



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 The older cases will remain in the Legacy System’s Client Database (CDB) for historical reference.
 - 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 Notice 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.



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 use 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
will See in IES Phase 2

Changes the Client can Expect 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



ABE APPLICATION FOR BENEFITS ELIGIBILITY

[Help](#) | [Print](#)

Logged in: Applejuice999 | [Logout](#)

Hello, **Applejuice999**. You are logged in.

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.

Who	We Have Already Verified	How We Verified the Information
	Proof of Citizenship	Verified through Federal Data Services Hub
	Proof of SSN	Verified through Federal Data Services Hub
	Proof of Illinois Residency	Verified through Illinois Secretary of State
	Proof of Child Support Income	Verified through Key Information Delivery System

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](#)

Who	Proof That May Be Needed	Examples of Documents That May Serve as Proof
	<input type="checkbox"/> Proof of Employment	Form 266/266A - Verification of Employment, employer statement, last 30 days of check stubs or earnings statements
	<input type="checkbox"/> Other Proof	Other related verification documents.

If you are ready to begin uploading the selected documents above, click Next.

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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.
- ❑ 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 will electronically transfer it to the MMU. This transfer process has already begun.
- ❑ 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 a local Family and Community Resource Center (FCRC)**. The local office will scan and upload the document into the client's case, which will create a task in the queue of a caseworker in the MMU.

New and Improved
NOTICES

360C Medical Benefits – benefits and how decided eligibility



Important Information about Your Medical Group(s)

Medical benefits covered are different depending on your Medical Group. Some Medical Groups provide full medically necessary health coverage.

List of Common Services Provided for Medical Groups with Full Coverage

- Doctor and clinic visits
- Inpatient and outpatient hospital
- Emergency room
- Prescription medicine
- Surgery
- Podiatric (feet) services
- Hospice care
- Emergency medical transportation
- Lab tests and x-rays
- Medical supplies and equipment
- Family planning (birth control)
- Medical transportation
- Home Health services
- Chiropractic services
- Physical and Occupational therapy
- Dental care (limited for adults over age 20)
- And more, check with your health care provider for details

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 caretaker 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 spousal support income increases.

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 abe.illinois.gov 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 the 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/nfs/MedicalClients and then clicking "Medical Program Income Standards."

The facts we used to decide [redacted] ongoing Medical eligibility are:
The number of people counted in the family size is 2.
Countable monthly income is \$0.00

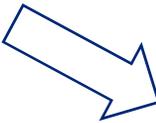
The facts we used to decide [redacted] ongoing Medical eligibility are:
The number of people counted in the family size is 2.
Countable monthly income is \$0.00

Turn this page over to read more information on the back.

IL444-0360C (R-09-15) Notice of Decision Page 5 of 9



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



360C Medical Card (2 sided paper) – is ALWAYS last page



State of Illinois - Healthcare and Family Services
Medical Card

For questions or to report changes call:
Para preguntas o reportar cambios llame al:
1-800-843-6154
(Next Talk: 800-324-5553 or email:
dhs.webbits@illinois.gov)

Keep this card.
Guarde esta tarjeta.



FIONA APPLE
1112 S WABASH AVE
CHICAGO, IL 60605

Check eligibility online at www.ABE.Illinois.gov or call 1-855-828-4995 to check on the automated phone system.
Compruebe su elegibilidad por internet en www.ABE.Illinois.gov o use el sistema automatizado, llamando al: 1-855-828-4995.

The top part of this page is your Medical Card. The people named on the back of the card qualify for health coverage. Please read the front and back of this page. Cut on the dotted line and carry your card with you. You may have to show it and a picture ID when you go for medical care.

The Medical Card does not guarantee that you are covered. Your doctor or pharmacy or other medical provider can use the information on the card to check your coverage. You can check your coverage anytime in your account online at www.ABE.Illinois.gov. You can also call 1-855-828-4995 anytime to check through the automated phone system.

To check eligibility you will need the Recipient Identification Number (RIN) next to each person's name on the back of the Medical Card. You can also check using the person's name, Social Security Number and date of birth.

