HFS
Illinois Department of
Healthcare and Family Services

Medicaid Advisory Committee and Beneficiary Advisory Council

Annual Report

July 9, 2026

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Executive Summary

In April 2024, the Centers for Medicare & Medicaid Services (CMS) published the *Medicaid Program; Ensuring Access to Medicaid Services* final rule (the "Access Rule"). This rule established new requirements for states to formally incorporate beneficiary perspectives into Medicaid policy and program administration. In response, the Illinois Department of Healthcare and Family Services (HFS) restructured its long-standing Medicaid Advisory Committee (MAC) and launched the state's first-ever Beneficiary Advisory Council (BAC).

This report documents the first year of activity for both bodies.

Medicaid Advisory Committee Year 1 Overview

The MAC held 3 open meetings between November 2025 and May 2026, addressing a variety of topics, including the federal H.R. 1 legislative proposal, also known as the One Big Beautiful Bill Act (OBBBA), and its implications for Medicaid eligibility and Supplemental Nutrition Assistance Program (SNAP) benefits; the Rural Health Transformation Program (RHTP); managed care procurement; maternal and child health initiatives; and other legislative developments. Member engagement strengthened significantly following the integration of 5 BAC members into MAC proceedings—a membership milestone Illinois achieved ahead of the federal July 2027 deadline.

Beneficiary Advisory Council Year 1 Overview

HFS initiated an extensive recruitment campaign for BAC members, reaching over 1,000 individuals, organizations, and advocacy groups across Illinois. From over 70 applications, HFS selected 18 members representing a wide range of geographic regions, demographic backgrounds, and lived experiences with Medicaid.

The BAC held a closed orientation in February 2026 and its first open public meeting in April 2026. Members worked together to establish operating ground rules, reviewed and adopted bylaws, and received a briefing on proposed federal Medicaid changes under H.R. 1, among other activities. Post-orientation survey results were overwhelmingly positive: more than 80% of members strongly agreed that they understood the BAC's purpose and felt welcomed and respected.

Next Steps

Looking ahead, HFS is working to secure subject matter experts for upcoming meetings on topics prioritized by members, including care coordination, provider access, Medicaid redetermination, and ongoing H.R. 1 implications. Building on its early success, HFS remains committed to centering customer voices as a core component of its ongoing efforts to improve health outcomes for the more than 3 million Illinoisans enrolled in HealthChoice Illinois (HCI).

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

Section 1

Medicaid Advisory Committee

Medicaid Advisory Committee: Membership & Representation

Membership Requirement Overview

For decades, the regulations at § 431.12 required States to establish a Medical Care Advisory Committee (MCAC) to provide guidance to their Medicaid agencies on health and medical care services. In 2024, the Centers for Medicare & Medicaid Services (CMS) published the *Medicaid Program; Ensuring Access to Medicaid Services* final rule (the "Access Rule"), which replaced the existing MCAC requirements with a new Medicaid Advisory Committee (MAC) framework designed to promote the effective administration of the Medicaid program and to ensure that services are delivered in the best interests of beneficiaries. As stipulated by the Access Rule, the MAC should comprise a diverse group of stakeholders who reflect the lived experiences, healthcare needs, and operational realities of the Medicaid program.

The MAC must have at least one representative from each of the following categories:

Clinical Providers/Administrators: Individuals who understand the health and social needs of Medicaid beneficiaries and are knowledgeable about the resources needed for their care. This group includes providers or administrators in primary care, specialty care, and long-term care.

Participating Plans or State Associations: Organizations such as Medicaid Managed Care Organizations (MCOs), Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), Primary Care Case Management (PCCM) entities, or health plan associations that represent more than one of these plans.

Advocacy Groups or Organizations: State, local, or community-based organizations that advocate for the interests of Medicaid beneficiaries or provide direct services to them.

Other State Agencies: These members will serve as part of their existing role/office.

Additionally, by July 10, 2027, at least 25% of MAC members must come from the Beneficiary Advisory Committee (BAC).

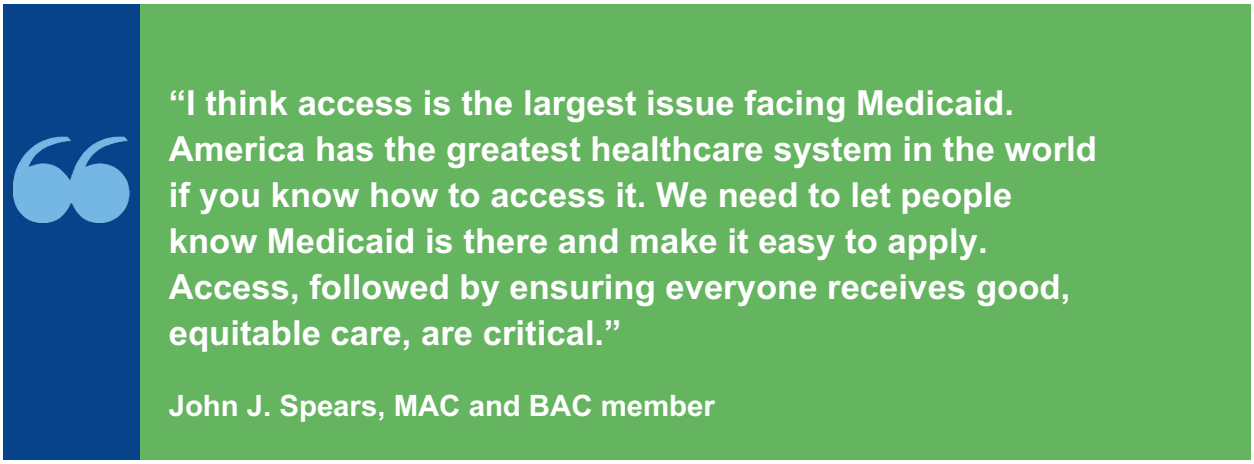
MAC members offer critical guidance to state Medicaid administrators by:

Elevating Lived Experience: By ensuring that current and former beneficiaries, along with their caregivers, serve on the committee, programs can better identify unmet needs and evaluate the effectiveness of policies in real-world settings.

Balancing Perspectives: Involving providers, MCOs, and patient advocates ensures that policy changes are practical to implement and address a wide range of health conditions.

Addressing Social Drivers of Health: Including representatives from various state agencies, such as child welfare and housing, improves care coordination and addresses health-related social needs (HRSN).

Offering Broad Representation: Diverse geographic, demographic, and service-type representation ensures that the program treats all vulnerable populations fairly and without discrimination.



Members of Illinois' Medicaid Advisory Committee

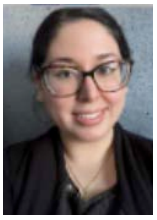
Arti Barnes
(ex officio)
Illinois Department of Public Health

Kathy Chan
Cook County Health

Brian Cloch
Transitional Care Management, Innovative Health, LLC

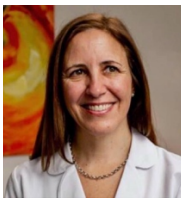
Mary Cooley
Aetna Better Health of Illinois

Katrina Falkner
BAC Member



Lissett Felix
BAC Member

Lureatha Jackson
BAC Member



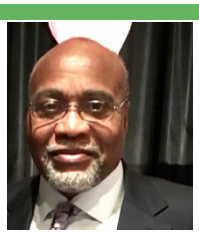
Flavia Lamberghini
UIC Pediatric Dentistry Department, Apple Dental Care

Dan S. Lustig
Haymarket Center

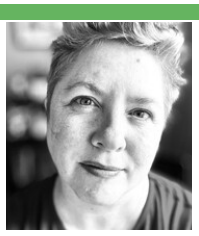
Larry McCulley
SIHF Healthcare

Kim Mercer-Schleider
Illinois Council on Developmental Disabilities

Audrey Pennington
(Chair), Aunt Martha's Health & Wellness



Howard Peters III
HAP, Inc.



