Health Coverage Programs for Immigrants

In 2020, Illinois launched the ***Health Benefits for Immigrant Seniors*** **(HBIS)** program for low-income seniors aged 65 years old and older, including seniors who are undocumented. In 2021 and 2022, Illinois expanded access to comprehensive Medicaid-like coverage for low-income adults *ages 42 through 64 years old*, called the ***Health Benefits for Immigrant Adults*** **(HBIA)** program, including adults who are undocumented. This fact sheet provides information about both the HBIS and HBIA programs. A Guide to the Transition to Managed Care Organizations (MCOs) and Cost Sharing for Enrollees of HBIS and HBIA was published on March 7, 2024 and is linked to here. **ENROLLMENT IN HBIA WAS PAUSED BY THE STATE ON JULY 1, 2023 AND ENROLLMENT IN HBIS WAS PAUSED 11/6/23.** Spanish Language version here, Polish language translation, Arabic language translation, and simple Chinese language translation and French translation of the fact sheet linked as well.

Health Benefits for Immigrant Seniors (HBIS), For Individuals Age 65 or Over
ENROLLMENT IN HBIS WAS PAUSED 11/6/23.

Eligibility: In order to qualify, for the **HBIS program,** the person must meet all of the requirements below:

1. Be age 65 or over;
2. Not have Legal Permanent Resident (also known as a green card holder) status for any length of time;
3. Not be eligible for Medicare or traditional Medicaid because of immigration status. For instance, immigrants eligible for the HBIS program include individuals who are undocumented (including individuals who have temporary protected status (TPS) and individuals granted parole for less than one year, individuals granted parole for one year or longer but are in the five year bar.)

NOTE: On March 8, 2024, the Department of Healthcare and Family Service (HFS) announced that legal permanent residents ((LPR) otherwise known as green card holders) who have had their green card for *less* than five years will no longer be eligible for the HBIA and HBIS programs, effective April 30, 2024, and instead, will be notified by letter that they need to transition to ACA Marketplace coverage starting May, 1, 2024.

NOTE: A social security number **is not** required in order to enroll in the HBIS program. Applicants must indicate that they are a citizen or a non-citizen in the application. They should **not** leave it blank because they may be denied if they have not indicated that they are a non-citizen.

4. Live in Illinois; ABE will attempt to verify Illinois residency through electronic matches or by documents already provided before requesting the applicant or client to provide proof (such as ownership of a house, a rental lease, utility bills, document issued by the Mexican consular or other foreign consulate showing an Illinois address, etc.). Full list: https://www.dhs.state.il.us/page.aspx?item=13236
5. Have assets below $17,500 for an individual or assets under $17,500 for two people. See: https://www.dhs.state.il.us/page.aspx?item=21741.
6. Have a household income that is at or below 100% FPL (see chart).

Family Size	100% FPL Income
1	$1,255 per month
2	$1,703 per month
3	$2,152 per month

Information is accurate as of April 17, 2024. Please contact pifillinois@povertylaw.org with any questions

Family Size	100% FPL Income
4	$2,600 per month

If the applicant's income is over the 100% FPL limit but the applicant has medical expenses, the applicant can use them to spenddown their income. For more information about Spenddown see: https://www.illinois.gov/hfs/info/Brochures%20and%20Forms/Brochures/Pages/HFS591SP.aspx.

The HBIS program follows the same income budgeting guidance as is used for the AABD (Aid to Aged Blind and Disabled) older adult population. HBIS program's income eligibility uses non-MAGI budgeting (based on relationship rules and NOT tax filing status) so that means that a household includes:

- Applicant
- Spouse living in home
- Children under 19 living in home

For mixed-status households where the senior lives with an adult child who claims their senior parent on their taxes: Since HBIS is a non-MAGI program, the dependent tax status of the senior parent is *not* considered as part of the household nor is their son or daughter's income considered as countable income. When the senior applies for HBIS, they should apply for themself and include their own income (and if it is zero income then list $0) and income of their spouse (if any) only.

Most HBIS enrollees will be transitioned to Managed Care Organizations (MCOs). HBIS enrollees in spenddown will stay in Fee For Service and will not be transitioned to MCOs. For more information, see this Guide to the Transition to Managed Care Organizations (MCOs) and Cost Sharing for Enrollees of Health Benefits for Immigrant Seniors (HBIS) & Health Benefits for Immigrant Adults (HBIA) linked here.

