

Community Conversation - HR1 and Illinois Medicaid: Navigating the Changes Ahead

**September 16, 2026
12pm - 1pm**



Immigrant Eligibility Changes

Longstanding Immigrant Eligibility for Federal Medicaid until 10/1/26:

Qualified Immigrants and those designated equivalent to a refugee are eligible, including refugees, asylees, trafficking visa holders, and more.

Resources:

[HFS one-pager](#) (also in [Spanish](#))

[HFS Noncitizen Toolkit](#) & [in multiple languages](#)

[LCHJ Fact Sheet on Immigrant Eligibility Changes](#)

New Immigrant Eligibility for Federal Medicaid Starting 10/1/26 (Last Day of Coverage is 9/30/26):

Non-pregnant adults will need to have one of these four immigration statuses in order to qualify:

1. **U.S. Citizen**
2. **Lawful Permanent Residents** ((LPR) subject to 5-year bar/wait period unless federally exempt)
3. **Cuban/Haitian Entrants**
4. **Compact of Free Association (COFA) migrants**

All other immigration status categories are excluded from full-benefit Federal Medicaid coverage on 10/1/26. Once granted LPR status and meet the 5-year bar (unless federally exempt) they are eligible for Federal Medicaid again.

Impacts of Medicaid Work Requirement & 6-month Medicaid Redeterminations

- Affordable Care Act (ACA) Adults
- People with Disabilities
- Older Adults
- People living with Chronic Health Conditions:
 - HIV & People Experiencing Homelessness
 - Mental Health & Substance Use Conditions
- Pregnant and Postpartum People
- People on Medicaid & SNAP

Overview

Presenter: Meghan Carter, Legal Council for Health Justice

Medicaid work requirement and 6 month redes only apply to ACA Adults.

Medicaid Provision Under HR1 <i>See HFS one-pager available in Spanish</i>	ACA Adult (age 19-64, no dependent child <18 in the home, no Medicare, no other exemption)	Family Health Plans/Family Care, All Kids, Moms & Babies, Former Foster Youth, AABD Med	Receiving Medicare, regardless of age	ACA Adult who qualify for an exemption (e.g., 'medically frail' or caregiving)
80-Hour Work Mandate	Yes (unless exempt).	No.	No.	No. If determined to be exempted, the ACA Adult does not need to complete 80 hours of work.
Redeterminations	6 months	12 months	12 months	6 months
Retroactive Coverage	Up to 2 months	Up to 2 months	Up to 2 months	Up to 2 months

ACA Adults

Presenter: Meghan Carter, Legal Council for Health Justice

Medicaid work requirement only applies to ACA Adults. *ACA Adults are generally individuals who are aged 19 to 64 with household incomes up to 138% of the Federal Poverty Level, who do not have Medicare, and who do not have a dependent child under 18 in their homes.*

Medicaid Provision Under HR1	ACA Adult (age 19-64, no dependent child <18 in the home, no Medicare, no other exemption)	ACA Adult earning at least \$580/mo	ACA Adult Student enrolled in school at least half-time	ACA Adult who qualify for an exemption (e.g., 'medically frail')
80-Hour Work Mandate	Yes , beginning with first redetermination initiated on or after January 1, 2027.	No. The ACA Adult can work fewer than 80 hours so long as they earn \$580/mo.	No. Half-time education meets the requirement.	No. If determined to be exempted, the ACA Adult does not need to complete 80 hours of work.
6-month or 12-month redetermination?	6 months – must prove compliance in at least one month of the 6.	6 months – must prove compliance in at least one month of the 6.	6 months – must prove compliance in at least one month of the 6.	6 months – must prove compliance in at least one month of the 6.

