



**PROGRAM STANDARDS**

**GROUP II COUNTIES**

# in unit	SNAP (Effective 01/16)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2017) (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2017)					
	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	Share Child only	FamilyCare and ACA Adults	Moms & Babies	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	1477	1478 – 1578	1387	-	667	1005	1006 – 1205	1206 – 1356		
2	357	2203	2670	1335	222	307	307	375	1989	1990 – 2125	1868	2883	873	1353	1354 – 1623	1624 – 1826		
3	511	2772	3360	1680	277	417	417	508	2501	2502 – 2672	2348	3625	1184	1702	1703 – 2041	2042 – 2296		
4	649	3342	4050	2025	356	461	461	558	3014	3015 – 3219	2829	4367	1301	2050	2051 – 2459	2460 – 2767		
5	771	3911	4740	2370	422	540	540	650	3526	3527 – 3765	3310	5108	1522	2398	2399 – 2877	2878 – 3237		
6	925	4480	5430	2715	455	605	605	733	4038	4039 – 4312	3790	5850	1711	2747	2748 – 3295	3296 – 3707		
7	1022	5051	6122	3061	488	638	638	767	4550	4551 – 4859	4271	6592	1803	3095	3096 – 3713	3714 – 4177		
8	1169	5623	6815	3408	525	673	673	808	5062	5063 – 5406	4752	7334	1896	3443	3444 – 4131	4132 – 4648		
9	1315	6195	7508	3755	562	709	709	850	5574	5575 – 5953	5233	8076	1995	3791	3792 – 4549	4550 – 5118		
10	1461	6767	8201	4102	601	746	746	900	6086	6087 – 6500	5714	8818	2100	4139	4140 – 4967	4968 – 5588		
Each add'l	+146	+572	+693	+347	WAG 25-03-05			+67	+512	+547	+481	+742		+347	+348	+470		
	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                      2016                      2017 1 person -            \$7,280                      \$7,280 2 or more-           \$10,930                      \$11,090				
	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)  DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs								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									2016                      2017 Grant Adjustment                      554.90                      556.90 (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                      1,966.25                      2,030.00 SLF                      733                      735 Shared Room                      550                      551.50 SSI – Individual                      733                      735 SSI – Couple                      1,100                      1,103			
														Medicare Deduction varies based on date of enrollment. Check SOLQ.				

(02/15/17)

(WAG 25-03-02) (2)

**PROGRAM STANDARDS**

**GROUP III COUNTIES**

# in unit	SNAP (Effective 10/16)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2017) (see page 5 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2017)						
	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	Share Child only	FamilyCare and ACA Adults	Moms & Babies	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL			
1	194	1634	1980	990	108	198	198	283	1477	1478 – 1578	1387	-	667	1005	1006 – 1205	1206 – 1356			
2	357	2203	2670	1335	215	294	294	375	1989	1990 – 2125	1868	2883	873	1353	1354 – 1623	1624 – 1826			
3	511	2772	3360	1680	271	399	399	508	2501	2502 – 2672	2348	3625	1184	1702	1703 – 2041	2042 – 2296			
4	649	3342	4050	2025	346	445	445	558	3014	3015 – 3219	2829	4367	1301	2050	2051 – 2459	2460 – 2767			
5	771	3911	4740	2370	411	519	519	650	3526	3527 – 3765	3310	5108	1522	2398	2399 – 2877	2878 – 3237			
6	925	4480	5430	2715	443	585	585	733	4038	4039 – 4312	3790	5850	1711	2747	2748 - 3295	3296 – 3707			
7	1022	5051	6122	3061	474	616	616	767	4550	4551 – 4859	4271	6592	1803	3095	3096 – 3713	3714 – 4177			
8	1169	5623	6815	3408	509	647	647	808	5062	5063 – 5406	4752	7334	1896	3443	3444 - 4131	4132 – 4648			
9	1315	6195	7508	3755	546	683	683	850	5574	5575 – 5953	5233	8076	1995	3791	3792 - 4549	4550 – 5118			
10	1461	6767	8201	4102	584	718	718	900	6086	6087 – 6500	5714	8818	2100	4139	4140 - 4967	4968 - 5588			
Each add'l	+146	+572	+693	+347	WAG 25-03-05			+67	+512	+547	+481	+742		+347	+348	+470			
	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>2016</u> \$7,280 <u>2017</u> \$7,280 2 or more- \$10,930    \$11,090					
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							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs												
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												
							MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10)												
							Grant Adjustment                                      554.90                                      556.90 (eff March)												
							SPOUSAL IMPOVERISHMENT												
							Resources    109,560                                      109,560												
							Spousal Income                                      2,739                                      2,739												
							Family Maintenance                              1,966.25                                      2,030.00												
							SLF    733    735												
							Shared Room                                      550                                      551.50												
							SSI – Individual                                      733                                      735												
							SSI – Couple                                      1,100                                      1,103												
							Medicare Deduction varies based on date of enrollment. Check SOLQ.												

## 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	Implemented eff. April for 2017		
	AK Premium Level 1 (MAGI)	AK Premium Level 2 (MAGI)	HBWD (office #250)
1	\$1,579 - 2,100	\$2,101 – 3,196	\$ 3,518
2	2,126 - 2,828	2,829 – 4,304	4,737
3	2,673 - 3,556	3,557 – 5,411	5,956
4	3,220 - 4,285	4,286 – 6,519	7,175
5	3,766 - 5,013	5,014 – 7,627	8,394
6	4,313 - 5,741	5,742 – 8,734	9,613
7	4,860 - 6,469	6,470 – 9,842	10,833
8	5,407 –7,197	7,198 – 10,950	12,052
9	5,954 -7,925	7,926 – 12,058	13,271
10	6,501 -8,653	8,654 – 13,166	14,490
Each add'l	+728 Over 157%, not over 209% FPL	+1,108 Over 209%, not over 318% FPL	+1,219 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