



MEDICAID REDETERMINATION SUMMARY: TIPS FOR FAMILIES

August, 2017

WHAT IS A MEDICAID REDETERMINATION?

A Medicaid redetermination (ReDe) is a mandatory review of eligibility for all Medicaid, All Kids, SNAP, and cash assistance recipients – not just for people with developmental disabilities. Eligibility is reviewed at least once a year, so the state can decide whether a person continues to meet the eligibility rules to keep getting benefits.

WHY IS IT IMPORTANT?

Medicaid benefits may be important to your family for a variety of reasons, but for adults with developmental disabilities who access or hope to access any of the Developmental Disability Medicaid Waivers – for Home-Based or Residential funding – maintaining Medicaid eligibility is ESSENTIAL. If you currently receive funding for Waiver services, and allow your eligibility to lapse, you may lose your Medicaid Waiver funding. This means none of your service providers or Personal Support Workers will be paid.

HOW WILL I KNOW WHEN IT'S TIME FOR MY REDETERMINATION?

Generally, cases are scheduled for redetermination about every 10 months unless there is a significant life event (such as 18-year olds aging out of All Kids).

Medical Only Cases: If you have only medical benefits (Medicaid or All Kids but not SNAP or cash assistance) you will receive two mailings from the state Illinois Medicaid Redetermination Project (IMRP.)

- The first is a “heads up” letter that your redetermination is coming due and to watch for your form coming in the mail.
- The second notice comes about two weeks later, contains a short letter explaining how to complete and return the form by your deadline, plus the Redetermination form.
- Return address on envelopes may be Department of Healthcare and Family Services; Department of Human Services; or Illinois Medicaid Redetermination Project.

Medical Plus SNAP or Cash Assistance Cases: If you have medical coverage plus other Medicaid benefits, like SNAP or cash assistance, your local DHS office caseworker (called Family Community Resource Center or FCRC) processes the redetermination. Return address on envelope will be your local DHS FCRC office.

HOW WILL I KNOW THE OUTCOME?

If you have returned the form and any required proofs prior to the filing deadline, you should receive a written notice in the mail, prior to the expiration of your coverage date, notifying you whether your benefits will continue or not. If any of your benefits are canceled or reduced, the notice will tell you why and explain your Right to Appeal. Sometime later, you will also receive

a new Medicaid card (Note: It's not actually a card, but a slip of paper) in the mail as well. Discard your old Medicaid card and begin using the new one.

HELPFUL TIPS

From a parent:

- It is our responsibility to maintain Medicaid eligibility, so always open the mail! Especially anything from Department of Human Services, Department of Health and Family Services, the Illinois Medicaid Redetermination Project, or your local Family Community Resource Center.
- Pay attention to the *deadline* in your letter; this is not the time to procrastinate. We recommend you complete and return the redetermination form and proofs as soon as possible, because if a denial is made and you need to resubmit, better to go through the Appeal process while your coverage is still in force versus after it has lapsed or been canceled.
- For question "How many people live with you?" the Rede instructions tell you to include "yourself, your spouse, any children either of you have, their brothers or sisters, etc.". If you are an adult with a developmental disability, are single, and have no children, then the answer to "How many people live with you" will be ONE (1) because you count yourself, but you do not have a spouse, children, etc.

From a Caseworker:

- Return proofs and Rede form together, in the same envelope.
- Always print your name and Medicaid Case Number clearly across top of each page of proof documents.
- If you move, notify your ISC promptly. Redetermination letters are sent to the address on your Medicaid card; if you live at home, it will be sent there. If you live in a group home, it will be sent to that address.

From a Benefits Specialist:

- IL Medicaid's computers are set to process all cases (where there is no Medicare) as a 94 ACA case first. (ACA - Affordable Care Act).

- If you are a single adult with a developmental disability and are NOT claimed as a dependent on anyone's tax returns, answer any income or resource-related questions with only your income or resources – not your parents' or others living with you.
- If you ARE claimed as a dependent on your parents' taxes, they will ask for parental income. This is allowed. If the parent's income is too high for ACA, the application/redetermination is denied. If parents do not provide their income, the application can be denied for non-cooperation of providing requested documents.
- If you receive SSI or SSDI, and your parent's income is too high for ACA, the Medicaid caseworker should next review the application as a 93 AABD case. (93 - medical only for someone with a disability) (AABD - Aid to the Aged, Blind and Disabled).
- What I recommend is: Provide all documentation they are requesting, but write clearly on the Rede Form: *YOUR NAME (AS MEDICAID RECIPIENT OR APPLICANT) RECEIVES SSI AND/OR SSDI, AND SHOULD BE CONSIDERED UNDER A 93 AABD CASE.*

From a Special Needs Attorney:

- If you are not claimed as an adult dependent on your parents' tax returns, you may still maintain dependent status to remain on your parents' health insurance policy beyond age 26. Insurance statutes were amended twenty years ago so that IRS exemption was no longer required. See IPADD member Brian Rubin's website at <http://www.rubinlaw.com/wp-content/uploads/2017/04/ITEM-4-REQUEST-FORM-HEALTH-INSURANCE.pdf> to read applicable statutes.

However, if you are covered under a parent's employer policy, and if the employer is *self-insured*, then the statutes do NOT apply. Self-insured employer plans can set whatever rules they want since they are not health insurance policies. If you have questions about your employer plan and adult disabled child dependent status, check with the employer for clarification.

- For purposes of the Medicaid Redetermination, proceeds from a Special Needs Trust are NOT considered "Other Income", so long as no distributions are made directly to you, the beneficiary.
- For purposes of the Medicaid Redetermination, a valid ABLE account that is operated/administered in accordance with Federal and applicable State laws is also an exempt resource for Medicaid, so long as no distributions are made directly to you, the beneficiary.

WHERE CAN I READ MORE OR GET HELP?

- **Medicaid Redetermination FAQs:**
<https://www.illinois.gov/hfs/SiteCollectionDocuments/EEVClientFAQ042315.pdf>
- **If your case is medical only (Medicaid or All Kids) contact IMRP 1-855-458-4945.**
- **If your case is medical plus SNAP or cash assistance, contact your local FCRC office. Look up contact info using DHS Office Locator:**
<http://www.dhs.state.il.us/page.aspx?module=12&officetype=&county>
- **You can also contact your Independent Service Coordination (ISC) agency with questions or concerns. If receiving Home-Based services, ask for your Pre-Admission Screening or PAS. If receiving residential services, ask for your Individual Service and Support Advocate (ISSA). See DHS Office Locator link (above).**
- **The Arc of IL's Faye Manaster: familytofamily@thearcofil.org**
- **Sherri Schneider, Family Benefits Solutions: 847-279-8506**
- **Jay Bohn, IDHS/DDD Bureau of Program Development and Medicaid Administration, jay.bohn@illinois.gov or 217-558-1361 (FOR DDD WAIVERS ONLY, NOT DRS OR OTHER WAIVERS).**

FOR INFORMATION PURPOSES ONLY

- **The information provided via this IPADD Summary is for guidance purposes only and should not be construed as legal advice. If you have any questions or concerns, always consult with relevant professionals about your specific situation before making a final decision.**