What happens next?

If this is the first time you qualify for Medicaid or if you used to have Medicaid coverage but it ended more than two months ago, watch your mail for another notice that will tell you how to pick a health plan and a primary care doctor or clinic. You do not have to wait for the notice. You can log onto www.enrollhfs.illinois.gov or call 1-877-912-8880 (TTY: 1-866-565-8576) to pick your health plan and primary care doctor or clinic right away!

If you already have Medicaid or your Medicaid ended less than two months ago, you probably chose a health plan before. If this is true for your household, you will keep the same health plan. If you have questions about your health plan, call the number on the back of your health plan card or visit the health plan's website.

If you do not know if you have a health plan, you can find out online at www.enrollhfs.illinois.gov or by calling 1-877-912-8880 (TTY: 1-866-565-8576).

If I need to see a doctor right away, what should I do? If you do not already have a health plan or a primary doctor or clinic and you need help to find a doctor right away, call Illinois Health Connect at 1-877-912-1999. (TTY: 1-866-565-8577).

→ Read the back of this page for more important information. →

THE FOLLOWING PERSONS ARE COVERED: MEDICAL CARD PAGE 2
Fiona Apple Recipient Identification Number (RIN) 500930938 DOB: 01-01-20
.....
TOTAL NUMBER OF COVERED PERSONS: 1

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT FOR SERVICES. Medical providers must verify identity and eligibility when you need care.
ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO. Los proveedores médicos deben verificar la identidad y elegibilidad cuando necesite atención médica.

Notice to Providers: to verify eligibility or determine health plan enrollment on the date of service for the person(s) named above, use the MEDI web site at www.myhfs.com or your EDI vendor or HFS's automated Voice Response System (AVRS).

HFS 469 (R-09-15) 3458142 10132017 IL478-0234

You must report any of the changes in the list below that happen in your household.

- Tell us if you move or change your mailing address.
- Tell us if someone in your household gets more monthly income.
- Tell us if a new family member moves in with you or if someone moves out.
- Tell us if someone gets other health insurance or loses other health insurance.
- Tell us if someone in your household gets married, divorced, pregnant or has a baby.
- Tell us if someone in your household dies or goes to jail or prison or is released.

You can report changes online anytime at www.ABE.Illinois.gov. If you do not have an ABE account, you can call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov).

Is All Kids the same as Medicaid? Yes. All Kids is Medicaid for children.

If I have a different card from a Medicaid health plan, do I need both cards? Yes. Keep both cards. You may be asked to show them when you go to the doctor or need other health care.

If I have a Link Card, do I also need a Medical Card? Yes. The Link Card and the Medical Card cover different benefits. If you have a Link Card, keep it. You will need it to get your cash and SNAP (food stamp) benefits.

If I have a spenddown, can I use the Medical Card to get health care? You can use your Medical Card if your spenddown amount is met. Read the instructions under the Spenddown section in the notice that came with this page for more information. Most people who get Medicaid do not have a spenddown.

If I have a Medical Card through Department of Children and Family Services, who do I call for help? For questions about your card if you get foster care, KinGap or adoption assistance, call the Department of Children and Family Services at 1-800-228-6533.

What if I lose my Medical Card? You can ask for a new card online through your account at www.ABE.Illinois.gov. You can also call 1-800-843-6154 (NexTalk: 1-866-324-5553 or email: dhs.webbits@illinois.gov) to ask for a new card.



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 coversheet. If you need to tell us about anything else, write it on a separate sheet. If you have questions, please call WOODLAWN FCRC at 773-753-5200.

