

An Overview of Illinois Medicaid and SCHIP Programs

This summary is intended to assist professionals who work in systems serving children, such as juvenile justice and child welfare. For more information about Medicaid and its key concepts as they relate to the juvenile justice system, see *A Medicaid Primer for Juvenile Justice Officials*.¹

Illinois integrates operation of its State Childrens Health Insurance Program (SCHIP) with Medicaid funded and state-only programs. As of December 2006, there were 1,873,000 adults and children enrolled in the Medicaid program, and as of June 2007 there were 175,145 children enrolled in SCHIP.^{2,3} In federal fiscal year 2005, Illinois made approximately \$10.8 billion in Medicaid expenditures and \$494 million in SCHIP expenditures.⁴ (These figures include spending for both adults and children.) The federal government supplied 50 percent of the funding for Medicaid expenditures and 65 percent for SCHIP expenditures.⁵

FOUR COMMON PATHWAYS TO ELIGIBILITY – LEVELS IN EFFECT JANUARY 1, 2008

Children – ages 0-18

• *Program Name: All Kids (Medicaid, SCHIP, and state-only funding).*

- : No income limit or asset test.
- : Previous insurance requirements: If a family's income is under 200 percent of the federal poverty level (FPL), a child can qualify regardless of insurance status. If the child's family income is more than 200 percent FPL, a child must wait 12 months from the period he or she was last insured before All Kids coverage can begin (with some exceptions).
- : Includes recipients of federal adoption assistance and foster care assistance under Title IV-E.

Persons with Disabilities – no age limit

- : Illinois is one of several states that have separate eligibility criteria for benefits for persons with disabilities. Illinois does not automatically enroll Supplemental Security Income recipients for medical benefits.
- : Income level: up to and including 100 percent FPL and must have a disability as that is defined under the Social Security Act.
- : Individuals with disabilities who have higher income and large health care expenses may "spend down" income to 100 percent FPL to qualify for services through the "Medically Needy" pathway.
- : Asset limit of \$2,000 for one person, \$3,000 for two persons and an additional \$50 for each additional person (does not include house, motor vehicle with fair market value up to \$4,500, personal belongings, and household furnishings).

Parents and other Caretaker Relatives – of children ages 0-18

- *Program Name: Family Care.*
 - : Income level: up to 400 percent FPL.
 - : No asset test.

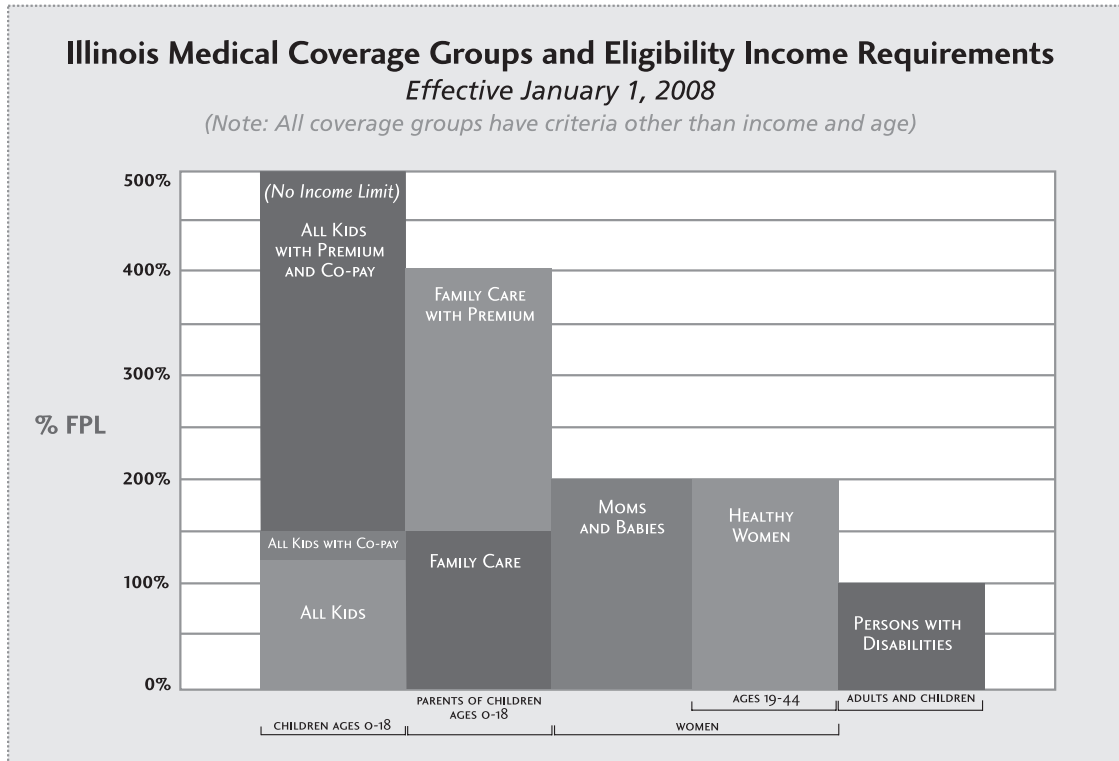
Pregnant Women – no age limit

- *Program Name: Moms and Babies.*
 - : Income levels: up to 200 percent FPL.
 - : No asset test.
 - : Coverage extends from prenatal care through 60 days after birth.
 - : If mother was enrolled in program at the time of birth, the baby will receive services for one year.
- *Pregnant women with higher income and large health care expenses may “spend down” income to state-established levels to qualify for services through the Medically Needy pathway.*
- *Healthy Start: Medicaid Presumptive Eligibility (MPE) Program:*
 - : Offers immediate, temporary coverage for outpatient health services to pregnant women who meet income requirements.
 - : MPE providers enroll individuals.
 - : Coverage extends from the day the application is made through the last day of the next month.

