



The Application for Benefits Eligibility



ABE Appeals Portal Guide

Illinois Department of Healthcare & Family Services
Illinois Department of Human Services

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Table of Contents

Section 1: Welcome

Section 2: Getting Started

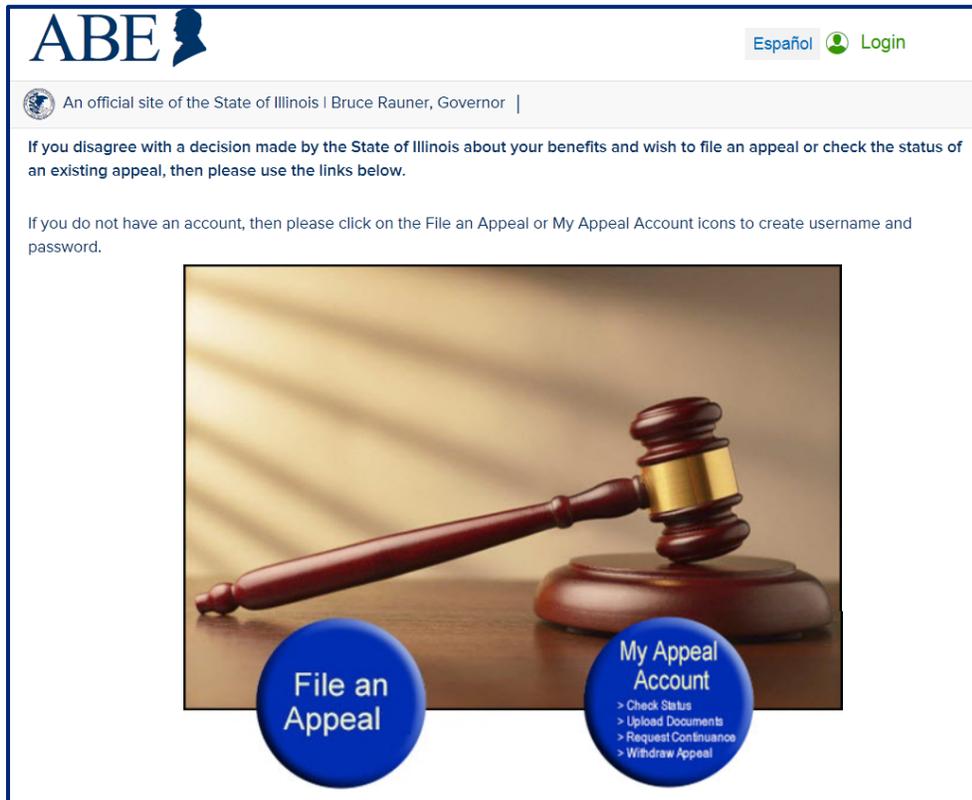
Section 3: File an Appeal

Section 4: Manage Your Appeal

Section 1: Welcome

The **ABE Appeals Portal** is a new State of Illinois website for filing and checking the status of appeals of State benefit decisions.

The website address is: <https://abe.illinois.gov/abe/access/appeals>.



You or your Authorized Representative may use the **ABE Appeals Portal** to file an appeal if you disagree with a decision made about one of the following benefit programs:

- SNAP
- Denial of medical benefits
- Denial of medical services, including dental and pharmacy items
- All Kids
- Cash benefits, such as TANF and AABD cash
- Child support
- Home Services Program
- Child care
- Vocational Rehabilitation
- Developmental Disabilities (DD)
- Supportive Living Facility (SLF)
- Healthcare Worker Registry
- Medically Fragile Technologically Dependent (MFTD)

This Guide explains many of the features of the ABE Appeals Portal. You can find more information about your right to a fair hearing regarding decisions about your SNAP, TANF (cash) and medical benefits by visiting the Department of Human Services' website.

Section 2: Getting Started

Navigating in ABE

Please review the following tips on navigating through ABE.

- Do not use your Internet browser's back, forward or stop buttons while in the application. Use the buttons provided at the bottom of each page:



Click the **[Next]** button when you are done with a page and ready for the next questions.



Click the **[Back]** button if you need to go back to a page and need to change your answers



Clicking the **[Exit]** button will take you back to the home page. You will be asked if you want to save your work.



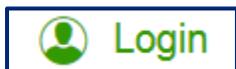
Click the **[Save and Exit]** button to save the information already entered and return to the application later. After clicking the button you can decide to save the application and return to it later, or keep working on the application.

- You must complete questions with a red star (*) next to them.
- If you have questions, click on the *Help* hyperlink at the top of the page for an overview of the page
- To protect private information, be sure to **Log Out**,  when you have completed your ABE session. This step is especially important if you are using a public computer.

Creating an ABE User Account

If this is your first visit to ABE, you will need to create an **ABE User Account**. If you have an **ABE User Account** from filing an application for benefits or from **Manage My Case**, you do not need to create another one. You can have one ABE User Account with multiple applications for benefits and multiple appeals.

