



**LEGAL AID
CHICAGO**

Medicaid in a Post Pandemic World

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LEGAL AID CHICAGO

EQUAL JUSTICE STARTS HERE

Legal Aid Chicago is a private non-profit that provides **free** civil legal services to people with limited income* in Cook County, securing their rights to economic stability, affordable housing, personal safety, fair working conditions, and basic healthcare.

* No financial eligibility requirements for seniors or victims of domestic or sexual violence; higher income limits for certain populations or legal issues, including veterans, people living with HIV, and others.



Children & Families



Consumer



Public Benefits



**Criminal Records
Relief**



Long-Term Care



**Immigrants & Workers'
Rights**



Housing

MY GOAL IS HELP YOU HELP YOUR CLIENTS OVERCOME THESE BARRIERS:

By the end of this training, I hope you can answer these questions:

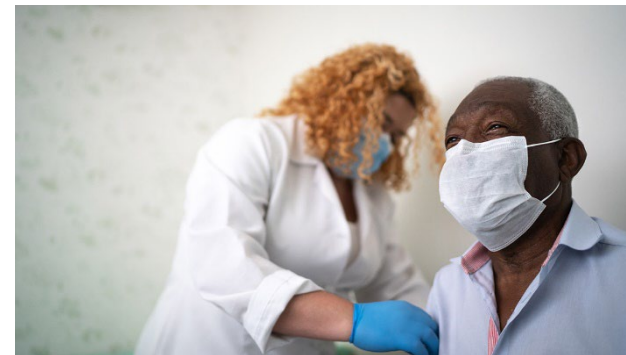
- What changes are happening to Medicaid this year?
- How can I help my clients handle common problems related to end of pandemic protections?

END OF PANDEMIC PROTECTIONS FOR MEDICAID

Medicaid is a joint federal-state programs.

During the pandemic, the federal government let each state give recipients extra benefits and greater flexibility so low-income families could afford medical care during the pandemic. Many of these protections and flexibilities are ending soon.

But there are things your clients can do to protect their benefits!



MEDICAID

Redeterminations Resuming

- During the pandemic, Illinois was not supposed to terminate Medicaid benefits unless someone died or asked for the benefits to stop.
 - For people in Medicaid Spend-down, if they met one month of Spenddown during the pandemic, they kept Medicaid coverage without having to meet the Spenddown again.
- In mid-2023, redeterminations resumed
 - SNAP beneficiaries are renewed when they go through the SNAP redetermination process
 - 30-40% of Medicaid recipients are renewed *ex parte*
- Date of renewal will be their “regular” renewal date
 - Redetermination Application/Verification checklist
 - Notice of Decision

End of Certification Period	Rede Due Date Printed on Notice	Case Closure Date: Form B not received	First day of Coverage Loss	Last day to return rede: potential reinstatement
06/30/2023	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023

Source: Illinois HFS

MEDICAID

Resource Limit Resuming for Aged Blind and Disabled Medicaid

- During the pandemic, Illinois did not consider someone's resources when determining eligibility for any Medicaid or Medicare Savings Program benefit
- In May, "regular" resource limits resumed

What is the resource limit?

- \$17,500 (note that this is significantly higher than the resource limit pre-pandemic)

Does the resource limit apply to all Medicaid programs?

