

**PROGRAM STANDARDS**

**GROUP I COUNTIES**

# in unit	SNAP (Effective 10/16)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/16)			
	MAX Allot.	MAX Gross 165% 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 4/16)	Share (MAGI 4/16)	FamilyCare and ACA Adults (MAGI 4/16)	Moms & Babies (MAGI 4/16)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL
1	194	1634	1980	990	117	243	243	283	1455	1456 – 1554	1366	-	667	990	991 – 1187	1188 – 1336
2	357	2203	2670	1335	230	318	318	375	1962	1963 – 2096	1842	2844	873	1335	1336 – 1601	1602 – 1801
3	511	2772	3360	1680	284	432	432	508	2470	2471 – 2638	2318	3578	1184	1680	1681 – 2015	2016 – 2267
4	649	3342	4050	2025	365	474	474	558	2977	2978 – 3179	2795	4313	1301	2025	2026 – 2429	2430 – 2733
5	771	3911	4740	2370	434	555	555	650	3484	3485 – 3721	3271	5048	1522	2370	2371 – 2843	2844 – 3199
6	925	4480	5430	2715	465	623	623	733	3991	3992 – 4263	3747	5783	1711	2715	2716 – 3257	3258 – 3664
7	1022	5051	6122	3061	501	657	657	767	4499	4500 – 4806	4224	6520	1803	3061	3062 – 3672	3673 – 4131
8	1169	5623	6815	3408	536	691	691	808	5009	5010 – 5350	4702	7258	1896	3408	3409 – 4088	4089 – 4599
9	1315	6195	7508	3755	576	727	727	850	5519	5520 – 5894	5180	7996	1995	3755	3756 – 4504	4505 – 5067
10	1461	6767	8201	4102	616	765	765	900	6029	6030 – 6438	5658	8734	2100	4102	4103 – 4920	4921 – 5535
Each add'l	+146	+572	+693	+347	WAG 25-03-05			+67	+510	+544	+478	+738		+347	+416	+468
	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		
							Medical Inc Standards PM 15-06-01						MSP 1 person - <u>2014</u> <u>2015</u> 2 or more- \$7,160 \$7,280 \$10,750 \$10,930			
STANDARD DEDUCTION (10/16) \$150 - 1-3 people (10/16) \$161- 4 people (10/15) \$190- 5 people (10/15) \$219- 6 or more people (10/15)							MAX. SHELTER DEDUCTION \$517 (10/16)							Asset Limits PM 07-02		
UTILITY STDS (10/16) SUP BY: No QM/QM A/C Heat - \$388 (10/16) 1/5 Limited Utility - \$285 (10/16) 3/7 Single Utility - \$64 (10/16) 4/8 Telephone - \$30 (10/16) 0/9 No Standard 2/6							MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly							2014 2015 Medicare Deduction \$104.90 \$104.90 Grant Adjustment 542.90 554.90 (eff March)		
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)							Resources 109,560 109,560 Spousal Income 2,739 2,739 Family Maintenance 1,938.75 1,966.25 SLF 721 733 Shared Room 541 550 SSI – Individual 721 733 SSI – Couple 1,082 1,100		

(09/20/16)

(WAG 25-03-02) (1)

