



Health Benefits for Immigrant Seniors (HBIS)

NEW ENROLLMENT IN HBIS WAS PAUSED ON NOVEMBER 1, 2023

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

- 1. Age 65 or older;
- Not eligible for Medicare or traditional Medicaid because of immigration status;
 [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 <u>ACA Marketplace</u> coverage starting May, 1, 2024.]
- 3. Live in Illinois. How to prove state residency here;
- 4. Have assets below \$17,500 for an individual or assets under \$17,500 for two people. See here.
- 5. Have a household income that is at or below 100% FPL (see below and AABD Chart).

Family Size	100% FPL Income*
1	\$1,255 per month
2	\$1,703 per month
3	\$2,152 per month
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 here/beta/400/.

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 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

<u>For households where the senior lives with an adult child who claims their senior parent on their taxes</u>: 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.

Health Benefits for Immigrant Adults (HBIA)

NEW ENROLLMENT IN HBIA WAS PAUSED ON JULY 1, 2023

<u>Eligibility</u>: In order to qualify for the **<u>HBIA program</u>**, the person must meet all the requirements below:

- 1. Ages 42-64;
- Not eligible for Medicare or traditional Medicaid because of immigration status.
 [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];
- 3. Live in Illinois. How to prove state residency here; and
- Have a household income that is at or below 138% FPL (see below and ACA Adult 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 <u>MAGI budgeting</u> (based tax filing status) so that means that a Household includes:

- Taxpayer
- 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).

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

Most HBIS and HBIA enrollees will be transitioned to Managed Care Organizations (MCOs) by April 1, 2024. 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-Sharing for HBIS and HBIA, beginning February 1, 2024: Many HBIS and 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. Most services continue to be free, including primary care visits, services provided at Federally Qualified Health Centers (FQHCs), prescription medications, non-surgical vision, dental and hearing services, vaccinations, transportation and more. Only HBIS and HBIA enrollees who are members of CountyCare MCO will not have cost sharing. More information on Cost Sharing can be found here.

Covered Benefits and Services for HBIS and HBIA Enrollees:

COVERED SERVICES INC	CLUDE THE FOLLOWING:
Doctor and hospital care	Mental health and substance use disorder services
Lab Tests	Home health
Vision Services	Prescription drugs
Transportation Services	Durable Medical Equipment and medical devices
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).	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.)
Sub-acute rehabilitative short-term services such as speech, physical and occupational therapy (even if facility-based).	Kidney transplants and inpatient bone marrow transplants are covered. Transplants always need to meet medical necessity criteria and have HFS prior approval.
Hospice services, 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. 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	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.

Benefits and Services NOT COVERED for HBIS and HBIA:

- Care in any type of Nursing Facility (except a 90-day rehabilitation stay if the patient is enrolled in a MCO);
- Home and Community-Based Waiver Services;

Information is accurate as of March 26, 2024. Please contact pifillinois@povertylaw.org with any questions





- 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; and
- 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.
- Transplants (other than kidney and inpatient stem cell)

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. <u>Fact sheet here</u>. Apply for FPPE in one of the following ways:

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

Public Charge

Enrollees may be concerned about immigration consequences because 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 HBIS or HBIA 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). GetCarelllinois.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."

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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.