

# Frequently Asked Questions About Medicaid Eligibility for Long Term Supports and Services

## 1. Completing the ABE Application

### 1.1. If the resident receives Pension or Social Security Administration (SSA) which one would we choose?

A: Check whichever apply. If the person has an employer pension, mark 'Other Income' and for SSA income, check 'RSDI Income'. If the person has both types of income, you would check both types.

### 1.2. Are ABE passwords going to be required to be changed after so much time?

A: No, ABE passwords do not expire.

### 1.3. If I time out on a page of the application will it save everything up to that point or do I have to start over?

A: Your application should save automatically up to the last fully completed page. It is always best to choose "Save and Exit" if you are interrupted.

### 1.4. If there is an error message and I am not able to proceed to the next page, what should I do?

A: There are some mandatory fields that must be completed to progress to the next page of the application in ABE. You need to complete those fields.

### 1.5. Why does the tracking page not have an application date?

A: The tracking page does not have the application date on it because the application date is determined by when the application is received by the state. After 5:00 p.m. on a state business day, the application is considered received the following state business day.

### 1.6. Is it possible to attach documentation to the application?

A: Documents can be uploaded as the final part of the application using the 'Submit' button.

### 1.7. Does each document need to be scanned and attached as a separate document or is it possible for a facility/resident to scan in multiple documents as one file and attach it for multiple items needed. For example can we scan in a Social Security card and proof of residency as one file and check off both boxes for those items at the same time?

A: Yes, you can scan 3 or 4 small items (i.e., proof of residency or health insurance card) on one page and check off boxes in ABE for those items at the same time when you are assisting someone to apply and upload documents as long as only one person is seeking benefits on the application.

### 1.8. Is there a limit to how large a document can be scanned?

A: There is a limit of about 35 pages that can be uploaded into ABE at one time, so documents need to be organized into groups of about 35 pages per scanned attachment.

- 1.9. **After you SUBMIT an application, can you go back in and edit or add additional information? For example, if you just submit partial information to meet a filing date, can you go back in later to update/add information?**

A: You cannot change or add information on a submitted application. You may, however, upload additional documents to the application. See the answer to question 1.16 below.

- 1.10. **Can we enter more than one Authorized Representative?**

A: No, at this time the online application will only allow for one.

- 1.11. **Instead of submitting individual applications, could we submit applications under facility account?**

A: No, to enter an application it must be based on an individual account. This is an enhancement that may be added in the future for organizations that submit large numbers of applications through ABE.

- 1.12. **If you choose not to print out the application at the end of the process but for some reason later you discover that you need a copy, is there a way to print later?**

A: Yes, you can log back into the ABE account and print the application

- 1.13. **When we want eligibility to be determined for any of the three months prior to the month of application, do we check all months that apply, or just the month to which we would like back-dated approval?**

A: Check all the months for which the client needs medical coverage.

- 1.14. **Will it be possible to see the status and updates on applications requiring additional information about assets and asset transfers?**

A: Not at this time. An application submitted through ABE will show *in process* the entire time it is being processed by the DHS office or the Office of Inspector General (OIG).

- 1.15. **Is our community partner ID the same as our facility HFS ID number?**

A: No, the Community Partner ID is a unique number assigned by the ABE system.

- 1.16. **Once you have completed the ABE application and hit submit, can you still upload documents?**

A: You may still upload documents into ABE until a caseworker starts processing the application. When you log back into the application, if the "Submit Documents" button is grayed out, you can no longer upload documents. If the "Submit Documents" button is grayed out, you should wait to receive a request from the caseworker for any information still needed. Information requested by the caseworker can be emailed, mailed, faxed, or taken to the DHS office location identified on the request form. For applications referred to the OIG LTC-ADI, additional requests for resource verifications may come from that office and their contact information can be found on the request.

- 1.17. **If someone completes the application but does not have all of the income verification information, can the application still be submitted? Will the applicant or responsible party be required then to submit these documents to the actual office?**

A: Yes, the application may be submitted without verifications. DHS caseworkers will attempt to verify income information electronically. If that is not possible, the caseworker will send a request for the information. An application cannot be processed without all necessary verifications.

**1.18. Is Aged considered a Disability?**

A: No, you would not need to complete the Disability questions for someone over 65. Just be sure to mark the box that asks about *needs assistance with tasks of daily living* on the same screen.

**1.19. Can we use the ABE system now or do you prefer not?**

A: The ABE system is available for use now.

