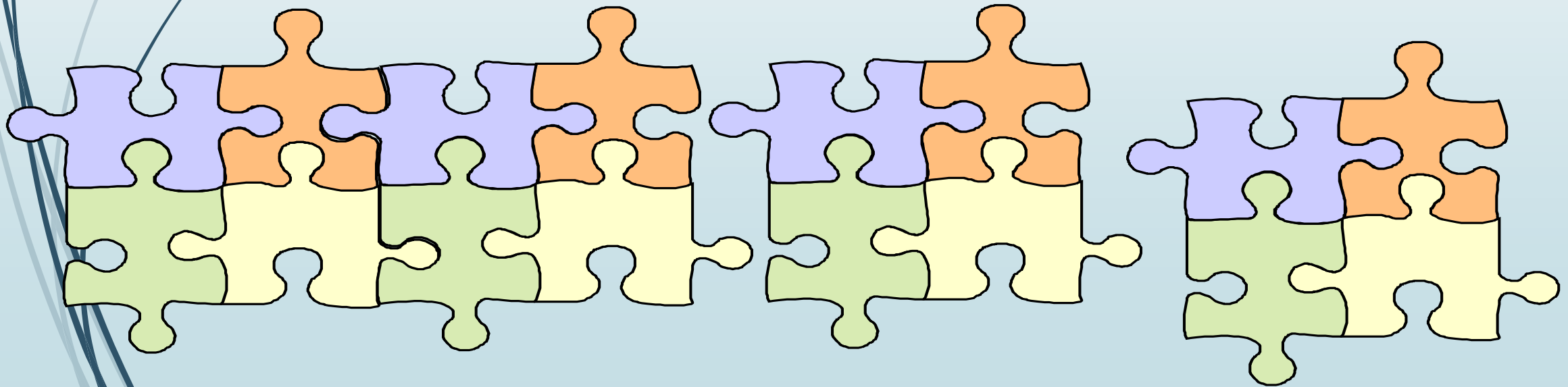


PUBLIC BENEFIT BASICS for the Frontline:



