PO 105.5: Medical Programs

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Medical programs for persons who do not receive cash are called Family Health Plans (FHP), AABD Medical, RRA Medical and BCC. Persons who meet the rules to qualify for TANF, AABD Cash, or RRA Cash, but either have enough income to meet basic needs or do not wish to apply for cash assistance, qualify for medical.

For Medical Program Income Standards and Guidelines see **PR-105 Attachment II**.

a. Family Health Plans (FHP)

Children under age 19, caretaker relatives who live with them, pregnant women and their spouses may qualify for FHP. FHPs include Family Assist, All Kids/FamilyCare Assist, Moms & Babies, All Kids/FamilyCare Share, All Kids/FamilyCare Premium Level 1, All Kids Premium Levels 2 - 8, All Kids/FamilyCare Rebate and Family Health Spenddown.

Family Assist, All Kids/FamilyCare Assist, Moms & Babies, All Kids/FamilyCare Share, All Kids/FamilyCare Premium Level 1, All Kids Premium Levels 2 - 7 and All Kids/FamilyCare Rebate have countable income that is equal to or less than the appropriate income standards. There is no maximum income limit for All Kids Premium Level 8 cases. FHPs do not have an asset limit.

All Kids Premium Levels 2 - 8 are for children who do not have health insurance. Children and caretaker relatives who do not qualify for FHP due to income or insurance status, or who need help to pay medical expenses, may qualify for Family Health Spenddown.

Persons who are covered under a FHP, other than All Kids/FamilyCare Rebate, receive a white or yellow All Kids/FamilyCare/Moms & Babies medical identification card. Rebate clients do not get a medical card because the Department does not pay for any medical services they receive.

The medical card lists each eligible person. When someone needs medical service, they show the medical card to the doctor, hospital, drug store, clinic, etc. A medical provider who is approved to participate in the medical program has agreed to accept payment from the Department of Healthcare and Family Services (HFS) and send the bill to HFS.

b. Aid to the Aged, Blind and Disabled (AABD) Medical

An aged, blind, or disabled person may qualify for AABD Medical whether living in the community or in a long term care (LTC) or supportive living facility (SLF).

Regular AABD community medical cases have countable income and assets that are equal to or less than the AABD Medical Community Income and Asset Standard. If their countable monthly income

and assets are over the Standard, they may qualify for the Spenddown Program.

For LTC and SLF cases, the person's countable income and nonexempt assets are compared to the cost of care to determine if the case is regular or spenddown.

AABD Medical clients get a monthly MediPlan Card. The MediPlan card lists each eligible person and works the same way as the All Kids/FamilyCare/Moms & Babies medical identification card described above.

c. People Helped Through Medical Programs

Persons Covered	Category and Case Type
Children living with a relative other than their parent.	The category designator for these representative payee (RPY) cases is 94.
Children living with a parent who receives SSI.	The category designator for these RPY cases is 94.
Children and no more than 2 related adults. This includes children living with a parent(s) who is ineligible.	The category designator for the child and parents' case is 96 if both of the child's parents are in the home and able to work. The category designator is 94 for all other cases. This can be an RPY case if the parent(s) or caretaker relative(s) is not eligible.
A pregnant woman of any age with no eligible children and, if married, her husband who lives with her.	The category designator is 96 if the woman and her husband are both able to work. It is 94 for all other cases.
A person 18 or under who does not live with a caretaker relative. Some of these children are Wards of the Court who were removed from their homes by the Circuit Court. These children live in foster care homes, or in detention, treatment, or group living facilities.	These are called Ribicoff, or 94R, cases. The category designator is 94 and the letter R is in the first position of the basic number for these cases.
Foster care/subsidized adoption care children from other states who live in Illinois.	The category designator is 94. DHS FCRCs do not handle these cases. The Bureau of Local Office Transaction & Support Service, Springfield, approves and maintains them.
Foster care/adoption care cases administered by the Illinois Department of Children and Family Services (DCFS).	The category designator is 98.
The child(ren) of a child receiving an adoption assistance subsidy through DCFS is eligible as a newborn up to age one based on the mother's receipt of Medicaid under category 98.	The category designator for these RPY cases is 94. After one year, they have to be a regular 94 or 96 case.
The child(ren) of a child in a subsidized guardianship program through DCFS is eligible as a newborn up to age one based on the mother's receipt of Medicaid under category 98.	The category designator for these RPY cases is 94. After that, they have to be a regular 94 or 96 case.
A person who is at least 65 years old and has enough income to meet basic needs.	The category designator is 91 (aged).
A person who meets the SSA definition of blind or disabled and who has enough income to meet basic needs.	The category designator is 92 (blind) or 93 (disabled).