Amber Smock (Vice Chair), Access Living

John J. Spears
BAC Member

Erica Stearns
BAC Member

Medicaid Advisory Committee: Activities & Topics Discussion

The Access Rule mandates that the MAC meet quarterly and provide the state's Medicaid administrators with guidance on various topics, including:

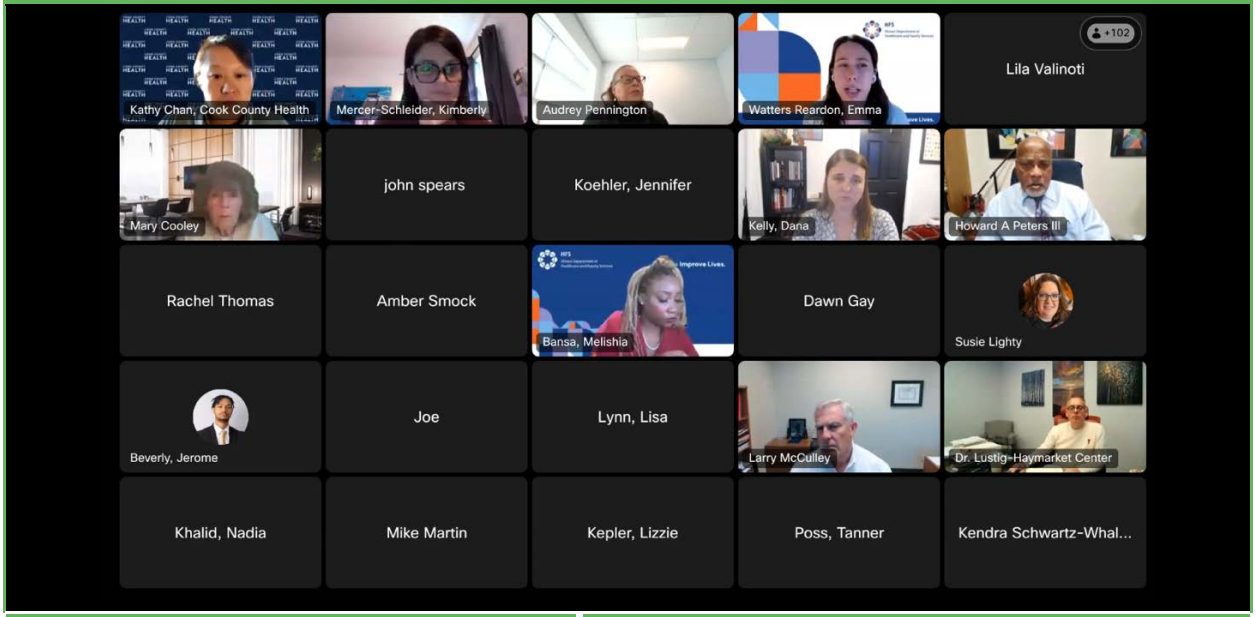
Access or changes to services
Coordination of care
Eligibility, enrollment, and renewal processes
Communication with beneficiaries, providers, and various health plans as defined in the Code of Federal Regulations governing Medicaid Managed Care § 438.2
Cultural competency, language access, health equity, and addressing disparities and biases in the Medicaid program
Service quality
Other healthcare issues affecting the Medicaid program that are considered relevant

According to the Access Rule, 2 MAC meetings a year must be open to the public, with dedicated time for public comment. The MAC must offer a variety of options for meeting participation, including in-person, virtual, or hybrid formats, with a telephone dial-in option always available. While the MAC is required to meet once per quarter, meetings may be held off-cycle as necessary. The state must publicly post MAC bylaws, membership lists, and meeting minutes, as well as the process for member recruitment and selection. At least one member of the state's executive staff must attend all BAC and MAC meetings, and the MAC must publish an annual report of its activities, including those of the BAC.

Medicaid Advisory Committee Meetings Overview

Illinois' newly reformed MAC has held 3 open meetings since the Access Rule went into effect: one on November 7, 2025, another on February 27, 2026, and another on May 8, 2026. The February meeting was the first meeting to incorporate new members of the BAC.

Open Meeting I



Date

November 7, 2025

Facilitator

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Speakers

Dana Kelly
Chief of Staff, HFS

Emma Watters Reardon
Director of Policy, HFS

Leslie Cully
Director, Division of Family and Community Services, Illinois Department of Human Services

Thea Kachoris-Flores
Special Assistant for Health-Related Social Needs, HFS

Keshonna Lones
Bureau Chief, Managed Care, Division of Medical Programs, HFS

Michael Welton
Associate Administrator, Division of Medical Programs, HFS

Brielle Osting
Project Director, Transforming Maternal Health, HFS

Timika Anderson Reeves
Special Assistant for Maternal and Child Health, HFS

Patrick Hostert
Deputy Director of Legislative Affairs, HFS

Stephani Becker
Deputy Administrator, State-Based Marketplace, HFS

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Samantha Alloway
Chair, Autism Workgroup, MAC member

Howard Peters III
Co-chair, Community Integration, Health Equity, and Quality Care Subcommittee, MAC member

Amber Smock
Vice Chair, MAC, Co-chair, Community Integration, Health Equity, and Quality Care Subcommittee

Regina Crider
Chair, N.B. Subcommittee, MAC member

Nadeen Israel
Chair, Public Education Subcommittee, MAC member

Key Activities and Topics

On November 7, 2025, the MAC convened an open meeting virtually via Webex. HFS provided closed captioning and addressed any accessibility needs.

Melishia Bansa, Deputy Director of Community Outreach, Boards and Commissions at HFS, facilitated the roll call and confirmed a quorum. Dana Kelly, HFS Chief of Staff, welcomed attendees, introduced new staff members, and provided leadership updates on the HealthChoice Illinois (HCI) Request for Proposal (RFP) procurement process and the status of the Rural Health Transformation Program (RHTP). The MAC reviewed and approved the minutes from the August 1, 2025, meeting with a unanimous motion and second; no members opposed or abstained.

During the meeting, HFS presented updates on various federal, legislative, and medical programs. Presentations addressed a range of topics, including:

- H.R. 1 (also known as the One Big Beautiful Bill Act (OBBBA)) and Medicaid by Emma Watters Reardon, Director of Policy, HFS
- OBBBA and Supplemental Nutrition Assistance Program (SNAP) by Leslie Cully, Director, Division of Family and Community Services, Illinois Department of Human Services (IDHS)
- 1115 Waiver by Thea Kachoris-Flores, Special Assistant for Health-Related Social Needs (HRSN), HFS
- Dual Eligible Special Needs Plans (D-SNPs) by Keshonna Lones, Bureau Chief, Managed Care, Division of Medical Programs, HFS
- Cell and Gene Therapy (CGT) by Michael Welton, Associate Administrator, Division of Medical Programs, HFS
- Transforming Maternal Health (TMaH) initiatives by Brielle Osting, Project Director, TMaH, HFS
- Maternal and Child Health (MCH) provider types by Timika Anderson Reeves, Special Assistant for MCH, HFS
- Veto session review by Patrick Hostert, Deputy Director of Legislative Affairs, HFS
- State-Based Marketplace (SBM) updates by Stephani Becker, Deputy Administrator, SBM, HFS

Additionally, Melishia Bansa provided an update on the BAC recruitment process, noting that over 70 applicants had applied. She reported that the HFS Boards and Commissions team had conducted applicant interviews and outlined the timeline for next steps, including when candidates would receive final correspondence and when new member orientation would take place.

The meeting also featured subcommittee reports and recommendations, such as:

