Preparing Affected Illinois Medicaid Customers for HR 1 Changes

Phase Two 2026 – Broad Public Awareness
Stakeholder Toolkit

HFS
Illinois Department of
Healthcare and Family Services

Why This Matters

HR 1 introduces new Medicaid work requirements for some customers who could lose coverage if they do not comply.

These changes are required under federal law and were **not chosen by the State of Illinois**.

- The Illinois Department of Healthcare and Family Services (HFS) is committed to providing clear information, advance notice, and support so customers understand what this means for them and how to keep their coverage if they qualify.
- Clear, timely, and accessible communication is essential to:
  - Support successful implementation
  - Help eligible residents maintain coverage

Who Might Be Affected by the New Medicaid Work Requirement

The new requirement may apply to many adults under age 65, but not everyone will be impacted.

Who is impacted: The Affordable Care Act (ACA) expanded Medicaid eligibility to a large group of adults who were previously ineligible for coverage.

These new work requirements generally apply to this expansion population, also called ACA Adults. In most cases, this includes people who are: aged 19-64, not receiving Medicare, and not the parents or guardians of dependent children aged 18 or younger in their home.

How Affected Customers Can Prepare For HR 1 Changes

- **Update your information at abe.illinois.gov**. Create an account in our ABE "Manage My Case" portal. If you already have an account, make sure you can log in. Manage My Case gives you access to key information about your Medicaid benefits and allows you to report information to us.

- **Make sure HFS has an address on file where your mail always reaches you.** When you log into Manage My Case, you can update your address, phone number, or email. You can also update your information by filling out the Medicaid Address Change Form, by calling 1-877-805-5312, or you can visit your Family Community Resource Center office for assistance.

- **Watch your mail**. We will contact you directly before any change affects your coverage. Don't ignore mail from the state and respond immediately to notices.

- **Report household changes.** Get help early if you need to report a change in income, immigration status, or household members. Make changes at abe.illinois.gov by clicking "Manage My Case," or call 1-877-805-5312.

HR 1 Eligibility Changes: Work Requirements

Work Requirements: Starting January 1, 2027, many ACA Adults will be required to engage in work, school, community service, or workforce programs to GET or to KEEP Medicaid coverage.

- Requirements vary by individual circumstances
- Impacted customers who do not comply could lose coverage
- **Remember, this rule does not apply to many customers. For example, people ages 65 and older, and children under 19.** In addition, most parents and caretaker relatives in Illinois are in Family Health Plans and are not subject to work requirements because they are not in the ACA Adults group
- Some ACA Adults will be able to **claim an exemption** from the new work requirements
- **The first letters notifying impacted members about work requirements will be mailed in early September 2026**

HR 1 Eligibility Changes: Work Requirements

Customers who are required to meet the new federal work requirements must show they are compliant starting with their first Medicaid redetermination in 2027.

- In Illinois, you will need to meet the work requirement for at least one month during the six-month period before your redetermination
- If we cannot determine that you are exempt from or that you have met the Medicaid work requirements based on the information that is available to us, we will ask you for more information during your redetermination
- After your first redetermination in 2027, your case will be reviewed every six months

Other HR 1 Eligibility Changes

Six-Month Redeterminations: Currently, Illinois is required to verify Medicaid customer eligibility annually. Effective January 1, 2027, ACA Adults, who are generally customers aged **19 to 64**, who do not receive Medicare, and who do not have a dependent child under 18 in the home, must have their eligibility redetermined every six months.

Retroactive Coverage Limits: While HR 1 reduces medical coverage before the customer's application month from 3 months to 2 months (and only 1 month for ACA Adults), HFS will provide 2 months of retroactive coverage for **ALL** eligible applicants.

HR 1 Outreach Requirements

HFS must notify all affected customers at least 4 months before implementation

Notices must include:

- Work and reporting requirements
- Available exemptions
- Verification steps

Communication must be sent through:

- Mail
- At least one additional communication channel, such as text message or email

HR 1 Communication Methods for Impacted Customers and Stakeholders

How HFS is communicating with impacted customers and stakeholders:

- Notices mailed in September 2026 to impacted customers will provide advance notification that work requirements will be starting in 2027
- Email
- Text Messages
- Social media
- New online Medicaid Guide for Customers: https://hfs.illinois.gov/medicalclients.html
- Ongoing toolkits, presentations, webinars, community outreach and engagement with stakeholders. Find these resources on HFS' online Federal Resource Center.