Cost to Enrollee: Many HBIS enrollees, whether enrolled in a Managed Care Organization (MCO) plan or not, may be charged cost sharing for certain non-emergency procedures and services. Only HBIS enrollees who are members of CountyCare MCO will not have cost sharing imposed. For more information see this Guide to the Transition to Managed Care Organizations (MCOs) and Cost Sharing for Enrollees of Health Benefits for Immigrant Seniors (HBIS) & Health Benefits for Immigrant Adults (HBIA) linked here.

Benefits and Services: Seniors enrolled in the HBIS Program will receive medical benefits similar to those offered under the Seniors and Persons with Disabilities program (formerly Aid to the Aged, Blind and Disabled).

Covered Services Include:

Doctor and hospital care	Mental health and substance use disorder services
Lab tests	Home health;
"Hospice services are covered, but if the customer becomes a resident of a nursing facility, the Department of Healthcare and Family Services (HFS) will not cover the nursing facility room and board charges. A hospice provider may bill only for its hospice services and not the related nursing facility room and board charges.	Medically necessary services (including rehabilitation services) are covered in a hospital or outpatient setting Other medically necessary as follow-up to a medical procedure - for instance, services needed post-hospitalization in order to recover (e.g., home health, oxygen, etc.)

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Note: Respite care, which is for the benefit of the hospice patient's caregiver and allows the patient to stay in an applicable hospital or nursing facility for up to five days, is still billable by the hospice provider." Source: here	Kidney Transplants and inpatient bone marrow transplants are covered. Note: transplants always need to meet medical necessity criteria and have prior approval through HFS. Source: https://www.dhs.state.il.us/page.aspx?item=18138
Dental services, including Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics, Oral and Maxillofacial Surgery, and Adjunctive General Services. List of dental benefits for adults as found in the Dental Office Reference Manual (DORM): https://www.illinois.gov/hfs/SiteCollectionDocuments/42117DORM.pdf	Sub-acute rehabilitative short-term services such as speech, physical and occupational therapy (even if facility-based). Vision Services Prescription drugs Transportation Services Durable Medical Equipment and medical devices
90-day rehabilitation stays within a nursing facility setting shall be covered only by HealthChoice Illinois managed care organizations (MCOs) for the Health Benefits for Immigrant Adults (HBIA) and Seniors (HBIS) programs. The coverage policy for short term nursing facility rehabilitation stays is **only applicable to HBIA/HBIS customers assigned to MCOs** and is strictly limited to 90 days.	

Excluded Benefits and Services from the HBIS program:

- Care in any type of Nursing Facility, including short term rehabilitation;
- Home and Community-Based waiver Services;
- Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services;
- Specialized Mental Health Rehabilitation facility (SMHRF) services;
- Medically Complex for the Developmentally Disabled facility (MC/DD) services;
- Funeral and burial expenses;
- Services that are indefinitely provided and require a Determination Of Need assessment like waiver services (like homemaker services or adult day services) or living indefinitely in a facility.

Enroll in Program: **ENROLLMENT IN HBIS WAS PAUSED 11/6/23.** While HBIS new enrollment is paused, consider applying for the Family Planning Presumptive Eligibility (FPPE) program (open to any age, gender, regardless of immigration status) to receive coverage for comprehensive reproductive health services, including an annual exam. Fact sheet here. Apply for FPPE in one of the following ways:

1. Online at www.ABE.Illinois.gov
2. By contacting a Community Service Agency Serving Immigrants (help is available in 59 languages)
3. By calling the ABE Customer Call Center 800-843-6154
4. By mailing/faxing in a Paper Application.

Health Benefits for Immigrant Adults (HBIA), For Individuals Age 42-64 Years old

ENROLLMENT IN HBIA WAS PAUSED BY THE STATE ON JULY 1, 2023.

Eligibility: In order to qualify for the HBIA program, the person must meet the requirements below:
[1] Be between the ages 42-64 at the time of application;
[2] Not have Legal Permanent Resident (also known as a green card holder) status for any length of time;
[3] Not eligible for Medicare or traditional Medicaid because of immigration status. For instance, immigrants eligible for the new program include: Individuals who are undocumented (including individuals who have temporary protected status (TPS) and individuals granted parole for less than one year, individuals granted parole for one year or longer but are in the five year bar.