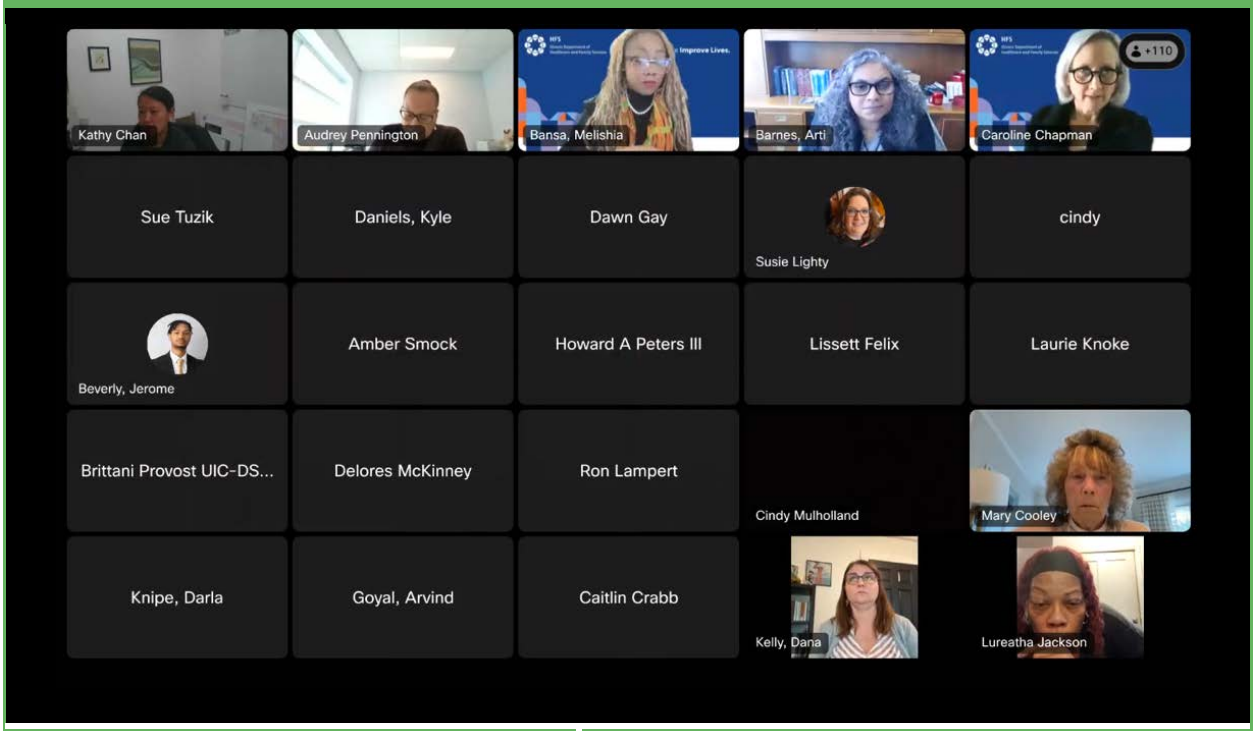
- Autism Workgroup progress in developing stakeholder surveys and its recommendations for reporting to the General Assembly by Samantha Alloway, Chair, Autism Workgroup
- Community Integration, Health Equity, and Quality Care (CIHE-QC) Subcommittee updates on recruitment efforts and membership applications by Howard Peters III and Amber Smock, Co-chairs, CIHE-QC Subcommittee
- N.B. Subcommittee updates on the development of the statewide provider network by Regina Crider, Chair, N.B. Subcommittee
- Public Education (PE) Subcommittee updates by Nadeen Israel, Chair, PE Subcommittee

No members of the public submitted comments during the public comment period. Additional business included general announcements from HFS as well as a proposal to revisit discussions on improving vaccine access at a future meeting.

HFS posted meeting materials and the MAC bylaws on its website.

> **"The most significant topic in the next 9 months, and possibly 12 months, is H.R. 1. It eclipses everything else. It starts to touch people's lives on January 1. That is the beginning of the work."**
>
> **Carrie Chapman, Special Assistant for Eligibility Initiatives, HFS**

Open Meeting II



Date

February 27, 2026

Facilitator

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Speakers

Audrey Pennington
Chair, MAC

Dana Kelly
Chief of Staff, HFS

Elizabeth Whitehorn
Director, HFS

Carrie Chapman
Special Assistant for Eligibility Initiatives, HFS

Dani Mendez
Senior Advisor, HFS

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Helena Lefkow
Deputy Administrator of Managed Care Performance, HFS

Sue DeBoer
Bureau Chief of Quality Management, HFS

Jacqueline Myers
Bureau Chief, Eligibility Integrity, HFS

Stephani Becker
Deputy Administrator, SBM, HFS

Kate Yager
Administrator, Division of Eligibility, HFS

Heather Eagelton
Director of Legislative Affairs, HFS

Howard Peters III
Co-chair, CIHE-QC Subcommittee, MAC member

Regina Crider
Chair, N.B. Subcommittee, MAC member

Nadeen Israel
Chair, PE Subcommittee, MAC member

Key Activities and Topics

On February 27, 2026, the MAC convened an open meeting virtually via Webex. HFS provided closed captioning and addressed any accessibility needs.

Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions at HFS, conducted roll call and confirmed a quorum.

MAC Chair Audrey Pennington opened the meeting with welcome remarks. Melishia Bansa provided guidance on general meeting operations, communications, and parliamentary procedures. The MAC members and attendees warmly welcomed the BAC members, who were joining the meeting as newcomers. Dana Kelly, HFS Chief of Staff, shared staff introductions and announcements.

Elizabeth Whitehorn, HFS Director, delivered leadership remarks and a comprehensive executive report. The meeting included presentations and updates covering various topics:

- Budget matters
- H.R. 1 and SNAP by Carrie Chapman, Special Assistant for Eligibility Initiatives, HFS
- RHTP initiatives by Dani Mendez, Senior Advisor, HFS
- BAC implementation efforts by Melishia Bansa
- Managed care procurement activities, including updates on Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), HCI procurement, and YouthCare procurement by Helena Lefkow, Deputy Administrator of Managed Care Performance, HFS
- Quality strategy revisions by Sue DeBoer, Bureau Chief of Quality Management, HFS
- Eligibility updates by Jacqueline Myers, Bureau Chief, Eligibility Integrity, HFS
- SBM updates by Stephani Becker, Deputy Administrator, SBM, HFS, and Kate Yager, Administrator, Division of Eligibility, HFS
- Legislative affairs updates by Heather Eagleton, Director of Legislative Affairs, HFS

The meeting also included subcommittee reports and recommendations, such as:

- Autism Workgroup updates by Melishia Bansa
- CIHE-QC Subcommittee updates by Howard Peters III, Co-chair, CIHE-QC Subcommittee
- N. B. Stakeholder Subcommittee updates by Regina Crider, Chair, N.B. Subcommittee
- PE Subcommittee updates by Nadeen Israel, Chair, PE Subcommittee

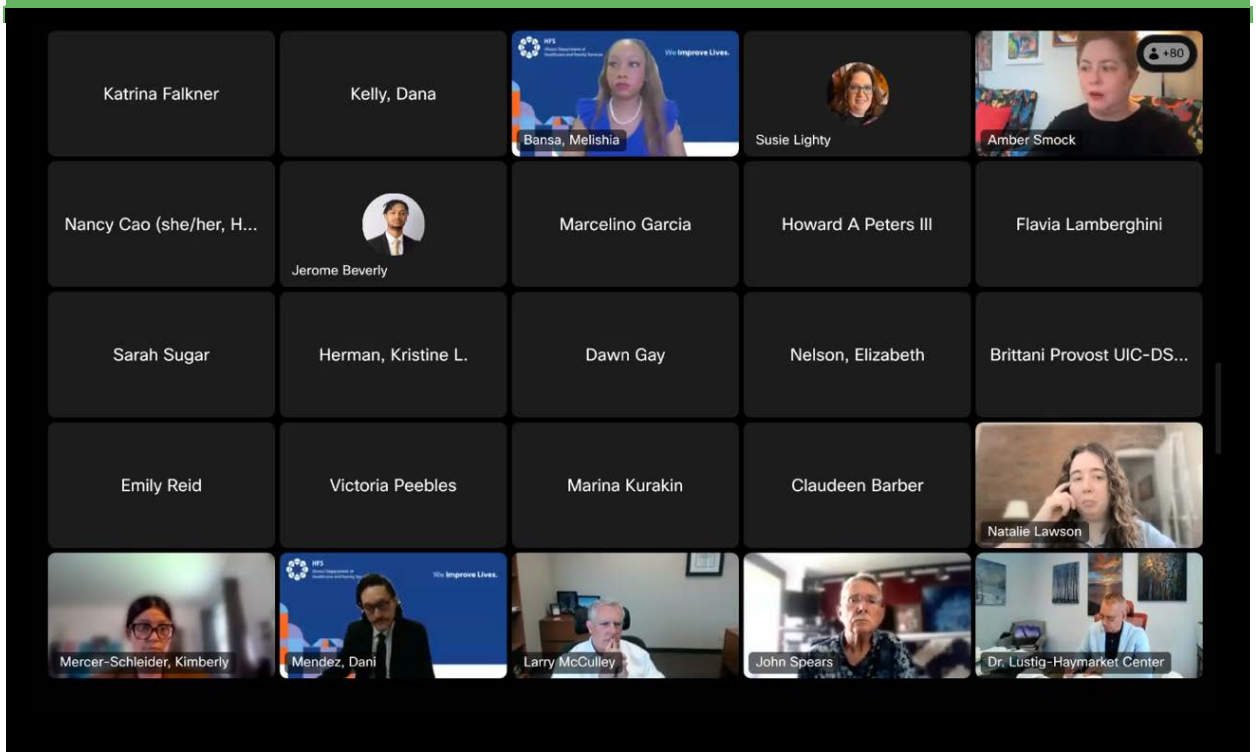
No members of the public submitted comments during the public comment period. During additional business, a MAC member requested a future discussion to explore MCO opportunities for improving advocacy and coordination efforts with the Department. HFS also shared general announcements.