Breaking Barriers to Justice

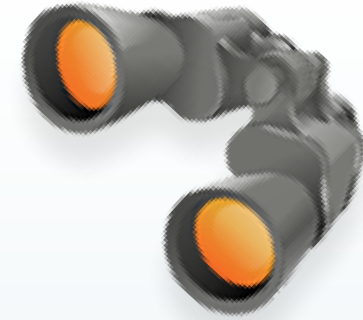
Putting the Pieces Together




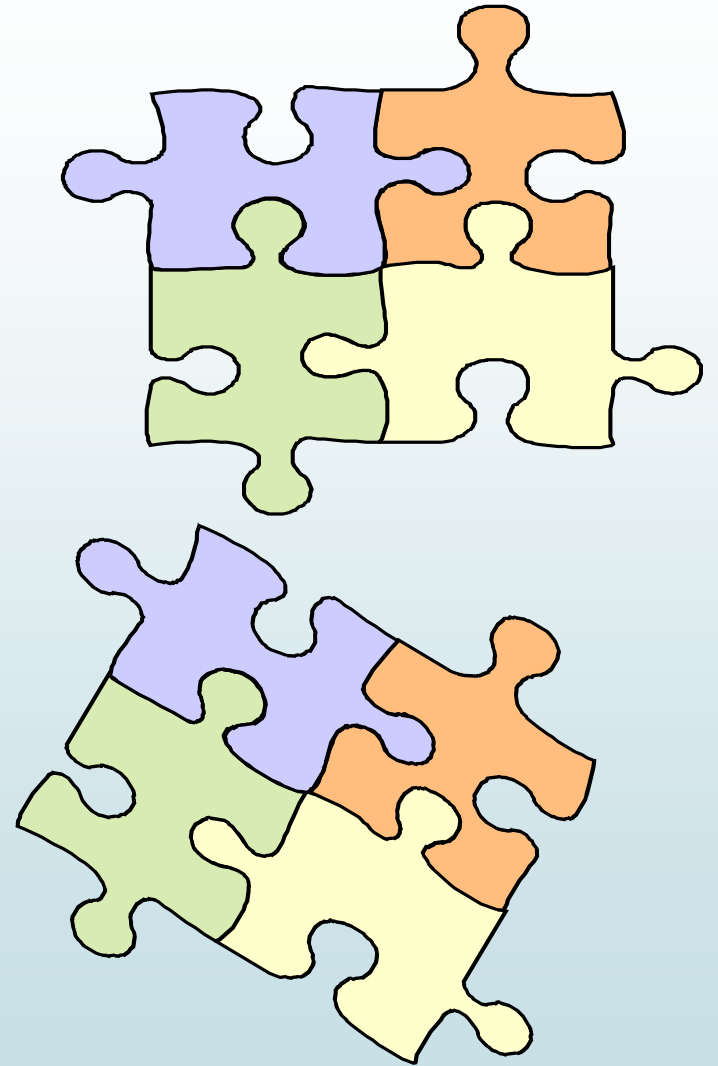
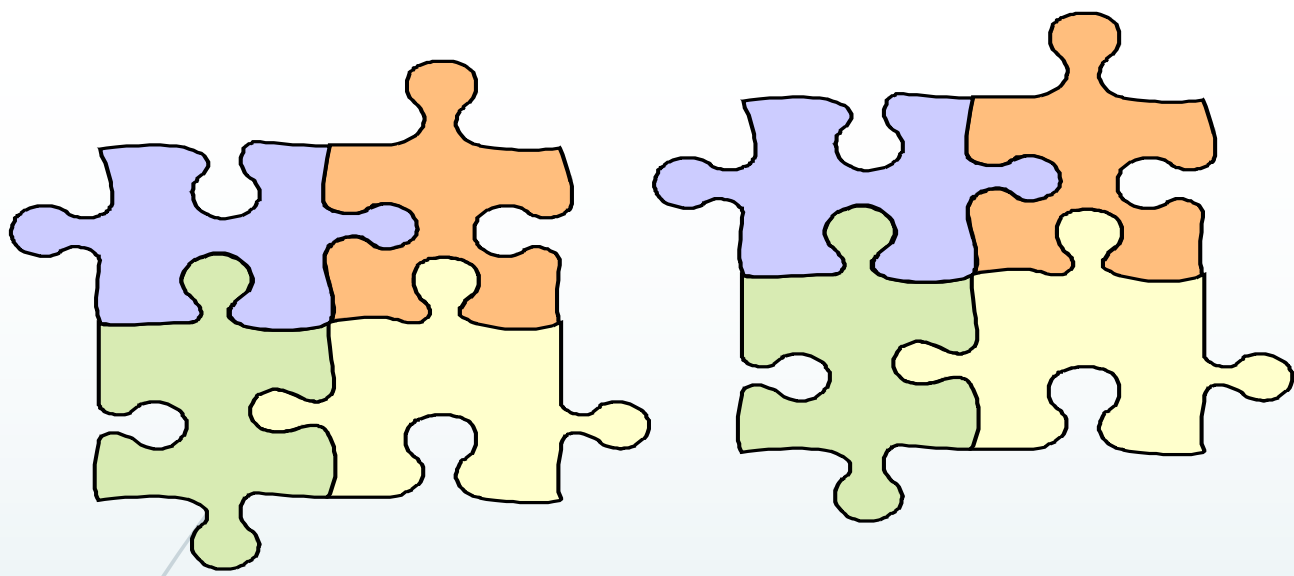


OBJECTIVE:

**What you should know on
the frontlines:**



- 
- **What public benefits programs exist**
 - **How clients can access these programs**
 - **Clients' appeal rights**



Alphabet Soup

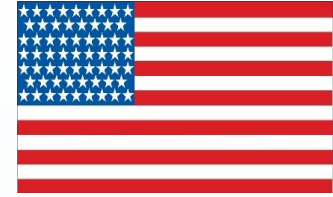
Alphabet Soup – State



| | |
|------|--|
| ACA | Affordable Care Act |
| AABD | Aid to the Aged, Blind and Disabled |
| ABE | Application for Benefits Eligibility |
| DHS | Department of Human Services |
| DRS | Division of Rehabilitation Services |
| FCRC | Family and Community Resource Center |
| GA | General Assistance |
| HFS | Healthcare and Family Services |
| MCO | Managed Care Organization |
| SNAP | Supplemental Nutrition Assistance Program (formerly Food Stamps) |
| TANF | Temporary Assistance to Needy Families |



Alphabet Soup - Federal



SSA Social Security Administration

SSI Supplemental Security Income

SSDI Social Security Disability Insurance



BASICS OF THE BASICS



EVERYONE HAS THE RIGHT TO:

- ✓ File a **Written Application**
- ✓ Receive a **Written Decision**
- ✓ File an **Appeal**
- ✓ Receive a **Fair Hearing**



BASICS OF THE BASICS

How to Apply: State Benefits



Written Application for all programs

File online at: <https://abe.illinois.gov/abe/access/>

Written Application for Medicaid only

File online at: <http://getcoveredillinois.gov/>

No Wrong Door Policy: allows the client to file an application in person at any local office.