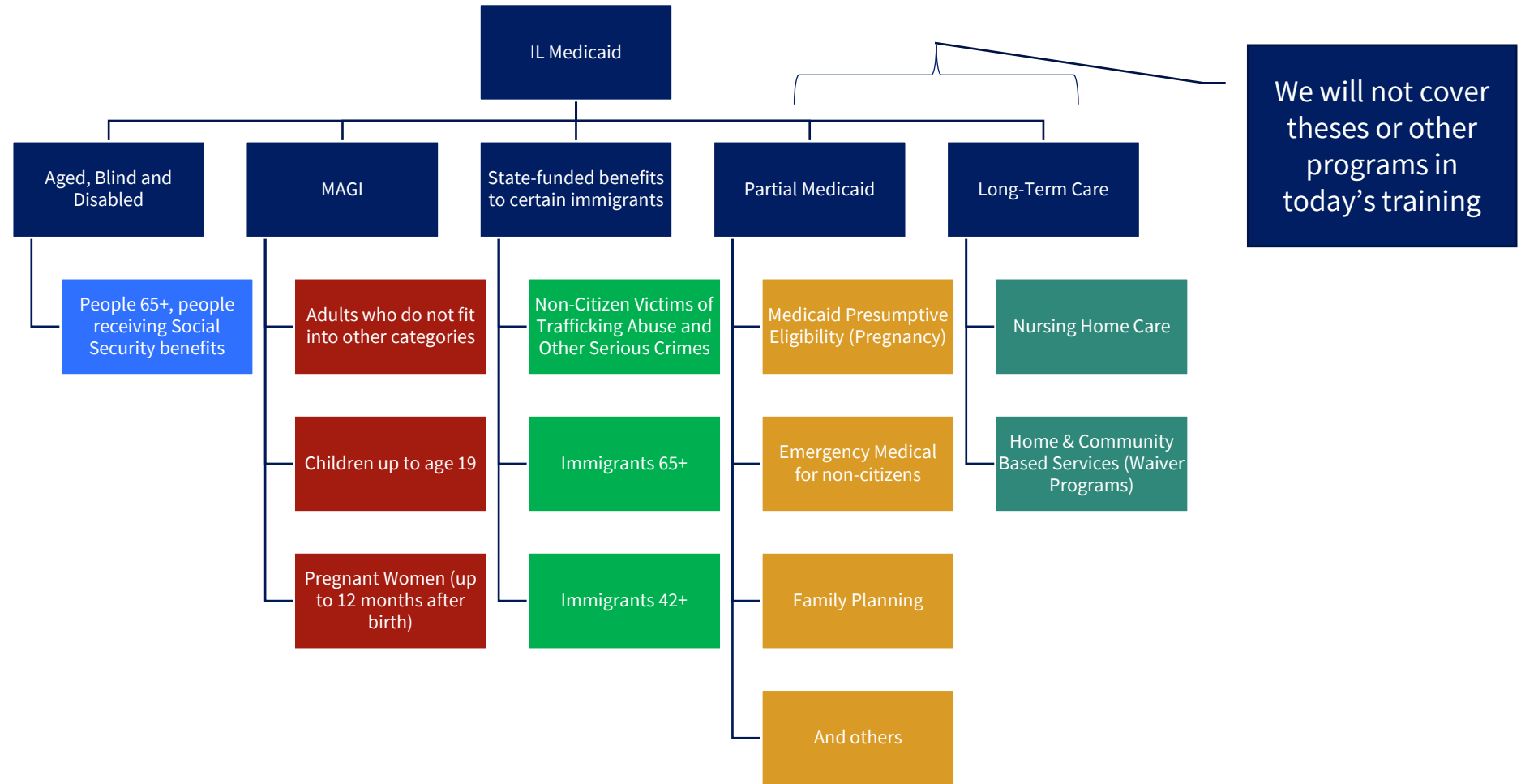
- NO! The asset limit only applies to people in certain programs – those designed to meet the needs of the elderly and people with disabilities, as well as immigrants who don't qualify for federally-funded Medicaid programs

What can I do to keep Medicaid coverage if I have countable resources over the resource limit?

- Spend-Down Medicaid
- Convert countable resources into exempt resources
- Spend-Down resources on other expenses – but be careful if you might need nursing home care in the next five years



WHAT IS ILLINOIS MEDICAID?



AGED BLIND AND DISABLED

Who?