**1.20. What are the hours of this system? Will it go down at 5:00 pm like MEDI?**

A: The ABE system is available 24 hours a day.

**1.21. Can we use the same Password for each individual?**

A: No. Re-using passwords violates HIPPA best practices and can compromise a person's personal information.

**1.22. How do you save information as you go through the process?**

A: Use the 'Save' or 'Save and Exit' button, as appropriate.

**1.23. When saving an application to resume later, what information is needed to open the application?**

A: You would log in using the User ID and password for the person whose application you are completing.

## **2. Signing the Application**

**2.1. If the resident has a legal guardian applying for benefits on their behalf, would the legal guardian's name need to be entered under the applicant's electronic signature, or would you still enter the resident's name?**

A: Enter the applicant's name and put the representative's name in the next section (Authorized Representative) of the ABE application. Upload the documents naming the guardian with the application.

**2.2. If I complete and print the Form HFS 3654 from my desktop does it not have to be signed by the patient or the Authorized Representative?**

A: The Form HFS 3654 is not currently fillable and is completed by hand for each applicant. That is why we suggest completing it prior to beginning the ABE application so you can upload it with the application. Yes, it must be signed by the applicant or Authorized Representative (if the applicant appoints one).

**2.3. If the family fills out a paper application on behalf of the applicant, do they have to be present when the facility completes the ABE application online?**

A: If the facility is completing ABE online, based on information provided by the family on a paper application, the family does not need to be present. However, only a person who is qualified to sign for an applicant as described in the answer to question 2.4 may actually click the signature section in ABE. If that person is a family member, that person must be present to take the action to sign the electronic application in ABE.

#### 2.4. **Who can sign the application for Medicaid on behalf of an applicant?**

A: Rules regarding this topic may be found at 89 Ill Adm Code 110.10 and are summarized below:

- An adult can sign for himself or herself and his or her spouse.
- Parents can sign for their children, stepchildren or children they are related to who they are raising instead of the child's parents. A minor child who is a parent may sign for his or her child.
- A person who files an income tax return or other adult who is included in the tax filer's household can sign for anyone else who will be included on the same tax return if that person lives with them.
- If a guardian has been appointed for a person, the guardian must sign the application for the person.
- When a person is physically or mentally unable to sign, someone acting responsibly can sign for them.
- A nursing home or an intermediate care facility for the developmentally disabled can sign for a person who needs long term care.
- Children younger than age 18 cannot sign for themselves unless they have been emancipated or they do not live with a parent or other relative or they do not live with a person who claims them as dependents on the person's tax return.

### 3. **Other Questions about Applications**

#### 3.1. **Is it mandatory that LTC facilities complete applications? Currently our facility does not have anyone on staff completing applications.**

A: No, it is not mandatory but the state encourages LTC facilities to assist residents to apply for Medicaid. It may be a business tool worth considering for your facility. Depending on others to complete a resident's application (customer/family/Authorized Representative) may delay payment or limit months of coverage available to the resident.

#### 3.2. **What is the recommended lead time for submitting an application for LTC benefits?**

A: Facilities should assist the individual to apply as soon as it is identified that they are, or will be, unable to pay the facility's private rate. Medicaid coverage may be backdated for up to 3 months prior to the application month.

#### 3.3. **Once an application has been submitted through ABE, what is the turn-around time for approval?**

A: Application processing time depends on the complexity of the case and the volume of applications being handled.

#### 3.4. **Our office does not have a scanner. Can supporting resource documents be faxed?**

A: They can be faxed or mailed to the DHS office identified at the end of the ABE application. Always be sure to use a cover page and include the name and Social Security number of the applicant so the documents can be linked to the correct case.

#### 3.5. **If applications have previously been submitted on paper, will those be "grandfathered" or will they need to be resubmitted? Will we be able to see the status of those online at all?**

A: You do not need to resubmit paper applications through ABE. ABE supports only online applications and you cannot see the status of pending paper applications online.

3.6. **Are Temporary Medical Card requests still going to be available if the case hasn't been approved yet? Can they still be mailed to the local office?**

A: Temporary Medical coverage pays for services outside the nursing facility and does NOT cover the LTC charges. The request for Temporary Coverage would go to the DHS office processing the application which has locations shown on the ABE application submission page.

3.7. **Do all medical, prescription drugs, and transportation billing documents have to be submitted prior to submission of the application?**

A: No. If the resident has outstanding medical bills or receipts for medical care received in the past six months, they may be submitted with the application. Submitting them with the application will expedite the state's ability to process the application.