A person who meets the SSA definition of disabled, and is employed, receives benefits through the Health Benefits for Workers with Disabilities (HBWD) program administered by the central HBWD Unit.	The category designator is 93 with local office number 250
A person who needs treatment for breast or cervical cancer or a precancerous condition receives benefits through the Health Benefits for Persons with Breast or Cervical Cancer (BCC) program administered by the central BCC Unit.	The category designator is 93 with local office number 189.
A person who lives in an approved long-term care facility.	The category designator is 91 (aged), 92 (blind), or 93 (disabled).
A person who meets basic rules for RRA and who has enough income to meet basic needs.	The category designator is 90.
A person who has an application for asylum pending with the U.S. Bureau of Citizenship and Immigration Services (BCIS), or who receives services from a federally funded torture treatment center may receive benefits through the Medical Benefits for Asylum Applicants and Torture Victims program.	The category designator is 90.
A person arrested by a peace officer from a county or unit of local government. After arrest, the person might qualify for medical benefits if they are in jail and waiting to be tried. A person canceled from AABD Medical or a FHP while in jail may qualify. A person who applied for help and was determined eligible before being jailed qualifies, even if they didn't get help before they were jailed. This special coverage pays for qualifying medical bills over the first $500.	The category designator for these cases is 91 (aged), 92 (blind), 93 (disabled), 94 or 96 (FHP).
A parent who is excluded from a TANF Cash case because of excess SSA disability, Railroad Retirement disability, 100% Veterans' Administration disability, or Black Lung benefits.	The category designator for these cases is 93 or 94.
A person who is an uninsured veteran may receive benefits under the Veterans Care program administered by the central Veterans Care Unit.	The category designator is 93 with local office number 196.

d. Spenddown

The nonfinancial rules for regular and spenddown cases are the same. Spenddown cases are approved when a benefit unit has countable income (or assets for AABD Medical) that are over the correct income or asset limits and certain other conditions are met. The extra countable income, and for AABD Medical the extra countable assets, are the spenddown amount. Spenddown cases get a MediPlan card for part or all of the month when they show that allowable medical bills and paid receipts equal the month's spenddown amount. HFS does not pay medical expenses used to meet spenddown.

Some AABD spenddown clients who live in the community may enroll in the Pay-in Spenddown option and send a payment to HFS to meet their spenddown for a selected month(s). Clients enrolled in Pay-in Spenddown may decide monthly whether to meet spenddown by submitting medical expenses to their DHS caseworker, submitting a Pay-in payment to HFS, or a combination of both.

e. Special Pregnant Women Programs (Moms & Babies, MPE)

There are special medical programs for pregnant women and children. These programs have a higher income standard than the Assist program. The programs help reduce infant deaths, reduce the number of low birth-weight infants, and provide for a more healthy childhood. These special programs are for:

- Pregnant women who are not eligible for Assist due to their level of income or citizenship status. They may receive medical under Moms & Babies. They do not have to meet all of the Assist eligibility factors.
- Pregnant women who have not made an application for benefits may be eligible for the Medicaid Presumptive Eligibility (MPE) program, also known as Healthy Start. HFS certifies providers to process MPE applications. MPE pays qualified providers for prenatal outpatient medical care services for a limited time while DHS or HFS determines their eligibility for ongoing medical benefits.

f. Health Benefits for Persons with Breast or Cervical Cancer (BCC)

Health Benefits for Persons with Breast or Cervical Cancer (BCC) is a program that provides full medical coverage for women who need treatment for breast or cervical cancer or a precancerous condition. Uninsured women in Illinois are eligible for BCC if they meet certain non-financial criteria and regardless of income.