- Receiving Social Security or Railroad benefits based on disability or blindness, or
- Denied Social Security benefits based on income but otherwise meeting Social Security's definition for disability or blindness, or
- Over 65 years old

Citizenship/Immigration

- US Citizens
- Refugees, Asylees
- Legal Permanent Residents (5 year wait)
- VAWA applicants (5 year wait)
- Some immigrants from Cuba, Haiti, Vietnam, Iraq, and Afghanistan
- Others listed in IDHS PM 03-01-02

Household

Applicant, their spouse, and dependent minor children who live together

Income Limit*

100% FPL (2023 limits below)

1	\$1,215
2	\$1,643
4	\$2,500

Asset Limit*

1	\$17,500
2	\$17,500
4	\$17,500

AGED BLIND AND DISABLED INCOME/ASSETS

Income Limit*

100% FPL (2023 limits below)

1	\$1,215
2	\$1,643
4	\$2,500

Common Exceptions:

- Self-Employment expenses
- Reasonable and necessary rental expenses
- Certain deductions from earned income
- SSI lump sum payments
- Income In-Kind

Can “spend-down” if over income

Asset Limit*

1	\$17,500
2	\$17,500
4	\$17,500

Common Exceptions:

- Homestead property
- Vehicle if needed for employment, medical transportation, or transportation for daily essentials
- Personal effects and household goods of less than \$2000
- Wedding and engagement rings

Can “spend-down” if over asset

AGED BLIND AND DISABLED SPENDDOWN

If someone meets other requirements for Aged, Blind, Disabled Medicaid but is over-income and/or over-asset, they can “spenddown” the amount they are over-income or over-asset. Medicaid enrollment begins on the day the spenddown is met.

Spenddown Amount = Amount the person is over-income or over-asset. Spenddown is met by providing medical bills or receipts for eligible medical expenses to the FCRC equal to the monthly spenddown amount (unless in Pay-in Spenddown).

- Can include medical bills received within the last six months.
- Bills can only be used to meet Spenddown once.
- Bills do not have to be paid but Medicaid will not cover bills used to meet Spenddown.

Common Expenses used to meet Spenddown

- Medicare or medical insurance premiums
- Deductibles, coinsurances or copayments
- Medical transportation (24 cents/mile in their own car or actual costs of other forms of transportation)
- Over the counter drugs or items, if prescribed by a physician

MAGI (1) ADULTS

Who?

- Adults 18-64 years old and
- Not receiving Medicare

Citizenship/Immigration

- US Citizens
- Refugees, Asylees
- Legal Permanent Residents (5 year wait)
- VAWA applicants (5 year wait)
- Some immigrants from Cuba, Haiti, Vietnam, Iraq, and Afghanistan
- Others listed in IDHS PM 03-01-02

Household

- Based on tax filing status
- If the applicant will not file taxes and will not be claimed as an independent on someone else's taxes, then: individual + spouse + children/step-children under age 19 who live together

Income Limit***

138% FPL (2023 limits below)

1	\$1,677
2	\$2,268
4	\$3,450

Asset Limit

1	none
2	none
4	none

MAGI (2) CHILDREN

Who?

- Children up to 19 years of age

Citizenship/Immigration

- None

Household

- Based on tax filing status
- If the applicant will not file taxes and will not be claimed as an independent on someone else's taxes, then: individual + spouse + children/step-children under age 19 who live together

Income Limit***

318% FPL (2023 limits below)

1	\$3,864
2	\$5,226
4	\$6,588

Asset Limit

1	none
2	none
4	none

MAGI (3) MOMS AND BABIES

Who?