Scenario - ACA Adults

Scenario	Medicaid Impact
<i>Ana is an ACA Adult. Ana usually works 30 hours per week at a chain grocery store.</i>	Ana meets the work requirement because she works more than 80 hours per month. HFS will check employer-reported payroll data to verify compliance (and will send a notice to Ana if they cannot verify compliance). Ana will have her compliance checked every 6 months and must meet or be exempt from the Medicaid work requirement at the time of the rede or for at least one month since the last redetermination.
<i>Michael is an ACA Adult. Michael works sporadically and is not volunteering, attending school, or participating in a work program.</i>	Michael would need to demonstrate qualifying work activity hours, \$580 income, or an exemption to keep coverage. HFS will mail Michael a notice and Michael will have 30 days to provide information showing compliance. If the information is not returned, Michael's medical benefits will end. Michael can appeal if HFS made a mistake. If Michael reapplies in the future, Michael will have to have met the work requirement in the previous month before the application to be approved, or prove an exemption in the month Michael applies.

What Medicaid category you are in is relevant.

Medicaid work requirements and 6 month redes only apply to ACA Adults.

Medicaid Provision Under HR1	ACA Adult (age 19-64, no dependent child <18 in the home, no Medicare, no other exemption)	Family Health Plans/Family Care, All Kids, Moms & Babies, Former Foster Youth, AABD Med	Receiving Medicare, regardless of age	ACA Adult who qualify for an exemption (e.g., 'medically frail' or caregiving)
80-Hour Work Mandate	Yes (unless exempt). Can also meet with \$580/mo. Or combo of work, school, volunteer = or > 80 hrs.	No.	No.	No. If determined to be exempted, the ACA Adult does not need to complete 80 hours of work.
6-month or 12-month redetermination?	6 months	12 months	12 months	6 months

People With Disabilities

People with disabilities who are receiving Medicare are in the AABD Medicaid Category. They are **not** ACA Adults so work requirements and 6 month redes do not apply to them. If a person with a disability is **not** on Medicare and is in the ACA Adult group, they are subject to work requirements but may have an exemption. HFS will determine whether someone is exempt because they are “medically frail” by checking SSI/SSDI enrollment, medical diagnoses, treatment records, and self-attestation. There will also be a HFS Screener to allow recipients to check if they are exempt and, if so, to request an exemption.

Under H.R. 1, an individual meets the definition of being medically frail if they fall into any of the following **five subcategories**:

1. **Blindness or Disability:** Meeting the standard definition of disability used by the Social Security Administration (SSA) for the Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) programs.
2. **Functional Impairment:** Having a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living (ADLs).
3. **Disabling Mental Disorder:** Diagnosed with a mental health condition that is severe enough to be considered disabling.
4. **Substance Use Disorder:** Struggling with a chronic substance abuse or addiction disorder.
5. **Serious or Complex Medical Condition:** Living with complex, long-term health needs or severe chronic illness.

Scenarios - People With Disabilities

Scenario	Medicaid Impact
<i>Alex is 24 yrs. old and has a diagnosed disability as defined by the Social Security Administration. He receives SSDI and Medicare.</i>	Alex should be in the AABD Medicaid category because he is receiving Medicare. Therefore, work requirements and 6-month redes would not apply to him.
<i>Maria is 28 years old and lives with severe autism and clinical depression. She is enrolled in Medicaid as an ACA Adult. She has applied for SSI but has not received a decision yet.</i>	Since Maria is an ACA Adult and does not yet receive SSI, work requirements apply to Maria. Maria may be exempt from work requirements because she is “medically frail” as shown through her own self-attestation or her medical diagnosis and treatment records. Since Maria is ACA Adult, she will go through 6-month redes.

Older Adults

Knowing what Medicaid category the older adult is in will determine whether they will be subject to the work requirements and 6 month redeterminations.

	Ages 60 to 64	Age 65 and Older	Any Age Dual-Eligibles
Medicaid Category	ACA Adult Medicaid (unless caring for children under 18 yrs. old)	Aid to Aged, Blind and Disabled (AABD) Medicaid OR AABD "Spenddown"	Medicare AND AABD Medicaid OR Medicare Savings Program
80-Hour Work Mandate	Must comply unless they're exempt for another reason	Fully Exempt. Automatically exempt from work requirements	Fully Exempt. Anyone enrolled in Medicare is automatically exempt
6-month or 12-month redetermination?	6-month (if an ACA Adult)	12-month	12-month