Understanding New Medicaid Work Requirements:

Qualifying Activities

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Some Medicaid customers will need to meet a new work requirement to qualify for and keep their Medicaid coverage. "Qualifying activities" include:

- Work (at least 80 hours per month—including unpaid work)
- Community service (volunteering) (at least 80 hours per month)
- Participation in a work program (at least 80 hours per month)
- Educational enrollment (at least half time, as defined by the school or institution)
- Any combination of the above listed activities (for a total of at least 80 hours), OR
- Income of at least $580/month (or for seasonal workers, an average $580/month income over a six-month period) If you meet the income requirement, you do not also have to prove you have met 80 activity hours.
- Find resources to help you meet work requirements on the IDHS website

Who WILL NOT be affected by the new federal Medicaid Work Requirements?

Some Medicaid customers will be excluded from work requirements:

- Individuals with special medical needs (Medically Frail)
- Pregnant individuals or those entitled to 12-month postpartum Medicaid coverage. This includes pregnancies that ended in a miscarriage, stillbirth or termination
- Participants in a drug addiction or alcohol treatment and rehabilitation program
- Parents, guardians, caretaker relatives, or family caregivers of a dependent child under age 14, or of a disabled individual
- Veterans with a disability rated as total under 38 U.S.C. § 1155
- Members of a household receiving Supplemental Nutrition Assistance Program (SNAP) and who are required to participate in SNAP work requirements
- Individuals compliant with Temporary Assistance for Needy Families (TANF) work reporting requirements
- American Indians and Alaska Natives
- Former foster care youth under age 26 [i.e., individuals eligible under the former foster care youth eligibility group]
- Inmates of a public institution or released within the last 3 months

Potential Coverage Impacts if Work Requirements Are Not Met

ACA Adults may lose Medicaid coverage if they do not submit required documentation showing they meet work requirements or qualify for an exemption.

Potential impacts include:

- **Loss or denial of Medicaid coverage**
  - HFS will be required to end Medicaid coverage or deny new applications for individuals who are subject to work requirements but do not demonstrate that they meet or are exempt from them.
  - If an individual loses coverage, they may reapply for Medicaid at any time if circumstances change or work requirements are later met.
- **Transition to other healthcare coverage options**
  - Some individuals may qualify for coverage through Get Covered Illinois, Illinois' health insurance marketplace. However, customers who aren't eligible for Medicaid because they have not met the new work requirements will not be eligible for tax credits to help cover the cost of marketplace health insurance, which would mean higher out-of-pocket costs for that insurance.

Stakeholders should encourage ACA Adults to:

- Respond promptly to Medicaid notices
- Stay informed about reporting requirements and deadlines. Updates will be shared through HFS' online Illinois Medicaid Customer Guide
- Explore alternative coverage options if they lose eligibility. Visit GetCoveredIllinois.gov for information about Marketplace coverage
- Call 1-877-805-5312 for assistance

Steps Medicaid Customers Can Take Now to Keep Coverage

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HR 1 Phase 2 Toolkit

Individuals currently enrolled in Medicaid can take several steps now to help maintain their coverage if they are affected by work requirements.

Encourage customers to:

- Ensure mailing address, email address, and phone number are current
- Get a Manage My Case Account or check that they can access an existing account

Understand the "What" and "When" of Work Requirements

- Review the letters, notices, emails, and texts we send to understand work requirements and what it means to comply or be exempted
- Keep track of your redetermination date and be ready to respond about complying or being exempt from work requirements if we ask.

This toolkit includes templates and materials you can use to share key messages with Medicaid customers in your community:

- **Fact Sheet** - a detailed overview of the work requirements
- **Flyer** - high-level messaging to share with Medicaid customers
- **Palm Card** – high-level handout that can be used for outreach events
- **Newsletter / Article** – brief story suitable for use on websites, in newsletters, and in bulletins
- **Social Media** – graphic posts that can be used on your own social media accounts. You should also follow the HFS Facebook page and repost/share with your followers
- **Email / Letter** – direct-to-customer messages for emails and letters
- **Text Messages** – direct-to-customer messaging that is suitable in a text format

Phase 2 Toolkit Overview

SNAP & MEDICAID CHANGES

IDHS Illinois Department of Human Services

HFS Illinois Department of Healthcare and Family Services

What you need to know about work requirements and 6-month renewals

A new federal law (HR 1) is affecting both SNAP and Medicaid.
Illinois is required to implement these changes. SNAP changes began in May 2026, with Medicaid in January 2027. You may know **SNAP** as food stamps or your Link card, and **Medicaid** as All Kids, Aetna, BlueCross BlueShield, CountyCare, Meridian, or Molina.