- Pregnant or up to 12 months post-partum or
- Infant under 1 year old born to a woman receiving Medicaid or
- Infant under 1 born to a woman who was approved for Medicaid back to the month of the infant's birth

Citizenship/Immigration

- None

Household

- Based on tax filing status
- If the applicant will not file taxes and will not be claimed as an independent on someone else's taxes, then: individual + spouse + children/step-children under age 19 who live together
- Fetus is treated as a household member when determining relevant income limit

Income Limit***

213% FPL (2023 limits below)

1	n/a
2	\$3,500
4	\$5,325

Asset Limit

1	none
2	none
4	none

MAGI INCOME LIMITS

Income Limit*** 213% FPL (2023 limits below)			
	Adults 19-64	Children up to 19	Moms and Babies
1	\$1,677	\$3,864	n/a
2	\$2,268	\$5,226	\$3,500
4	\$3,450	\$6,588	\$5,325

How Income is determined:

- Income counting rules are based on IRS income counting method with some modifications (adding in certain non-taxable income)
- Common Exempt income includes: Child Support paid, gifts/inheritances, SSI, workers compensation, VA benefits
- Common income deductions: pre-tax deductions, student loan interest paid (limited), tuition and fees (limited), contributions to an IRA or qualified Health Savings Account

NON-CITIZEN VICTIMS OF TRAFFICKING ABUSE AND OTHER SERIOUS CRIMES

Who?

- Ineligible for other Medicaid programs AND
- Preparing to apply for or has applied for (but has not received a response to) an application for asylum or a T-Visa
- Preparing to apply for, has applied for or has received a U-Visa – until application for U-Visa is denied or individual becomes eligible for other Medicaid programs

Household

Applicant, their spouse, and dependent minor children who live together

Income Limit*

100% FPL (2023 limits below)

1	\$1,215
2	\$1,643
4	\$2,500

Asset Limit*

1	\$17,500
2	\$17,500
4	\$17,500

HEALTH BENEFITS FOR IMMIGRANT SENIORS

Enrollment
in program
currently
paused

Who?

- Ineligible for other Medicaid programs AND
- 65 years or older

Household

Applicant, their spouse, and dependent minor children who live together

Income Limit*

100% FPL (2023 limits below)

1	\$1,215
2	\$1,643
4	\$2,500

Asset Limit*

1	\$17,500
2	\$17,500
4	\$17,500

HEALTH BENEFITS FOR IMMIGRANT ADULTS

Enrollment
in program
currently
paused

Who?

- Ineligible for other Medicaid programs AND
- 42-64 years old

Household

- Based on tax filing status
- If the applicant will not file taxes and will not be claimed as an independent on someone else's taxes, then: individual + spouse + children/step-children under age 19 who live together

Income Limit

138% FPL (2023 limits below)

1	\$1,677
2	\$2,268
4	\$3,450

Asset Limit

1	none
2	none
4	none



MEDICAID

Who Qualifies (non-exclusive list)	Income Limits (2023)	Asset Limit	Other
US citizens and most LPRs under 65 years old; and (noncitizens 42-64 years old*)	138% FPL \$1,677 for an individual \$3,450 for a family of 4	None	
Children	318% FPL \$3,864 for an individual \$7,950 for a family of 4	none	
Medicare beneficiaries; US citizens and most LPRs over 65 years old; (noncitizens 65+**); Non-Citizen victims of trafficking, torture or other serious crimes	100% FPL \$1,215 for an individual \$2,500 for a family of 4	\$17,500	Can spenddown excess income/assets to become eligible for Medicaid
Medicare beneficiaries; US citizens and most LPRs under 65 years old	None	None	
Pregnant Women and their babies (until baby is 12 months old)	213% FPL \$3500 for a family of 2 \$5,325 for a family of 4	None	

*Earlier this year, IL paused new enrollments for noncitizens 42-64 in this category.

** IL will pause new enrollments for noncitizens 65+ in this category starting November 5, 2023.

WHAT CAN YOU DO TO PROTECT YOUR OR YOUR CLIENT'S MEDICAID?

