, go to abe.illinois.gov, log on to your ABE account and follow the instructions to upload your scanned documents. Include this cover sheet.

Need to create an ABE account? Go to abe.illinois.gov and follow the instructions to create a new account.

**Fax**
Send all requested documents including this cover sheet to Data Preparation/IES Central Scanning at 1-844-738-2666. If your documents have information on both sides be sure to scan both sides of the page before including it in the fax.

**Mail**
Mail all requested documents including this cover sheet to:
Data Preparation/IES Central Scanning
P.O. Box 19138
201 S. Grand Ave East, 2nd Floor
Springfield, IL 62703

**In Person**
Take all requested documents including this cover sheet to the following:
Family Community Resource Center:
WOODLAWN FCRC
915 E 63 RD ST
CHICAGO, IL 60637
ABE Manage My Case (MMC)
# Manage My Case Module

The Manage My Case module is divided into four tabs:

<table>
<thead>
<tr>
<th>Case Summary</th>
<th>Benefit Details</th>
<th>Contact Information</th>
<th>Account Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customers can apply for new benefits or report case changes</td>
<td>Customers can view the type of assistance received by month</td>
<td>Customers can view how to get in touch with someone about their case</td>
<td>The primary account holder can adjust access permissions for household members and third party reps</td>
</tr>
<tr>
<td>Customers can view correspondence. If a notice requires action, there will be an indicator on the page</td>
<td>View current benefits and when they’re up for redetermination</td>
<td>Customers can send an email to the FCRC</td>
<td>View/change communication preferences</td>
</tr>
<tr>
<td>Customers can also view the status of their application, redetermination, or reported case change</td>
<td>View historical benefit information</td>
<td></td>
<td>Change a password</td>
</tr>
<tr>
<td>Customers can reschedule an appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Manage My Case Portal – Clients Need to…

1. Have an ABE User ID and Password that meets the enhanced password requirements.
   • If client has a User ID and Password, they will be prompted to update the PW and secret questions to meet new security requirements:
     – 8 characters from at least 3 of 4 categories: Uppercase, lowercase, numbers, special characters
     – Cannot contain user’s Account or name and must change every 6 months
   • If client doesn’t have a User ID and PW, they will need to create one.

2. Link their User ID and Password login information to their case information

3. Go through Identity Proofing (federal requirement). The service is through Experian. Clients can submit applications without completing identity proofing, but will not be able to see electronic verification results or access MMC without successfully going through Identity Proofing.
Any customer can use MMC, whether they applied through ABE or not. Clients will need an ABE user name and password. When a client logs in to ABE and clicks Manage My Case from the ABE homepage for the first time, they will be asked to Link their Account and go through Identity Proofing.

Customers enter their date of birth and their Individual ID or SSN – Identity Proofing then occurs. Individual ID #s are on the Notice of Decision (360C).
ABE Identity Proofing – Types of Questions

After an ABE application or a case linking request is submitted, ABE will access the third-party identity proofing service, Experian, and display a set of multiple choice questions that only the customer would know the answer to, things like past addresses, family members names, etc.

![Verify Your Identity](image)

1. What model car do you drive?
   - Ford
   - Chevy
   - Honda
   - Toyota
   - None of the above

2. What is the year of your vehicle?
   - 2003
   - 2005
   - 2009
   - 2013
   - None of the above

3. What is the name of the city where you previously lived?
   - Richmond
   - Little Rock
   - Spokane
   - Seattle
   - None of the above
ABE Identity Proofing - Verification

If the ID Proofing service is able to use the customer’s answers to verify identity, applicants see the information that ABE was able to verify electronically, or their case will be linked and they will see the MMC homepage.

If the customer is unable to answer the questions correctly or if the service does not have enough information to offer questions, the customer will be asked to contact the Experian Help Desk with a reference number for additional questions to answer. If successful, the customer will select “yes” that they were able to verify identity through Experian – and then click “Next”.

![Verify Your Identity screen with instructions and options to answer.
Landing Page/Case Summary
First Tab
The Renew My Benefits button will display when the customer is up for redetermination. Appears when redetermination letter is generated 60 days before end of benefit period.

Customers can get their own benefit details here or from the tab at the top of the page.

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.

What is the status of my benefit programs?

You have requested or are receiving the benefits mentioned below. Click on the "Click Here" link for each program to view a summary of your benefits. This information is current as of June 29, 2016 02:01 PM.

