

# PROGRAM STANDARDS

## GROUP I COUNTIES

# in unit	SNAP (Effective 11/13)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)					
	MAX Allot.	MAX Gross 130%FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only (MAGI 4/14)	Share (MAGI 4/14)	FamilyCare and ACA Adults (MAGI 4/14)	Moms & Babies (MAGI 4/14)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL		
1	189	1245	1915	958	117	243	243	283	1430	1431 – 1527	1342	-	667	973	974- 1166	1167- 1312		
2	347	1681	2585	1293	230	318	318	375	1927	1928 – 2058	1809	2792	873	1311	1312- 1572	1573- 1769		
3	497	2116	3255	1628	284	432	432	508	2424	2425 – 2589	2276	3513	1184	1649	1650- 1978	1979- 2225		
4	632	2552	3925	1963	365	474	474	558	2922	2923 - 3120	2743	4233	1301	1988	1989- 2384	2385- 2682		
5	750	2987	4595	2298	434	555	555	650	3419	3420 – 3652	3210	4954	1522	2326	2327- 2790	2791- 3139		
6	900	3423	5265	2633	465	623	623	733	3916	3917- 4183	3677	5675	1711	2664	2665- 3196	3197- 3596		
7	995	3858	5935	2968	501	657	657	767	4414	4415- 4714	4143	6395	1803	3003	3004- 3602	3603- 4052		
8	1137	4294	6605	3303	536	691	691	808	4911	4912- 5245	4610	7116	1896	3341	3342- 4008	4009- 4509		
9	1279	4730	7275	3638	576	727	727	850	5408	5409- 5776	5077	7837	1995	3679	3680- 4414	4415- 4966		
10	1421	5166	7945	3973	616	765	765	900	5905	5906- 6307	5544	8558	2100	4017	4018- 4820	4821- 5423		
Each add'l	+142	+436	+670	+335	WAG 25-03-05			+67	+497	+531	+467	+721		+338	+406	+457		
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50				
							See WAG 25-03-02(2) for Pre-MAGI Standards for FamilyCare						MSP 1 person - \$6,940 2 or more- \$10,410					
							Medical Inc Standards PM 16-06-01				*SON – Standard of Need, WAG 15-04-02-c		2012      2013 1 person -      \$6,940      \$7,080 2 or more-      \$10,410      \$10,620					
STANDARD DEDUCTION \$148 - 1-3 people (10/13) \$159- 4 people (10/13) \$187- 5 people (10/13) \$215- 6 or more people 10/13)							MAX. SHELTER DEDUCTION \$478 (10/13)											
UTILITY STDS (10/13)      SUP BY: No QM/QM A/C Heat - \$380 (10/13)      1/5 Limited Utility - \$226 (10/13)      3/7 Single Utility - \$50 (10/13)      4/8 Telephone - \$28 (10/11)      0/9 No Standard      2/6							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs									Asset Limits PM 07-02		
Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly											
							MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10)						2013      2014 Medicare Deduction      \$104.90      \$104.90 Grant Adjustment      531.90      542.90 (eff March) SPOUSAL IMPOVERISHMENT Resources      109,560      109,560 Spousal Income      2,739      2,739 Family Maintenance      1,891.25      1,938.75 SLF      710      721 Shared Room      533      541 SSI – Individual      710      721 SSI – Couple      1,066      1,082					

(04-01-14)

(WAG 25-03-02) (1)

## PROGRAM STANDARDS

### GROUP II COUNTIES

# in unit	SNAP (Effective 11/13)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)						
	MAX Allot.	MAX Gross 130%FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only (MAGI 4/14)	Share (MAGI 4/14)	FamilyCare and ACA Adults (MAGI 4/14)	Moms & Babies (MAGI 4/14)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL			
1	189	1245	1915	958	111	233	233	283	1430	1431 – 1527	1342	-	667	973	974- 1166	1167- 1312			
2	347	1681	2585	1293	222	307	307	375	1927	1928 – 2058	1809	2792	873	1311	1312- 1572	1573- 1769			
3	497	2116	3255	1628	277	417	417	508	2424	2425 – 2589	2276	3513	1184	1649	1650- 1978	1979- 2225			
4	632	2552	3925	1963	356	461	461	558	2922	2923 – 3120	2743	4233	1301	1988	1989- 2384	2385- 2682			
5	750	2987	4595	2298	422	540	540	650	3419	3420 – 3652	3210	4954	1522	2326	2327- 2790	2791- 3139			
6	900	3423	5265	2633	455	605	605	733	3916	3917- 4183	3677	5675	1711	2664	2665- 3196	3197- 3596			
7	995	3858	5935	2968	488	638	638	767	4414	4415- 4714	4143	6395	1803	3003	3004- 3602	3603- 4052			
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9	1279	4730	7275	3638	562	709	709	850	5408	5409- 5776	5077	7837	1995	3679	3680- 4414	4415- 4966			
10	1421	5166	7945	3973	601	746	746	900	5905	5906- 6307	5544	8558	2100	4017	4018- 4820	4821- 5423			
Each add'l	+142	+436	+670	+335	WAG 25-03-05			+67	+497	+531	+467	+721		+335	+338	+406			
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50					
								See WAG 25-03-02(2) for Pre-MAGI Standards for FamilyCare											
								Medical Inc Standards PM 16-06-01			*SON – Standard of Need, WAG 15-04-02-c			MSP <u>2012</u> <u>2013</u> 1 person -    \$6,940            \$7,080 2 or more-    \$10,410            \$10,620					
STANDARD DEDUCTION \$148 - 1-3 people (10/13) \$159 - 4 people (10/13) \$187 - 5 people (10/13) \$215 - 6 or more people (10/13)							MAX. SHELTER DEDUCTION \$478 (10/13)												
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Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State:    \$8.25 hr. (effective 07/01/10)				Medicare Deduction                    \$104.90 Grant Adjustment                    531.90 SPOUSAL IMPOVERISHMENT Resources                    109,560                    109,560 Spousal Income                    2,739                    2,739 Family Maintenance                    1,891.25                    1,938.75 SLF                    710                    721 Shared Room                    533                    541 SSI – Individual                    710                    721 SSI – Couple                    1,066                    1,082								