Help ensure clients receive and read notices

- Update address with DHS
- Recommend clients sign up for text messaging
- Remind clients that they need to open and read notices as soon as they receive them

Pay special attention to notices where DHS asks for responses

- Notice of Decision
- Interview
- Verification Check List
- Redetermination Application

Review and document assets

- Ensure clients have access to proof of assets
- Review assets to determine if they can and want to make purchases or investments that will protect Medicaid eligibility

UPDATING ADDRESSES

- @ local FCRC
- Call DHS Help Line: 1-800-843-6154
- For Medicaid only: <https://www2.illinois.gov/hfs/MedicalClients/Pages/addresschange.aspx>
- Manage My Case in ABE <https://abe.illinois.gov/>

time to renew your benefits. Click "Manage My Case" below, log in or create your account, and update your contact information. Or call the ABE hotline at 1-800-843-6154.
for more information see [IDHS: SNAP Emergency Allotment \(EA\) Availability](#)
customer safety, you are encouraged to use the State's online and phone services.

in Illinois
manage your assistance benefits.

[Apply for Benefits](#) [Manage My Case](#)

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in: [redacted] | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello [redacted] You are logged in.

Case Selection
Please click on the 'Click Here to Report Changes' link for the case you would like to report changes on through ABE

Case #	Case Status	Report Changes?
[redacted]	Approved	Click Here To Report Changes
[redacted]	Terminated	Click Here To Report Changes

Official Site of The State of Illinois

[Privacy Statement](#) [HFS Home](#) [DHS Home](#) [HFS Forms](#) [HFS Brochures](#) [DHS Forms](#) [DHS Brochures](#)
[Frequently Asked questions \(FAQ\)](#) [Contact Us](#) [Satisfaction Survey](#)

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print Logged in: [redacted] | Logout

[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello [redacted] are logged in.

Case Summary **Benefit Details** **Contact Information** **Account Management**

Your Contact Information
This page lets you know how to get in touch with someone about your case. If you have technical difficulties using this website, please [click here](#).

Your Mailing Address and Phone Number
This is the mailing address and phone number we have on file for you. If we have the wrong information, [report a change in address or phone](#).

[redacted]
CHICAGO, IL
60657
Cook
Home Phone : [redacted]
Work Phone : [redacted] Ext : [redacted]
Cell Phone : [redacted]
Alternate Ph : [redacted]
Phone for Text Reminders - Cell Phone
Email [redacted]

SIGNING UP FOR TEXT ALERTS

Manage My Case in ABE <https://abe.illinois.gov/>

ABE APPLICATION FOR BENEFITS ELIGIBILITY | Help | Print | Logged in: chauhandevsh2022 | Logout

| Am I Eligible? | Apply For Benefits | Manage My Case | Appeals |

Hello [redacted] are logged in.

Case Summary | **Benefit Details** | **Contact Information** | **Account Management**

Manage Your Account

This page will help you manage your ABE account.

If you would like to change your password, go to the [New Password Page](#). To create a new password, you will need to provide your user ID, date of birth and Individual ID or Social Security number. You will also need the answers to the secret questions you answered when you first created your account. Your Individual ID Can be found on notices sent to you, or by clicking on the Contact Information Tab above.

Manage Your Communication Preferences

This page will help you manage your ABE communication preferences, such as going paperless with your notices and receiving email or text message alerts when new notices are sent to you.

If you would like to change your communication preferences, go to the [Manage your Communication Preferences page.](#)

Household Member Account Access

We have listed all of the people who have created ABE accounts. As the primary account holder, you can grant or remove access to your case information for members of your household. If there are any household members who are not listed below and would like access to your case information, they must first create an ABE account. Once they have done so, the primary account holder will need to grant access. Click on the Manage Household Access button to do so.

ABE APPLICATION FOR BENEFITS ELIGIBILITY | Help | Print | Logged in: [redacted] | Logout

| Am I Eligible? | Apply For Benefits | Manage My Case | Appeals |

Hello [redacted] logged in.