Staff from HFS and the Illinois Department of Children and Family Services (DCFS) facilitated a YouthCare listening session to close the meeting. The listening session gave current and former youth in care, along with their supporters, an opportunity to share feedback and suggestions regarding Medicaid managed care. Six individuals offered public comments. Discussions focused on several key areas:

- Accessing care (including physical health, behavioral health, dental, etc.)
- Coordinating care
- Transitioning between levels of care
- Meeting and managing the medical, behavioral health, and developmental needs of youth in care

HFS posted meeting materials on its website.

Open Meeting III



Date

May 8, 2026

Facilitator

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Speakers

Amber Smock
Vice Chair, MAC

Dana Kelly
Chief of Staff, HFS

Dani Mendez
Program Director, RHTP, HFS

Carrie Chapman
Special Assistant for Eligibility Initiatives, HFS

Kristin Hartsaw
Special Assistant to the Director, HFS

Sarah Sugar
Special Assistant for Managed Care, HFS

Susie Brown
Interim Bureau Chief, Provider Enrollment, Division of Medical Programs, HFS

Patrick Hostert
Deputy Director of Legislative Affairs, HFS

Laura Phelan
Medicaid Director, HFS

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Howard Peters III
Co-chair, CIHE-QC Subcommittee, MAC member

Regina Crider
Chair, N.B. Subcommittee, MAC member

Nadeen Israel
Chair, PE Subcommittee, MAC member

Key Activities and Topics

On May 8, 2026, the MAC convened an open meeting virtually via Webex. HFS provided closed captioning and addressed any accessibility needs.

Amber Smock, MAC Vice Chair, opened the meeting with welcome remarks. Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions at HFS, provided guidance on general meeting operations, communication, conflict-of-interest resolution, and parliamentary procedure. Dana Kelly, HFS Chief of Staff, shared staff announcements, including introducing new staff members and promotions.

During the committee business segment, members unanimously approved motions to adopt modifications to the MAC bylaws, approve the MAC reporting plan, and approve the minutes of the February 27, 2026, meeting.

Following committee business, Dana Kelly delivered leadership remarks, which were followed by an HFS executive report that covered updates on various federal and medical programs. Additional presentations addressed a range of topics, including:

- RHTP initiatives by Dani Mendez, Program Director, RHTP, HFS
- H.R. 1 and SNAP by Carrie Chapman, Special Assistant for Eligibility Initiatives, HFS
- Community Health Worker (CHW) Town Hall planning by Kristin Hartsaw, Special Assistant to the Director, HFS
- Managed care procurement by Sarah Sugar, Special Assistant for Managed Care, HFS
- Provider revalidation by Susie Brown, Interim Bureau Chief, Provider Enrollment, Division of Medical Programs, HFS
- Nursing home rate reform and legislative updates by Patrick Hostert, Deputy Director of Legislative Affairs, HFS
- Other administrative matters by Laura Phelan, Medicaid Director, HFS

Committee members raised several questions and discussion topics throughout these presentations. Key issues included transportation accessibility for seniors and individuals with disabilities; Medicaid redetermination timelines for Home- and Community-Based Services (HCBS) recipients; exemption hierarchies and definitions related to H.R. 1 work participation requirements; impacts on SNAP household eligibility; and potential connections between Medicaid enrollment and SNAP participation trends. Staff from HFS and IDHS responded to these inquiries and said they would develop and share additional guidance and policy clarification in the future.

In addition to the updates above, subcommittee members presented on several topics, including:

- BAC formation activities and Autism Workgroup updates by Melishia Bansa
- CIHE-QC Subcommittee updates by Howard Peters III, Co-chair, CIHE-QC Subcommittee
- N.B. Stakeholder Subcommittee updates by Regina Crider, Chair, N.B. Stakeholder Subcommittee
- PE Subcommittee updates by Nadeen Israel, Chair, PE Subcommittee

The BAC update covered proceedings from the April 10, 2026, closed orientation, during which BAC members learned about BAC membership duties and participation expectations, and met with HFS staff and council facilitators. Additionally, BAC members also reviewed, collaborated on, and approved a first draft of the council's bylaws and attended a presentation explaining the federal changes resulting from H.R. 1.

No members of the public submitted comments during the meeting.

HFS posted meeting materials on its website.

"When you're an administrator, policy person, or program manager, you look at what the data tells you to make decisions. If we don't talk to actual Medicaid participants, we don't truly understand the impact of our decisions. BAC members bring in their direct experience. It's a whole new conversation. We need to give their voices as much weight as those of members of the MAC."

Amber Smock, MAC Vice Chair

Medicaid Advisory Committee: Recommendations & State Responses

Illinois' MAC has held 3 open meetings to date. The committee is in the early stages of restructuring to accommodate the integration of BAC members. In the future, HFS expects the MAC to provide more comprehensive and meaningful recommendations that are voted on by the entire committee, as its structure becomes more established and the integration of BAC members evolves.

Medicaid Advisory Committee: Operational & Engagement Successes

Illinois' MAC effectively managed its meetings by ensuring clear agendas, timely communication, and well-organized facilitation. Member engagement was particularly strong, with active participation from various stakeholder groups. This involvement increased significantly after BAC members were integrated into the MAC. The high level of engagement enhanced the Committee's capacity to identify emerging issues, elevate community perspectives, and support transparent, collaborative decision-making among diverse stakeholders from different sectors.

Section 2

Beneficiary Advisory Council

Beneficiary Advisory Council: Recruitment, Membership & Representation

Membership Requirement Overview

To ensure that state Medicaid policies are shaped by those with firsthand experience, the Access Rule restricts membership in the BAC to individuals who are currently enrolled in Medicaid, have been enrolled in the past, or are family members or caregivers (either paid or unpaid) of enrollees. This approach not only creates a safe space for honest feedback on how policies and practices affect care outcomes, but it also establishes a direct line of communication between state administrators and those who have the most accurate and nuanced understanding of the Medicaid program on a day-to-day basis.

BAC members provide a crucial voice for Medicaid customers by:

Sharing lived experience: Members advise the state's Medicaid administrators on what is working well and identify gaps or barriers in healthcare delivery.

Improving the customer experience: Members help evaluate everyday processes such as eligibility and enrollment or renewal paperwork, member communications, and cultural competency.

Influencing policy: Members provide direct feedback and recommendations on proposed policy changes, additions to covered services, and program administration.

Highlighting unmet needs: Members identify issues related to care coordination, service quality, and physical/cultural access to care.

Beneficiary Advisory Council Promotion, Flyer Creation & Application Process

HFS began recruiting BAC members in August 2025 by creating a promotional flyer and launching a mobile-friendly online application. These materials were distributed to over 1,000 individuals, organizations, and advocacy groups that work closely with HFS. HFS reached a broad audience across all counties in Illinois by strongly encouraging recipients to share the application within their networks

To ensure compliance with Access Rule requirements, HFS collected various demographic information about applicants, including age, race, ethnicity, gender, sex, disability status, and employment status.

Additionally, HFS gathered information such as county of residence, managed care health plan, and, most importantly, Medicaid affiliation. Applicants were given 3 options for Medicaid affiliation: “Currently Affiliated,” “Formerly Affiliated,” and “Not Affiliated.” Those currently affiliated with the Medicaid Program were also asked to specify their status by selecting one of the following options: “Currently a Medicaid Customer,” “Parent or Guardian of a Medicaid Customer,” or “Family Member or Caregiver of a Medicaid Customer.”

The recruitment effort generated 74 applications, which HFS carefully reviewed and prioritized to ensure a diverse representation of perspectives, experiences, geographic locations, and racial and ethnic backgrounds, in accordance with the Access Rule. Following this, HFS conducted one-on-one virtual interviews with individuals to gain deeper insights into their lived experiences with Medicaid and their motivations for wanting to join the BAC. By December 2025, this thorough recruitment process resulted in 18 dedicated and enthusiastic BAC members who collectively represent a wide range of Medicaid experiences across Illinois.