Follow this link and select Other Changes to Cancel Your Case.
MMC – Case Summary (2)

Customers can view Verification Requests & Notices and see the status of their application, change report or Rede from the MMC landing page.

**What verifications are due?**

No documents have been requested at this time. You can still upload a document at any time using the buttons 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 "Click Here" link below. This information is current as of **June 29, 2016 02:01 PM**.

**Available Notices**

View notices sent in the last 12 months.

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

**Reported Changes**

<table>
<thead>
<tr>
<th>Application Number</th>
<th>Date</th>
<th>Status</th>
<th>Details/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>July 13, 2016</td>
<td>Pending</td>
<td>Continue</td>
</tr>
</tbody>
</table>
Available Notices Page

**What are my available notices?**

Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of **September 18, 2017 11:13 PM**.

Renew Your Benefits Now.

Upload documents

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Notice</th>
<th>Notice Name</th>
<th>Notice</th>
<th>Action Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>September 16, 2017</td>
<td>IL444-360C Notice of Decision</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>August 16, 2017</td>
<td>HFS 643RNW Courtesy Renewal Follow Up Letter</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>July 31, 2017</td>
<td>HFS 643 Medical Benefits Renewal Form</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>June 30, 2017</td>
<td>IL444-1893 Redetermination Application</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

[Get Adobe Reader]
MMC - Case Summary (3) Report Changes

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 this 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 then check all boxes that apply.

Change in Contact Information  Yes  No
- Name change or correction
- Address change
- Email address or phone number change
- Approved representative and or change

Change in Household  Yes  No
- New member (including newborns)
- Death
- Pregnancy ended
- Member entered a long-term care facility
- Member moved out
- Member moved in
- Pregnant member
- Jailed or imprisoned member
- Receiving Department on Aging community care services

Change in Household Income  Yes  No
- New job (including self-employment)
- Job ended (including self-employment)
- Job or work hours have changed
- Change in other income including a new source

Expenses/Bills Have Changed  Yes  No
- Medical (including insurance/Medicare premiums)
- Childcare or adult dependent care
- Airline/sponsor support
- Court-ordered child support
- Shelter/Housing/Utility Cost
- Job-related expenses
- Other (such as student loan interest or moving expenses)

Customers choose the change being reported and then enter details about what is changing.

If adding an Approved Representative, customers MUST upload an Approved Representative form signed by both the client and approved representative for the address request to be processed. You can use either DHS' IL 444-2998 or HFS’ 3806D, but be sure to write the case number on the form.

Reporting a new member through MMC means a transaction number is generated and a task added to a caseworker queue. No new application needed.
## MMC – Report a Change

**Testkids’s DOA community based services**

You've told us that there has been a change in Testkids’s DOA community based services. On the right side of the page we are showing you the information we have on file. On the left side of the page, you will see boxes where you can change, add, or delete information on file. When you're done, click the Next button.

* Required Field

### Please Tell Us Your Changes:

#### Medical Bills Details

<table>
<thead>
<tr>
<th>Information on File:</th>
<th>Testkids</th>
<th>11/01/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person who received this service</td>
<td>Testkids</td>
<td>11/01/2015</td>
</tr>
<tr>
<td>Date of Service</td>
<td>11/01/2015</td>
<td>Ex: mm/dd/yyyy</td>
</tr>
<tr>
<td>Date Billed/Paid</td>
<td>11/01/2015</td>
<td>Ex: mm/dd/yyyy</td>
</tr>
<tr>
<td>Paid to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Amount Billed</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td>How much is Testkids supposed to pay for DOA community based services payments?</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Bill Due Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date of Change

* When did the change happen? | 06/01/2017 | Ex: mm/dd/yyyy |

Information on file may be limited during first year after Go Live due to how data came over from old system. It’s ok, do not fix, just report change.

Be Sure to keep selecting Next until it takes you to the screen to sign and submit the change.
Every Change submitted in MMC requires an electronic signature, just like the application.
MMC- Case Summary (4)

Appointments & Verifications

When are my upcoming appointments?
Here is a summary of your upcoming appointments for the next 45 days. This information is current as of [[DATE_TIME]].