Manage Your Communication Preferences

This page will help you manage how you want to receive information from the State of Illinois.

If you experience technical problems while using the site, [Report Technical Difficulties](#).

Manage My Case Communication Preferences (Optional)

As the Primary Account Holder, you may choose how you would like to receive notices. You will automatically receive paper notices at the case address on file and electronic notices in your Manage My Case account. To stop receiving paper notices, select the Electronic Only option for your Preferred Delivery Method.

Preferred Delivery Method: Paper and Electronic Electronic Only

Congrats for going green!!

You may choose to receive alerts when the State of Illinois sends notices to you. Please choose your preferred method of receiving these alerts. You may choose to receive alerts when the State of Illinois sends you notices. Please choose a Notice Alert type

Notice Alert : Email Email And Text Message I do not want to receive alerts.

E-mail Address

Confirm E-mail Address

Cell Phone Carrier

Cell Phone Number

Standard fees may apply from your mobile service provider.

WHERE TO FIND NOTICES & DEADLINES

- Call 1 (855) 828-4995 with client's recipient ID number (RIN).
Using numeric keys, input dates to verify eligibility for each month.
- Manage My Case in ABE <https://abe.illinois.gov/>
- Notices to the client

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Am I Eligible? | Apply For Benefits | Manage My Case | Appeals

Case Summary | Benefit Details | Contact Information | Account Management

What is the status of my Healthcare Coverage Program benefits?

Here is a summary of the benefits you have requested or are receiving. If "Click Here For Details" appears, you can click on this link to view more details about your healthcare benefits. If you recently applied for benefits, the status of your application is shown. This information is current as of February 23, 2023 00:56 AM

Who	Which Benefit?	Description	Summary
[Redacted]	FamilyCare	In February 2023, [Redacted] is getting FamilyCare.	Click Here for Details
[Redacted]	All Kids Assist	In February 2023, [Redacted] is getting All Kids Assist.	Click Here for Details

Other Benefits

Click on an icon below to see a summary of other benefits you have requested or are receiving

Cash Assistance Program | Food Assistance Program | Medicare Savings Program

Back To Manage My Case

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Am I Eligible? | Apply For Benefits | Manage My Case | Appeals

Case Summary | Benefit Details | Contact Information | Account Management

Healthcare Coverage

Medicaid is a Health Care Coverage program to pay for Medical Services. This page tells you more about Healthcare Coverage.

Keep in mind that whenever your benefits change, you should get a notice via your preferred method of communication telling you about the change. This notice will also let you know your rights if you feel the change has been made in error.

We are showing you Healthcare Coverage eligibility information as of February 2023.

We also have information to show you for other months:

- View your benefits from December 2022
- View your benefits from January 2023
- View your benefits from March 2023

Benefit Details

You have All Kids Assist coverage.

Your coverage started on March 2020.

Your next medical redetermination must be completed by March 2024. In the meantime, you must continue to report changes.

View or print [Redacted] available notices.

View your approval [Redacted] were determined

MCO Plan Name: Aetna Better Health MMCP

Your MCO Plan contact phone number is 866-329-4701. Visit your MCO Plan website.

MCO Plan Anniversary Date: December 1, 2022 (You can switch plans 60 days before this date)

View your notices for more information about what was requested.

WHERE TO FIND NOTICES & DEADLINES

ABE APPLICATION FOR BENEFITS ELIGIBILITY

Help | Print | Logged in as [redacted] | Log out






[Am I Eligible?](#) | [Apply For Benefits](#) | [Manage My Case](#) | [Appeals](#)

Hello, [redacted] you are logged in.

What are my available notices?

Here is a list of the notices that have been sent to you in the last 12 months. You may click on the PDF icon to view the details. This information is current as of **January 31, 2023 00:57 AM**.