> **“Interviewing potential BAC members was a win, personally and professionally. Their stories were so moving. I cried more than once.”**
>
> **Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions, HFS**

What follows is a detailed demographic breakdown.

Employment Status	
61%	39%
Currently unemployed (11 of 18 members)	Currently employed (7 of 18 members)

Age Range			
11%	50%	28%	11%
Ages 22–30 (2 of 18 members)	Ages 31–45 (9 of 18 members)	Ages 46–65 (5 of 18 members)	Ages 66 and older (2 of 18 members)

Race & Ethnicity				
50%	27%	11%	5%	5%
Black/African American (9 of 18 members)	White/Caucasian (5 of 18 members)	Hispanic/Latino/a (2 of 18 members)	Black/African American and White/Caucasian (1 of 18 members)	Unknown or other (1 of 18 members)

Sex, Gender & Identity		
83%	11%	6%
Identify as female (15 of 18 members)	Identify as male (2 of 18 members)	Identify as non-binary (1 of 18 members)

Disability Status	
50%	50%
Reported having a disability (9 of 18 members)	Reported no disability (9 of 18 members)

Applicants by County			
44%	33%	17%	11%
Cook County (8 of 18 members)	Will, St. Clair, Union, Jackson, and DeKalb Counties (5 of 18 members)	Sangamon County (3 of 18 members)	Winnebago County (2 of 18 members)

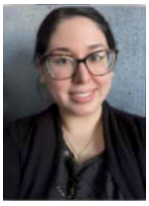
Inaugural Members of Illinois' Beneficiary Advisory Committee

Deedee Burris-Lehmann

Wandamarie Crawford

Theresia Davis

Katrina Falkner (MAC member)



Lissett Felix (MAC member)

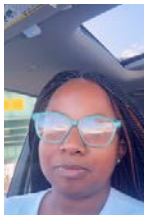
Claudia Garcia

Mia Goddard

Mattanah Israel

Lureatha Jackson (MAC member)

Shanita Jones



Monique McClure

Anthony Pittman

Carole Rosen

John J. Spears (MAC member)

Erica Stearns (MAC member)

Carrie Vine

Caprisha Williams

Toccarra Wilson

Retention Efforts

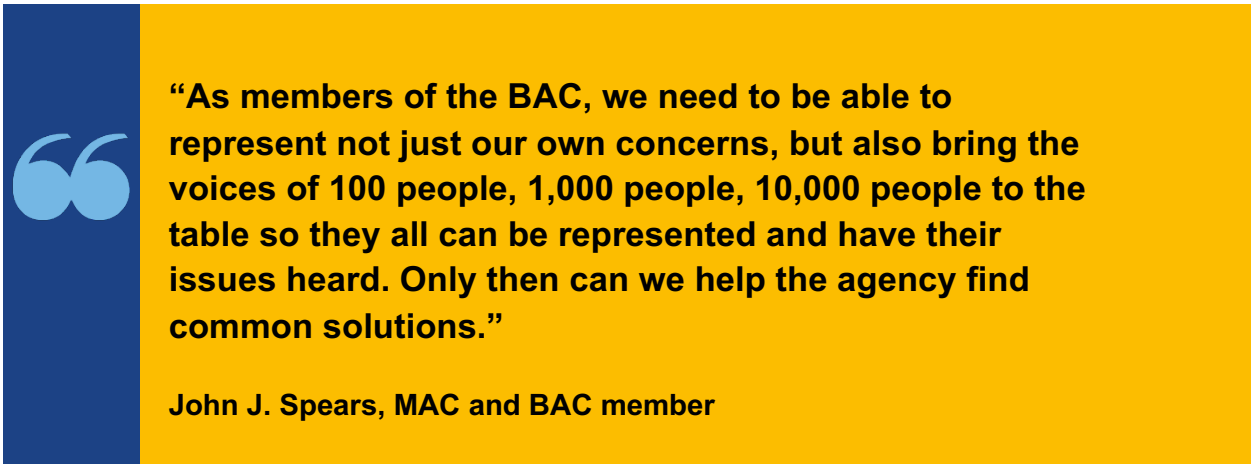
Efforts to retain BAC members include staggered member term limits and closed, effective feedback loops.

Officer terms are staggered, allowing an officer to serve either a 2- or 3-year term in the same position until a successor is elected. Officers are not allowed to serve consecutive terms in the same office. The length of the term will be determined by HFS Boards and Commissions. After completing their term, an officer will return to their general membership term.

General membership terms will also be staggered. Non-officer BAC members may serve either a 2- or 3-year term, or until a successor is elected. Like officers, general members cannot serve consecutive terms. A member who has completed their term is not eligible for reapplication or reappointment by the HFS Director until at least 1 year has passed since the end of their previous term. However, term limits for general membership do not apply to any member serving as Chair, Vice Chair, or immediate past Chair. Staggered member term limits help preserve institutional knowledge while facilitating a smoother onboarding process for new members.

HFS will work to establish closed, effective feedback loops by actively collecting feedback from BAC members. This process will include formally acknowledging the feedback, conducting a thorough review and evaluation, implementing recommendations when feasible, and providing updates to BAC members regarding actions taken and progress made. This approach ensures that the feedback loop is consistently closed. By minimizing feedback gaps, members can see how their input was received and whether it influenced decision-making. This builds trust and encourages ongoing participation.

In addition to staggered term limits and effective feedback management practices, reimbursement for personal expenses incurred while performing BAC duties (e.g., travel, childcare) will be evaluated on a case-by-case basis.



Beneficiary Advisory Council: Activities & Topics Discussion

Beneficiary Advisory Council Meeting Requirements Overview

The Access Rule mandates that the BAC meet quarterly and provide the state's Medicaid administrators with guidance on various topics, including:

Access or changes to services
Coordination of care
Eligibility, enrollment, and renewal processes
Communication with beneficiaries, providers, and various health plans as defined in the Code of Federal Regulations governing Medicaid Managed Care § 438.2
Cultural competency, language access, health equity, and addressing disparities and biases in the Medicaid program
Service quality
Other healthcare issues affecting the Medicaid program that are considered relevant

Additionally, BAC members should have the opportunity to engage in policy development and program administration, ensuring that the perspectives of Medicaid beneficiaries and caregivers are considered in agency decision-making.

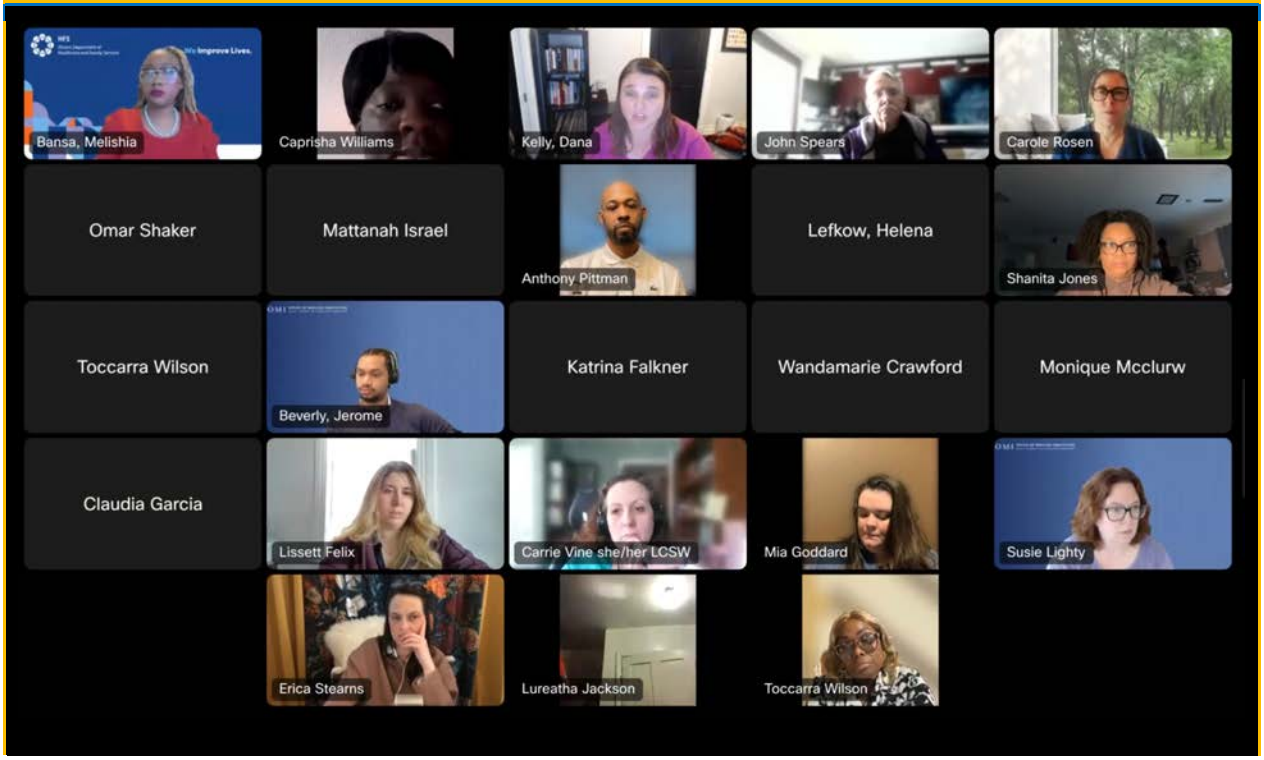
According to the Access Rule, the BAC must meet separately and in advance of the MAC meetings to ensure that the perspective of those with lived experience informs broader discussions. The BAC must offer a variety of options for meeting participation, including in-person, virtual, or hybrid formats, with a telephone dial-in option always available. While the BAC is required to meet once per quarter, meetings may be held off-cycle as necessary. In contrast to MAC requirements, the BAC may decide for itself which meetings (if any) are open to the public. The state must publicly post BAC bylaws, membership lists, and meeting minutes, as well as the process for member recruitment and selection. At least one member of the state's executive staff must attend all BAC and MAC meetings.

