

Aid to Aged, Blind and Disabled
(AABD)

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AgeOptions

708-383-0258

Medical Assistance Program

- Implements Title XIX of the Social Security Act (Medicaid)
- Administered by the Illinois Department of Healthcare and Family Services (HFS) under the Illinois Public Aid Code
- HFS has statutory responsibility and authority for the formulation of medical policy in conformance with Federal and State requirements

Illinois Medical Assistance Program

- Under an interagency agreement with HFS, the Illinois Department of Human Services (DHS) takes applications and determines eligibility of individuals and families for Medicaid
- All individuals covered under Medicaid receive a monthly MediPlan Card from HFS
- HFS is responsible for processing and payment of medical services

What is Medicaid?

- It's for people who need help paying their medical bills
- Pays for most medical care
- It is the payer of last resort

Covered Services

- Physician and Hospital Inpatient Services
- Hospital Emergency Room Visits
- Hospital Ambulatory Services including surgical treatment
- Pharmacy Services
- Laboratory/X-ray Services
- Optometrist/Optical Services and supplies
- Chiropractic Services

Covered Services

- Hospice and Home Health Agency Visits
- Physical, Occupational and Speech Therapy Services
- Audiology Services
- Dental Services
- Podiatric Services
- Renal Dialysis Services

Covered Services

- Medical Supplies, Equipment, Prostheses
- Respiratory Equipment and Supplies
- Transportation to secure medical services
- Long Term Care Services
- **Note-** to receive program benefits, individuals must use service providers that participate in the Medicaid Program

Services Not Covered

- Experimental procedures
- Research oriented procedures
- Routine examinations
- Medical or surgical procedures performed for cosmetic purposes
- Acupuncture
- Items or services for which medical necessity is not clearly established

Eligibility Requirements

- Age 65 or older
- Blind
- Disabled
- US Citizen or Eligible Non-Citizen
- Illinois resident
- Meet income standard (without spenddown status)
- Meet asset standard (without spenddown status)

Income Standards

- **\$933** for an individual
- **\$1,251** for a married couple
- Income is not a medical assistance eligibility factor except to determine if a case has a spenddown

Asset Limit

- **\$2000** for one person
- **\$3000** for two people
- **\$50** for each additional person
- Includes cash, liquid and non-liquid non-exempt assets

Spenddown

- The amount of the spenddown depends on a person's income and assets
- It works like an insurance deductible- Medicaid will pay for medical care when a person can show that he owes or has paid medical bills in the amount of the monthly spenddown

Medical Expenses To Meet Spenddown

- Doctor and Hospital Services
- Nursing Home Services
- Dentist Services
- Podiatrist and Chiropractor Services
- Medicines and medical supplies and equipment that are prescribed by a doctor
- Eyeglasses

Medical Expenses To Meet Spendedown

- Medical or personal care in a person's home
- Health insurance premiums, including Medicare Part B premiums
- Transportation to and from medical care
- Any co-payments or deductibles on medical care

Unpaid Bills

- Can be counted towards spenddown
- Unpaid bills can be old as long as the person received the bill no more than 6 months before the month he applied for Medicaid
- If the bill was received more than 6 months ago, ask the provider to send another bill

Receipts

- A receipt for payment of an allowable medical service can be used to meet spenddown
- Receipts include cancelled checks, money order receipts, bills stamped or marked paid
- Information about the service or item and who it was provided to, must be included on the receipt or otherwise established by the client

Receipt of Medical Card

- Once spenddown is met, the card will be sent to the person's home in about 7 days
- It will be good for the rest of the month
- A temporary medical card is available within 2 working days if requested
- A person has the right to choose what month he would like a medical card for

Important Information

- Once a case has been in enrollment status for 6 months, it will be reviewed monthly to see if the person has met spenddown in one of the last 3 months. If not, his case will be cancelled.
- If his case is cancelled for this reason, he will receive a notice in the mail with an application to reapply if medical assistance is needed in the future