<table>
<thead>
<tr>
<th>Date</th>
<th>Appointment Time</th>
<th>Reason</th>
<th>Appointment Mode</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>[[APPOINTMENT_DATE]]</td>
<td>[[START_TIME]]</td>
<td>[[REASON]]</td>
<td>[[Appointment Mode]]</td>
<td>Reschedule</td>
</tr>
</tbody>
</table>

What verifications are due?
Here is a summary of the things you need to do to receive or continue benefits. This information is current as of [[DATE_TIME]]. Please note, it may take some time for us to process the information you provided. If you are unsure of what you have uploaded, please click the View Upload History button to search for documents that you have submitted. Your last successful upload was done on [[DATE_TIME]].

<table>
<thead>
<tr>
<th>Which Benefit</th>
<th>Whose</th>
<th>What</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP</td>
<td>[[PERSON]]</td>
<td>[[MED_VERIF_REQUEST]] A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>[[PERSON_2]]</td>
<td>[[CASH_VERIF_REQUEST]] A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
<tr>
<td>Healthcare Coverage</td>
<td>[[PERSON]]</td>
<td>[[MED_VERIF_REQUEST]] A notice for this was sent to you on [[DATE]].</td>
<td>[[DATE]]</td>
</tr>
</tbody>
</table>

View upcoming appointments and reschedule, if necessary
If verifications are needed, will be listed here. Submit them directly, also view document upload history

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.
Benefit Details
Second Tab
Medical Benefits display (1)

Healthcare Coverage

Medicaid is a Health Care Coverage program to pay for Medical Services. This page tells you more about Healthcare Coverage.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you Healthcare Coverage eligibility information as of July 2016.

We also have information to show you for other months:
- View your benefits from May 2016
- View your benefits from June 2016
- View your benefits from August 2016
Medical Benefits display – by person

Information presented by person

Will show remaining spenddown amount, if relevant

Plan Anniversary Date is the date BEFORE WHICH they must change plans if they wish. Can choose a new plan beginning 60 days before their MCO Plan Anniversary Date.
**SNAP Details Page**

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**Supplemental Nutrition Assistance Program (SNAP) Details**

This page tells you more about your SNAP benefits. If you would like to look at the information about other benefits click the Back button at the bottom of the page and click the program you would like to view.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you benefits information as of July 2016.

We also have information to show you for other months:
- View your benefits from May 2016
- View your benefits from June 2016
- View your benefits from August 2016

You will need to submit your redetermination by September 30, 2016.

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**Supplemental Nutrition Assistance Program**

You are receiving Supplemental Nutrition Assistance Program in July 2016.

Your current approval period started on Thursday, October 1, 2015, and is scheduled to continue through Friday, September 30, 2016.

In July 2016, your total monthly benefit amount is $194.00.

Your monthly SNAP benefits will be put on your Link Card on or about the 1st of each month.

- Manage your Link account
- View your approval notice to see how your benefits were determined
- View your notices for more information about what was requested
Contact Information
Third Tab
Customer Contact Information Tab

This page contains your contact information as well as your DHS or HFS local office information. If you have questions about using this website please call the DHS Help Line (800) 843-0154 Monday through Friday between 8:00 AM - 5:00 PM.

Your Mailing Address and Phone Number

This is the mailing address and phone number we have on file for you. If we have the wrong information, report a change in address or phone.

61
CHICAGO, IL
60613
Cook
Phone:
Email:

Your DHS or HFS local office

Adams County FCRC
300 MAIN ST
QUINCY, IL
62301-3922
Phone: 2172230550
Fax: 2172234707

Send an email to your office.

Your Case Number and Individual ID

Your Case Number is: 
Your Individual ID is: 

Customers are reminded to review address information and report changes.

Customer’s questions submitted through MMC appear in a caseworker’s email queue in IES.
Account Management
Fourth Tab
Account Management Tab

The Primary Account Holder can grant access to other adults on the case and respond to Provider requests for access to high-level case information.

Customers can:
1) Change password; 2) Manage their communication preferences; 3) the primary account holder can grant access to other adult members on the case; and 4) grant or end access to an ABE Partner Provider who has requested to see limited benefit/household information.
Manage Communication Preferences

Customers can opt to receive electronic alerts when new notices are available to view in MMC. They can also choose not to receive notices in the mail. Must have an email to choose electronic only.

Standard fees may apply from your mobile service provider.
Access the Appeals Portal through Manage My Case – no need to login again

Three options appear on every page of MMC. Can link directly to appeals portal.
Approved Reps
An **approved representative** is a person who has been given permission by a client to apply for benefits and receive notices.