BASICS OF THE BASICS



WHAT CAN BE APPEALED?

Denial of Benefits

Reduction or Suspension of Benefits

Termination or Discontinuance of Benefits

Benefit Amount

DHS Staff Refusal of Application

Any adverse action or inaction

*Depending on circumstances, client may also need to file new application



Appeal Timelines

60 days to appeal:

- ▶ TANF
- ▶ Medicaid
- ▶ General Assistance
- ▶ Child Care

90 days to appeal:

- ▶ SNAP

Medicare appeal timelines differ depending on the type of coverage. For more information visit <https://www.medicare.gov/claims-and-appeals/file-an-appeal/appeals.html>.

How to Appeal: State Benefits



File IDHS Appeal Request Form to DHS Bureau of Hearings

An Appeal Request Form (pdf) can be found at:

<http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-0103.pdf>

The form can be submitted by:

E-mail: DHS.BAH@illinois.gov

Fax: 312-793-3387

Mail: 69 W. Washington, 4th Floor, Chicago, IL 60602

Hand Delivery: Local DHS Office

Phone: 1-800-435-0774

*The appeal request should be brief with an open-ended explanation

AID PENDING APPEAL



Client must file appeal quickly and must request continuing benefits.

TANF, SNAP, AABD:

Client must file appeal within 10 days of receipt of the Notice of Change

OR

Before the date of change

GRIEVANCES



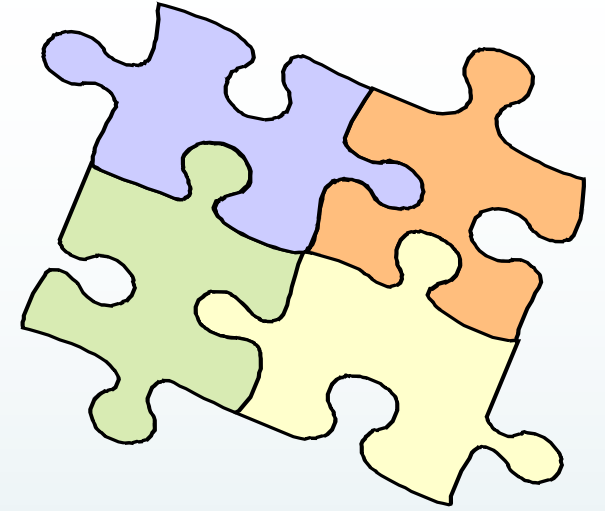
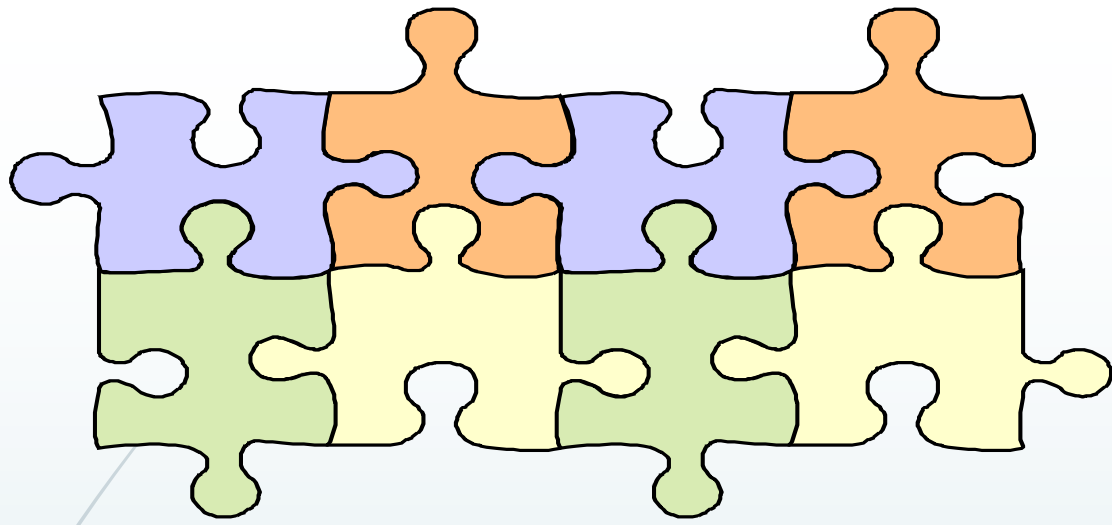
A grievance is a complaint about treatment by a caseworker (i.e., rudeness, losing papers, won't return phone calls).