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NOTE: On March 8, 2024, the Department of Healthcare and Family Service (HFS) announced that legal permanent residents ((LPR) otherwise known as green card holders) who have had their green card for *less* than five years will no longer be eligible for HBIA and HBIS programs, effective April 30, 2024, and instead, will be notified by letter that they need to transition to ACA Marketplace coverage starting May, 1, 2024.
NOTE: A social security number **is not** required in order to enroll in this program. Applicants must indicate that they are a citizen or a non-citizen in the application. They should **not** leave it blank because they may be denied if they have not indicated that they are a non-citizen.
[4] Live in Illinois; ABE will attempt to verify Illinois residency through electronic matches or by documents already provided before requesting the applicant or client to provide proof (such as ownership of a house, a rental lease, utility bills, document issued by the Mexican consular or other foreign consulate showing an Illinois address, etc.). Full list: https://www.dhs.state.il.us/page.aspx?item=13236
[5] Using MAGI Budgeting rules, have a household income that is at or below 138% FPL (see below and IDHS chart).

Family Size	138% FPL Income for HBIA
1	$1,732 per month
2	$2,351 per month
3	$2,969 per month
4	$3,588 per month

The HBIA program follows the same income budgeting guidance as is used for the "Medicaid Expansion" ACA Adult population. Program income eligibility uses MAGI budgeting (based tax filing status) so that means that a Household includes:

- Tax Payer
- All Claimed Dependents
- Spouse if they Live with the Taxpayer

Transitions from HBIA to HBIS due to age will still be allowed by HFS while enrollment pause for HBIA and HBIS is in effect (source: policy here).
Most HBIA enrollees will be transitioned to Managed Care Organizations (MCOs). For more information, see this Guide to the Transition to Managed Care Organizations (MCOs) and Cost Sharing for Enrollees of Health Benefits for Immigrant Seniors (HBIS) & Health Benefits for Immigrant Adults (HBIA) linked here.
Cost to Enrollee: Many HBIA enrollees, whether enrolled in a Managed Care Organization (MCO) plan or not, may be charged cost sharing for certain non-emergency procedures and services. Only HBIA enrollees who are members of CountyCare MCO will not have cost sharing imposed. For more information see this Guide to the Transition to Managed Care Organizations (MCOs) and Cost Sharing for Enrollees of Health Benefits for Immigrant Seniors (HBIS) & Health Benefits for Immigrant Adults (HBIA) linked here.
Benefits and Services: The program will cover the same services as Family Care and ACA, except for the services below:

- long term care;
- funeral and burial expenses (also not covered under ACA); and
- home and community based waiver services.

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90-day rehabilitation stays within a nursing facility setting shall be covered only by HealthChoice Illinois managed care organizations (MCOs) for the Health Benefits for Immigrant Adults (HBIA) and Seniors (HBIS) programs. The coverage policy for short term nursing facility rehabilitation stays is **only applicable to HBIA/HBIS customers assigned to MCOs** and is strictly limited to 90 days.

Public Charge:

Enrollees may be concerned about immigration consequences as a result of enrolling in these programs, including whether the public charge test may negatively affect them. The initial inquiry should be whether the individual who is eligible for either HBIA or HBIS is even an individual who would be assessed under the public charge test. Remember that many immigration statuses are not subject to public charge. For an easy-to-use guide on which immigration statuses are not subject to public charge, see keepyourbenefits.org or see the fact sheets in multiple languages from Protecting Immigrant Families-Illinois.

Enrollment in the HBIS or HBIA Programs is not assessed negatively and will not harm the individual who is, in fact, assessed under public charge. This is because enrollment in health coverage is not penalized under the public charge rule. Moreover, the public charge test only assesses use of long-term care institutionalization paid for by the government and currently, the HBIS and HBIA Programs exclude long-term care institutionalization from its list of covered benefits. To receive updates about changes to the public charge test or to request a training on public charge email: *pifillinois@povertylaw.org*.

Sponsor Responsibility:

Illinois does not pursue sponsors for repayment of Medicaid or Medicaid-like services (such as HBIS and HBIA) used by sponsored immigrants.

Need more information?

For Community Members: Immigrant Family Resource Program (IFRP) and IFRP HOTLINE 1-855-437-7669: IFRPs work with immigrant families on public benefit applications. ICIRR's Family Support Hotline in English/Spanish/Korean/ Polish: 1-855-HELP-MY-FAMILY (1-855-435-7693). GetCareIllinois.org: community-facing website in 5 languages, including an Immigrant Health webpage, to "help you get healthcare coverage if you need it. If you already have healthcare coverage, this site will help you understand how to use your coverage to go to the doctor."

For Enrollment Assisters: Register as a HelpHub user! HelpHub is a free online community where enrollment assisters in Illinois share their experiences, ask questions and troubleshoot problems they're having helping consumers enroll into health care options. HelpHub experts answer questions on immigrant eligibility for public benefits. To register: http://helphub.povertylaw.org.

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