

PROGRAM STANDARDS

GROUP I COUNTIES

# in unit	SNAP (Effective 10/14)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)																																						
	MAX Allot.	MAX Gross 130%FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only (MAGI 4/14)	Share (MAGI 4/14)	FamilyCare and ACA Adults (MAGI 4/14)	Moms & Babies (MAGI 4/14)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																			
1	194	1265	1945	973	117	243	243	283	1430	1431 – 1527	1342	-	667	973	974- 1166	1167- 1312																																			
2	357	1705	2622	1311	230	318	318	375	1927	1928 – 2058	1809	2792	873	1311	1312- 1572	1573- 1769																																			
3	511	2144	3298	1650	284	432	432	508	2424	2425 – 2589	2276	3513	1184	1649	1650- 1978	1979- 2225																																			
4	649	2584	3975	1988	365	474	474	558	2922	2923 - 3120	2743	4233	1301	1988	1989- 2384	2385- 2682																																			
5	771	3024	4652	2326	434	555	555	650	3419	3420 – 3652	3210	4954	1522	2326	2327- 2790	2791- 3139																																			
6	925	3464	5328	2665	465	623	623	733	3916	3917- 4183	3677	5675	1711	2664	2665- 3196	3197- 3596																																			
7	1022	3904	6005	3003	501	657	657	767	4414	4415- 4714	4143	6395	1803	3003	3004- 3602	3603- 4052																																			
8	1169	4344	6682	3341	536	691	691	808	4911	4912- 5245	4610	7116	1896	3341	3342- 4008	4009- 4509																																			
9	1315	4784	7359	3680	576	727	727	850	5408	5409- 5776	5077	7837	1995	3679	3680- 4414	4415- 4966																																			
10	1461	5224	8036	4019	616	765	765	900	5905	5906- 6307	5544	8558	2100	4017	4018- 4820	4821- 5423																																			
Each add'l	+146	+440	+677	+339	WAG 25-03-05			+67	+497	+531	+467	+721		+338	+406	+457																																			
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50																																					
									See WAG 25-03-02(2) for Pre-MAGI Standards for FamilyCare					MSP																																					
									Medical Inc Standards PM 16-06-01		*SON – Standard of Need, WAG 15-04-02-c				<table style="width: 100%; border: none;"> <tr><td></td><td style="text-align: center;"><u>2012</u></td><td style="text-align: center;"><u>2013</u></td></tr> <tr><td>1 person -</td><td style="text-align: right;">\$6,940</td><td style="text-align: right;">\$7,080</td></tr> <tr><td>2 or more-</td><td style="text-align: right;">\$10,410</td><td style="text-align: right;">\$10,620</td></tr> </table>			<u>2012</u>	<u>2013</u>	1 person -	\$6,940	\$7,080	2 or more-	\$10,410	\$10,620																										
	<u>2012</u>	<u>2013</u>																																																	
1 person -	\$6,940	\$7,080																																																	
2 or more-	\$10,410	\$10,620																																																	
STANDARD DEDUCTION \$151 - 1-3 people (10/14) \$161- 4 people (10/14) \$189- 5 people (10/14) \$217- 6 or more people (10/14)							MAX. SHELTER DEDUCTION \$490 (10/14)																																												
UTILITY STDS (10/14) SUP BY: No QM/QM							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs																																												