Beneficiary Advisory Council Meetings Overview

Illinois' newly formed BAC has held 2 meetings so far: a closed member orientation on February 6, 2026, and an open meeting on April 10, 2026. In both gatherings, HFS made a concerted effort to create a safe and welcoming environment for BAC members, many of whom are new to working in an official capacity with a state government agency. The goal for these initial meetings was to meet members where they are, foster trust, and encourage open feedback and sharing of personal experiences. To accomplish this, HFS focused on co-creating meeting agendas and sourcing topic ideas from BAC members.

> **"I was excited to hear that the BAC was forming. It's so important to meet customers and hear their feedback. Their voices are valuable. In addition to the BAC, we receive ongoing feedback from our customers. We're constantly evolving our [Application for Benefits Eligibility] ABE and our notices in response. We want to be as customer-centric as possible."**
>
> **Margaret Dunne, Program Analyst, HFS**

Closed Orientation



Date	**Facilitator**
February 6, 2026	Melishia Bansa *Deputy Director, Community Outreach, Boards and Commissions, HFS*

Speakers	
Dana Kelly *Chief of Staff, HFS*	Melishia Bansa *Deputy Director, Community Outreach, Boards and Commissions, HFS*

Key Activities and Topics

To build trust and rapport with its inaugural BAC members and the Department's support staff, HFS conducted a closed virtual orientation on Friday, February 6, 2026, via WebEx. HFS provided closed captioning and addressed any additional accessibility needs.

The orientation provided an overview of meeting operations and communications, educating BAC members on the meeting format, scheduling, topic selection, feedback tracking, and ground rules. The meeting focused on the BAC's purpose under the CMS Access Rule.

Dana Kelly, HFS Chief of Staff, delivered welcome remarks, highlighting the national mandate for these councils and emphasizing the Department's longstanding commitment to engaging customers in decision-making.

Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions at HFS, facilitated the orientation. The meeting included introductions and an icebreaker activity with BAC members, who shared stories of their lived experience. Bansa provided an overview of the BAC mandate, emphasized the importance of candid feedback from members, and covered the roles, expectations, participation guidelines, and membership requirements for both members and staff. BAC members reviewed the process for drafting bylaws, which was slated for in-depth discussion at the first open BAC meeting in April. They learned the procedures for making and voting on motions and received an overview of the mandatory state trainings that BAC members must complete. Additionally, the BAC members co-created the council's ground rules with HFS staff (see below).

BAC Member-Generated Ground Rules

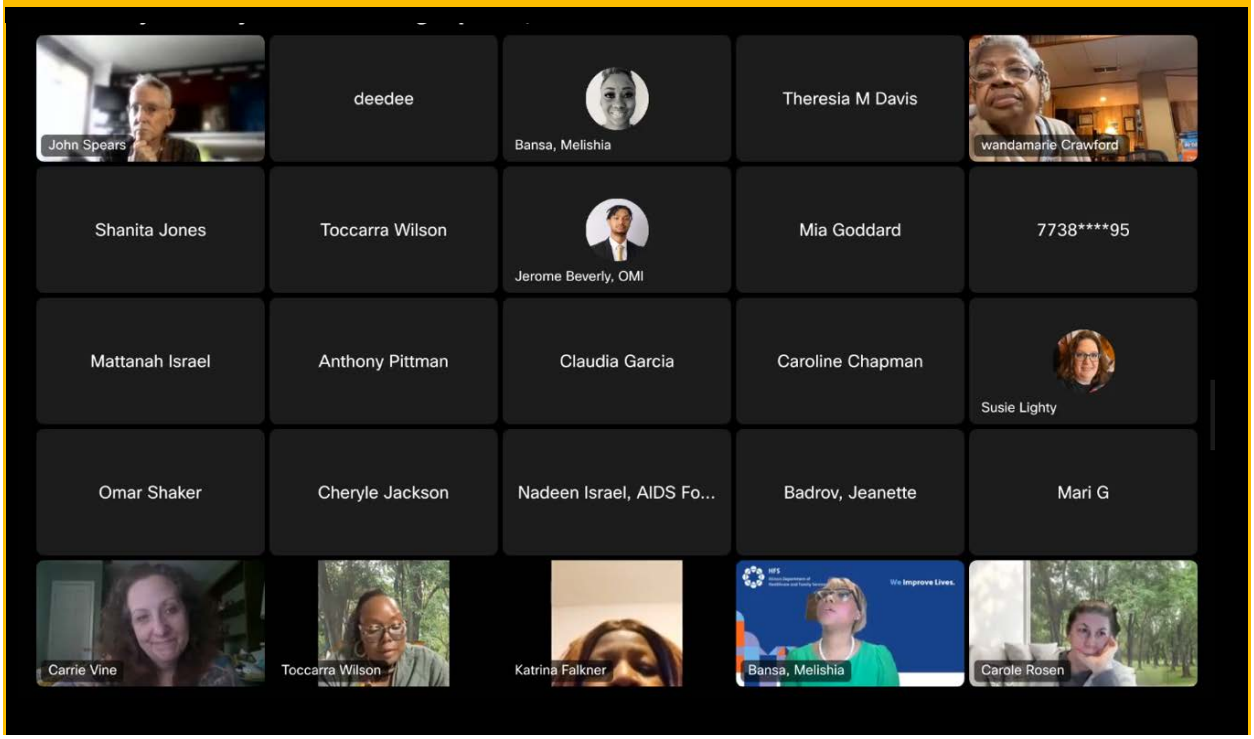
- Just because it is not a part of your lived experience, it does not mean it never happened or does not exist.
- Be present! Try your best to give your undivided attention to the meeting time and everyone on the BAC.
- Smile as often as possible.
- Come with a positive attitude; progress can take time.
- Always remember your questions are not falling on deaf ears.
- No judgment about other members of the council; be open to different feedback.
- Step up and step back.[1]
- Your feedback is very important.

HFS posted meeting minutes on its website.

> **"We wanted to make sure the BAC members felt like meetings were a safe space where their opinions would be respected, no matter their culture, religion, political affiliation, or community practices. The group came up with their own ground rules that are culturally tailored and work for them."**
>
> **Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions, HFS**

[1] "Step up and step back" refers to a meeting dynamic where individuals increase their engagement and responsibility to "step up" when necessary or reduce their active participation and "step back" to empower others or allow for reflection.

Open Meeting



Date

April 10, 2026

Facilitator

Melishia Bansa
Deputy Director, Community Outreach, Boards and Commissions, HFS

Speakers

Dana Kelly
Chief of Staff, HFS

Melishia Bansa
Deputy Director of Community Outreach, Boards and Commissions, HFS

Margaret Dunne
Program Analyst, HFS

Carrie Chapman
Special Assistant for Eligibility Initiatives, HFS

Key Activities and Topics

The first open meeting of the BAC was held virtually on Friday, April 10, 2026, via WebEx. HFS provided closed captioning and addressed any additional accessibility needs.