3.8. **Is Form HFS 3654 always required for approval of a LTC application?**

A: Yes. The application will not be processed without it. It is not required that HFS 3654 be scanned and uploaded with the application, but every effort should be made to upload this form with the application. If it cannot be uploaded before the State begins processing, wait for a request from the DHS office or OIG LTC-ADI for the form. The request will tell you where to send it.

the application. If it cannot be uploaded before the State begins processing, wait for a request from the DHS office or OIG LTC-ADI for the form. The request will tell you where to send it.

3.9. **Can we mail bank statements into the office? I ask only because scanning 5 years of bank statements (assuming front and back contains info) will take up so much time.**

A: Twelve (12) months of statements with an initial application is sufficient. However, delays in providing the information will contribute to the length of time needed to process the application.

3.10. **How do we know that certain documents are not needed, i.e. proof of residency that may be able to be verified without proof?**

A: We recommend sending proof for information that cannot be obtained by the DHS office electronically. DHS can currently verify Social Security, SSI benefits, Medicare coverage, citizenship for U.S citizens, lawful presence of immigrants and Illinois residence electronically for individuals who have Social Security numbers. Resource information, other types of income, and medical expenses are things that are not usually able to be verified electronically and will require that documents be provided to enable determination of eligibility.

3.11. **Is this a new system for new clients who are not in the system yet or do we use the ABE every year when the redetermination waiver comes in?**

A: Currently, ABE is required only for new applications. Redeterminations are handled through our Illinois Medicaid Redetermination Project (IMRP). More information about IMRP can be found at <http://www2.illinois.gov/hfs/MedicalCustomers/eev/Pages/default.aspx>. Online redeterminations are planned as part of a future upgrade to ABE.

3.12. **We have sheltered care applications. How do we submit these?**

A: You can submit these through ABE also.

**3.13. Why do we not get copies of Form 2500 LTC budget sheet when an Approved Representative form is sent with application?**

A: Facilities that have been designated as an individual's Approved Representative should get a copy of the 2500 LTC budget with the approval notice, HFS 458LTC.

**3.14. If an ABE application was submitted, but it has been a long time without hearing anything, should I resubmit?**

A: Please do not resubmit an application. If there is a question as to whether the application was received, call the DHS Helpline at 1-800-843-6154 to determine whether the application is still pending in the system.

**3.15. How long does someone have to reside in Illinois to be eligible?**

A: An individual in a nursing home is considered a resident of Illinois unless they are placed in an Illinois facility and covered by another state's Medicaid program.

**3.16. Is RSDI regular Social Security income?**

A: Yes, RSDI stands for Retirement, Survivors, and Disability Insurance paid by the Social Security Administration. When completing an application in ABE, check this as the income type for people receiving Social Security Retirement benefits, Survivor benefits or Disability benefits.

**3.17. Is completion of Form HFS 3654 required each time the person is admitted to the facility if they have previously completed an HFS 3654?**

A: No, completion of Form HFS 3654 is only required once.

## **4. Questions about the Supportive Living Program (SLP)**

**4.1. In the past, a Supportive Living Program provider was able to complete Form IL 444-2998 to become an Approved Representative and would receive the SNAP card. If the facility does not become the Authorized Representative on the online application, who receives the SNAP card?**

A: The Authorized Representative on the ABE application has the same effect as the Form 2998. If the provider does not complete the Authorized Representative section on the ABE application, the LINK card will be mailed to the individual.

**4.2. If a facility is the Authorized Representative, how should it pick up the Link card?**

A: For Supported Living providers served by Medical Field Operations (see question 5.1 for applicable counties), the provider representative goes to the DHS office to pick up the Link card. For Supported Living providers served by the Macon County LTC Unit, Link packets are mailed to the provider.

**4.3. Do Supportive Living Programs need to fill out the Form HFS 3654 for their residents?**

A: Individuals covered under the Supportive Living Program waiver are required to complete Form HFS 3654. An SLP provider may assist a resident in completing the form but it must be signed by the resident or someone acting for the resident per the answer to question 2.4.

**4.4. Can you tell me if SLF facilities must submit their applications electronically November 1, 2014?**

A: The state (DHS, HFS) requires Supportive Living Program providers to use ABE. ABE improves efficiency and can therefore decrease processing time.