KEY CHANGES AND THEIR EFFECTIVE DATES

What's Changing?	If you're on SNAP	If you're on Medicaid
New work requirements for certain adults. Complete 80 hours in a single month of work, school, job training and/or volunteering, or earn a minimum amount of income	**After May 1, 2026** *For ABAWDs* *(ages 18-64, physically and mentally able to work, no dependent under 14 in home)*	**After January 1, 2027** *For ACA Adults* *(ages 19-64, no Medicare, no dependent under 18 in home)*
Renewals every 6 months to keep benefits	**After May 1, 2026** *For non-elderly/disabled*	**After January 1, 2027** *For ACA Adults*

WHAT TO DO NOW

1. **Update your contact information at abe.illinois.gov**. Change your address, phone number, or email in "Manage My Case", or visit your FCRC office.
2. **Watch your mail**. We will contact you directly before any change affects coverage. Don't ignore mail from the state and respond immediately to notices.
3. **Report household changes.** Get help early if you need to report a change in income, immigration status, or household members. Call Call 1-877-805-5312.
4. **Keep records** of your work or activity hours, and/or your exemption documentation.

WHERE TO GET MORE INFORMATION

SNAP
Work Requirements Screener:
aberp.illinois.gov/screener/ABAWD

SNAP Federal Impact Center:
dhs.state.il.us (item 174038)

MEDICAID
HFS Federal Resource Center:
hfs.illinois.gov/info/fedresctr.html

Medicaid Customer Guide
hfs.illinois.gov/medicalclients.html

Support Hotline: Call 1-877-805-5312

NEW WORK REQUIREMENTS TO KEEP YOUR BENEFITS

For Both Programs	If you're on SNAP	If you're on Medicaid
What's required: Complete 80 hours in a single month of work, school, job training, and/or volunteering, or earn a minimum amount of qualifying income for a single month ($935/month for SNAP; $580/month for Medicaid). **Note:** Children <18, seniors 65+, and people with disabilities are NOT affected by these changes. Meeting SNAP work requirements counts as Medicaid work requirements.	• **Who:** Able-Bodied Adults Without Disabilities ages 18-64, physically and mentally able to work, no dependents under 14 in home • Effective after **May 1, 2026**	• **Who:** "ACA Adults": ages **19–64**, no Medicare, no child under 18 in home • Effective **after January 1, 2027**

WORK REQUIREMENTS EXEMPTIONS

For Both Programs	If you're on SNAP	If you're on Medicaid
If you are pregnant or postpartum, are enrolled in a drug or alcohol treatment program, or if you are American Indian/Alaska Native (AI/AN).	• Main caregiver for an incapacitated disabled person • Caregiver of a child under 6 • Mentally or physically unable to work • Currently receiving, or have applied for unemployment benefits • With a "good cause" for exemption (as determined by caseworker) • Are an AmeriCorps VISTA volunteer • Experiencing chronic homelessness	• Caregiver of child < 14 or of a person with a disability • Medically frail or seriously ill • Former foster youth ages 19–26 • Veteran with total disability rating • In or recently in jail or prison • Have Medicare Part A or B • Have a short-term hardship (e.g., travel for medical care, a hospital stay, a natural disaster)

RENEWALS EVERY SIX MONTHS

For Both Programs	If you're on SNAP	If you're on Medicaid
What's required: Complete 80 hours in a single month of work, school, job training, and/or volunteering, or earn a minimum amount of qualifying income for a single month ($935/month for SNAP; $580/month for Medicaid). **Note:** Children <18, seniors 65+, and people with disabilities are NOT affected by these changes. Meeting SNAP work requirements counts as Medicaid work requirements.	• Who: "ABAWDs": Able-Bodied Adults Without Disabilities ages 18-64, physically and mentally able to work, no dependents under 14 in home • Effective after May 1, 2026	• **Who:** "ACA Adults": ages **19–64**, no Medicare, no child under 18 in home • Effective **after January 1, 2027**

Phase 2 Fact Sheet

MEDICAID CHANGES COMING IN 2027

Starting January 1, 2027, some Affordable Care Act (ACA) adults may need to meet new federal requirements to keep their Medicaid coverage.

DO THESE CHANGES APPLY TO YOU?

- Are ages 19-64
- Received Medicaid through the ACA Adult Program
- Do not receive Medicare
- Do not have a child age 18 or younger living in your home

NOTE: You may qualify for an exemption. Some people may not need to meet these requirements because of a medical condition, disability, or other approved reason. To find out more about exemptions visit medicaid.illinois.gov.

WHAT IS CHANGING?

