**Section 682.100 General Eligibility Criteria**

In order to receive services through HSP a customer must:

a) be a citizen of the United States, or be an individual who is living permanently in the United States after having been legally admitted;

b) have applied for, be a recipient of, or be found eligible for Medicaid benefits through HFS and within 60 days after the date of application for HSP, the HSP staff must have verification of the aforementioned. HSP staff shall seek to obtain this verification through the Integrated Eligibility System (IES) or another HFS system that provides verification of Medicaid Status. Customers may need to provide this verification, if HSP staff is unable to verify through other means. Customers may be found eligible for Medicaid and be placed on Spend Down. However, a customer is not required to meet the eligibility criteria for Medicaid to receive benefits, nor is Medicaid eligibility or verification of application required to receive Interim Services (see 89 Ill. Adm. Code 682). The customer must agree to apply for Medicaid, and cooperate with HFS, to receive Interim Services. Customers having applied for HSP services prior to October 1, 1991 may choose to apply for Medicaid;

c) be a resident of the State of Illinois;

d) be under the age of 60 at the time of application for HSP services, unless the individual is applying for services under the HSP AIDS Medicaid Waiver or under the HSP Brain Injury Medicaid Waiver, in which case there is no age criteria for application;

e) have a severe disability that is expected to last for at least 12 months or for the duration of life;

f) be an individual with a disability who is in need of long-term care, as determined by the DON score completed as a result of a prescreening (89 Ill. Adm. Code 679) or application for HSP services. In order to be determined to have met this criteria, the individual must receive a DON score of at least 15 points on part A, which includes, if applicable, the 10 points from the Mini-Mental Examination, with a total DON score of at least 29 points; and

g) not require in-home services that are expected to cost more than the cost the State would pay for institutional care for an individual with a similar DON score.

(Source: Amended at 48 Ill. Reg. 3165, effective February 16, 2024)