(04-01-14)

(WAG 25-03-02) (2)

# PROGRAM STANDARDS

## GROUP III COUNTIES

# in unit	SNAP (Effective 11/13)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)																																				
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## PROGRAM STANDARDS

### Form 552 Coding Charts for Family Health Plans

#### ITEM 78 CODES FOR PERSONS AGE 19 & OVER IN A FHP CASE

Program	Definition	Item 78
Family Assist	Family income = or less than Family Assist standard	- (dash)
Family Care Assist	Income greater than FA standard but less than or = Family Health Spenddown standard	- (dash)
	Income greater than Family Health Spenddown standard but = or less than this standard – State insurance not available	A
	Income greater than Family Health Spenddown standard but = or less than this standard – State insurance available	F
Note: Family Health Spenddown program ended for non-pregnant parents & caretaker relatives effective 01/14		

#### ITEM 78 CODES FOR PERSONS UNDER AGE 19 & PREGNANT WOMEN IN A FHP CASE

Program	Definition	Item 78
Family Assist	N/A	(-), 3
All Kids Assist	Income above FA standard, = or less than 147% of FPL	R
Moms & Babies, FamilyCare	Pregnant or Newborn born to Medicaid eligible mother	P
	Newborn born to Medicaid eligible mother who doesn't meet the immigration requirement	N
Family Health Spenddown	N/A	- (dash)
Extended medical	N/A	- (dash)

#### ITEM 68 CODES FOR ALL KIDS SHARE AND PREMIUM

Definition	Item 68
Uninsured person – so state insurance available	- (dash)
Insured person – no state insurance available	1
Uninsured person – state insurance available	2
Insured person – state insurance available	3

#### ITEM 73 FOR ALL KIDS SHARE AND PREMIUM

Program	Item 73	Item 80
Share	Y	177
Premium	Z	177
Note: Rebate program ended effective 01/14		

#### QMB Case Coding

Program	Item 60	Program	Item 60
QMB/Medicaid	1	SLIB/Medicaid	2
QI-1 Spenddown	3	QI-1 Only	7
SLIB Only	8	QMB Only	9

(04-01-14)

(WAG 25-03-02) (4)

## PROGRAM STANDARDS

# in unit	AK Premium Level 1 (MAGI 4/14)	AK Premium Level 2 (MAGI 4/14)	HBWD (office #250)	IHW (office #190)
1	\$1,528 - 2,033	\$2,034 - 3,093	\$ 3,404	\$1,945
2	2,059 - 2,740	2,741 - 4,168	4,588	2,622
3	2,590 - 3,447	3,448 - 5,244	5,772	3,298
4	3,121 - 4,154	4,155 - 6,320	6,956	3,975
5	3,653 - 4,861	4,862 - 7,396	8,140	4,652
6	4,184 - 5,568	5,569 - 8,472	9,325	5,328
7	4,715 - 6,275	6,276 - 9,548	10,509	6,005
8	5,246 - 6,982	6,983 - 10,624	11,693	6,682
9	7,611 -10,913	7,690 - 12,769	12,877	7,359
10	8,616 -11,918	8,397 - 13,845	14,061	8,036
<b>Each add'l</b>	+707  Over 157%, not over 209% FPL	+1,076  Over 209%, not over 318% FPL	+1,184  Up to 350% FPL	+677  Up to 200% FPL

Program	Office #	Eligibility Determination	Case Maintenance
Illinois Cares RX**	MMIS***	Dept. on Aging	HFS
IL Breast & Cervical Cancer	189	Dept. of Public Health	All Kids Unit
Illinois Healthy Women**	190	All Kids Unit	All Kids Unit
HFS Social Services**	194	Central Action	HFS
DHS Social Services**	193	Central Action	DHS
Incarcerated Persons**	195	All Kids Unit	All Kids Unit
Veterans Care	196	Veterans Care Unit	V C Unit
Health Benefits for Workers with Disabilities	250	HBWD Unit	HBWD Unit
** These programs provide limited benefits only and should not be considered active coverage ***MMIS is Medical Management Information System. IL Cares Rx appears under a special eligibility segment; find by RIN. Persons do not appear in PACIS when receiving IL Cares Rx only.			

### FAMILY HEALTH PLANS PREMIUMS AND PHYSICIAN CO-PAYS

	All Kids/FamilyCare Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2
<b>Co-Pay for Physician Office Visit</b>	\$0 for children; \$3.90 for adults	\$3.90	\$5 for children	\$15 for children
<b>Monthly Premium</b>	None	None	\$15 - 1 child \$25 - 2 children \$5 each additional	\$40 - per child
<b>Max Monthly Premium</b>	N/A	N/A	\$40 for 5 or more children	\$80 for 2 or more children
<b>Max Co-Payments per Year</b>	N/A	\$100 per family	\$100 per family	\$500 per child

(04-01-14)

(WAG 25-03-02) (5)