[Upload documents](#)

Name	Date of Notice	Notice Name	Additional Documents	Notice	Action Needed?
[redacted]	December 10, 2022	IL444-360C Notice of Decision			No
[redacted]	August 4, 2022	IL444-360C Notice of Decision	HFS 469 Medical Card		No
[redacted]	July 18, 2022	IL444-0267T Appointment Notice			Yes
[redacted]	June 30, 2022	IL444-1893 Redetermination Application	IL444.4474 Guide to DHS Services IL444.4765B Verifications R-19 Voter Registration		Yes
[redacted]	June 17, 2022	IL444-360C Notice of Decision			No

Notice of Decision

Appointment Notice

Redetermination

Click on image to download a pdf of the notice



State of Illinois
 Department of Human Services
 Department of Healthcare and Family Services

Date of Notice: August 29, 2023
 Case Number: [REDACTED]
 Client Name: [REDACTED]
 Individual ID: [REDACTED]
 Office Name: MID SOUTH FCRC
 Office Address: 1642 W 59TH ST
 CHICAGO, IL 60636

Date of Notice

Your application for **Medical Benefits** filed on May 19, 2023 is **approved** for at least one person. For information about who is approved, and the benefits and months covered, read the Medical Benefits section of this notice.

Make sure notice includes all household members and that start of ongoing coverage is satisfactory

Notice does not indicate when redetermination might be due

The person(s) listed in the table below have been **approved** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[REDACTED]	[REDACTED]	[REDACTED]	ACA Adult	Oct 01, 2023

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[REDACTED]	[REDACTED]	[REDACTED]	ACA Adult	Feb 01, 2023 - Sep 30, 2023

Some notices also include previous dates of coverage but most do not

SUBMITTING REDETERMINATION APPLICATION

In order of how highly we recommend using this method:



Manage My Case at abe.Illinois.gov

Fax Redetermination form to 1-844-736-3563

Mail to PO Box 19138; Springfield, IL 62763 (return receipt, if possible)

In person at the FCRC processing the case

By phone at (800) 843-6154

WHAT IF MY MEDICAID IS TERMINATED

- Review reason for termination to see if you agree with WHY DHS terminated your medical benefits. The reason should be listed in the notice.
- If DHS was wrong, you have two options to protect your Medicaid coverage (you can do one or both):

	Pros	Cons
Appeal DHS's decision	<ul style="list-style-type: none">• Full reversal of benefits can get Medicaid reinstated all the way back to the termination date• Can request continuing benefits while you are waiting for DHS to resolve your appeal	<ul style="list-style-type: none">• Deadline to file is 60 days after the date on the Notice of Decision. After 60 days, you might lose your right to argue that DHS's decision was incorrect.• Timeframe to resolve the matter can range from 10 days to several months
File a new application	<ul style="list-style-type: none">• Can request up to 3 months of retroactive coverage. You must request it in the application.	<ul style="list-style-type: none">• Can take up to 60 days to get a new decision• While your application is pending, you do not have medical benefits

- If DHS's decision was correct, file a new application. Request up to 3 months of retroactive coverage in your application if needed.


QUESTIONS?

Gwynne Mashon

gmashon@legalaidchicago.org

DOES MEDICAID PAY FOR YOUR MEDICARE PREMIUM?

2023 income standards	Part B Premium Only	Part B + Part A + Assistance with Deductible, CoPays, and other out of pocket costs
	100-135% FPL	100% FPL
1	\$1,216-\$1,639	<\$1,216
2	\$1,644 - \$2,218	<\$1,644



APPLICATION FOR BENEFITS ELIGIBILITY

[Help](#) | [Print](#)

Logged in: gwynnetest | [Logout](#)

Apply for Coverage

Start

People

Liquid Resources

Other Resources

Job Income

Other Income

Housing Bills

Other Bills

Finish

Submit

Apply for Benefits

Please select Yes or No for each benefit option below

🍴 * Apply for SNAP (Supplemental Nutrition Assistance Program)? Yes No

SNAP (Supplemental Nutrition Assistance Program) helps people and families buy food they need for good health. This program used to be called Food Stamps. [More about SNAP.](#)

🏥 * Apply for Healthcare Coverage? Yes No

Provides access to healthcare benefits to people of all ages in Illinois. [More about healthcare coverage.](#)

If you do not qualify for HFS medical programs, we will send your information to the federal Health Insurance Marketplace. The Marketplace will contact you to complete the application process by reviewing available tax credits and choosing and enrolling in a health plan.