- Reporting at least 80 hours for at least one month within the six-month review period before redetermination:
  - Work
  - Community service
  - Work program participation
  - Educational enrollment (at least half time)
- Income of at least $580/month - seasonal workers average $580/month income over 6 months
- Renew your Medicaid coverage every 6 months instead of every 12 months

NOTE: You can combine any of the activities listed above to meet the required 80 hours.

WHAT TO DO NOW

- Update your contact information at abe.illinois.gov
- Watch your mail. HFS will send you a notice if you are affected.

Updating your contact information does not mean your benefits are changing.

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- Are ages 19-64
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- Do not receive Medicare
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NOTE: You may qualify for an exemption. Visit medicaid.illinois.gov for more info.

WHAT IS CHANGING?

- Reporting at least 80 hours for a one-month period:
    - Work or community service
    - Work program participation
    - Educational enrollment (half time)
    - Income of at least $580/month
    - Seasonal workers average $580/month income over 6 months
- Renew coverage every 6 months instead of every 12 months

NOTE: You can combine any of the activities listed above to meet the required 80 hours.

WHAT TO DO NOW

- Update your contact information at abe.illinois.gov
- Watch your mail. HFS will send you a notice if you are affected.
- Call 1-877-805-5312 for help

Updating your contact information does not mean your benefits are changing.

Phase 2 Palm Card

Stay Informed About Upcoming Medicaid Changes

Changes are coming to Medicaid in 2027, and we want to make sure you have the information you need.

The federal government is making changes that may affect some Medicaid customers starting in January 2027. Many customers will not be affected. **If these changes apply to you, Illinois Medicaid will contact you before you need to take any action.**

Why Updating Your Contact Information Is Important
The most important step you can take right now is to make sure your contact information is up to date. This helps ensure you receive important notices about your coverage.

If you receive mail from the State of Illinois, open it right away. Your Medicaid coverage may depend on it.

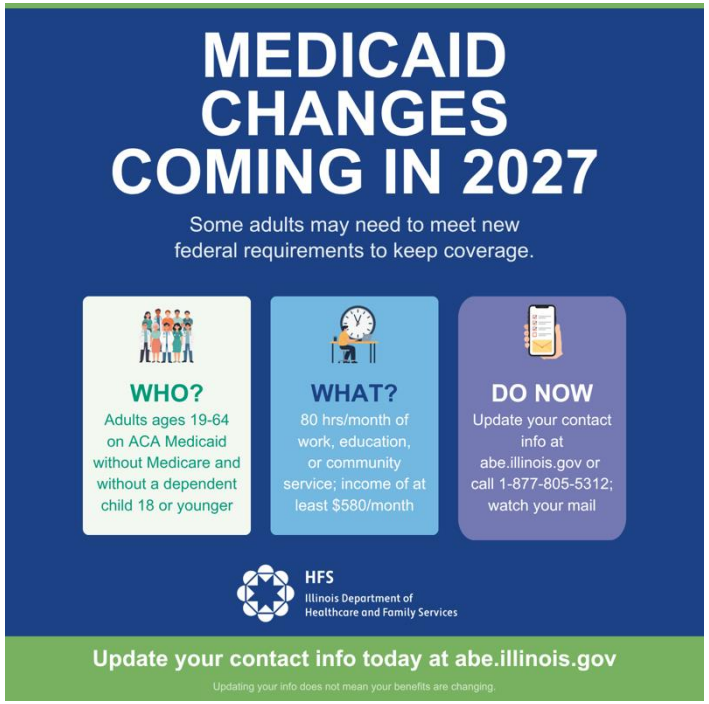
Update Your Information Today
Please make sure your address, phone number, and email are current.

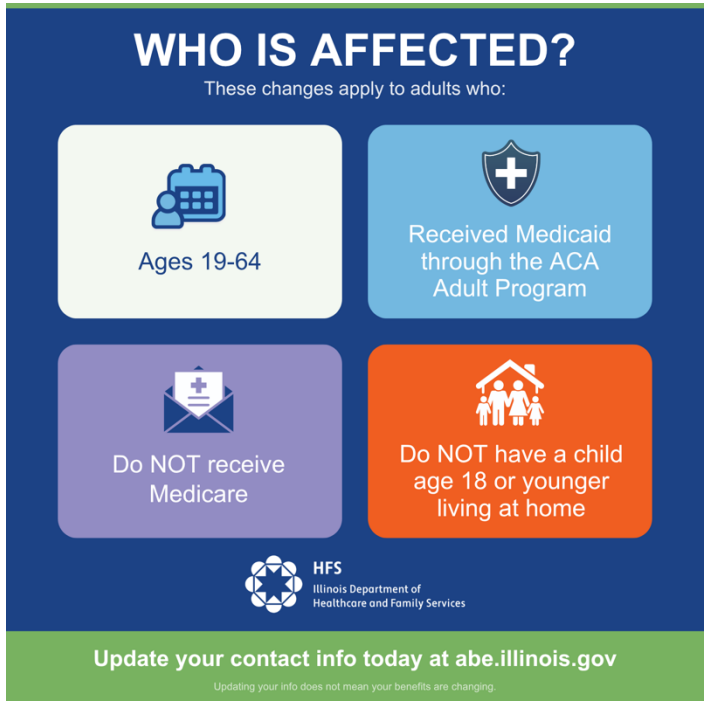
You can update your information by:

