

PROGRAM STANDARDS

GROUP I COUNTIES

# in unit	SNAP (Effective 10/17)				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	192	1659	2010	1005	117	243	243	283	1477	1478 – 1578	1387	-	667	1005	1006 – 1205	1206 – 1356	
2	352	2233	2707	1354	230	318	318	375	1989	1990 – 2125	1868	2883	873	1353	1354 – 1623	1624 – 1826	
3	504	2808	3403	1702	284	432	432	508	2501	2502 – 2672	2348	3625	1184	1702	1703 – 2041	2042 – 2296	
4	640	3383	4100	2050	365	474	474	558	3014	3015 – 3219	2829	4367	1301	2050	2051 – 2459	2460 – 2767	
5	760	3958	4797	2399	434	555	555	650	3526	3527 – 3765	3310	5108	1522	2398	2399 – 2877	2878 – 3237	
6	913	4532	5493	2747	465	623	623	733	4038	4039 – 4312	3790	5850	1711	2747	2748 – 3295	3296 – 3707	
7	1009	5107	6190	3095	501	657	657	767	4550	4551 – 4859	4271	6592	1803	3095	3096 – 3713	3714 – 4177	
8	1153	5682	6887	3444	536	691	691	808	5062	5063 – 5406	4752	7334	1896	3443	3444 – 4131	4132 – 4648	
9	1297	6257	7584	3793	576	727	727	850	5574	5575 – 5953	5233	8076	1995	3791	3792 – 4549	4550 – 5118	
10	1441	6832	8281	4142	616	765	765	900	6086	6087 – 6500	5714	8818	2100	4139	4140 – 4967	4968 – 5588	
Each add'l	+144	+575	+697	+349	WAG 25-03-05			+67	+512	+547	+481	+742		+348	+418	+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> \$7,390 2 or more- \$10,930 \$11,090			
STANDARD DEDUCTION (10/17) \$153 - 1-3 people (10/17) \$163- 4 people (10/17) \$192- 5 people (10/17) \$221- 6 or more people (10/17)					MAX. SHELTER DEDUCTION \$535 (10/17)										Asset Limits PM 07-02		
UTILITY STDS (10/17) SUP BY: No QM/QM A/C Heat - \$394 (10/17) 1/5 Limited Utility - \$306 (10/17) 3/7 Single Utility - \$70 (10/17) 4/8 Telephone - \$28 (10/17) 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					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.							
Strd 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)												

(09/20/17)

(WAG 25-03-02) (1)

PROGRAM STANDARDS

GROUP II COUNTIES

# in unit	SNAP (Effective 10/17)				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	192	1659	2010	1005	111	233	233	283	1477	1478 – 1578	1387	-	667	1005	1006 – 1205	1206 – 1356
2	352	2233	2707	1354	222	307	307	375	1989	1990 – 2125	1868	2883	873	1353	1354 – 1623	1624 – 1826
3	504	2808	3403	1702	277	417	417	508	2501	2502 – 2672	2348	3625	1184	1702	1703 – 2041	2042 – 2296
4	640	3383	4100	2050	356	461	461	558	3014	3015 – 3219	2829	4367	1301	2050	2051 – 2459	2460 – 2767
5	760	3958	4797	2399	422	540	540	650	3526	3527 – 3765	3310	5108	1522	2398	2399 – 2877	2878 – 3237
6	913	4532	5493	2747	455	605	605	733	4038	4039 – 4312	3790	5850	1711	2747	2748 – 3295	3296 – 3707
7	1009	5107	6190	3095	488	638	638	767	4550	4551 – 4859	4271	6592	1803	3095	3096 – 3713	3714 – 4177
8	1153	5682	6887	3444	525	673	673	808	5062	5063 – 5406	4752	7334	1896	3443	3444 – 4131	4132 – 4648
9	1297	6257	7584	3793	562	709	709	850	5574	5575 – 5953	5233	8076	1995	3791	3792 – 4549	4550 – 5118
10	1441	6832	8281	4142	601	746	746	900	6086	6087 – 6500	5714	8818	2100	4139	4140 – 4967	4968 – 5588
Each add'l	+144	+575	+697	+349	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 \$7,390 2 or more- \$10,930 \$11,090		
STANDARD DEDUCTION (10/17) \$153 - 1-3 people (10/17) \$163- 4 people (10/17) \$192- 5 people (10/17) \$221- 6 or more people (10/17)							MAX. SHELTER DEDUCTION \$535 (10/17)							Asset Limits PM 07-02		
UTILITY STDS (10/17) SUP BY: No QM/QM A/C Heat - \$394 (10/17) 1/5 Limited Utility - \$306 (10/17) 3/7 Single Utility - \$70 (10/17) 4/8 Telephone - \$28 (10/17) 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)		
Strd 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.		