👪 * Apply for Family Planning Program? Yes No

* The Illinois Family Planning Program is a partial-benefit program that offers coverage for family planning and related services for men and women. **Select this option to apply for the Family Planning services only.** [More about Family Planning Program.](#)


💰 * Apply for Cash Assistance? Yes No

Helps pay for food, shelter, utilities, and expenses other than medical costs. A small amount of [Cash Assistance](#) is available to people who qualify.

If you apply for Cash Assistance, you will automatically apply for Healthcare coverage.

🏠 * Apply for Medicare Savings Program? Yes No

Helps people on Medicare pay for premiums, deductibles, and co-insurance charges. [More information about the Medicare Savings Program](#)



QUALIFYING FOR MEDICARE AND MEDICAID

Who qualifies	Covers	Monthly Costs (2023)	How to apply online	How to apply by phone
<p>People 65 years old or older</p> <p>Receiving Social Security Disability (2 year waiting period)</p> <p>End-state Renal Disease ALS (Lou Gehrig's Disease)</p>	<p>Part A: Hospital</p> <p>Part B: Doctor's Visits</p> <p>Part C: Combined Parts A and B (and D), provided through a private insurance company</p> <p>Part D: Prescriptions</p>	<p>Part A: up to \$506; free to most</p> <p>Part B: \$165-560</p> <p>Part C: Combined Parts A and B (and D), average in IL is regular Medicare premiums + \$71</p> <p>Part D: Plan Premium + \$12-76</p>	<p>https://secure.ssa.gov/iClaim/rib</p>	<p>Apply through the Social Security Administration</p>

QUALIFYING FOR MEDICARE AND MEDICAID

Income Limit*

100% FPL (2023 limits below)

1	\$1,215
2	\$1,643
4	\$2,500

Asset Limit*

1	\$17,500
2	\$17,500
4	\$17,500

- The Medicare-Medicaid Alignment Initiative (MMAI) demonstration project provides coordinated medical care to seniors and to persons with a disability who receive both Medicaid and Medicare.

- Persons who choose to enroll in the MMAI program will keep getting their Medicare and Medicaid benefits.

- There is different Managed Care Organization (MCO) plans to choose from under MMAI depending on where you live.

<https://www.dhs.state.il.us/page.aspx?item=69036>

IF A PERSON IS NOT ELIGIBLE DUE TO INCOME LIMIT IS THERE A DIRECT PERSON(S) WITH DHS WHO WILL ASSIST THEM WITH APPLYING FOR THE MARKET PLACE HEALTH INSURANCE (AFFORDABLE CARE ACT INSURANCE).

<https://localhelp.healthcare.gov/>

WHAT OTHER BENEFITS WOULD A MEDICAID PARTICIPANT BE ELIGIBLE FOR?



Food Assistance



Medical Assistance



Cash Assistance for Low-Income Families



Cash Assistance for Elderly and People with Disabilities



Cash Assistance for Non-Citizen Victims of Trafficking, Torture, or Other Serious Crimes



Women, Infants, and Children (WIC): <https://www.dhs.state.il.us/page.aspx?item=30513>

ARE THERE MEDICAID RESOURCES AVAILABLE FOR THE NEW ARRIVALS TO CHICAGO LAND AND SURROUNDING AREAS?



VTTC



Federally-Qualified Health Centers (FQHCs)
<https://findahealthcenter.hrsa.gov/>