



Family Voices of Illinois
The Arc of Illinois
Family to Family Health Information Center

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Update: Changes to Medicaid eligibility for adults age 19 and older with disabilities in Illinois.

Before the Affordable Care Act (ACA) kicked in on 1/1/14, adults in Illinois could qualify for Medicaid only if they met appropriate residency and citizenship status, were financially eligible, and:

1. Pregnant or the parent/caretaker relative of a child under age 18 (called FamilyCare or Moms and Babies)
2. Those with adjudicated disability status using the SSA criteria (referred to as SSI, or SSDI), or those whose disability has been determined by the state Client Assistance Unit (CAU), using the same criteria as SSA.
3. Seniors over age 65 (AABD or SPD) or legally blind.

With the ACA, a big change took place for uninsured, low-income adults, ages 19 - 64. For the first time ever, an adult could be determined to be eligible for Medicaid based on income and residency and citizenship status, without the additional requirement to be included in one of the above categories. **This means that many more people are eligible for Medicaid health coverage now.** Medicaid coverage also continues for people in the “old” eligibility groups listed above.

This new eligibility category is called the “new Medicaid expansion” or “ACA Adult program”. One of the “new Medicaid” components is a change to the household income counting rules, called MAGI or Modified Adjusted Gross Income. This new MAGI process takes into consideration the applicant’s tax filing status. It asks if the individual is a tax filer or claimed as a tax dependent by another member of the household.

When a person with a disability applies for Medicaid for the first time, they will initially be assessed using the MAGI budgeting rules like everyone else. This includes people who have been determined eligible for and receive SSI and those who are tax dependents. If they are income **ineligible** using MAGI, they will be reviewed again using the AABD, or Aid to the Aged, Blind, and Disabled, budgeting methodology. This methodology is applied internally by the Illinois Department of Human Services (DHS) when they get a new Medicaid application. If you or your family member with a disability is asked for family financial information during this process, it will speed up the process if you provide the information promptly. All financial information is verified by the IRS (Internal Revenue Service) and the Illinois Department of Revenue.

Several new ways to apply for Medicaid also became available last year -- applying online via the ABE or Application for Benefits Eligibility website www.abe.illinois.gov, applying in-person with Illinois Marketplace Navigators from www.getcoveredillinois.gov, and applying online at www.healthcare.gov (the Federal website).

Applying online through ABE at www.abe.illinois.gov is the preferred way to apply for Medicaid. There is no longer a need to go to your DHS Family Community Resource Center (aka “local office”) in order to apply.

Opening Medicaid enrollment to a very large group of uninsured people has been a big undertaking for the Illinois Department of Healthcare and Family Services (HFS) and DHS. These two agencies work together on the Medicaid eligibility and redetermination processes. HFS contracts with DHS to process Medicaid applications along with applications for SNAP (Food Stamps) and TANF (Temporary Assistance for Needy Families). DHS has “local offices” called Family Community Resource Centers (FCRC). Fortunately, people no longer need to go to their FCRC to apply for Medicaid. They can now apply online through ABE. HFS does not have local offices to serve the public, only administrative offices in Springfield and Chicago.

As all of these new options for health insurance became available, HFS and DHS worked to develop new methods to handle the large number of applications, including getting a new computerized system up and running and hiring and training many new staff members. Understandably, there were a few glitches. Some people who were already getting SSI mistakenly had the MAGI rules applied to them during their annual redeterminations (“redes”) and were denied Medicaid. Fortunately, that rarely happens at the current time. A big thank you to our friends at HFS and DHS for all of their efforts in making this process run as smoothly as possible.

Household financial information should **not** be requested for an individual who is already receiving SSI for Medicaid Redeterminations. DHS now has two different redetermination forms: the MAGI form for the general population of enrollees, and the non-MAGI form for people who receive Social Security benefits or are “determined to be disabled”.

It is important to remember the following information about the rede process:

- a. Redeterminations for Medicaid eligibility are required yearly.
- b. DHS will do as many redes as possible electronically, without any action required on the part of the enrollee, if they have enough information about this person available. **Do not worry if you do not get a rede letter.**
- c. IF DHS does not have enough information to do someone’s rede automatically, then they will send the person a letter and a rede form in the mail. **If you get a rede letter, you must fill it out completely and mail it back before the deadline stated in your letter.**

As always, if you have any questions or need more information, please call the Family to Family Health Information Center at 866-931-1110 or our Illinois Life Span Project at 800-588-7002.