Pay-In Spenddown

- Available to those with Medical Assistance No Grant (MANG)
- Have the option of paying the amount of their spenddown in the form of a “premium” to meet their spenddown requirement

Benefits of Pay-In Spenddown

- Can pay ahead of time so medical card is received by the beginning of the month
- Provides flexibility in choosing the months the medical card is needed
- Will not have to keep track of bills and receipts to take or send to their caseworker

How to Enroll in Pay-In Spenddown

- Client must complete and sign the Pay-In Spenddown Enrollment Form
- Client must mail the form to:
Pay-In Spenddown Unit
PO Box 19161
Springfield, Illinois 62794-9161

After Clients Have Enrolled in the Program

- A Pay-In Spenddown Statement will be sent each month to those enrolled in the program
- The statement should be returned with payment to the Pay-In Spenddown Unit
- Forms of acceptable payment include money orders, Cashier's checks, Visa or MasterCard

Pay-In Spenddown Unit

- Questions regarding Pay-In Spenddown should be directed to the Pay-In Spenddown Unit only
- Call 1-800-226-0768 (Voice)
- Call 1-866-675-8440 (TTY)

Cash Assistance

- Cash benefit that can be issued through the LINK card (Food Stamps) or directly in your bank account
- Amount you receive depends on your income amount and basic expenses such as rent or utilities
- If your income is less than the amount you need to pay for basic expenses, you will receive money from AABD

How To Apply for AABD

- Go to the local DHS office
- To locate a local office, go to www.dhs.state.il.us
- Mail in an application to the local office
- Go to www.dhs.state.il.us to apply online
- Utilize the services of the Red Tape Cutters

Verification

- Proof of age
- Proof of income and resources
- Proof of US Citizenship or Legal Residence
- Medical proof of disability or blindness (if applicable)
- Proof of state residency

Time Limits

- The number of days (from date of application) allowed to make a decision on an application for benefits depends on the program
- AABD-Aged= 45 days
- AABD-Blind= 45 days
- AABD-Disabled= 60 days
- An applicant must receive a written decision regarding eligibility within these timeframes

Who Can Appeal?

- Any person or their representative who has applied for or receives benefits from DHS and/or HFS

What May Be Appealed?

- Any local office or central office actions or inactions, decisions, determinations, response to a report form, or any issue of policy that a person disagrees with
- If the Social Security Administration finds a person not blind or disabled, they must file their appeal with SSA

How An Appeal May Be Filed

- A written appeal may be filed by fax, mail, or in person
- The written appeal must be signed by the client or authorized representative
- Mail appeal to the local DHS office
- A person may file an appeal by phone by calling the Bureau of Assistance Hearing's toll-free number 1-800-435-0774

Time Period To File An Appeal

- To receive full consideration, an appeal must be filed within 60 days after the decision being appealed
- The date of the appeal is the date the request is postmarked, if mailed, or the workday it is received by the Department if delivered by hand, phone or fax prior to 5:00pm.

Day One Is The Day Following

- The date on the notice of decision on an application
- The date on the notice that benefits will be reduced, suspended or cancelled
- The date on the notice of decision on a request for prior approval of a medical service or item
- The date of any Department notice of denial or action that the client thinks is wrong

There Is No Time Limit

- There is no time limit for the client to file an appeal when the Department fails to:
 - *send a required written notice
 - *take action on a specific request
 - *notify a client when a request is denied

AABD Re-Determinations

- Usually completed every 12 months
- A visit to the local office is not required
- Only need to provide current proof of income and assets. Proof of disability or blindness if they no longer receive SSI or SSDI

Liens and Claims

- Medicaid has the legal right to recover the amount of assistance persons receive through the AABD program.
- Liens are placed on real property
- Claims against estates

Helpful Telephone Numbers

- DHS- 1-800-843-6154 (Voice)
- DHS- 1-800-447-6404 (TTY)
- AgeOptions- 1-708-383-0258