

PROGRAM STANDARDS

GROUP I COUNTIES

# in unit	SNAP (Effective 11/13)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for Premium Level 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/13)																																			
	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 & Adult (4/13)	Share/Rebate Child (4/13)	Premium Level 1/ Rebate (4/13)	Moms & Babies (4/13)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																
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							Medical Inc Standards PM 16-06-01			*SON – Standard of Need, WAG 15-04-02-c			MSP 1 person - \$6,940 2 or more- \$10,410																																			
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(01-01-14)

(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 Premium Level 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/13)						
	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 & Adult (4/13)	Share/Rebate Child (4/13)	Premium Level 1/ Rebate (4/13)	Moms & Babies (4/13)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL			
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2	347	1681	2585	1293	222	307	307	375	1719	1720 - 1939	1940- 2585	2585	873	1293	1294- 1550	1551- 1744			
3	497	2116	3255	1628	277	417	417	508	2165	2166 - 2441	2442- 3255	3255	1184	1628	1629- 1952	1953- 2196			
4	632	2552	3925	1963	356	461	461	558	2610	2611 - 2944	2945- 3925	3925	1301	1963	1964- 2354	2355- 2648			
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Each add'l	+142	+436	+670	+335	WAG 25-03-05			+67	+446	+503	+670	+670		+335	+401	+451			
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.						FAMILY HEALTH PLANS & TANF - Resources not considered						AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50						
							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						
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PROGRAM STANDARDS

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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
Family Health Spenddown	Income greater than FamilyCare Assist standard	- (dash)

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 133% 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/FAMILYCARE SHARE, PREMIUM, AND REBATE

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

ITEM 73 FOR ALL KIDS/FAMILYCARE SHARE, PREMIUM, AND REBATE

Program	Item 73	Item 80
Share	Y	177
Share (eligible for Rebate-chose Share)	J	177
Premium	Z	177
Premium (eligible for Rebate-chose Share)	L	177
Rebate (income = or less than 150% of the FPL)	V	177
Rebate (income more than 150% of the FPL)	X	177

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

PROGRAM STANDARDS

# in unit	* All Kids Premium Level 2	HBWD (office #250)	IHW (office #190)
1	\$1,916 - 2,873	\$ 3,351	\$1,862
2	2,586 - 3,878	4,524	2585
3	3,256 - 4,883	5,696	3255
4	3,926 - 5,888	6,869	3925
5	4,596 - 6,893	8,041	4595
6	5,266 - 7,898	9,214	5265
7	5,936 - 8,903	10,386	5935
8	6,606 - 9,908	11,559	6605
9	7,611 -10,913	12,732	7275
10	8,616 -11,918	13,905	7945
Each add'l	+1,005 Over 200%, not over 300% FPL	+1,173 Up to 350% FPL	+670 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
Co-Pay for Physician Office Visit	\$0 for children; \$3.65 for adults	\$3.65	\$5 for children	\$15 for children
Monthly Premium	None	None	\$15 – 1 child \$25 – 2 children \$5 each additional	\$40 – per child
Max Monthly Premium	N/A	N/A	\$40 for 5 or more children	\$80 for 2 or more children
Max Co-Payments per Year	N/A	\$100 per family	\$100 per family	\$500 per child

(01-01-14)

(WAG 25-03-02) (5)

PROGRAM STANDARDS

MAGI Equivalent Standards for Family Health Plans and ACA Adults

MAGI equivalent standards are programmed into the IES system and are applicable to applications received on or after 10/01/13.

# in unit	All Kids Assist 147% FPL (includes 5% disregard)	All Kids Share Over 147% up to 157% FPL	All Kids Premium Level 1 Over 157% up to 209% FPL	All Kids Premium Level 2 Over 209% up to 318% FPL (includes 5% disregard)	Moms & Babies 209% FPL (includes 5% disregard)	FamilyCare and ACA Adults 138% FPL (includes 5% disregard)
1	\$1,408	\$1,409 - 1,503	\$1,504 - 2,001	\$2,002 - 3,045	\$2,001	\$1,321
2	1,900	1,901 - 2,029	2,030 - 2,701	2,702 - 4,110	2,701	1,784
3	2,392	2,393 - 2,555	2,556 - 3,401	3,402 - 5,175	3,401	2,246
4	2,885	2,886 - 3,081	3,082 - 4,102	4,103 - 6,241	4,102	2,708
5	3,377	3,378 - 3,607	3,608 - 4,802	4,803 - 7,306	4,802	3,171
6	3,870	3,871 - 4,133	4,134 - 5,502	5,503 - 8,371	5,502	3,633
7	4,362	4,363 - 4,659	4,660 - 6,202	6,203 - 9,437	6,202	4,095
8	4,855	4,856 - 5,185	5,186 - 6,902	6,903 - 10,502	6,902	4,557
9	5,347	5,348 - 5,711	5,712 - 7,602	7,603 - 11,567	7,602	5,019
10	5,839	5,840 - 6,237	6,238 - 8,302	8,303 - 12,632	8,302	5,481
Each add'l	+492	+526	+700	+1,065	+700	+462

(01-01-14)