A/C Heat - \$370 (10/14) 1/5							MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL																																												
Limited Utility - \$280 (10/14) 3/7							Child under age 2 - \$200 monthly																																												
Single Utility - \$62 (10/14) 4/8							Person age 2 and over - \$175 monthly																																												
Telephone - \$32 (10/14) 0/9							MINIMUM WAGE																																												
No Standard 2/6							Federal: \$7.25 hr. (effective 07/24/09)																																												
Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF							State: \$8.25 hr. (effective 07/01/10)																																												
																<table style="width: 100%; border: none;"> <tr><td></td><td style="text-align: center;"><u>2013</u></td><td style="text-align: center;"><u>2014</u></td></tr> <tr><td>Medicare Deduction</td><td style="text-align: right;">\$104.90</td><td style="text-align: right;">\$104.90</td></tr> <tr><td>Grant Adjustment</td><td style="text-align: right;">531.90</td><td style="text-align: right;">542.90 (eff March)</td></tr> <tr><td colspan="3">SPOUSAL IMPOVERISHMENT</td></tr> <tr><td>Resources</td><td style="text-align: right;">109,560</td><td style="text-align: right;">109,560</td></tr> <tr><td>Spousal Income</td><td style="text-align: right;">2,739</td><td style="text-align: right;">2,739</td></tr> <tr><td>Family Maintenance</td><td style="text-align: right;">1,891.25</td><td style="text-align: right;">1,938.75</td></tr> <tr><td>SLF</td><td style="text-align: right;">710</td><td style="text-align: right;">721</td></tr> <tr><td>Shared Room</td><td style="text-align: right;">533</td><td style="text-align: right;">541</td></tr> <tr><td>SSI – Individual</td><td style="text-align: right;">710</td><td style="text-align: right;">721</td></tr> <tr><td>SSI – Couple</td><td style="text-align: right;">1,066</td><td style="text-align: right;">1,082</td></tr> </table>				<u>2013</u>	<u>2014</u>	Medicare Deduction	\$104.90	\$104.90	Grant Adjustment	531.90	542.90 (eff March)	SPOUSAL IMPOVERISHMENT			Resources	109,560	109,560	Spousal Income	2,739	2,739	Family Maintenance	1,891.25	1,938.75	SLF	710	721	Shared Room	533	541	SSI – Individual	710	721	SSI – Couple	1,066	1,082
	<u>2013</u>	<u>2014</u>																																																	
Medicare Deduction	\$104.90	\$104.90																																																	
Grant Adjustment	531.90	542.90 (eff March)																																																	
SPOUSAL IMPOVERISHMENT																																																			
Resources	109,560	109,560																																																	
Spousal Income	2,739	2,739																																																	
Family Maintenance	1,891.25	1,938.75																																																	
SLF	710	721																																																	
Shared Room	533	541																																																	
SSI – Individual	710	721																																																	
SSI – Couple	1,066	1,082																																																	