File online at:

<http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL444-2622.pdf>

Grievances must be filed within 60 days of incident.





MEDICAL PROGRAMS



MEDICAL PROGRAMS

- **AABD Medicaid-** 65 years or older or SSA definition of blind or disabled [100% of Federal Poverty Level (FPL)]. Assets \$2,000.00 one person, \$3,000 for two people.
- **AABD Spenddown-** 65, blind or disabled with income over 100% of FPL or assets above disregard limits.
- **ACA Adult Medicaid-** 19-64 years old up to 138% of Modified Adjusted Gross Income (MAGI) FPL (5% disregard). No asset limits.
- **Medicare Savings Programs (QMB/SLIB/QI)-** QMB:100% FPL; SLIB-120%; QI: 135% FPL. Assets of \$7160 for one, \$10,750 for two or more.

MANAGED CARE

- Health insurance plan(s) for Medicaid recipients.
- When enrolled in a managed care plan, the individual becomes a member of a health plan and that plan then provides care coordination.



WHO IS REQUIRED to ENROLL?

- ▶ Anyone living in the State of Illinois that receives Medicaid benefits and not Medicare benefits.
- ▶ Individuals receiving Medicare & Medicaid that live in a long-term care facility (nursing home or supported living) facility.
- ▶ Persons receiving home services.

WHO IS NOT REQUIRED TO ENROLL?

- ▶ Individuals enrolled in a spenddown program
- ▶ American Indians/ Native of Alaska
- ▶ Anyone receiving temporary Medicaid.
- ▶ Enrolled in the Breast and Cervical Cancer Program
- ▶ Individuals enrolled in AllKids Premium Level 2
- ▶ Medicare recipients not living in a long-term care facility or receiving home services.
- ▶ Anyone that has private insurance that pays for hospital and doctor visits.

Medicare Savings Programs (MSPs)

Qualified Medicare Beneficiary (QMB)



Pays for Part A premiums (if any), Part B premiums, deductibles and coinsurance

Specified Low-Income Medicare Beneficiary (SLIB)



Pays for Part B premiums only, unless you qualify financially for Medicaid

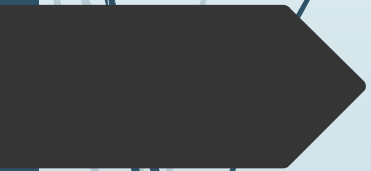
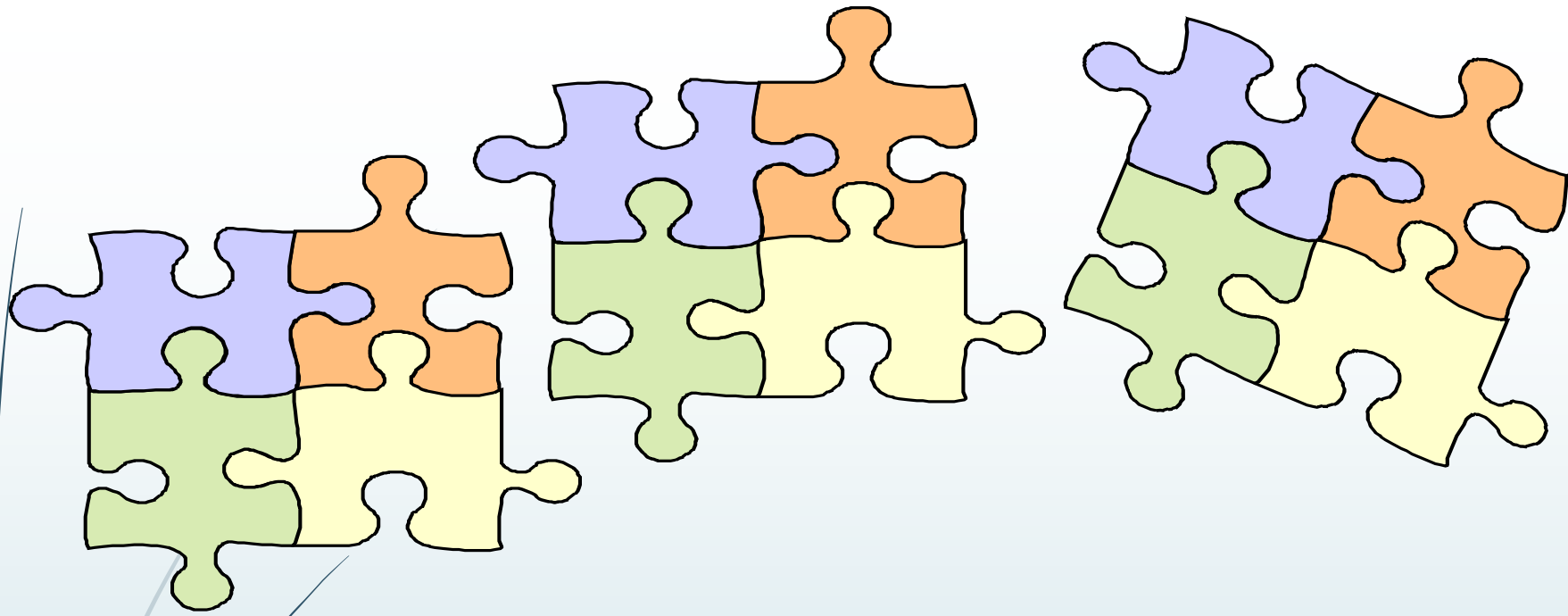
Qualifying Individuals (QI-1)