(09/20/17)

(WAG 25-03-02) (2)

PROGRAM STANDARDS

GROUP III COUNTIES

# in unit	SNAP (Effective 10/17)				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	192	1659	2010	1005	108	198	198	283	1477	1478 – 1578	1387	-	667	1005	1006 – 1205	1206 – 1356	
2	352	2233	2707	1354	215	294	294	375	1989	1990 – 2125	1868	2883	873	1353	1354 – 1623	1624 – 1826	
3	504	2808	3403	1702	271	399	399	508	2501	2502 – 2672	2348	3625	1184	1702	1703 – 2041	2042 – 2296	
4	640	3383	4100	2050	346	445	445	558	3014	3015 – 3219	2829	4367	1301	2050	2051 – 2459	2460 – 2767	
5	760	3958	4797	2399	411	519	519	650	3526	3527 – 3765	3310	5108	1522	2398	2399 – 2877	2878 – 3237	
6	913	4532	5493	2747	443	585	585	733	4038	4039 – 4312	3790	5850	1711	2747	2748 - 3295	3296 – 3707	
7	1009	5107	6190	3095	474	616	616	767	4550	4551 – 4859	4271	6592	1803	3095	3096 – 3713	3714 – 4177	
8	1153	5682	6887	3444	509	647	647	808	5062	5063 – 5406	4752	7334	1896	3443	3444 - 4131	4132 – 4648	
9	1297	6257	7584	3793	546	683	683	850	5574	5575 – 5953	5233	8076	1995	3791	3792 - 4549	4550 – 5118	
10	1441	6832	8281	4142	584	718	718	900	6086	6087 – 6500	5714	8818	2100	4139	4140 - 4967	4968 - 5588	
Each add'l	+144	+575	+697	+349	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> <u>2017</u> 2 or more- \$7,280 \$7,390 \$10,930 \$11,090			
STANDARD DEDUCTION (10/17) \$153 - 1-3 people (10/17) \$163- 4 people (10/17) \$192- 5 people (10/17) \$221- 6 or more people (10/17)							MAX. SHELTER DEDUCTION \$535 (10/17)								Asset Limits PM 07-02		
UTILITY STDS (10/17) SUP BY: No QM/QM A/C Heat - \$394 (10/17) 1/5 Limited Utility - \$306 (10/17) 3/7 Single Utility - \$70 (10/17) 4/8 Telephone - \$28 (10/17) 0/9 No Standard 2/6							DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs								2016 2017 554.90 556.90 (eff March)		
Strd 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								Grant Adjustment 109,560 109,560 SPOUSAL IMPOVERISHMENT 2,739 2,739 Resources 1,966.25 2,030.00 Spousal Income 733 735 Family Maintenance 550 551.50 SLF 733 735 Shared Room 1,100 1,103 SSI – Individual SSI – Couple 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
Co-Pay for Physician Office Visit	\$0 for children; \$3.90 for adults	\$3.90	\$5 for children	\$10 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