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 coversheet. 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 coversheet to Data Preparation/IES Central Scanning at 1-844-736-3563. 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 62763
In Person	Take all requested documents including this coversheet 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:

Case Summary

Customers can apply for new benefits or report case changes

Customers can view correspondence. If a notice requires action, there will be an indicator on the page

Customers can also view the status of their application, redetermination, or reported case change

Customers can reschedule an appointment

Benefit Details

Customers can view the type of assistance received by month

View current benefits and when they're up for redetermination

View historical benefit information

Contact Information

Customers can view how to get in touch with someone about their case

Customers can send an email to the FCRC

Account Management

The primary account holder can adjust access permissions for household members and third party reps

View/change communication preferences

Change a password





ABE Manage My Case - on the Homepage

A screenshot of the ABE (Application for Benefits Eligibility) homepage. The browser's address bar shows 'Illinois.gov - IL Applicatio...'. The page header includes the ABE logo, a language selector for 'Español', and a 'Login' button. Below the header, a navigation bar contains the text 'An official site of the State of Illinois | Bruce Rauner, Governor' and links for 'What is ABE?', 'FAQ', and 'More Options'. The main content area features a large background image of a smiling family (a woman, a young boy, and a man). Overlaid on the left side of the image is the text: 'Welcome to ABE', 'Helping people in Illinois lead healthy and independent lives', and 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' Below this text are three buttons: 'Check if I Should Apply' (blue), 'Apply for Benefits' (blue), and 'Manage My Case' (green). At the bottom of the main content area, there are links for 'ABE Partner Login' and 'Community Partner Registration' in green text.



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) after linking their case. 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.



Linking an ABE Account to Case Information

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

Hello, Sarah. You are logged in.

Link Your Account

Case Summary

Welcome. This page gives you a quick look at the status of your application Coverage. If you are ready to end your ABE session, be sure to Logout.

What is the status of my Applications?

Here is a summary of the applications you have worked on.

Application Number	Date	
T00101511	June 14, 2015	Submit

Linking your ABE Account to your case

This page should be used by individuals who have already applied or who have an existing SNAP/TANF/Medical/MSP case. If you would like to start a new application, please [click here](#)

If you have technical difficulties using this website please [click here](#)

Some items have a star (*) next to them. You must fill these items in before you can go on to the next page.

Please follow the steps below to link your ABE Account to your case so that you can see if you are eligible for benefits and handle your account. ABE is a secure website run by the State of Illinois. By law, we must keep your information private and secure

Personal Information

First, please enter your date of birth and your Individual ID from your case. You can find your Individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number instead. **(You only need to give your SSN if you do not have your Individual ID)**

If you cannot locate your Individual ID and do not have your Social Security Number, please contact the Call Center at: (800) 843-6154

*Date of Birth:
If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Please Confirm Date of Birth:
If your birthday is March 31, 1960, type 03/31/1960.

MM DD YYYY
 / /

*Individual ID (10 digits):
You can find your individual ID on any letter you've received about your case. If you don't have your Individual ID, you can give us your Social Security number in the box below.

If you cannot find your Individual ID please provide your Social Security Number

*Social Security number:

- -

*Please Confirm Social Security number:

- -

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

To protect you from identity theft, and to confirm your identity, please answer these questions. If the correct answer isn't here, choose "None of the above". When you are done, click "Next".

