



State of Illinois  
 Department of Human Services  
 Department of Healthcare and Family Services

Date of Notice: November 15, 2023  
 Case Number: 404972364  
 Client Name: ALAN KJENNER  
 Individual ID: 1000586653  
 Office Name: WINNEBAGO COUNTY FCRC  
 Office Address: 171 EXECUTIVE PKWY  
 ROCKFORD, IL 61107  
 Phone: 815-987-7620  
 TTY: 866-322-2681  
 Fax: 844-736-3563



ALAN KJENNER  
 10409 MARBLEWING RD  
 ROSCOE, IL 61073

You can manage your case online at [abe.illinois.gov](http://abe.illinois.gov)

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en [abe.illinois.gov](http://abe.illinois.gov) o llame al 1-800-843-6154 (TTY 1-866-324-5553)

## Notice of Decision

Beginning December 01, 2023, your benefits will change as follows:

Your eligibility for **Medical Benefits** is not changed by this action.

You can manage your case online through ABE ([www.abe.illinois.gov](http://www.abe.illinois.gov)). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.



## Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

| Name         | Birth Date   | Medical ID (RIN) | Medical Group             | Start of Ongoing Coverage                      |
|--------------|--------------|------------------|---------------------------|--|
| ALAN KJENNER | Sep 29, 1951 | 094737962        | AABD Spenddown Deductible | Dec 01, 2023<br>Must meet Spenddown Deductible |

### Information about Spenddown Deductible

The person(s) listed in the table below must meet their income Spenddown Deductible before medical benefits are available. This table lists all months of eligibility and whether or not the Spenddown Deductible was met in those months.

| Name         | Birth Date   | Medical ID (RIN) | Coverage Date(s)   | Income Spenddown Deductible Per Month |           |
|--------------|--------------|------------------|--------------------|---------------------------------------|-----------|
|              |              |                  |                    | Amount                                | Met/Unmet |
| ALAN KJENNER | Sep 29, 1951 | 094737962        | Dec 2023 - Ongoing | \$446.00                              | Met       |

You may be eligible to enroll in the Pay-in Spenddown option. Read the Pay-In Spenddown Enrollment Form (458SP-4) attached at the end of this notice to learn more.

### How we calculated your eligibility for Spenddown Deductible

The facts we used to decide **ALAN KJENNER's** ongoing Medical eligibility beginning December 2023 are:



- o The number of people counted in the family size is 1.
- o Countable monthly income is \$1661.00.
- o The value of your resources is \$1070.00.
- o The monthly income spenddown deductible was \$446.00.
- o The spenddown deductible is met.

The following medical bills, receipts or payments were applied to meet your Spenddown Deductible:

| Expense Type | Month Used    | Amount Billed | Date of Service | Amount You Paid or Amount You Owe | Remaining Amount to Meet another Month |
|--------------|---------------|---------------|-----------------|-----------------------------------|--|
| Premium      | December 2023 | \$858.70      | 04/14/2023      | \$446.00                          | \$412.70                               |

You will not have medical coverage after December 2023 unless you meet your spenddown deductible.

## Your Responsibilities

### Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at [abe.illinois.gov](http://abe.illinois.gov). Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

You can report your change using the Change Report Form 3722 available through Manage My Case. Look for the link to forms and brochures at the bottom of the screen. You can also ask for a copy from the office listed on the front of this notice.

Turn this page over to read more information on the back.



## Your Rights

### YOU HAVE CERTAIN RIGHTS CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

### SNAP

#### If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

#### If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.



**YOU HAVE THE RIGHT TO APPEAL THIS DECISION**

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to [abe.illinois.gov/abe/access/appeals](http://abe.illinois.gov/abe/access/appeals), emailing [DHS.BAH@Illinois.gov](mailto:DHS.BAH@Illinois.gov), faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
  
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
  
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

**Manage My Case Online**

Go to [abe.illinois.gov](http://abe.illinois.gov) and click on the Manage My Case button to set up your online account right now! You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. Once you're set up, you'll be able to do all of the following online: report changes, renew your benefits, check the status of your case, and more!

| Name         | Individual ID |
|--------------|---------------|
| ALAN KJENNER | 1000586653    |







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## Pay-In Spenddown Enrollment Form

There are three ways to meet your spenddown.

- You can use medical bills and receipts.
- You can pay in the amount of your spenddown.
- You can use some medical bills and receipts and pay in the rest.

If you sign up to pay your spenddown, we will send you a statement each month telling you how much to pay. Then you choose whether to send the statement back with your payment or take medical bills and receipts to your Human Services caseworker at the local office. Never send bills or receipts to the Pay-In Spenddown Unit.

**If you want to be able to pay in to meet your spenddown, answer the following questions. Then sign this form below and return.**

1. Do you have a spouse who lives with you and also has a medical spenddown case?  
 Yes  No

2. If yes, tell us their name and case number? We will count any amounts you pay in to meet their spenddown also.

Name \_\_\_\_\_ Case Number \_\_\_\_\_

I want to sign up for Pay-In Spenddown. Healthcare and Family Services will send me a statement each month for the amount of my monthly Spenddown. I understand I can choose when to pay in to meet spenddown.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Date

Mail this signed form to: Pay-In Spenddown Unit  
 P.O. Box 19161  
 Springfield, IL 62794