(10-01-14)

(WAG 25-03-02) (1)

PROGRAM STANDARDS

GROUP II COUNTIES

# in unit	SNAP (Effective 10/14)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)																																					
	MAX Allot.	MAX Gross 130%FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only (MAGI 4/14)	Share (MAGI 4/14)	FamilyCare and ACA Adults (MAGI 4/14)	Moms & Babies (MAGI 4/14)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																		
1	194	1265	1945	973	111	233	233	283	1430	1431 – 1527	1342	-	667	973	974- 1166	1167- 1312																																		
2	357	1705	2622	1311	222	307	307	375	1927	1928 – 2058	1809	2792	873	1311	1312- 1572	1573- 1769																																		
3	511	2144	3298	1650	277	417	417	508	2424	2425 – 2589	2276	3513	1184	1649	1650- 1978	1979- 2225																																		
4	649	2584	3975	1988	356	461	461	558	2922	2923 – 3120	2743	4233	1301	1988	1989- 2384	2385- 2682																																		
5	771	3024	4652	2326	422	540	540	650	3419	3420 – 3652	3210	4954	1522	2326	2327- 2790	2791- 3139																																		
6	925	3464	5328	2665	455	605	605	733	3916	3917- 4183	3677	5675	1711	2664	2665- 3196	3197- 3596																																		
7	1022	3904	6005	3003	488	638	638	767	4414	4415- 4714	4143	6395	1803	3003	3004- 3602	3603- 4052																																		
8	1169	4344	6682	3341	525	673	673	808	4911	4912- 5245	4610	7116	1896	3341	3342- 4008	4009- 4509																																		
9	1315	4784	7359	3680	562	709	709	850	5408	5409- 5776	5077	7837	1995	3679	3680- 4414	4415- 4966																																		
10	1461	5224	8036	4019	601	746	746	900	5905	5906- 6307	5544	8558	2100	4017	4018- 4820	4821- 5423																																		
Each add'l	+146	+440	+677	+339	WAG 25-03-05			+67	+497	+531	+467	+721		+335	+338	+406																																		
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL	AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50																																					
							See WAG 25-03-02(2) for Pre-MAGI Standards for FamilyCare						MSP <u>2012</u> <u>2013</u> 1 person - \$6,940 \$7,080 2 or more- \$10,410 \$10,620																																					
							Medical Inc Standards PM 16-06-01			*SON – Standard of Need, WAG 15-04-02-c			Asset Limits PM 07-02																																					
STANDARD DEDUCTION \$151 - 1-3 people (10/14) \$161 - 4 people (10/14) \$189 - 5 people (10/14) \$217 - 6 or more people (10/14)							MAX. SHELTER DEDUCTION \$490 (10/14)																																											
UTILITY STDS (10/14) SUP BY: No QM/QM A/C Heat - \$370 (10/14) 1/5 Limited Utility - \$280 (10/14) 3/7 Single Utility - 62\$ (10/14) 4/8 Telephone - \$32 (10/14) 0/9 No Standard 2/6							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs				MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly																																							
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)							<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">2013</td> <td style="text-align: center;">2014</td> </tr> <tr> <td>Medicare Deduction</td> <td style="text-align: right;">\$104.90</td> <td style="text-align: right;">\$104.90</td> </tr> <tr> <td>Grant Adjustment</td> <td style="text-align: right;">531.90</td> <td style="text-align: right;">542.90 (eff March)</td> </tr> <tr> <td>SPOUSAL IMPOVERISHMENT</td> <td></td> <td></td> </tr> <tr> <td>Resources</td> <td style="text-align: right;">109,560</td> <td style="text-align: right;">109,560</td> </tr> <tr> <td>Spousal Income</td> <td style="text-align: right;">2,739</td> <td style="text-align: right;">2,739</td> </tr> <tr> <td>Family Maintenance</td> <td style="text-align: right;">1,891.25</td> <td style="text-align: right;">1,938.75</td> </tr> <tr> <td>SLF</td> <td style="text-align: right;">710</td> <td style="text-align: right;">721</td> </tr> <tr> <td>Shared Room</td> <td style="text-align: right;">533</td> <td style="text-align: right;">541</td> </tr> <tr> <td>SSI – Individual</td> <td style="text-align: right;">710</td> <td style="text-align: right;">721</td> </tr> <tr> <td>SSI – Couple</td> <td style="text-align: right;">1,066</td> <td style="text-align: right;">1,082</td> </tr> </table>					2013	2014	Medicare Deduction	\$104.90	\$104.90	Grant Adjustment	531.90	542.90 (eff March)	SPOUSAL IMPOVERISHMENT			Resources	109,560	109,560	Spousal Income	2,739	2,739	Family Maintenance	1,891.25	1,938.75	SLF	710	721	Shared Room	533	541	SSI – Individual	710	721	SSI – Couple	1,066	1,082
	2013	2014																																																
Medicare Deduction	\$104.90	\$104.90																																																
Grant Adjustment	531.90	542.90 (eff March)																																																
SPOUSAL IMPOVERISHMENT																																																		
Resources	109,560	109,560																																																
Spousal Income	2,739	2,739																																																
Family Maintenance	1,891.25	1,938.75																																																
SLF	710	721																																																
Shared Room	533	541																																																
SSI – Individual	710	721																																																
SSI – Couple	1,066	1,082																																																

(10-01-14)

(WAG 25-03-02) (2)