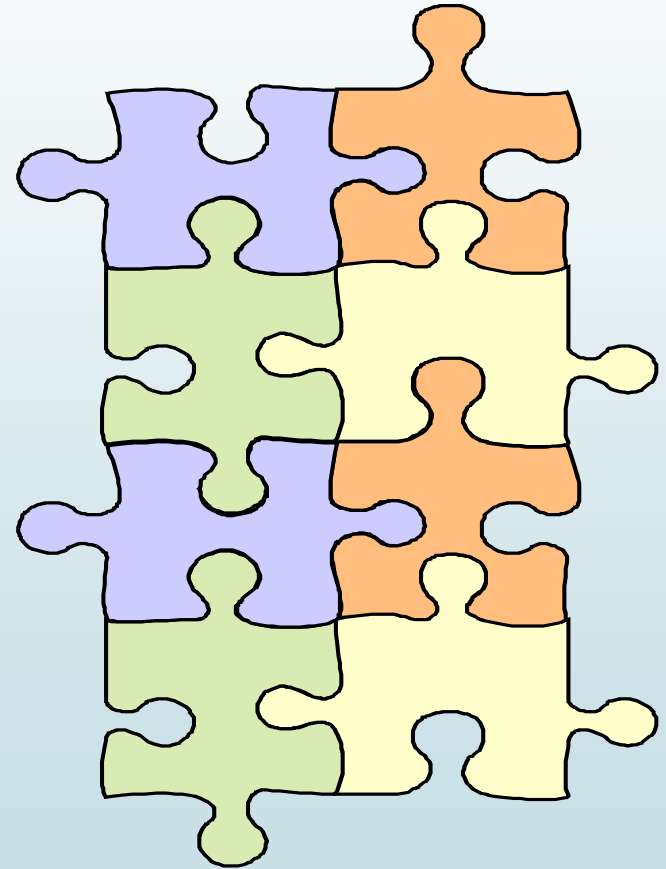
Pays for Part B premiums only

Extra Help (EH)

