

ELIGIBILITY REVIEW

Ongoing Medicaid Benefits for Youth Leaving DCFS Custody at Age 18

- *Note: Youth receiving SSI, who are pregnant, or have their child (ren) living in the home should be referred to BES/DWS. Do not complete this review. See Practice Guidelines for procedure to transfer these cases.*

Youth's Name _____ Case ID # _____

Address _____

Part A: Custody, Age and School

1. Is the youth expected to leave DCFS custody within the next 30 days?

Yes Go to question A2

Expected Custody Termination Date _____

No **Wait!** Review should be completed within 30 days of custody termination.

2. Is the youth at least 18 years old and not yet 21?

Yes Go to question A3

No **Stop!** This review form does not apply for youth under age 18.

3. Is the youth attending school (secondary or post-secondary training)?

Yes Go to question B1

Full Time

Part Time

Expected completion date _____

No Go to question B1

Part B: Citizenship & Identity

1. Has the citizenship and identity of the youth been verified?

Yes Go to Part C. Date verified _____

Citizenship verification_____

Identity verification_____

(Citizenship and identity must be verified with original or certified copies of original documents.)

Part C: Income and assets

1. What are the youth's countable income and assets?

Income and source:_____

Assets and source:_____

1. Are the youth's countable assets greater than the asset limit for the household size?

Yes Go to Part D1

No Go to Question C3

3. Is the youth's countable income less than the income limits required for NB+ Medicaid?

Limit:\$_____ Youth's income: \$_____

Yes Go to Part D1

No Go to Part D2

Part D1:

Review of NB+ Medicaid Eligibility

Yes Youth is eligible for NB+ Medicaid.

Begin Date_____

Residency code changed to IL? Yes

Part D2:

Review of FC/L Medicaid Eligibility

Yes Youth is eligible for FC/L Medicaid.

Begin Date_____

Residency code changed to IL? Yes

NOTE: The youth was in foster care on their 18th birthday and at least 18 years old at the time of DHS/DCFS custody termination and will meet the requirements for Foster Care Independent Living Medicaid until age 21.

**Review Third Party Liability information for the child, comparing to previous TPL information.
If there are changes, enter updated TPL information into ORSIS.**

- **Youth who are eligible for NB+ Medicaid:**
 - **Open in PACMIS using same case number**
 - **Change residency code to IL**
 - **Carc open NB+ case to BES/DWS office**
 - **Send copies of necessary documents to BES/DWS office**
 - **BES/DWS will provide ongoing case management**

- **Youth who are eligible for FC/L Medicaid:**
 - **Change Medicaid category to “L”**
 - **Change residency code to IL**
 - **Carc open FC/L case to BES/DWS office**
 - **Send copies of necessary documents to BES/DWS office**
 - **BES/DWS will provide ongoing case management**

Notes regarding Medicaid review:

Eligibility Worker’s Signature: _____ **Review Date:** _____