Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state's current MAGI-based verification plan, during the following period: <u>March 2020 through 05/31/24.</u>

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the <u>CMS Disaster Preparedness Toolkits</u>.

STATE: <u>Illinois</u> Effective Date: <u>March 2020</u>through 05/31/24.

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:

- X The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): <u>30%</u>
- X The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): 1. When electronic verification is not available/ cannot be found or;

2. Except when State Wage Information Collection Agency (SWICA) provides conflicting information not within the reasonable compatibility parameter. *However, if* the industry employing the applicant has been negatively impacted by the disaster, self-attestation will be accepted despite conflicting information.

<u>Please note</u> - as they currently do, staff will request additional information of the applicant when:

- The applicant leaves application questions about employment or other income sources blank;
- The applicant indicates on the application that they have income but does not provide an income amount on the application, no verification is provided with the application, and no electronic verification is found; and
- The income amount attested on the application is less than the applicable medical program standard, electronic verification indicates income higher than the applicable medical program standard, and the difference is not within the reasonable compatibility limit.

_____ The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: ______

Non-Income-related Verification Processes:

X The agency will accept attestation for the following non-income related factors of eligibility: X Residency ___ Age/Date of Birth

Household composition

- Х Receipt of other coverage (such as Medicare)
- X Other (as permissible under applicable statute and regulations): Incurred medical expenses

The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):

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___ Residency (Time Period: _____)

____ Age/Date of Birth (Time Period: ______) ___ Household composition (Time Period: ______)

___ Receipt of other coverage (such as Medicare) (Time Period: ______)

Other (as permissible under applicable statute and regulations):

(Time Period:)

Section B – Use of Electronic Data Sources

X The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

Internal Revenue Service

- Social Security Administration (SSI and SSDI) X
- Х State Wage Income Collection Agency
- State Unemployment Compensation Х
- ____ Supplemental Nutrition Assistance Program (SNAP)
- ____ Temporary Assistance for Needy Families (TANF)
- ___ The Work Number/TALX
- ___ PARIS
- ___ Other: _____

____ Additional Information/Changes: _____

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

_____ Other: ______