Scenario - Older Adults

Scenario	Medicaid Impact
<i>75-year-old in good health.</i>	In AABD Medicaid because over age 65. Not subject to work requirement or 6-month redes. Maintains current 12-month redes.
<i>63-year-old with sporadic employment due to chronic health condition, but denied SSA disability and does not receive Medicare.</i>	In ACA Adult. Subject to work requirement, but may qualify for “medical frailty” or another exemption, depending on HFS’ policies and definitions. Subject to 6-month redes.
<i>64-year-old who is a full time caregiver of 89-year-old parent.</i>	In ACA Adult. Subject to work requirement, but may qualify for “family caregiver” exemption depending on HFS’ policies and definitions. Subject to 6-month redes.
<i>62-year-old grandparent raising 2 grandchildren.</i>	In Family Care Medicaid category instead of ACA Adult. Not subject to work requirement or 6-month redes, would maintain current 12-month redes.

People With Chronic Health Conditions - HIV

The changes to Medicaid in HR1 heavily impact people living with HIV, as Medicaid is the largest single source of health insurance for people living with HIV, covering approximately 42% of all people living with HIV in Illinois. In addition, 51% of people living with HIV in Illinois qualify and are on Medicaid as an ACA Adult (approximately 9,500 people).

Medicaid Provision Under HR1	If ACA Adult in Illinois Medicaid...	If any other Medicaid category in Illinois Medicaid...
80-Hour Work Mandate	Must comply unless meets an exemption	Not applicable (not an ACA Adult)
6-month or 12-month redetermination?	6-month	12-month

Scenario - People With Chronic Health Conditions - HIV

Scenario 1: Jordan is 35 yrs. old, is a person living with HIV who also has diabetes, high blood pressure and high cholesterol. They are in school part-time and work part-time. Jordan has Medicaid as an ACA Adult. Because Jordan is an ACA Adult, the work requirement applies to him. However, Jordan is meeting the work requirement by being in school part-time. But Jordan still has to go through the 6-month redes process (instead of 12-months) because he is an ACA Adult.

Scenario 2: Hector is 42 yrs. old, is a person living with HIV who is also in recovery for the past two years for a substance use condition. Hector works periodically and volunteers with a local nonprofit approximately 8 hrs a week. Hector is an ACA Adult. Because Hector is an ACA Adult, the work requirement applies to him. However, Hector has been in recovery for less than 5 years for a substance use condition, so he qualifies for an exemption from the work requirement under “medical frailty”. Hector still has to go through the 6-month redes process (instead of 12-months) because he is an ACA Adult.

Scenario - People With Chronic Health Conditions - HIV

Scenario	Medicaid Impact
<i>Jordan is 35 yrs. old, is a person living with HIV who also has diabetes, high blood pressure and high cholesterol. They are in school part-time and work part-time. Jordan has Medicaid as an ACA Adult.</i>	Because Jordan is an ACA Adult, the work requirement applies to him. However, Jordan is meeting the work requirement by being in school part-time. But Jordan still has to go through the 6-month redes process (instead of 12-months) because he is an ACA Adult.
<i>Hector is 42 yrs. old, is a person living with HIV who is also in recovery for the past two years for a substance use condition. Hector works periodically and volunteers with a local nonprofit approximately 8 hrs a week. Hector is an ACA Adult.</i>	Because Hector is an ACA Adult, the work requirement applies to him. However, Hector has been in recovery for less than 5 years for a substance use condition, so he qualifies for an exemption from the work requirement under “medical frailty”. Hector still has to go through the 6-month redes process (instead of 12-months) because he is an ACA Adult.

People With Chronic Health Conditions - Mental Health

Under HR1, individuals with a “disabling mental health condition” are eligible for an exemption from work requirements.