**PROGRAM STANDARDS**

**GROUP II COUNTIES**

# in unit	SNAP (Effective 01/16)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/16)					
	MAX Allot.	MAX Gross 165% 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 4/16)	Share (MAGI 4/16)	FamilyCare and ACA Adults (MAGI 4/16)	Moms & Babies (MAGI 4/16)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL		
1	194	1634	1980	990	111	233	233	283	1455	1456 – 1554	1366	-	667	990	991 – 1187	1188 – 1336		
2	357	2203	2670	1335	222	307	307	375	1962	1963 – 2096	1842	2844	873	1335	1336 – 1601	1602 – 1801		
3	511	2772	3360	1680	277	417	417	508	2470	2471 – 2638	2318	3578	1184	1680	1681 – 2015	2016 – 2267		
4	649	3342	4050	2025	356	461	461	558	2977	2978 – 3179	2795	4313	1301	2025	2026 – 2429	2430 – 2733		
5	771	3911	4740	2370	422	540	540	650	3484	3485 – 3721	3271	5048	1522	2370	2371 – 2843	2844 – 3199		
6	925	4480	5430	2715	455	605	605	733	3991	3992 – 4263	3747	5783	1711	2715	2716 – 3257	3258 – 3664		
7	1022	5051	6122	3061	488	638	638	767	4499	4500 – 4806	4224	6520	1803	3061	3062 – 3672	3673 – 4131		
8	1169	5623	6815	3408	525	673	673	808	5009	5010 – 5350	4702	7258	1896	3408	3409 – 4088	4089 – 4599		
9	1315	6195	7508	3755	562	709	709	850	5519	5520 – 5894	5180	7996	1995	3755	3756 – 4504	4505 – 5067		
10	1461	6767	8201	4102	601	746	746	900	6029	6030 – 6438	5658	8734	2100	4102	4103 – 4920	4921 – 5535		
Each add'l	+146	+572	+693	+347	WAG 25-03-05			+67	+510	+544	+478	+738		+347	+416	+468		
	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				
							Medical Inc Standards PM 15-06-01						MSP <u>2014</u> <u>2015</u> 1 person -     \$7,160            \$7,280 2 or more-    \$10,750            \$10,930					
STANDARD DEDUCTION (10/16) \$150 - 1-3 people (10/16) \$161 - 4 people (10/15) \$190 - 5 people (10/15) \$219 - 6 or more people (10/15)							MAX. SHELTER DEDUCTION \$517 (10/16)									Asset Limits PM 07-02		
UTILITY STDS (10/16)                    SUP BY: No QM/QM A/C Heat - \$388 (10/16)                    1/5 Limited Utility - \$285 (10/16)                    3/7 Single Utility - \$64 (10/16)                    4/8 Telephone - \$30 (10/16)                    0/9 No Standard    2/6							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)			Medicare Deduction                    \$104.90                    \$104.90 Grant Adjustment                    542.90                    554.90 (eff March) SPOUSAL IMPOVERISHMENT Resources                    109,560                    109,560 Spousal Income                    2,739                    2,739 Family Maintenance                    1,938.75                    1,966.25 SLF                    721                    733 Shared Room                    541                    550 SSI – Individual                    721                    733 SSI – Couple                    1,082                    1,100					
Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF																		

(09/20/16)

(WAG 25-03-02) (2)

**PROGRAM STANDARDS**

**GROUP III COUNTIES**

# in unit	SNAP (Effective 10/16)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/16)																																				
	MAX Allot.	MAX Gross 165% 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 4/16)	Share (MAGI 4/16)	FamilyCare and ACA Adults (MAGI 4/16)	Moms & Babies (MAGI 4/16)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																	
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5	771	3911	4740	2370	411	519	519	650	3484	3485 – 3721	3271	5048	1522	2370	2371 – 2843	2844 – 3199																																	
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(09/20/16)

(WAG 25-03-02) (3)

**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

(09/20/16)

(WAG 25-03-02) (4)

**PROGRAM STANDARDS**

# in unit	AK Premium Level 1 (MAGI 4/16)	AK Premium Level 2 (MAGI 4/16)	HBWD (office #250) (4/16)
1	\$1,555 - 2,069	\$2,070 – 3,148	\$ 3,465
2	2,097 - 2,790	2,791 – 4,245	4,673
3	2,639 - 3,511	3,512 – 5,342	5,880
4	3,180 - 4,232	4,233 – 6,440	7,088
5	3,722 - 4,953	4,954 – 7,537	8,295
6	4,264 - 5,674	5,675 – 8,634	9,503
7	4,807 - 6,397	6,398 – 9,733	10,713
8	5,351 - 7,122	7,123 – 10,836	11,926
9	5,895 - 7,847	7,848 – 11,938	13,139
10	6,439 - 8,572	8,573 – 13,040	14,352
Each add'l	+725  Over 157%, not over 209% FPL	+1,102  Over 209%, not over 318% FPL	+1,213  Up to 350% FPL

Program	Office #	Eligibility Determination	Case Maintenance
IL Breast & Cervical Cancer	189	Dept. of Public Health	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

**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

(09/20/16)

(WAG 25-03-02) (5)