Pays for Part D premiums, deductibles and coinsurance



SNAP





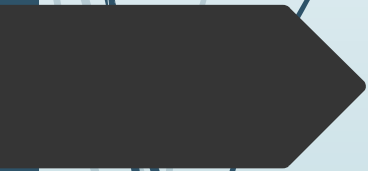
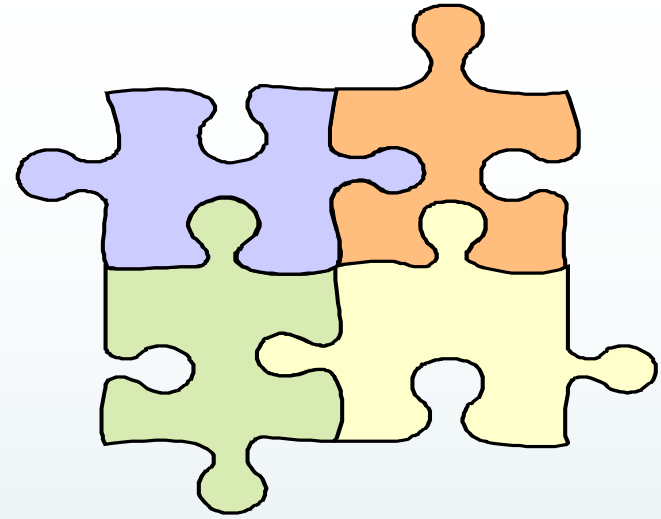
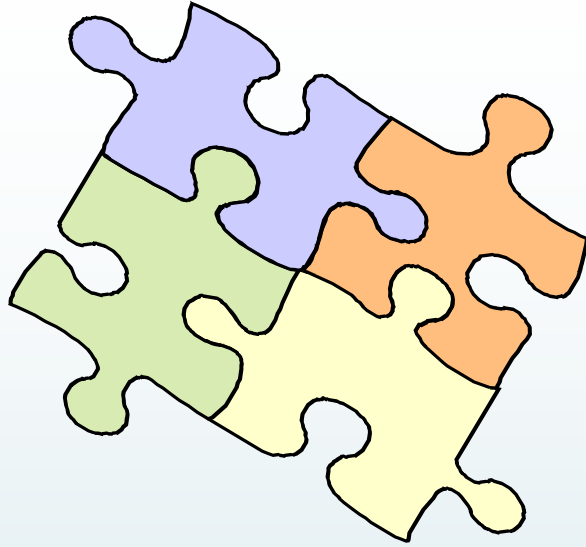
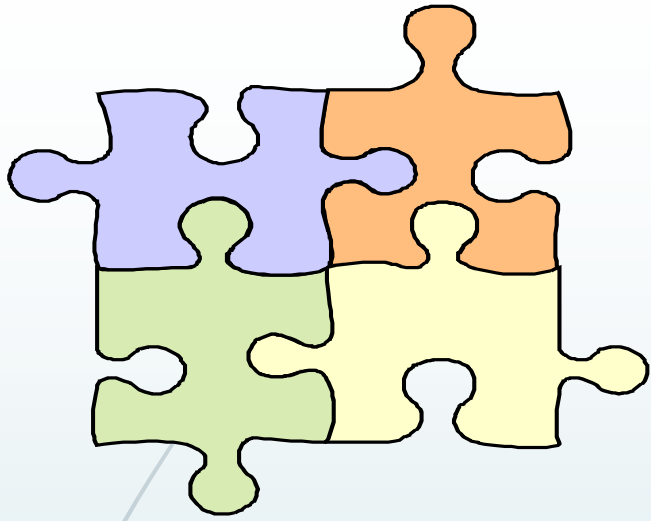
SNAP

NON-FINANCIAL ELIGIBILITY:

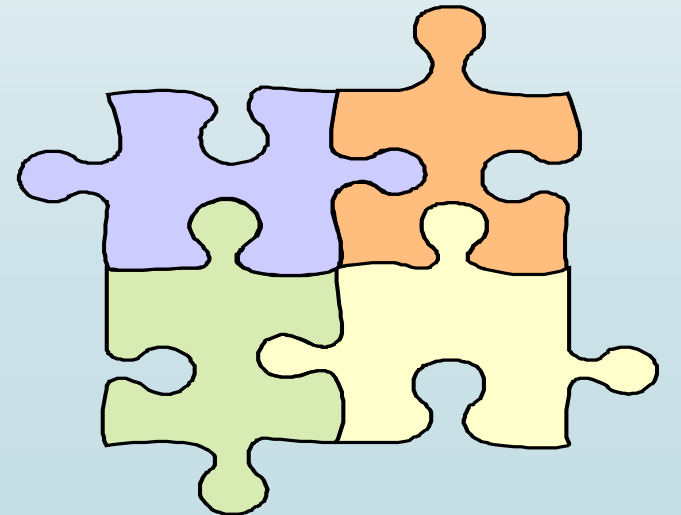
Must be a resident of Illinois, fixed address not required

Must have SSN for each household member.

Must have U.S. citizenship or a specific type of noncitizen status.



TANF





TANF

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Designed to temporarily provide help while a family transitions to self-sufficiency.

Illinois TANF has 3 components:

Child Only: ineligible parents or nonparent relative.

Families: one eligible adult participates in work activity (unless exempt) but not employed.

Employed Families: at least one family member is employed.

*Sixty-month limit on receipt of benefits unless you qualify for an exception.