Additional information: [National Council for Mental Wellbeing - HR1 Resource Hub](#)

Medicaid Provision Under HR1	Medicaid Expansion/ACA Adult - Mandatory Medical Frailty Exemption	CMS rule added that condition must also significantly impair ability to consistently complete work requirement	
80-Hour Work Mandate	Eligible for exemption based on diagnosis <u>and</u> inability to meet work requirement	2027: Self-attestation accepted	2028: Definition and documentation TBD
6-month or 12-month redetermination?	If an ACA Adult, subject to 6-month redetermination		

Scenario - People With Chronic Health Conditions - Mental Health

Scenario	Medicaid Impact
<i>A person with a diagnosis of major depressive disorder whose symptoms impair their ability to regularly work, volunteer, or attend classes or job readiness training</i>	2027: If an ACA Adult, eligible for an exemption based on diagnosis and self-attestation of impairment to ability to consistently meet community engagement requirements. This person is subject to redetermination every 6-months beginning with their first re-determination in 2027.
<i>A person with a diagnosis of major depressive disorder whose symptoms impair their ability to regularly work, volunteer, or attend classes or job readiness training</i>	2028: If an ACA Adult, likely eligible for exemption based on diagnosis if they can provide proof of their inability to consistently meet community engagement requirement based on HFS adopted definition and required documentation. This person is subject to redetermination every 6-months beginning with their first re-determination in 2027.

People With Chronic Health Conditions - Substance Use

Under HR1, individuals with a substance use disorder, regardless if they are in an active treatment program, are eligible for an exemption from the work requirement. However, this does not include individuals who are in recovery for 5 years or more.

Additional information: [National Council for Mental Wellbeing - HR1 Resource Hub](#)

Medicaid Provision Under HR1	Medicaid Expansion/ACA Adult - Mandatory Medical Frailty Exemption	Condition must significantly impair ability to complete requirements	
80-Hour Work Mandate	If an ACA Adult, eligible for exemption based on SUD diagnosis and inability to meet requirements	If an ACA Adult, individuals in recovery for 5 or more years are ineligible for exemption	2027: Self-attestation accepted 2028: Definition and documentation TBD
6-month or 12-month redetermination?	If an ACA Adult, subject to 6-month redetermination		

Scenario - People With Chronic Health Conditions - Substance Use

Scenario	Medicaid Impact
<i>A person with a diagnosis of opioid use disorder who is receiving Medication Assisted Recovery treatment services but cannot consistently work, volunteer, attend classes or job readiness/training.</i>	If an ACA Adult, person is eligible for an exemption from community engagement requirement (aka work requirement) that impairs ability to meet requirement due to diagnosis of SUD and not being in active recovery for 5 or more years.
<i>A person with a diagnosis of opioid use disorder who is not currently enrolled in a treatment program but cannot consistently work, volunteer, attend classes or job readiness/training.</i>	If an ACA Adult, person is eligible for an exemption due to diagnosis of SUD that impairs ability to meet requirement and not being in active recovery for 5 or more years.
<i>A person with a diagnosis of alcohol use disorder who has been in stable recovery for 7 years.</i>	If an ACA Adult, person is not eligible for an exemption based on SUD due to being in recovery for 5 or more years.

Pregnant and Postpartum People

Postpartum = up to 1 year post-pregnancy, regardless of how the pregnancy ended - including birth, abortion, miscarriage, or stillbirth

Medicaid Provision Under HR1	Pregnant or postpartum person that the state KNOWS is pregnant/postpartum	Pregnant or postpartum person - that the state DOESN'T know is pregnant/postpartum
80-Hour Work Mandate	Not applicable. Not an ACA adult. They are in Moms and Babies	Possibly - if not enrolled in Family Care for another child or an ACA Adult that qualifies for another exemption
6-month or 12-month redetermination?	No redetermination until 12 months postpartum	If in Family Care - 12 month If ACA Adult - 6 month

KEY TAKEAWAY: If someone is enrolled as an ACA Adult and becomes pregnant it is essential that they notify HFS of their pregnancy as soon as possible, regardless of intention or outcome, to be shielded from work requirements and 6 month redetermination.