The meeting began with an overview of operations, communications, and the agenda in the opening remarks. Roll call was conducted to confirm a quorum for the meeting, and HFS staff members were introduced.

Dana Kelly, HFS Chief of Staff, welcomed council members and emphasized the importance of their participation in sharing their experiences to support the council's mission. The BAC members then introduced themselves and shared background information.

The meeting was facilitated by Melishia Bansa, Deputy Director, Community Outreach, Boards and Commissions at HFS. Attendees reviewed the procedures for passing motions, the meeting ground rules, BAC operations, and the requirements for open and closed meetings. The members also revisited the ground rules they created during their orientation. A motion to maintain these ground rules was presented, seconded, and approved without opposition.

A significant portion of the meeting focused on reviewing and discussing the draft BAC bylaws. Council members provided extensive feedback and recommendations on terminology, meeting accessibility, member terms, training requirements, technical assistance, and the use of plain language. Some members discussed adding references to MCOs, options for virtual participation, and flexibility in future training and appointments. Questions also arose concerning voting procedures, subcommittee membership, and membership renewal. Following the discussion, a motion to adopt the bylaws with the proposed changes was approved by a majority vote, with one vote of opposition and no abstentions. Due to time constraints, discussions regarding the operations of the Chair and Vice Chair were postponed until the next meeting.

The meeting also included:

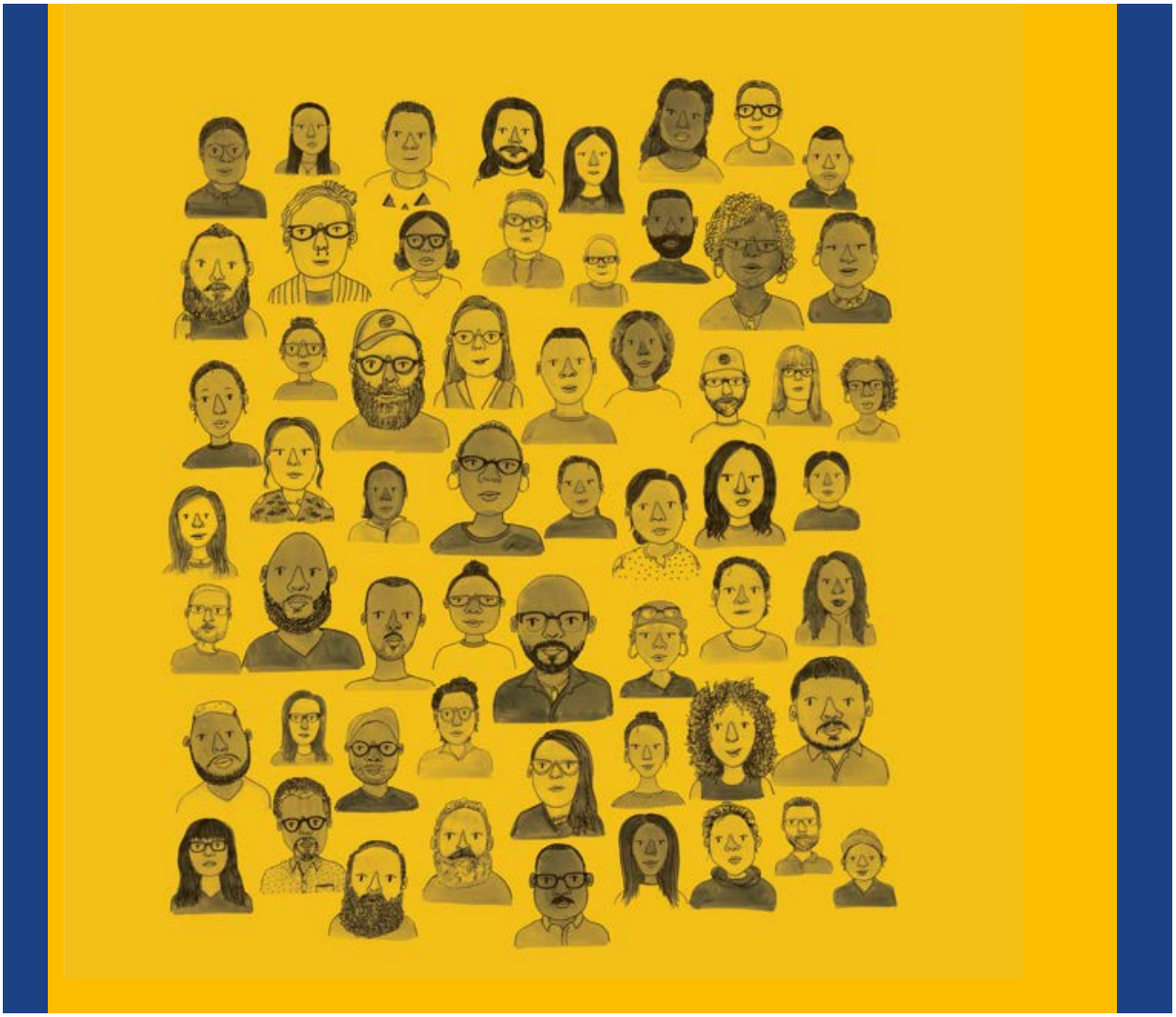
- An HFS executive report
- Medicaid 101 and Manage My Case presentations by Margaret Dunne, Program Analyst, HFS
- H.R. 1 updates by Carrie Chapman, Special Assistant for Eligibility Initiatives, HFS

Multiple motions were approved to extend the meeting for the H.R. 1 presentation, postpone a community resources presentation to the next meeting, and defer the remaining agenda items.

HFS posted meeting minutes on its website.

Beneficiary Advisory Council: Recommendations & State Responses

Illinois' BAC has held one closed orientation session and one open meeting so far. It is in the early stages of establishing its operational facilities. HFS expects the BAC to develop recommendations in future meetings.



Beneficiary Advisory Council: Operational & Engagement Successes

Operational Support Structures

Currently, all members of the BAC speak English; however, the WebEx platform offers closed captions in multiple languages through its translation feature. Before each meeting, HFS Boards and Commissions hold calls for any member who requests assistance, ensuring that everyone is prepared to participate. At the beginning of each meeting, HFS also provides technology support by reviewing the communication tools available on WebEx and offering live assistance to anyone who needs help during the meeting. This support is available both during the call and in the background, tailored to each individual's needs.

Co-Creation Efforts

Although the BAC is still in its early stages, HFS has already used co-creation techniques to gather member input on the council's format, structure, and priorities. This includes collaborating on the operating ground rules for meetings and drafting the council's bylaws. BAC members were also invited to propose topics for future meetings. For this annual report, BAC members received an initial draft of the BAC section as well as a draft of the entire report. Members were given ample time to review these documents and submit feedback or comments via email before the submission deadline. All feedback from BAC members was incorporated into the final version of the report.

Member Engagement Activities

All members present at both the closed orientation and the open meeting participated primarily by raising their hands and offering verbal comments. Additionally, some members preferred to use the chat feature between verbal comments. Members were highly engaged with every topic presented, including co-creating ground rules during orientation. During the first meeting, the majority of members agreed to the overall passage of the bylaws and offered comments supporting this consensus.

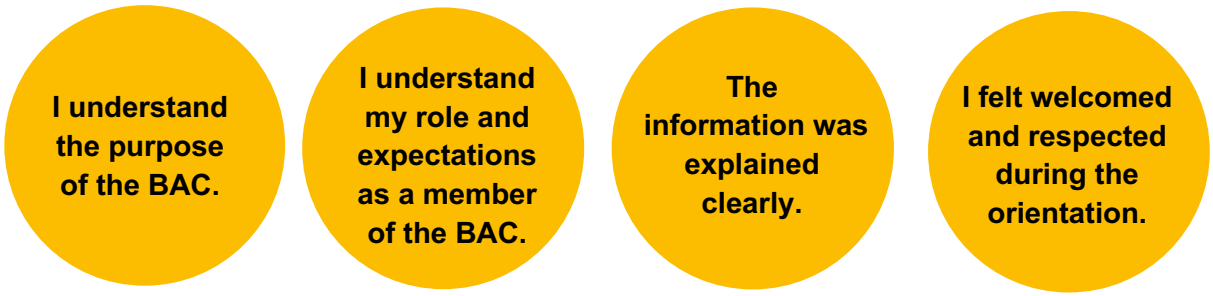
"The reason BAC feedback is so important is that there's a real risk when you try to address a problem internally, with just agency expertise. You don't always solve the problem you set out to address, and you might just create another problem. We need to know which resources the community feels it needs regarding the Medicaid program."