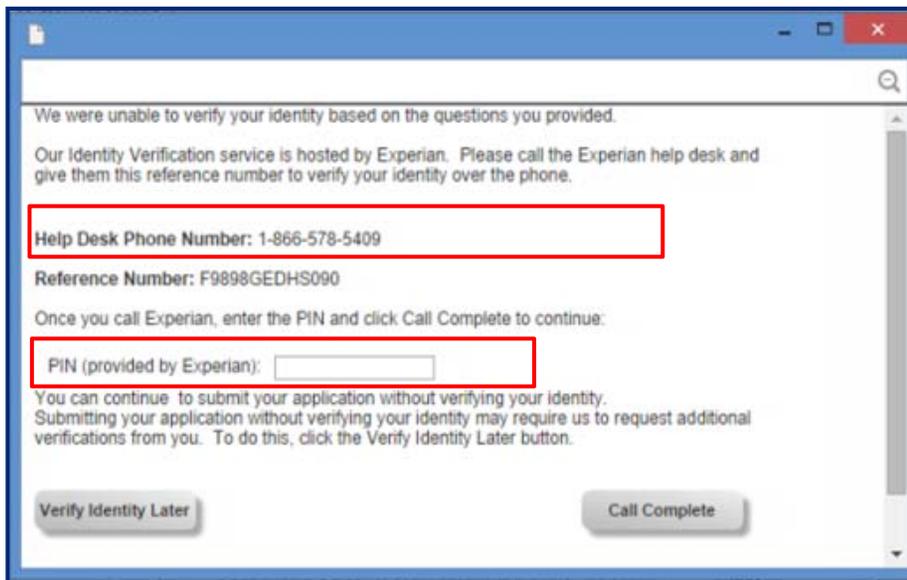
1. What model car do you drive?
 - Ford
 - Chevy
 - Honda
 - Toyota
 - None of the above
2. What is the year of your vehicle?
 - 2003
 - 2005
 - 2009
 - 2013
 - None of the above
3. What is the name of the city where you previously lived?
 - Richmond
 - Little Rock
 - Spokane
 - Seattle
 - None of the 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 and obtain a code to enter into ABE.



Landing Page/Case Summary First Tab

MMC – Case Summary Page (1)



ALERT

 [1 new notice was posted to your account since your last login](#)

- Case Summary
- Benefit Details
- Contact Information
- Account Management

- Renew My Benefits**
Your case is up for redetermination. Click this button to submit your redetermination for benefits.
- 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.

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

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](#).

Benefit	Description	Summary
	Supplemental Nutrition Assistance Program	Click Here for Details
	Healthcare Coverage Program	Click Here for Details
	Cash Assistance Program	Click Here for Details

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



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

Application Number	Date	Status	Details/Action
0000455601	July 13, 2016	Pending	Continue

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](#)

Name	Date of Notice	Notice Name	Notice	Action Needed?
Robert Silman	September 16, 2017	IL444-360C Notice of Decision		No
Robert Silman	August 16, 2017	HFS 643RNW Courtesy Renewal Follow Up Letter		Yes
Robert Silman	July 31, 2017	HFS 643 Medical Benefits Renewal Form		Yes
Robert Silman	June 30, 2017	IL444-1893 Redetermination Application		Yes

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.



[Back](#)



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 the 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, and 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
- E-mail address or phone number change
- Approved Representative end or change

Change in Household Yes No

- New member (including newborns)
- Member moved out
- Death
- Pregnant member
- Pregnancy ended
- Jailed or imprisoned member
- Member entered a Long Term Care Facility
- 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
- Alimony/spousal 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 add-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

Name of person who received this service	Testkids
Date of Service	<input type="text" value="11/01/2015"/> Ex: mm/dd/yyyy
Date Billed/Paid	<input type="text" value="11/01/2015"/> Ex: mm/dd/yyyy
Paid to	<input type="text"/>
Total Amount Billed	\$ <input type="text" value="500.00"/>
How much is Testkids supposed to pay for DOA community based services payments?	\$ <input type="text" value="0.00"/>
Bill Due Date	<input type="text"/> Ex: mm/dd/yyyy

Information on File:

Testkids
11/01/2015
11/01/2015
695.00
0.00

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

Date of Change

* When did the change happen?

Ex: mm/dd/yyyy

Back

Save and Exit

Next



Every Change submitted in MMC requires an electronic signature, just like the application

abe.illinois.gov

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Hello, USER. You are logged in

[Print](#) [Help](#)

Signing Your [[REPORT_TYPE]]

You are just a few minutes away from submitting your [[REPORT_TYPE]]. To do so, you will need to:

- Read the Rights and Responsibilities we have listed below.
- Check the signature box and type your name below to sign your [[REPORT_TYPE]].

RIGHTS AND RESONSIBILITIES

PENALTY WARNING
The information provided on this form is subject to verification by Federal, State and local officials. If any information is found to be inaccurate, you may be denied SNAP benefits and/or subject to criminal prosecution for knowingly providing false information.
Any member of your SNAP unit who intentionally breaks any of the following rules can be barred from the SNAP for:
* TWELVE (12) MONTHS after the first violation;

Office Information

Your [[REPORT_TYPE]] will be sent to your current office (shown below).