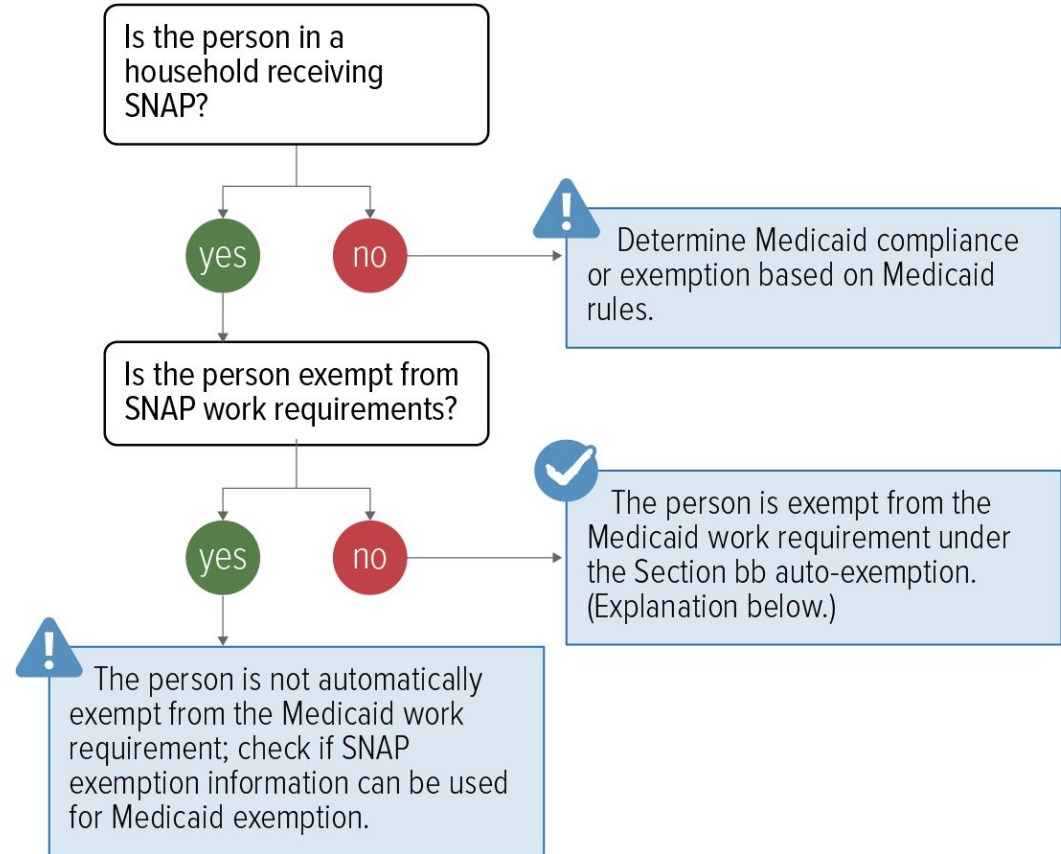
Scenario - Pregnant and Postpartum People

Scenario	Medicaid Impact
<i>A 19-year-old ACA Adult who has no children discloses that they had an abortion in the past two months during a primary care visit.</i>	They would qualify for Moms and Babies coverage until 12 months after end of pregnancy, as long as they update their information in Manage My Case within 2 months of the end of pregnancy. Once enrolled in Moms & Babies they are not subject to work requirements or 6 month redetermination.
<i>A 35-year-old immigrant who does not qualify for Medicaid because of immigration status seeks prenatal care at an FQHC.</i>	They would qualify for Moms and Babies coverage during pregnancy and 12 months postpartum. They are not subject to work requirements or 6 month redetermination.
<i>A 24-year-old with Family Care is pregnant and has a two-year-old child.</i>	They would qualify for Moms and Babies coverage and move to Family Care after 12 months postpartum. They are not subject to work requirements or 6 month redetermination in either program.
<i>A 29-year-old uninsured individual presents at an ER for treatment, at which time a first trimester miscarriage is confirmed.</i>	They would qualify for Moms and Babies, depending on income, through 12 months postpartum coverage after end of pregnancy. They must apply for Medicaid within 2 months of the end of pregnancy. They are not subject to work requirements or 6 month redetermination.

People on Medicaid & SNAP

We know that Illinoisans on Medicaid are often eligible for and accessing other public benefits such as the **Supplemental Nutrition Assistance Program (SNAP)**. While both programs now have work requirements, the rules are **not** exactly the same making interaction between them confusing for individuals.

Let's look at this flow chart →



People on Medicaid & SNAP

What does that look like in the chart? Main takeaways?

