

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							<table border="0"> <tr><td></td><td align="right">2016</td><td align="right">2017</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">554.90</td><td align="right">556.90 (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">733</td><td align="right">735</td></tr> <tr><td>SSI – Couple</td><td align="right">1,100</td><td align="right">1,103</td></tr> </table>				2016	2017	Medicare Deduction	\$104.90	\$104.90	Grant Adjustment	554.90	556.90 (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	733	735	SSI – Couple	1,100	1,103
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(01/01/17)

(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)												
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(01/01/17)

(WAG 25-03-02) (2)

PROGRAM STANDARDS

GROUP III COUNTIES

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(01/01/17)

(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

(01/01/17)

(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
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

(01/01/17)

(WAG 25-03-02) (5)