

**PROGRAM STANDARDS**

**GROUP I COUNTIES**

# in unit	SNAP (Effective 10/15)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15)																																				
	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 4/15)	Share (MAGI 4/15)	FamilyCare and ACA Adults (MAGI 4/15)	Moms & Babies (MAGI 4/15)	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																	
1	194	1276	1962	981	117	243	243	283	1442	1443 – 1540	1354	-	667	981	982 – 1176	1177 – 1323																																	
2	357	1726	2655	1328	230	318	318	375	1951	1952 – 2084	1832	2828	873	1328	1329 - 1592	1593 – 1791																																	
3	511	2177	3348	1675	284	432	432	508	2461	2462 – 2628	2310	3566	1184	1674	1675 – 2008	2009 – 2259																																	
4	649	2628	4042	2021	365	474	474	558	2971	2972 – 3173	2789	4304	1301	2021	2022 - 2424	2425 – 2727																																	
5	771	3078	4735	2368	434	555	555	650	3480	3481 – 3717	3267	5043	1522	2368	2369 – 2840	2841 - 3195																																	
6	925	3529	5428	2715	465	623	623	733	3990	3991 – 4261	3746	5781	1711	2714	2715 - 3256	3257 – 3663																																	
7	1022	3980	6122	3061	501	657	657	767	4499	4500 – 4806	4224	6520	1803	3061	3062 – 3672	3673 – 4131																																	
8	1169	4430	6815	3408	536	691	691	808	5009	5010 – 5350	4702	7258	1896	3408	3409 - 4088	4089 – 4599																																	
9	1315	4881	7508	3755	576	727	727	850	5519	5520 – 5894	5180	7996	1995	3755	3756 - 4504	4505 – 5067																																	
10	1461	5332	8201	4102	616	765	765	900	6029	6030 – 6438	5658	8734	2100	4102	4103 - 4920	4921 - 5535																																	
Each add'l	+146	+451	+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 (10/15) \$148 - 1-3 people (10/15) \$161- 4 people (10/15) \$190- 5 people (10/15) \$219- 6 or more people (10/15)							MAX. SHELTER DEDUCTION \$504 (10/15)							Asset Limits PM 07-02																																			
UTILITY STDS (10/15) SUP BY: No QM/QM A/C Heat - \$364 (10/15) 1/5 Limited Utility - \$258 (10/15) 3/7 Single Utility - \$58 (10/15) 4/8 Telephone - \$27 (10/15) 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							<table border="0"> <tr><td></td><td align="right"><b>2014</b></td><td align="right"><b>2015</b></td></tr> <tr><td>Medicare Deduction</td><td align="right">\$104.90</td><td align="right">\$104.90</td></tr> <tr><td>Grant Adjustment</td><td align="right">542.90</td><td align="right">554.90 (eff March)</td></tr> <tr><td>SPOUSAL IMPOVERISHMENT</td><td></td><td></td></tr> <tr><td>Resources</td><td align="right">109,560</td><td align="right">109,560</td></tr> <tr><td>Spousal Income</td><td align="right">2,739</td><td align="right">2,739</td></tr> <tr><td>Family Maintenance</td><td align="right">1,938.75</td><td align="right">1,966.25</td></tr> <tr><td>SLF</td><td align="right">721</td><td align="right">733</td></tr> <tr><td>Shared Room</td><td align="right">541</td><td align="right">550</td></tr> <tr><td>SSI – Individual</td><td align="right">721</td><td align="right">733</td></tr> <tr><td>SSI – Couple</td><td align="right">1,082</td><td align="right">1,100</td></tr> </table>				<b>2014</b>	<b>2015</b>	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
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(10/01/15)

(WAG 25-03-02) (1)

**PROGRAM STANDARDS**

**GROUP II COUNTIES**

# in unit	SNAP (Effective 10/15)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15)																																				
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4	649	2628	4042	2021	356	461	461	558	2971	2972 – 3173	2789	4304	1301	2021	2022 - 2424	2425 – 2727																																	
5	771	3078	4735	2368	422	540	540	650	3480	3481 – 3717	3267	5043	1522	2368	2369 –2840	2841 - 3195																																	
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(10/01/15)

(WAG 25-03-02) (2)

**PROGRAM STANDARDS**

**GROUP III COUNTIES**

# in unit	SNAP (Effective 10/15)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/15)			
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10	1461	5332	8201	4102	584	718	718	900	6029	6030 – 6438	5658	8734	2100	4102	4103 - 4920	4921 - 5535
Each add'l	+146	+451	+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		
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Std Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL Child under age 2 - \$200 monthly Person age 2 and over - \$175 monthly									
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(10/01/15)

(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

(10/01/15)

(WAG 25-03-02) (4)

**PROGRAM STANDARDS**

# in unit	AK Premium Level 1  (MAGI 4/15)	AK Premium Level 2  (MAGI 4/15)	HBWD (office #250)  (4/15)
1	\$1,541 - 2,050	\$2,051 – 3,119	\$ 3,433
2	2,085 - 2,774	2,775 – 4,221	4,646
3	2,629 - 3,499	3,500 – 5,324	5,860
4	3,174 - 4,224	4,225 – 6,426	7,073
5	3,718 - 4,948	4,949 – 7,529	8,286
6	4,262 - 5,673	5,674 – 8,631	9,500
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

(10/01/15)

(WAG 25-03-02) (5)