SPECIAL POPULATIONS

Illinois Healthy Women – family planning services

- : Women ages 19-44 not otherwise enrolled.
- : Income level: up to and including 200 percent FPL.
- : No asset limit.
- : Women with private health insurance may be eligible if private coverage does not cover birth control or related reproductive health care.



SERVICE DELIVERY

Illinois operates two forms of managed care programs for most parent and child beneficiaries: a Primary Care Case Management (PCCM) and a voluntary managed care organization (MCO). Illinois Health Connect, a PCCM, is available state-wide. The voluntary MCO plans, Family Health Network and Harmony Health Plan, are only available to residents in Cook County. Harmony Health Plan also offers services in Jackson, Madison, Perry, Randolph, St. Clair, Washington and Williamson counties. For Illinois Health Connect enrollees, mental health and substance abuse services are available on a fee-for-service basis, no referral is required. The voluntary MCOs offer mental health and substance abuse services within their network, but MCO enrollees may also access services provided through a community behavioral health provider without a referral from the MCO.

BENEFITS

Children under the age of 21 are covered for a broad array of health care benefits including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services that includes periodic comprehensive screening visits (well-child visits), as well as services needed to diagnose and treat conditions identified during a visit with a health care provider. Under federal EPSDT law, all children are eligible to receive any medically necessary service that may be covered under federal Medicaid law.

COST SHARING

Children in families with income above 133 percent FPL pay modest co-payments. Children in families with income above 150 percent FPL pay monthly premiums and co-payments based on family income. The following cost-sharing rules apply to Illinois programs:

All Kids

- : *Premium levels: 0-150 percent of the FPL—no premium; over 150 percent FPL –monthly premiums range from \$15 to \$300.*
- : *Co-Payment levels: 0-133 percent FPL—no co-payment; over 133 percent FPL—co-payment required and determined by family's income.*
- : *No co-payments for immunizations or well-child care.*

Family Care

- : *Premium levels: 0-150 percent FPL – no premium; over 150 percent up to and including 400 percent FPL – \$15 to \$140 monthly premium depending on household size and income.*
- : *Minimal co-payments required at all income levels.*

ELIGIBILITY PROCESS

States have substantial flexibility in how they count income to determine eligibility. For 2008, the FPL for a family of four is \$21,200 in the 48 contiguous states and the District of Columbia.⁶

Children with income at or below 200 percent FPL may qualify for services under presumptive eligibility while their application is pending. Illinois also permits designated medical providers to establish time-limited presumptive eligibility for outpatient care for pregnant women. All children are eligible to receive twelve months continuous eligibility unless they move out of the state, turn age 19 or become incarcerated. Eligibility is reviewed annually.

All Kids: Applications can be made online, or with community-based All Kids Application Agents, or at local Department of Human Services offices. Web: www.allkids.com. Phone: 1-866-255-5437 (1-866-ALL-KIDS). TTY: 1-877-204-1012.

Persons with Disabilities: Applications must be made through a Department of Human Services Family Community Resource Center in person or by downloading or calling to request a hard copy application to complete and return by mail. Web: <http://health.illinois.gov>. Phone: 1-800-843-6154.

Healthy Women: Download or call to request a copy of the mail-in application. Web: www.illinoishealthywomen.com.
Phone: 1-800-226-0768. TTY: 1-877-204-1012.

Eligibility determinations may take 45 days, but can extend to 60 days if the application requires a disability determination.

NOTES

¹ Dan Belnap, A Medicaid Primer for Juvenile Justice Officials, State Health Policy Briefing, Vol. 2, Issue 6 (Portland, ME: National Academy for State Health Policy, April 2008). Available at http://www.nashp.org/Files/shpbriefing_medicaidforjuvenilejustice.pdf.

² The Kaiser Commission on Medicaid, Medicaid Enrollment in 50 States: December 2006 Data Update (Washington, D.C.: The Kaiser Family Foundation, January 2008), p. 6.

³ The Kaiser Commission on Medicaid, SCHIP Enrollment in June 2007: An Update on Current Enrollment and SCHIP Policy Directions (Washington, D.C.: The Kaiser Family Foundation, January 2008), p. 6.

⁴ Centers for Medicare & Medicaid Services. Medicaid Financial Management Report, Fiscal Year 2005. Retrieved 16 June 2008. http://www.cms.hhs.gov/MedicaidBudgetExpendSystem/02_CMS64.asp#TopOfPage.

⁵ Ibid.

⁶ Department of Health and Human Services, Office of the Secretary; Annual Update of the HHS Poverty Guidelines, 73 Fed. Reg. 3971 (January 23, 2008).

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Program information comes from Illinois Department of Healthcare and Family Services, Division of Medical Programs Web site and staff.
See <http://www.hfs.illinois.gov/medical/>.

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