## 5. Questions about Skilled Nursing Facilities (SNF)

- 5.1. **For a skilled nursing facility, if the patient has a community medical benefit already, don't they need to apply for nursing level care at a skilled nursing facility benefit?**

A: The facility needs to enter the admission information into MEDI/EDI vendor (REV) and have the client/Authorized Representative complete and send Form HFS 3654 to the applicable DHS office as shown in the table below.

Boone, Carroll, Cook, DeKalb, Du Page, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, and Winnebago counties	All other Illinois counties
<p><b>A. Medical Field Operations</b>  1112 South Wabash Avenue, 4th Floor  Chicago, IL 60605  Phone: (312) 793-8000  <a href="mailto:DHS.MFOInfo@illinois.gov">DHS.MFOInfo@illinois.gov</a></p>	<p><b>A. Macon County LTC Unit</b>  707 East Wood Street  Decatur, IL 62523  Phone: ( 217) 362-6500  <a href="mailto:DHS.MaconLTC@illinois.gov">DHS.MaconLTC@illinois.gov</a></p>

- 5.2. **If a SNF signs up as a community partner, are they then required to assist any member of the community with any of their application needs such as SNAP, etc.?**

A: No

- 5.3. **I noticed that the form states that you cannot receive benefits from ICHIP and receive medical benefits both. How can a SNF find out if someone is receiving benefit from ICHIP?**

A: The only way for a SNF to find out if someone is receiving ICHIP benefits is to ask the person. If the SNF discovers that someone is receiving benefits through ICHIP, the facility needs to require the client or Authorized Representative to contact ICHIP at 1-800-962-8384 to be sure they understand the implications of receiving Medicaid or to inform ICHIP that they have applied for Medicaid.

## 6. Questions about MEDI and EDI/REV Vendors

- 6.1. **Is EDI Vendor the same as "REV"?**

A: HFS is changing the way Recipient Eligibility Verification Vendors or REV Vendors communicate with the state to receive the information that the REV vendors supply their clients. The new system is called Electronic Data Interchange/Exchange, EDI or EDX. We anticipate that REV vendors who shift to the new process will continue to offer the same level of service to their clients.

- 6.2. **When we complete the Admit 1156 in MEDI, can we upload the accompanying documentation?**

A: No. We do not require that this document be submitted to the state. By entering the information into MEDI or through the EDI/REV Vendor, you are attesting to the correctness of the information. Facilities must keep hard copies of the Interagency Certification of Screening Results Form 1156 in the resident's file.

6.3. **Are deaths required to be reported through MEDI or an EDI/REV Vendor?**

A: It is currently a requirement that facilities report deaths, discharges and changes through MEDI or an EDI/REV Vendor system.

6.4. **When we report income changes through MEDI or an EDI/REV Vendor, do we have to send the income verification to the caseworker?**

A: Yes, send the hard copy income verification to the DHS office after you have entered the information into MEDI or through an EDI/REV Vendor system.

6.5. **If someone enters the facility from another facility but the other facility has not completed the admit/discharge in MEDI or through an EDI/REV Vendor, do we submit a new admit in MEDI or EDI/REV Vendor for our facility?**

A: Yes, but you still must submit the screening information to enter the admit so you should contact your CCU (Case Coordination Unit) and get a Screening Verification Form HFS 3864. Always put a comment in remarks on MEDI or the EDI/REV Vendor system to explain your actions to avoid any confusion.

6.6. **How does the electronic submission through MEDI or an EDI/REV Vendor get to the right caseworker?**

A: All caseworkers who process nursing home submissions have access to the system and are able to retrieve the information for any person in the system. This is a key advantage to electronic submissions.

6.7. **If a case is cancelled for failure to cooperate on a redetermination, does the payment end automatically?**

A: Yes, when a caseworker processes an eligibility cancellation, the claims payment system, MMIS, will update and close the long term care segment, thereby ending long term care payment.

6.8. **When a person enrolled in a Medicaid health plan is admitted to a facility, does the facility have to submit admits in MEDI or through an EDI/REV Vendor?**

A: Yes, the facility submits the admission, discharge, bed reserves, etc., for any Medicaid covered individual just as they do for someone not enrolled in a health plan. This includes individuals enrolled in any type of coordinated care including Care Coordination Entities, the Integrated Care Program (ICP), the Medicare-Medicaid Alignment Initiative (MMAI), Accountable Care Entities, (ACE), Managed Care Organizations (MCO), and Managed Care Community Networks (MCCN).