The approval must have either a written or an electronic signature by the client.
Add/Change/Delete an Approved Representative in MMC

Clients with existing accounts can use Report My Changes in MMC to add a new Approved Representative or change/delete an Approved Representative.

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.
Reporting Approved Representative Changes

Changes can be reported either as a ‘Change in Contact Information’ or ‘Other Change’.

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 end or change

- 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

Keep in mind that you should only report changes that have already happened.
Customers should describe the Authorized Rep change, including the name of the person adding or deleting.

- If adding an Approved Representative, they MUST also upload form [IL 444-2998](#) signed by them and the Approved Representative. Also add the case number to the form.

- If deleting an Approved Representative, client lists the name of the Approved Representative and states they want to end their designation as an Approved Representative.

- As with all change reports, the client will have to electronically sign the change report before submitting – like they do an application.

- Once the client submits the change report, they can upload the documentation. Upload the form under:
  - Proof of Relationship – Other Legal Documents
  - Without the uploaded form, the request cannot be processed.
  - Be sure to sign and submit all change reports
Appeals Portal
**Appeal Functionality in ABE**

**ABE for Appeals:** The ABE portal will now allow users to file and manage appeals for 49 different programs.

**Filing an Appeal:** The user will provide name, address, select the program appealing, identify a representative and electronically sign the appeal form.

**Correspondence:** All correspondence from the Bureau of Hearings will be available in the ABE Appeals portal, including the Final Administrative Decision.

**Managing an Appeal:** The user can submit requests directly to the Bureau of Hearings for continuances, withdrawals, etc.

**Upload Documents:** The user can upload documents such as representative forms, Powers of Attorney, and exhibits for the hearing.
Appeals Homepage in ABE

Access through ABE MMC or directly at:
https://abe.illinois.gov/abe/access/appeals

Users can file appeals directly from this site.
Additionally, users can monitor an existing appeal and perform the following functions:
✓ Check Status
✓ Upload Documents
✓ Request Continuance
✓ Withdraw Appeal
Appeal Options

Hello, Tony. You are logged in.

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

You can either start a new appeal request or check the status of an existing appeal

Login info will appear here

Next
### 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?**
  - Yes ○ No
- **Are you appealing a SNAP overpayment or recovery action?**
  - Yes ○ No
- **Are you appealing an adjustment to your Link Account?**
  - Yes ○ No
- **Are you appealing a change or denial of your medical benefits?**
  - Yes ○ No
- **Are you Medicaid eligible, but are appealing a denial of services (Dental, Pharmacy, Items, etc.)?**
  - Yes ○ No
- **Are you appealing a decision on your All Kids benefits?**
  - Yes ○ No
- **Are you appealing a change or denial of cash benefits, such as TANF or AABD Cash?**
  - Yes ○ No
- **Are you appealing a child support case?**
  - Yes ○ No
- **Are you appealing a change or denial of services through the Home Services Program (HSP)?**
  - Yes ○ No
- **Are you appealing a change, denial, beginning eligibility date, or cancellation of child care benefits?**
  - Yes ○ No
- **Are you appealing a change, denial, beginning eligibility date, or cancellation of Vocal Rehabilitation benefits?**
  - Yes ○ No
Appeal Details (bottom of screen)

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.

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: [Input]
* Middle Initial: [Input]
* Last Name: [Input]

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.

Add the approved rep information here

E-sign the appeal request

Back  Save and Exit  Next
Upload Documents

Use this screen to upload your documents. There are 3 steps to uploading your documents.

**Step 1**
To upload a document to your appeal, please choose the type of document you are uploading. To find more information about the different types of documents, please click the help icon on top.

* *Document Type: Authorized Rep Forms*

**Step 2**
To upload a document, click Browse, and then select the file. After selecting the file, click the ADD button. The types of files supported for upload are: docx, xlsx, pptx, jpg, jpeg, tif, tiff, png, and pdf.

**Step 3**
Below is a summary of documents that you have added. Please review the documents to ensure you have selected the correct items. You must click the submit button at the bottom of this page to send these documents to the Appeal’s office.

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Document Uploaded</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>No results found</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Browse for documents and click on add

Review uploaded documents before submitting
Once finished filing their appeal, the ABE Appeal users receive an Appeal tracking number which they will use to manage their appeal.

You can print a PDF or view an HTML version of your appeal request.
Questions

Check out the ABE Customer Support Page at:
http://www.dhs.state.il.us/ABE

Customers can email: DHS.ABE.Questions @Illinois.gov