South Loop FCRC
1112 S WABASH
CHICAGO IL 60605-2351
Phone Number: (123) 456-7890

If you would like to add additional comments to your [[REPORT_TYPE]] please enter them here:



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]]**

Date	Appointment Time	Reason	Appointment Mode	Action
[[APPOINTMENT_DATE]]	[[START_TIME]]	[[REASON]]	[[Appointment Mode]]	Reschedule

View upcoming appointments and reschedule, if necessary

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]]**

Which Benefit?	Whose	What	Due Date
SNAP	[[PERSON]]	[[MED_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]]	[[DATE]]
Cash Assistance	[[PERSON_2]]	[[CASH_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]] .	[[DATE]]
Healthcare Coverage	[[PERSON]]	[[MED_VERIF_REQUEST]] . A notice for this was sent to you on [[DATE]] .	[[DATE]]

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)



[Help](#) | [Print](#)

Logged in: apple123 | [Logout](#)

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

Hello, Fiona. You are logged in.

Case Summary

Benefit Details

Contact Information

Account Management

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

Benefit Details


SPRINGGLOR

You have FamilyCare coverage (with a spenddown amount of \$0.00 in September 2016).
Your coverage started on April 2016.
Your remaining spenddown amount is \$0.00.
Your next medical redetermination must be completed by March 2017. In the meantime, you must continue to [report changes](#).

[Redacted]

[View or print your Medical Card](#) in your available notices.
[View your approval notice](#) to see how your benefits were determined

MCO Plan Name: IlliniCare Health Plan, Inc - FHP
[Redacted]

Your MCO Plan contact phone number is 866-329-4701. [Visit your MCO Plan website](#).

[Redacted]

MCO Plan Anniversary Date: September 1, 2016
[View your notices](#) for more information about what was requested.

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

Case Summary **Benefit Details** **Contact Information** **Account Management**

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.

Supplemental Nutrition Assistance Program



Tom

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

Case Summary | **Benefit Details** | **Contact Information** | **Account Management**

Your Contact Information
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) 843-6154, 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.](#)

612 W PATTERSON Avenue APT 9
CHICAGO, IL
60613
Cook
Phone:
Email:

Your DHS or HFS local office

Adams County FCRC
300 MAINE 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: 778731787
Your Individual ID is: 1200633683

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.

Case Summary **Benefit Details** **Contact Information** **Account Management**

Manage Your Account

This page will help you manage your ARF account

If you would like to change your password, go to the [New Password Page](#). To create a new password, you will need to provide your user ID, date of birth and Individual ID or Social Security number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID Can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences

This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, go to the [Manage your Communication Preferences page](#).

Household Member Account Access

We have listed all of the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

Household Member Name	ABE User ID	Access Type	
.jodie	jodietest4	Primary Account Holder	Manage Household Member Access

Third Party Account Holders

We've listed all the people outside your home who have requested access to your case. As the Primary Account Holder you can click the "View Request" or "End access" button to grant or remove access for these individuals or organizations.

Name	Organization	Status	Start Date	Action
Jodie	CHICAGO HOSPITAL	PENDING	2016-07-28	View Request

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

Manage Your Communication Preferences

This page will help you manage how you want to receive information from the State of Illinois.

If you experience technical problems while using the site,

Communication Preferences (Optional)

As the Primary Account Holder, you may choose how you would like your notices sent to you. You will automatically receive electronic versions of your notices. If you would like to stop receiving paper versions of your notices, please select the electronic only option.

Preferred Delivery Method:

Paper and Electronic Electronic Only

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts.

Email

E-mail Address

Confirm E-mail Address

Email And Text Message

Cell Phone Carrier

I do not want to receive alerts.