Carrie Chapman, Special Assistant for Eligibility Initiatives, HFS

During the H.R. 1 presentation, members voiced concerns about the new federal updates and asked clarifying questions to deepen their understanding of the information presented.

Post-Orientation Member Survey & Assessment Results

BAC members completed a voluntary post-orientation survey to assess their understanding and emotional responses regarding the content from their first meeting. Key survey questions, below, focused on the BAC's purpose, members' roles and expectations, information clarity, and the welcoming atmosphere.



Additionally, BAC members were invited to share their personal experiences and suggest agenda topics for future meetings.

Quantitatively, the survey results were overwhelmingly positive:

81% of members reported "Strongly Agree" with understanding the BAC's purpose

63% reported "Strongly Agree" with understanding their role and expectations as BAC members

75% reported "Strongly Agree" with receiving clear information

81% reported "Strongly Agree" with feeling welcomed and respected

Survey Ratings Overview

Qualitatively, feedback highlighted a positive orientation experience, noting inclusive introductions, detailed information about their roles and the organization, and support from HFS. BAC members expressed excitement about participating and contributing to health policy changes in Illinois.

“It gave detailed information about the roles and the expectations of the BAC.”[2]

“Informative and the team is very supportive and knowledgeable.”

I felt good about the BAC orientation and very prepared to do the job.”

“I felt the orientation was good. I look forward to learning more on how my lived experience can manifest change of health policies in Illinois.”

“It was amazing.”

“Well planned and informative and fruitful.”

“I thought it was well organized once the tech issues were ironed out. I am excited to be part of the process.”

“It was nice everyone could participate with introduction. The pace of flow was slow.”

“I think the orientation was really good and gave us some idea of how BAC works. This is very important because this helps us overall.”

[2] Quotes from BAC members are presented as written, preserving the members' own words and voices.

Section 3

Closing & Looking Ahead

Closing & Looking Ahead

The first year of Illinois' restructured MAC and its inaugural BAC represents another significant step in HFS's long-term commitment to ensuring that Medicaid policy is shaped by the people it serves. Both committees are still in their early stages. The MAC is focused on incorporating BAC members' perspectives, while the BAC is building trust, improving understanding, and developing the organizational infrastructure necessary for its members to provide more substantial recommendations over time.

This first year has highlighted the value of HFS's investment. Members came prepared to engage, asked tough questions, and shared personal experiences. Moving forward, HFS will build on this foundation by securing subject-matter experts on topics identified as priorities by members, finalizing BAC leadership, and creating feedback loops that allow member input to visibly influence decisions. The work to make Medicaid more accessible, equitable, and responsive to those who rely on it is ongoing. The MAC and the BAC are essential partners in this effort.

More specific plans for Year 2 of the MAC and BAC follow below.

Medicaid Advisory Committee & Beneficiary Advisory Council Member-Suggested Future Topics

MAC and BAC members shared their thoughts with HFS on potential future topics for upcoming meetings. These include:

- Accessible housing, community living, and flexible service models for people with intellectual and physical disabilities
- Administrative streamlining, coordination, and system efficiency
- Autism evaluation and developmental services waitlists
- Care coordination and system navigation
- Communication and plain-language requirements
- Equitable access for unserved and underserved people with disabilities
- Expanding Medicaid access to providers/provider deserts
- HIV and prevention

Home visits for maternal health
H.R. 1
Improving advocacy and coordination efforts with MCOs
LGBTQ+ cultural competency
Plain language, communication, and public notification requirements
Preservation and expansion of Medicaid and HCBS
Substance use and prevention services
Statewide impact of the RHTP on transportation systems, particularly for seniors and individuals with disabilities
Transparency, accountability, workforce development, and fair service determination
Vaccine access
Workforce shortages

Beneficiary Advisory Council Upcoming Speakers, Topics & Priorities

In response to members' suggestions, HFS has begun to secure subject-matter experts to present at upcoming BAC meetings. These experts will cover the following topics:

- Manage My Case updates
- Continuing H.R. 1 updates around work requirements and immigrant benefits
- Redetermination concerns
- Orientation to pre-existing MAC subcommittees and working groups that align with member interests

The BAC is currently electing a Chair and a Vice Chair. The group plans to finalize the list of candidates by the next meeting. The final candidates will have the opportunity to share their interests in the positions with other BAC members. A vote to select the Chair and Vice Chair will take place over the next two meetings.

Ongoing Beneficiary Advisory Council Engagement Initiatives

As most members of the BAC joined the council with little to no prior experience on government boards, the initial recruitment process, orientation meeting, and first open meeting conducted by HFS offered valuable insights into effective practices for engaging members. The lessons learned from these experiences will be applied and refined in future meetings. These include:

- Empowering members by breaking down complex content into smaller, more manageable sections.
- Allowing sufficient time for pre-reading so that members arrive at meetings better prepared to take action.
- Building members' confidence and fluency by dedicating time to explain and reiterate key topics of board governance. This includes parliamentary procedures, making motions, understanding majority rules, and the process for creating bylaws. It also encompasses overall meeting operations, roles and responsibilities, the use of meeting technology, and communication norms among members.

Ongoing Customer-Centric Initiatives by the Illinois Department of Healthcare and Family Services

In addition to supporting the activities of the MAC and the BAC, HFS is committed to customer-centric innovation efforts more broadly. Recently, in partnership with the Institute for Healthcare Delivery Design (IHDD) at the University of Illinois Chicago and the Office of Medicaid Innovation (OMI) within the University of Illinois System, the Department gathered qualitative feedback from 60 customers statewide about their experiences with HealthChoice Illinois. This was followed by a quantitative survey involving over 1,000 customers. HFS aims to leverage insights and recommendations from the MAC and the BAC, ongoing projects with these academic partners, and continuous customer feedback as the policy landscape evolves. This human-centered approach is intended to elevate the voices of Medicaid customers, enhance the overall quality of programs, and advance a more responsive and equitable Medicaid system for all Illinoisians.

> **"It's important that BAC members know HFS is here to listen. Their voices are going to help impact policies, impact the way people access care, and the messages that go out to providers. They're the experts. We can't make those changes without their expert opinions."**
>
> **Melishia Bansa, Deputy Director of Community Outreach, Boards and Commissions, HFS**

Acknowledgements

The 2026 Medicaid Advisory Committee and Beneficiary Advisory Council Annual Report is the result of significant work and partnership across HFS and the community. We would like to express our gratitude and appreciation to our partners in this work, including the members of the MAC and BAC, HFS Boards and Commissions staff, and our collaborators at the Institute for Healthcare Delivery Design at the University of Illinois Chicago, and the Office of Medicaid Innovation, part of the University of Illinois System.

Section 4

Appendix

Appendix

Acronyms

ABE	Application for Benefits Eligibility
BAC	Beneficiary Advisory Council
CIHE-QC	Community Integration, Health Equity, and Quality Care
CHW	Community Health Worker
CGT	Cell and Gene Therapy
CMS	Centers for Medicare & Medicaid Services
DCFS	Illinois Department of Children and Family Services
D-SNP	Dual Eligible Special Needs Plan
FIDE-SNP	Fully Integrated Dual Eligible Special Needs Plan
HCBS	Home- and Community-Based Services
HCI	HealthChoice Illinois
HFS	Illinois Department of Healthcare and Family Services
HRSN	Health-Related Social Needs
IDHS	Illinois Department of Human Services
IHDD	Institute for Healthcare Delivery Design
MAC	Medicaid Advisory Committee

MCAC	Medical Care Advisory Committee
MCH	Maternal and Child Health
MCO	Managed Care Organization
OBBBA	One Big Beautiful Bill Act
OMI	Office of Medicaid Innovation
PAHP	Prepaid Ambulatory Health Plan
PCCM	Primary Care Case Management
PE	Public Education
PIHP	Prepaid Inpatient Health Plan
RFP	Request for Proposal
RHTP	Rural Health Transformation Program
SBM	State-Based Marketplace
SNAP	Supplemental Nutrition Assistance Program
TMaH	Transforming Maternal Health