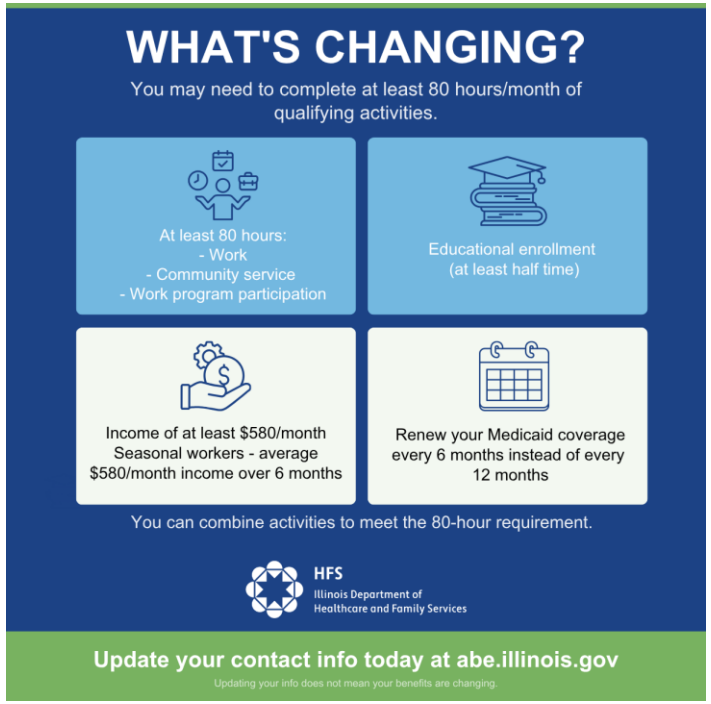
- Visiting **ABE.Illinois.gov** and click "**Manage My Case**." There you can view notices, check coverage, update your information and more – all in one place.
- Calling **877-805-5312**

Keeping your contact information up to date does **not** mean your benefits are changing. It simply helps us reach you if we need to share important information.

Thank you for taking this simple step to protect your coverage.







Social Media Carousel:

Some Medicaid changes are coming January 1, 2027. If you're an adult ages 19–64 enrolled in the ACA Adult Medicaid Program, you may need to:
- Meet a new federal requirement of 80 hours of work, school, community service, or other qualifying activities for one month (or meet an exemption).
- Renew your Medicaid coverage every 6 months instead of every 12 months.

What you should do now:
- Update your contact information at abe.illinois.gov
- Watch your mail for notices from HFS
- Call 1-877-805-5312 if you have questions

Learn more at medicaid.illinois.gov.

Phase 2 Social Media

Subject: Stay Informed: Update Your Contact Information for Medicaid

Dear Customer,

We want to let you know about changes coming to Medicaid.

Starting in January 2027, new federal rules may affect some Medicaid customers. Many people will not be affected. If you need to take any action, Illinois Medicaid will contact you first.

Right now, the most important thing you can do is make sure your contact information is correct.

If you get mail from the State of Illinois, open it right away. It may be about your Medicaid coverage.

Please update your address, phone number, and email today:

- Visit **ABE.Illinois.gov** and click "**Manage My Case**." There you can view notices, check coverage, update your information and more – all in one place.
- Or call **877-805-5312**

Updating your contact information does NOT mean your benefits are changing.

Thank you for helping us keep your information up to date.

Illinois Department of Healthcare and Family Services

Phase 2 Email/Letter

Option 1:
Medicaid changes start 2027. Many won’t be affected, but some will. Stay informed. Update info at abe.illinois.gov or 877-805-5312. Open State mail right away.

Option 2:
Medicaid changes start 2027. Many exempt, some are not. Stay informed. Update address/phone/email at abe.illinois.gov or 877-805-5312. Open State mail promptly.

Option 3:
Protect your coverage. Update contact info at abe.illinois.gov or 877-805-5312. Changes start in 2027 for some. Open mail from the State right away.

Phase 2 Text Messages