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Informational Notice

Date: March 26, 2014

To: Long Term Care Providers (Nursing Facilities, Specialized Mental Health Rehab. Facilities (SMHRFs), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Supportive Living Facilities (SLFs)

Re: Redeterminations of Medicaid Eligibility through the Illinois Medicaid Redetermination Project

The Illinois department of Healthcare and family Services (HFS) has made changes to procedures for required annual redeterminations of eligibility for Medicaid. These changes affect all individuals receiving Medicaid benefits. Long term care facilities and community service providers are urged to assist their residents and clients with the new process to minimize unnecessary disruptions in coverage.

The Illinois Medicaid Redetermination Project (IMRP) was developed as a result of [Public Act 097-0689\(pdf\)](#), referred to as the Save Medicaid Access and Resources Together (SMART) Act. The purpose of IMRP is to increase the efficiency of state medical redeterminations by having a central process for initiating redeterminations, collecting client information and reviewing eligibility.

Each month, cases due for redetermination are sent a "Time for Renewal" letter between the 1st and the 15th of the month on a staggered schedule. A sample of this letter is available online, [Renewal Remind Letter \(pdf\)](#). About two weeks later, between the 15th and the end of the month, the redetermination form is mailed to the applicant based on the current mailing address in the state's database (see #1 below). A copy of the redetermination form and cover letter for nursing home and Supported Living program cases can be found online, [Redetermination Notice for nursing home and Supported Living program cases \(pdf\)](#).

Cases due for redetermination appear in the Medical Electronic Data Interchange (MEDI) system for the three months prior to the renewal month. Until the state gets caught up on all late redeterminations, cases that are overdue for redetermination may receive a redetermination form in a month not shown in MEDI.

The department would like to make the following recommendations for facilities and advocacy groups who have requested information about completing of Medicaid eligibility redeterminations for persons receiving Long Term Support Services:

1. If the "Time for Renewal" letter arrives at a long term care facility, the state is using the facility address for the client. If there is a different address that should be used (client's spouse, authorized representative, etc), facilities should notify IMRP quickly so that the redetermination form is directed to the correct address. If the client no longer resides in the facility, notify IMRP of the client's new address. IMRP can be reached at 1-855-458-4945 or update the address on the "Time for Renewal" letter and fax it to 1-866-661-7025.
2. If eligibility correspondence is received by a resident's family or authorized representative, facility staff should ensure those receiving it understand that completing the state's medical redetermination in a timely way prevents the case from canceling and the family going through the entire application process again. If the representative is no longer able to adequately represent the client, the facility should work with the client to identify another authorized representative.
3. A misplaced renewal form can be regenerated by the IMRP hotline.

4. If the client's only income is from Supplemental Security Income (SSI), write "SSI only" on the first page of the redetermination form and return to IMRP. No further information needs to be completed on the form unless there is something that needs to be changed, such as the client's address.
5. The completed renewal form is due back to IMRP within twenty (20) days to allow the state time to process the case and avoid delayed or canceled benefits.
6. Proof of the client's current monthly income should be included with the renewal form except that proof of Social Security or SSI income does not have to be included. The state will confirm Social Security and SSI income electronically.
7. Proof of medical expenses or other deductions to the client's income must be included.
8. Proof of the client's resources if the total resources are close to or over the \$2,000 disregard must be included. This will prevent the state from requesting these proofs separately and delaying the renewal. It is no longer necessary to include proof of all resources at renewal if the total resources are under the \$2,000 limit.
9. Return the form to IMRP in one of the following ways:
 - in the postage-paid return envelope to IMRP, PO Box 1242, Chicago, IL 60690-1242,
 - by fax to 1-866-661-7025 (Be sure to fax both sides of each page), or
 - by email on the [Illinois.gov File Transfer website](http://www.illinois.gov/FileTransfer) (this is a secure website).

Taking or mailing the renewal form to the local Department of Human Services (DHS) office will only delay processing. Most medical renewals are now being processed in central DHS redetermination units.

Any questions regarding this notice may be directed to IMRP staff at 1-855-458-4945. IMRP staff can connect callers to the DHS central redetermination office.