- The list of exemptions in SNAP and Medicaid are **not** the same.
- Being exempt from SNAP work requirement does **not** automatically exempt you from Medicaid work requirement.
- If the work requirement applies to someone, client will need to evaluate their situation under each list of exemptions and report anything, as needed, to IDHS and HFS.

Medicaid Provision Under HR1	SNAP recipient under 19*	SNAP recipient 19-64, NOT EXEMPT** from SNAP WR	SNAP recipient 19-64, EXEMPT from SNAP WR	SNAP recipient 65+
80-Hour Work Mandate	Not applicable. Not an ACA Adult.	Fully Exempt. Automatically exclude from work requirements.	Depends. Must comply if ACA Adult, unless they're exempt for another reason.	Not applicable. Not an ACA Adult.
6-month or 12-month redetermination?	12 months	Depends. If an ACA Adult then 6 months.	Depends. If an ACA Adult then 6 months.	12 months

Notes:

* SNAP Work Rules impact 18 year olds but they would not be an ACA Adult until 19 years old.

** Technically the individual just needs to be subject to, aka not-exempt and either complying or using one of their three months.

Scenario - People on Medicaid & SNAP

Scenario	Medicaid Impact
<i>Single 18 year-old SNAP recipient</i>	Not an ACA Adult because under 19. Once they turn 19 then they will be evaluated for Medicaid WR at their redetermination that takes place after their birthday and begin 6-mo redes.
<i>Single 25 year-old SNAP recipient <u>working</u> 80 hours a month</i>	Likely an ACA Adult, but <u>fully exempt</u> from Medicaid WR because already subject to SNAP WR. Subject to 6-mo redes for both SNAP and Medicaid.
<i>Single 59 year-old SNAP recipient <u>exempt</u> from SNAP WR due to physical and/or mental limitation</i>	Likely an ACA Adult. Subject to 6-mo redes for both SNAP and Medicaid. Exemption from Medicaid WR will depend on whether the physical and/or mental limitation meets the definition of Medical Frailty or another Medicaid WR exemption.
<i>Single 24 year-old SNAP recipient <u>exempt</u> from SNAP WR due pregnancy</i>	Likely *categorized* as an ACA Adult <u>until</u> the pregnancy is reported to HFS and the individual is moved to Moms & Babies. Then no longer subject to Medicaid WR or 6-mo redes.

Take Action!

Presenters: Anusha Thotakura, Citizen Action Illinois; Meghan Carter, Legal Council for Health Justice; Katie Thiede, ICAN!; Emily Cole, EverThrive; Nadeen Israel, AFC

- ❑ Ask Qs and share Challenges on **HelpHub** <https://helphub.legalcouncil.org/>
- ❑ Share the **HFS Toolkits** and **information from this presentation** <https://hfs.illinois.gov/info/fedresctr.html>
- ❑ Help collect **Medicaid Stories** [Protect Our Care Illinois \(POCIL\) Coalition's Story Collection Interest Form \(Illinois\) – Fill out form](#)
- ❑ **Let people who lose coverage know that they may qualify for other healthcare programs and/or be able to access healthcare in the below settings, including:**
 - Resources for Immigrants:
https://docs.google.com/presentation/d/1KhfEzkgKogHBnW1r-wvPMoWy_VcTD8nZifsD71r_Y18/edit?usp=sharing
 - Federally Qualified Health Centers (FQHCs); FQHCs in IL Locator: <https://www.iphca.org/health-center-locator/>
 - Free and Charitable Clinics; List of Free and Charitable Clinics in IL:
<https://www.illinoisfreeclinics.org/clinic-search/clinic-directory/>
 - Hospital Charity Care
https://e2a3fb6c-c4a7-47af-b216-39bdb5045b9.filesusr.com/ugd/97f293_2d2af000e54c4fde8b3e9df83bab0b0e.pdf (ICIRR factsheet)
 - Illinois Family Planning Program Waiver
https://icancovered.thinkific.com/products/digital_downloads/new-digital-download-8
 - Illinois Breast and Cervical Cancer Program
<https://dph.illinois.gov/topics-services/life-stages-populations/womens-health-services/ibccp.html>
 - Illinois AIDS Drug Assistance Program (Illinois ADAP)
<https://adap.directory/illinois>

Q&A



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