PROGRAM STANDARDS

GROUP III COUNTIES

# in unit	SNAP (Effective 10/14)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/14)					
	MAX Allot.	MAX Gross 130%FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only (MAGI 4/14)	Share (MAGI 4/14)	FamilyCare and ACA Adults (MAGI 4/14)	Moms & Babies (MAGI 4/14)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL		
1	194	1265	1945	973	108	198	198	283	1430	1431 – 1527	1342	-	667	973	974- 1166	1167- 1312		
2	357	1705	2622	1311	215	294	294	375	1927	1928 – 2058	1809	2792	873	1311	1312- 1572	1573- 1769		
3	511	2144	3298	1650	271	399	399	508	2424	2425 – 2589	2276	3513	1184	1649	1650- 1978	1979- 2225		
4	649	2584	3975	1988	346	445	445	558	2922	2923 – 3120	2743	4233	1301	1988	1989- 2384	2385- 2682		
5	771	3024	4652	2326	411	519	519	650	3419	3420 – 3652	3210	4954	1522	2326	2327- 2790	2791- 3139		
6	925	3464	5328	2665	443	585	585	733	3916	3917- 4183	3677	5675	1711	2664	2665- 3196	3197- 3596		
7	1022	3904	6005	3003	474	616	616	767	4414	4415- 4714	4143	6395	1803	3003	3004- 3602	3603- 4052		
8	1169	4344	6682	3341	509	647	647	808	4911	4912- 5245	4610	7116	1896	3341	3342- 4008	4009- 4509		
9	1315	4784	7359	3680	546	683	683	850	5408	5409- 5776	5077	7837	1995	3679	3680- 4414	4415- 4966		
10	1461	5224	8036	4019	584	718	718	900	5905	5906- 6307	5544	8558	2100	4017	4018- 4820	4821- 5423		
Each add'l	+146	+440	+677	+339	WAG 25-03-05			+67	+497	+531	+467	+721		+335	+338	+406		
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50 MSP <u>2012</u> <u>2013</u> 1 person - \$6,940 \$7,080 2 or more- \$10,410 \$10,620 Asset Limits PM 07-02				
See WAG 25-03-02(2) for Pre-MAGI Standards for FamilyCare							Medical Inc Standards PM 16-06-01		*SON – Standard of Need, WAG 15-04-02-c									
STANDARD DEDUCTION \$151 - 1-3 people (10/14) \$161 - 4 people (10/14) \$189 - 5 people (10/14) \$217 - 6 or more people (10/14) UTILITY STDS (10/14) SUP BY: No QM/QM A/C Heat - \$370 (10/14) 1/5 Limited Utility - \$280 (10/14) 3/7 Single Utility - \$62 (10/14) 4/8 Telephone - \$32 (10/14) 0/9 No Standard 2/6 Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MAX. SHELTER DEDUCTION \$490 (10/14) DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs 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)											

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

PROGRAM STANDARDS

# in unit	AK Premium Level 1 (MAGI 4/14)	AK Premium Level 2 (MAGI 4/14)	HBWD (office #250)	IHW (office #190)
1	\$1,528 - 2,033	\$2,034 - 3,093	\$ 3,404	\$1,945
2	2,059 - 2,740	2,741 - 4,168	4,588	2,622
3	2,590 - 3,447	3,448 - 5,244	5,772	3,298
4	3,121 - 4,154	4,155 - 6,320	6,956	3,975
5	3,653 - 4,861	4,862 - 7,396	8,140	4,652
6	4,184 - 5,568	5,569 - 8,472	9,325	5,328
7	4,715 - 6,275	6,276 - 9,548	10,509	6,005
8	5,246 - 6,982	6,983 - 10,624	11,693	6,682
9	5,777 - 7,689	7,690 - 11,700	12,877	7,359
10	6,308 - 8,396	8,397 - 12,776	14,061	8,036
Each add'l	+707 Over 157%, not over 209% FPL	+1,076 Over 209%, not over 318% FPL	+1,184 Up to 350% FPL	+677 Up to 200% FPL

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

FAMILY HEALTH PLANS PREMIUMS AND PHYSICIAN CO-PAYS

	All Kids/FamilyCare Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2
Co-Pay for Physician Office Visit	\$0 for children; \$3.90 for adults	\$3.90	\$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

(10-01-14)

(WAG 25-03-02) (5)