- From the **ABE Appeals** homepage, click the **Login** icon at the top right corner of your screen.



- Click **[Create Account]**.
- Enter your name, and then enter an **ABE User ID** and **Password**.
- Select **Secret Questions** and enter your answers. If you forget your password, you will be asked to answer your **Secret Questions** in order to reset it.
- Click **[Create Account]**. A **Congratulations!** Message displays.
- Click on the **Click Here** link on the confirmation page to return to the **Login** page.
- Enter in your **User ID** and **Password**. Click **[Login]**.
- You are all set!

Congratulations!
You have created an account

Next Steps
To start working on your appeal, you will need to log in using your new user ID and password. Click Next to log in.
Note: Please remember to submit your appeal using this newly created account.

Note: SNAP/ TANF/ Healthcare/ AABD Cash Assistance Users can Link to your Case
If you have an existing case, you have the ability to link your appeal request to your case. If you link your appeal to your case you will be able to manage your case, report any changes, apply for additional benefits, along with several other features you will be able to take advantage of.
To link to your existing case, please [Click here](#)

If you do not want to link to your case, or are not receiving or appealing any of the above programs, then please click Next below.

Back **Next**

Note to SNAP, TANF (cash) and Medical customers: After creating an ABE user account, you will be given the opportunity to link your new ABE User Account to your benefit information in the ABE Manage My Case portal. You can use Manage My Case to view your benefit history, read notices and renew your benefits. For more information on ABE Manage My Case, visit the ABE User Guide on the DHS website.

Section 3: File an Appeal

Entering Your Appeal Information

1. Use your ABE **User ID** and **Password** to login into the **ABE Appeals Portal**.
2. Click the **[File an Appeal]** button on the homepage. The **Getting Started** page displays. The blue hyperlinks on this page will take you to more information about the programs listed.
3. Choose 'Yes' beside the benefit program decision you are appealing. Indented sub-questions may open asking you to further narrow which program you are appealing. Click **[Next]**.
4. You will be asked more about your benefits, your situation, and what decision you are appealing. Questions with a red star (*) must be answered. Answer the questions displayed, and click **[Next]**. The **Your Identity** page displays.

Getting Started

Let's get started on the appeal. First, Please give us some basic information.

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 the denial of your application for [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](#) medical case? Yes No

Are you appealing a change or denial of [cash benefits](#)? 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](#)? 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

Are you appealing your denial or services through the Division of [Developmental Disabilities \(DD\)](#) Program? Yes No

Are you appealing your discharge from a [Supportive Living Facility \(SLF\)](#)? Yes No

Are you appealing your placement on, or would like to be removed from, the [HealthCare Worker Registry](#)? Yes No

Are you, or have you applied to be, a [WIC Vendor](#)? Yes No

Are you appealing a change or denial of services through the [Medically Fragile Technologically Dependent \(MFTD\)](#) program? Yes No

Are you appealing the denial of payment for a [medical bill](#)? Yes No

Are you appealing an item not listed above? Yes No

Back **Save and Exit** **Next**

Enter Information about Yourself

5. Enter information about yourself, including your address and contact information.

Your Identity

Who are you? Client Authorized Representative

What is your relationship to the client?

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

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

Client Information

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

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

* Date of Birth : / /

* Please Confirm Date of Birth : / /

Social Security Number : - -

Please Confirm Social Security Number : - -

Gender : Male

* Preferred Language :

Other Language :

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

Program Information

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

Program Appealing	Case Number / App Number	Benefits to be continued
All Kids		Yes

Another person can file out the appeal details on your behalf if they are an authorized representative.

Adding an Approved Representative

- If an Approved Representative is filing the appeal on your behalf, ABE will need information about this person too.
 - You have the right to have a representative. The representative can be an attorney, friend or family member or other individual that you have authorized to act on your behalf during the appeals process. If you have questions about the rights and responsibilities of Approved Representatives, click the link at the bottom of the page.
- Further down on the **Your Identity** page you can choose to add an Approved Representative. Click the **[Add an Approved Representative]** button.

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

- You will be asked for the name and contact information of your Approved Representative.
- Once all information is entered, complete the **Signature Authorizing Representation** section. Read the information carefully. Electronically sign the authorization by clicking the checkbox to agree that the person can act on your behalf and enter your **First Name** and **Last Name**.
 - The electronic **Signature Authorizing Representation** section may be completed by only the client. If the Authorized Representative is filing the appeal, a signed paper Representation Authorization must be uploaded with the ABE appeal request and the Appeal will not be processed until this form is received.
- Once you have entered the information for your approved representative and electronically signed the agreement, click **[Next]**. You will return to **Your Identity** page to continue filing your appeal.

Signature Authorizing Representation

I want the person named above to file the appeal and/or act as my appeal representative. I understand I am still responsible for the information that my representative gives to the appeals office

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature

Authorized Representatives Signature ~ Clients Signature

By checking this box and typing my name below, I am electronically signing this form.