TANF

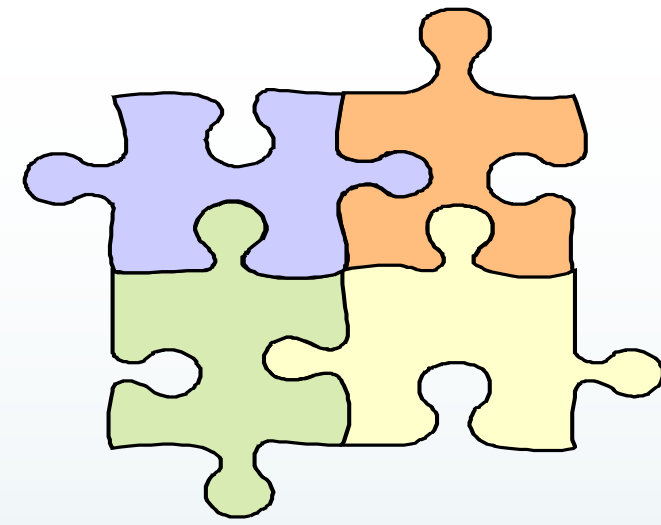
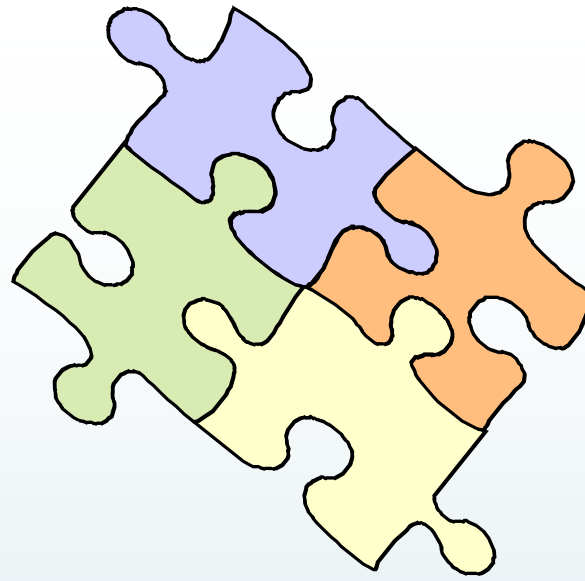
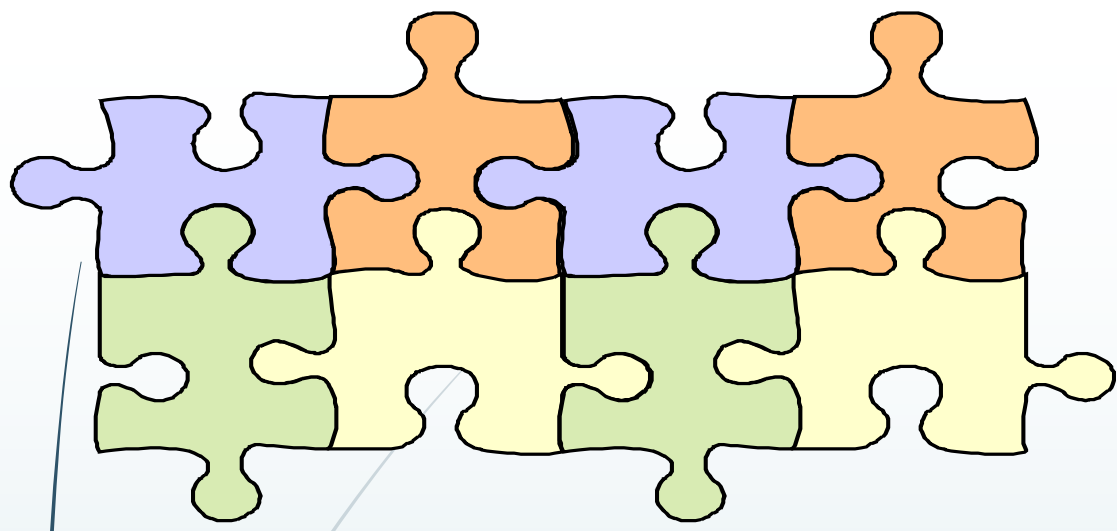
NON-FINANCIAL ELIGIBILITY:

Must be an Illinois resident.

Must have U.S. citizenship or a specific type of noncitizen status.

Family must include a pregnant woman, or a dependent child who lives with specified relative.

No eligibility for certain drug related felony convictions.



General Assistance





GENERAL ASSISTANCE

Often referred to as the public assistance program of last resort – not eligible for others.

Provides aid to poor individuals who are not receiving or do not qualify for other public benefits.

Generally single individuals and families with unrelated children (guardians).

Helps meet basic needs such as housing, utilities, food, clothing, and medical care.

Monthly benefits vary but usually between \$165 and \$265.

Administered by the township unit of local government or, in some areas of southern Illinois, by the county.

GENERAL ASSISTANCE

NON-FINANCIAL ELIGIBILITY:

Not eligible for other programs (i.e. SSI, TANF, etc.)