Cell Phone Number

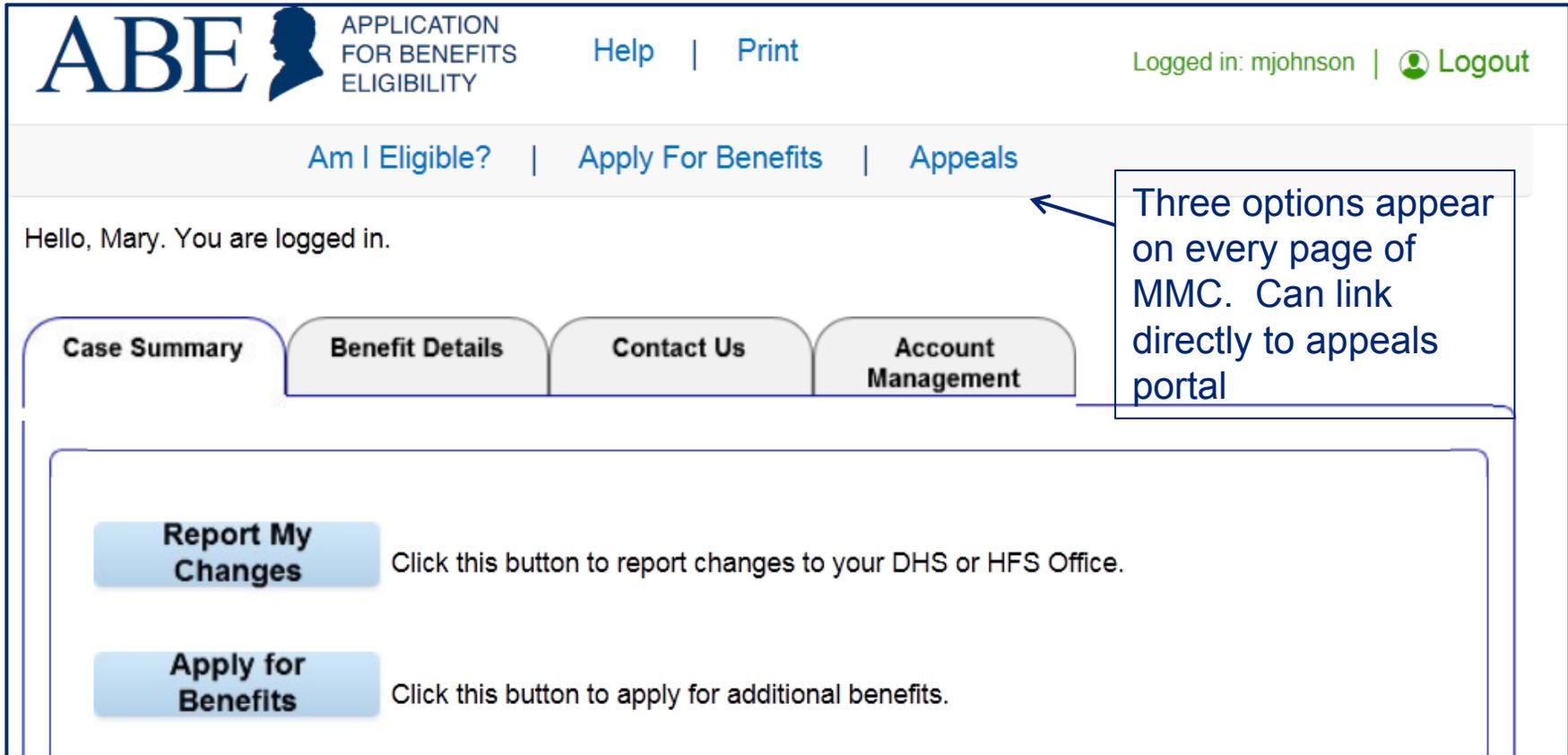
Standard fees may apply from your mobile service provider.

Language Preference

What Language should we use when we contact you?