* First Name : Middle Initial : * Last Name :

PENALTY OF PERJURY An applicant or registrant who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Criminal Code of 2012 and for the purpose of this Section shall be guilty of a Class A misdemeanor

Signing Your Appeal

11. After entering your information, complete the **Appeal Filing Signature** box. Read the information carefully, click the electronic signature checkbox, and enter your **First Name** and **Last Name** to sign your appeal. Click **[Next]**. The **Upload Documents** page displays.

Appeal Filing Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and typing my name below, I am electronically signing this form.

First Name : Middle Initial : Last Name :

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

Back **Save and Exit** **Next**

Upload a Supporting Document

12. If you have any documents you would like to present to the Hearing Officer in support of your case, you can upload them to your appeal here. If you do not have any documents to upload, just click **[Submit]**.
13. Follow the steps on the page to upload your documents. You may submit up to ten documents and each document may up to 2 megabytes. When you have uploaded and added all of your documents, click **[Submit]**.

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:

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 up to 10 documents at one time, or up to 2 MB

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 Uploaded	Options
No results found		

Back **Submit**

Congratulations! Your appeal has been submitted.

15. The **Keep Track of Your Appeal** confirmation page lists your appeal tracking number. You can also print a copy of your appeal request or open the appeal request in another tab on your internet browser. Click **[Save and Exit]** to return to the **ABE Appeals Homepage**.
16. To track the progress of your appeal, use the **Manage My Appeal** features in the **ABE Appeals Portal**. To find out more about what to expect once your appeal has been filed, use the web links at the bottom of this page.

Keep Track of Your Appeal

Your tracking number is **1500000321**. 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

Section 4: Manage Your Appeal

You can use the **ABE Appeals Portal** to check the status of your appeal, even if you did not file the appeal through ABE.

If you used ABE to file your appeal, login to ABE and click the **[Manage My Appeal Account]** button on the **ABE Appeals Portal** homepage. The **Appeal Summary** page displays. Click **[Link Account]**.

- (If you do not see the **[Link Account]** hyperlink, your appeal has not been processed. Wait a few days and check again.)

If you did not use ABE to file your appeal, you will need to set up an ABE user account and link it to your Individual ID. To set up an **ABE User Account**, follow the instruction on page 4 of this guide.

Linking your ABE Account to Your Individual ID

1. Use your **ABE User ID** and **Password** to login to the **ABE Appeals Portal**.
2. The **Linking your ABE Account** page displays.
3. Enter you date of birth and either your Individual ID or your Social Security number.

Linking your ABE Account to your Individual ID

This page should be used by individuals who have an existing appeal.

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

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

Personal Information

First, please enter your date of birth and your Individual ID from the letter you received for the appeal. You can find your Individual ID on any letter you've received about your appeal. 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)**

Please follow the steps below to link your ABE Account to your appeal so that you can see the status of your appeal 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.

* Date of Birth : MM / DD / YYYY

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

Individual ID (1 to 10 digits) :

You can find your individual ID on any letter you've received about your appeal. 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 : - -

Set Your Communication Preferences

- In the Communications Preferences section of this page, you can choose how you want to receive notices about your appeal.
 - Paper and Electronic** – You will continue to receive paper notices in the mail and also receive an email and/or text message alerts that a new notice has been sent to you. You can also view the notices immediately in **Manage My Case**.
 - Electronic Only** – You will no longer receive paper notices, but instead only email and/or text alerts that a new notice has been sent to you. You can also view the notices immediately in **Manage My Case**. This option is good for someone whose address changes frequently. If an alert e-mail or text message is not properly registered, we will send paper notices to the last address we have on file for you. Please be aware your 1st notice will always be sent by mail.
- After you have entered your communication preferences, click **[Next]**. The **Appeal Summary** page displays.

Communication Preferences (Optional)

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 check the box below.

Preferred Delivery Method: Paper and Electronic Electronic Only

Email Email Address

Text Message Cell Phone Carrier

 Cell Phone Number

I do not want to receive alerts

Language Preference

What Language should we use when we contact you? :

Appeal Summary

From the **Appeal Summary** page, you can:

- View your appeal request
- Request to withdraw an appeal
- View available notices
- View upcoming appointments
- Upload documents
- Change your contact information
- Add a representative.
- Request a continuance

To continue, simply click on the **What action would you like to take?** hyperlink. For more information on uploading documents, see page 9 of this Guide.

Appeal Summary

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

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

Appeal Status

This information is current as of **[[DATE_TIME]]**.

Appeal Number	Appeal Request Date	Appeal Request / Hearing Status	What actions would you like to take?
1525432390	6/14/2014	To Be Scheduled	View Appeal Request Withdraw Appeal View Notices Upload Documents Change Contact Information or Add Rep

Thank you!

Thank you for taking the time to review this overview and learn more about the **ABE Appeals Portal**. We hope you will find it a useful tool.

If you have any questions about using ABE, please e-mail them to ABE.questions@illinois.gov.