Processing of BCC applications and maintenance of active cases is the responsibility of the HFS BCC Eligibility Unit in Springfield.

g. Special Adult Programs (AABD)

AABD Medical programs help the following adults:

- An adult (age 18 or older) with a disability that first occurred before age 22. The person does not receive SSI because their social security benefits are higher than the SSI amount.
- "Qualified severely impaired individuals" who receive SSI based on Section 1619 of the Social Security Act. Their earned income and assets are not counted, but their unearned income is.
- Adults who receive Social Security Disabled Widow/Widowers' benefits, who do not live in long term care homes, and who meet certain rules.

h. Special Medicare Cost Sharing Programs

Special programs help low-income people participate in Medicare. HFS pays Medicare premiums for these programs. The programs are for:

- A person who has assets at or below twice the SSI asset standard, has income equal to or below the Qualified Medicare Beneficiary (QMB) income standard, and receives Medicare Part A. For QMB cases, HFS pays only:
  - Medicare Part A and Part B premiums; **and**
  - deductibles for Medicare covered services; **and**
  - coinsurance charges for Medicare covered services;
- A person who meets all eligibility requirements for QMB, except level of income. This person has more countable income than the QMB income limit, but less than 120% of the Federal Poverty Level (FPL). These cases are called Specified Low-Income Medicare Beneficiary (SLIB) cases. HFS pays only Medicare Part B premiums for SLIB cases.
- A person who meets all eligibility requirements for QMB, except countable income is more than the SLIB limit, but less than 135% of the FPL. These cases are called Qualified Individuals-1 (QI-1) cases. HFS pays only Medicare Part B premiums for QI-1 cases.
- A person who lost premium-free Medicare Part A coverage because of employment. The person must meet certain income and asset amounts. HFS pays only Medicare Part A premiums for Qualified Disabled Working Individual (QDWI) cases. These cases do not receive a MediPlan Card. **DHS FCRCs do not handle these cases. The DHS Bureau of Local Office Transaction & Support Service, Springfield, approves and maintains them.**

i. Emergency Medical for Noncitizens

Noncitizens with an emergency medical need may qualify for Assist or AABD Medical. They do not have to be lawfully admitted for permanent residency or reside in the U.S. with the knowledge and approval of the U.S. Bureau of Citizenship and Immigration Services (BCIS). They also do not need a Social Security Number. They must meet all income, asset, and other rules of the Assist or AABD Medical programs.

j. Medical Benefits for Asylum Applicants and Torture Victims

Persons who are not otherwise eligible for medical benefits, and who have an application for asylum pending with the U.S. Bureau of Citizenship and Immigration Services (BCIS) or who are victims of torture, may qualify for medical benefits. They must meet all financial and nonfinancial criteria for the program.

Eligibility under this program is limited to a continuous 24 month period. Eligibility under this program may be extended for up to 12 more months if the client provides verification that an appeal regarding an application for asylum is pending.

K. Veterans Care

Veterans Care offers access to health benefits to eligible uninsured veterans in Illinois who do not otherwise qualify for medical benefits. They must meet all financial and nonfinancial criteria for this program. Applications are available by contacting the Illinois Department of Veterans Affairs, or on the Internet at **www.illinoisveteranscare.com**

Processing of VC applications and maintenance of active cases is the responsibility of the HFS Veterans Care Unit in Springfield.

l. Aid to the Medically Indigent

Prior to 08/01/91, the Department administered the Aid to the Medically Indigent (AMI) Program through its local offices according to the provisions of this manual. The program was eliminated effective August 1, 1991.

The AMI program was previously discontinued February 1, 1983 and reinstated July 1, 1983. Applications were accepted during this period; however, AMI was not authorized to cover this time period. The AMI program was then eliminated again August 1, 1991 and has not been reinstated.

AMI was provided to meet the cost of necessary medical care, hospital care, nursing home care, medical transportation, emergency dental care, or burial for those persons with marginal income.

The amount and nature of care was determined according to a uniform standard of eligibility established in rules and regulations.