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

Access the Appeals Portal through Manage My Case – no need to login again



The screenshot shows the user interface of the ABE (Application for Benefits Eligibility) portal. At the top left, the logo 'ABE' is displayed next to a silhouette of a person, with the text 'APPLICATION FOR BENEFITS ELIGIBILITY' below it. To the right of the logo are links for 'Help' and 'Print'. Further right, the user is logged in as 'mjohanson' with a 'Logout' button. Below the header, there is a navigation bar with three options: 'Am I Eligible?', 'Apply For Benefits', and 'Appeals'. The 'Appeals' option is highlighted. Below the navigation bar, a message reads 'Hello, Mary. You are logged in.' Below this message are four tabs: 'Case Summary', 'Benefit Details', 'Contact Us', and 'Account Management'. A callout box with an arrow pointing to the 'Appeals' link in the navigation bar contains the text: 'Three options appear on every page of MMC. Can link directly to appeals portal'. Below the tabs, there are two main action buttons: 'Report My Changes' and 'Apply for Benefits'. The 'Report My Changes' button is accompanied by the text 'Click this button to report changes to your DHS or HFS Office.' The 'Apply for Benefits' button is accompanied by the text 'Click this button to apply for additional benefits.'

Approved Reps



Approved Representative - Definition

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

The screenshot shows a user interface with four tabs: Case Summary, Benefit Details, Contact Information, and Account Management. The Case Summary tab is active. Below the tabs, there are three buttons: 'Report My Changes', 'Apply for Other Benefits', and 'Disaster SNAP'. Each button has a corresponding instruction. Below the buttons, there is a welcome message and a security notice.

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.

Disaster SNAP You may qualify for Disaster SNAP assistance. Click this button to apply for Disaster SNAP.

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	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Name change or correction	<input type="checkbox"/> Address Change
<input type="checkbox"/> E-mail address or phone number change	<input checked="" type="checkbox"/> Approved Representative end or change
Change in Household	<input type="radio"/> Yes <input checked="" type="radio"/> No
Change in Household Income	<input type="radio"/> Yes <input checked="" type="radio"/> No
Expenses/Bills Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Resources Have Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Health Insurance Has Changed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Changes	<input type="radio"/> Yes <input checked="" type="radio"/> No

Keep in mind that you should only report changes that have already happened.

Back

Next



Reporting Authorized Rep Changes (Add or Delete)

Other Changes
Please tell us about any additional changes that you have not yet reported.

Change Description
Please select the type of change you are reporting
Add/Change Authorized Representative ▼
Please tell us more about this change.

Date of Change
* When did or will these changes happen? Ex: mm/dd/yyyy

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.