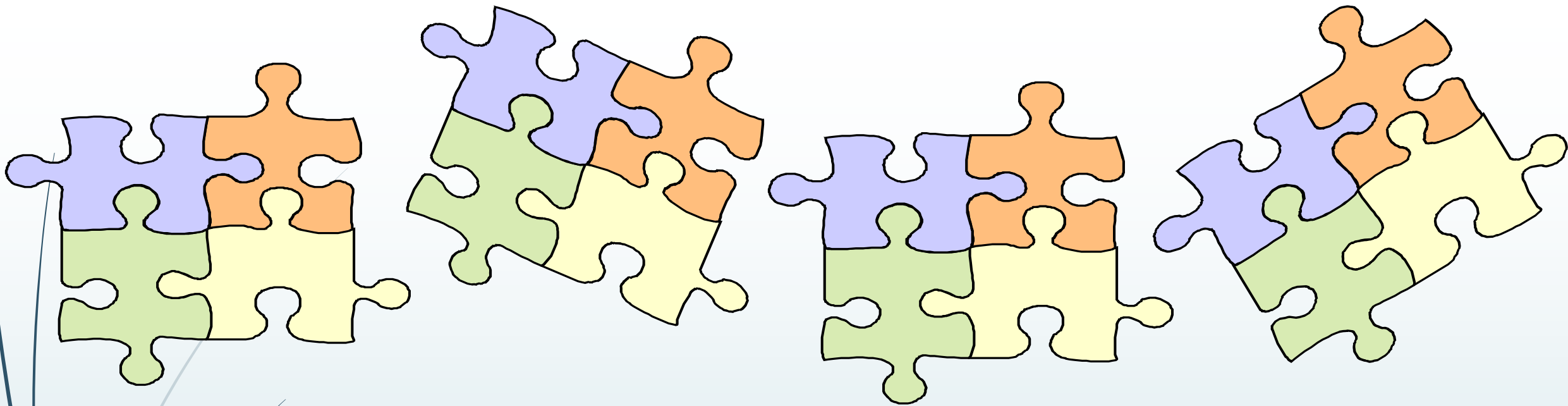
Sanctioned or 60-month TANF limit = **NO** GA eligibility

Must be over the age of 21, or 18-20 not living with parent, or married

Illinois and Township Resident

Citizen or eligible non-citizen

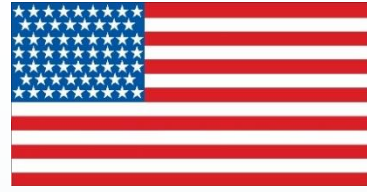
Must cooperate with any employment related activities unless exempt



MEDICARE



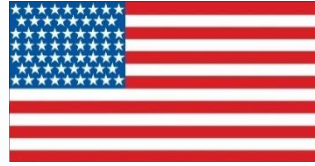
Medicare



ENROLLMENT

- The enrollment process for Medicare does not require an application to be filed.
- You are either eligible or ineligible for Medicare.
- If you are eligible, you are automatically enrolled.

Medicare



TYPES OF MEDICARE

Part A- Hospital Insurance

Pays for inpatient hospital care, nursing home care, hospice care and home health services

Part B- Medical Insurance

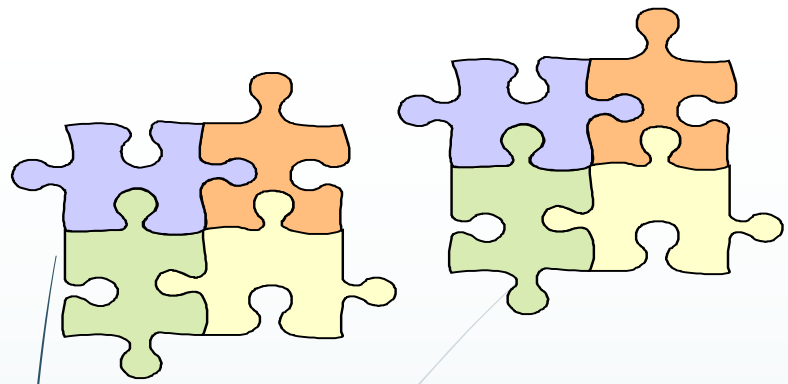
Outpatient, preventative and ambulance services, durable medical equipment

Part C- Medicare Advantage (formerly Medicare + Choice)

Clients have the option to receive Part A and B coverage through a private insurance company, may include additional benefits and prescription drug coverage

Part D- Prescription Drug Coverage

Pays for additional prescription drug costs



QUESTIONS?



MEDICAL LEGAL PARTNERSHIP *of southern Illinois*

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618-457-5200 ext. 67837