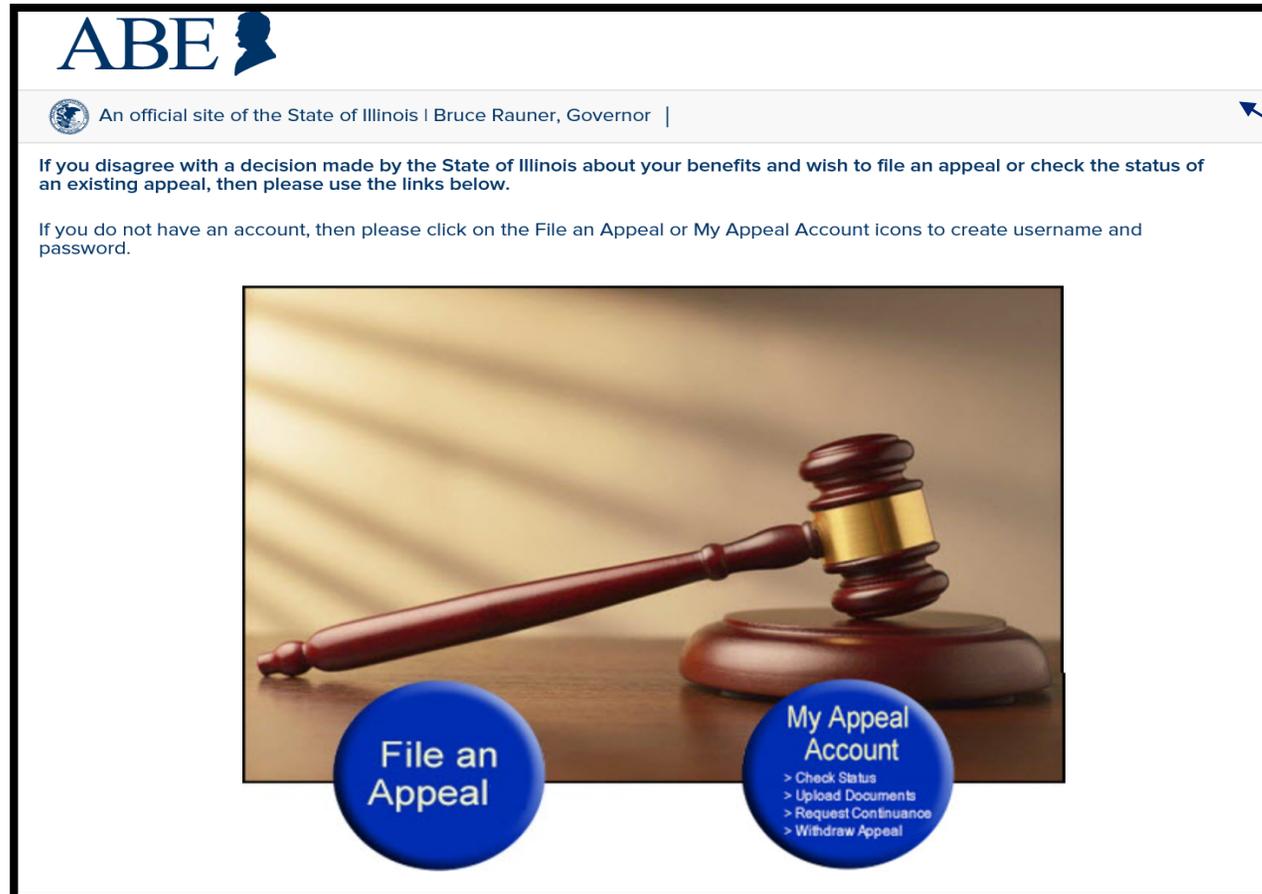
Upload Documents: The user can upload documents such as representative forms, Powers of Attorney, and exhibits for the hearing.



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



[Help](#) | [Print](#)

Logged in: gram23 | Logout

Hello, Tony. You are logged in.

Login info will appear here

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

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



The State of Illinois

[DHS Appeal Information](#) [Frequently Asked questions \(FAQ\)](#)



Appeal Program Questions

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](#)

Questions will trigger sub-questions.

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

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

Add an Approved Representative

Add

Add the approved rep information here

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 :

E-sign the appeal request

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

Upload Documents



Hello, Elizabeth. You are logged in.

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:

Browse for documents and click on add

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.

To add more than one document, please return to Step 1 before continuing to Step 3. You may upload documents at one time, or up to 2 MB

Review uploaded documents before submitting

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.

Type of Document	Document Upload.d	Options
No results found		



Appeal Submission Confirmation

ABE Help | Print Logged in: Marco | Lo

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

Hello, Marco. You are logged in.

Keep Track of Your Appeal

Your tracking number is **1600026507**. You will be receiving your first notice acknowledging your appeal with your Individual ID. You can use this ID to Manage your Appeal Account.

Be sure to write this number down or print this page for your records.

Please see the links below for more information about the appeals process.

Print Your Appeal Request

DO NOT MAIL THIS APPEAL REQUEST. Print or save it for your own records only.

To print, click on the Print My Appeal Request button below. If you decide to print or save a copy, keep in mind that this request has your private and personal information on it.

[My Appeal Request \(HTML\)](#) **Print My Appeal Request**

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



Save and Exit

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

Slide 54

MP2

Pangilinan, Marco Paulo, 2/26/2016

Questions

Check out the ABE Customer Support Page at:
dhs.illinois.gov/ABE

Customers can email: [DHS.ABE.Questions @Illinois.gov](mailto:DHS.ABE.Questions@Illinois.gov)