MEDICAID ADVISORY COMMITTEE (MAC)

February 7, 2025

Special Meeting | Virtual WebEx

10AM – 12PM

HFS

Illinois Department of Healthcare and Family Services

HFS
Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- We address social and structural determinants of health.
- We empower customers to maximize their health and well being.
- We provide consistent, responive service to our colleagues and customers.
- We make equity the foundation of everything we do.

This is possible because:

We value our staff as our greatest asset.

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.



I.

Call to Order

Presenter: Audrey Pennington, MAC Chair

Welcome To The MAC

MAC Chair

Audrey Pennington



As the Chief Operating Officer of Aunt Martha's Health & Wellness, Audrey Pennington is responsible for ensuring the efficiency and excellence of the organization's integrated model of health care, child welfare and community wellness services.

In addition to working with the President & CEO to advance Aunt Martha's mission, vision, core values and strategic priorities, she is responsible for the day-to-day operations of more than 30 locations, including 23 community health centers, and over 800 employees. Aunt Martha's operations generate more than $70 million annually, reaching nearly 70,000 patients and clients from over 650 communities across Illinois.

With close to 30 years of health care, finance, and executive experience, Audrey's role at Aunt Martha's has continued to evolve to meet the leadership demands of a tightly integrated organization and the increasingly complex needs of its patients, clients, partners and employees. She coordinates the leadership teams of the agency's three operating groups, including direct oversight of all health care services, supporting operational and clinical excellence, and fostering strong working relationships across all levels of the organization as well as with key partners.

She is at the forefront of the movement to promote a value-based, integrated model of services that cares for the whole person – body, mind and spirit. She has played an integral role in the use of technology to advance the accessibility, integration and quality of care. Her commitment to quality and total dedication to caring for the underserved is part and parcel of the culture of teamwork and accountability that drives Aunt Martha's forward.

Audrey originally joined Aunt Martha's in 2001 as Controller, and has held several senior administrative positions, including Executive Vice President of Health Services, Interim-Chief Financial Officer and Director of Health Finance. She earned a Bachelor of Science in Business Administration from the University of Illinois.

Welcome To The MAC

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's Medical Programs including Medical Assistance, All Kids and FamilyCare pursuant to federal Medicaid requirements established at 42 CFR 431.12.

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Facilitator: Audrey Pennington, MAC Chair

Comments or questions during the meeting

House Keeping

- If you are a Committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
- If you have a question during the meeting, please utilize the Webex chat feature to send your question directly to the Committee chair or any of the host or co-host.

Meeting Basics

House Keeping

- Please note, this meeting is being recorded.
- To ensure accurate records, please type your name and organization into the chat.
- If possible, members are asked to attend meetings with their camera’s turned on. Please be sure to mute your audio except when speaking.
- Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback

Meeting Basics

House Keeping

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning has been provided for you today in the WebEx platform in several languages. Please email Melishia.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.
- Patience, please – many meeting attendees may be new to MAC proceedings.

Summary of Agenda

Presenter:
Audrey Pennington, MAC Chair

I. Call to Order

II. Roll call of MAC Committee Members

III. Introduction of HFS staff

IV. Review and Approval of Meeting Minutes

V. HFS Leadership Comments

VI. Healthcare & Family Services Executive Report

VII. Subcommittee Reports & Recommendations

VIII. Public Comments

IX. Additional Business: Old & New

X. Adjournment



II.

Roll Call of Committee Members

Presenter: Melishia Bansa

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Roll Call of MAC Members

Amber Smock – Vice Chair
Access Living

Audrey Pennington - Chair
Aunt Martha's Health & Wellness

Brian Cloch
Oak Street Health | Transitional Care Management

Howard Peters III
HAP, Inc

Kathy Chan
Cook County Health

Kim Mercer-Schleider
Illinois Council on Developmental Disabilities

Larry McCulley
SIHF Healthcare

Dan S. Lustig
Haymarket Center

Flavia Lamberghini
UIC Pediatric Dentistry Department | Apple Dental Care

John J. Spears
Foster Parent

Kimberly A. Hefner
Riverside School District 96 | Parent

Lettie Beatrice Hicks
COFI | Parent

Mary Cooley
Aetna Better Health of Illinois

Arti Barnes - Ex-Officio Non-Voting Member
Illinois Department of Public Health



III.

Introduction of Staff

Presenter: Dana Kelly, HFS Chief Of Staff

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New Staff Announcements

New To HFS

- **Aileen Kim -** Deputy Chief of Staff at HFS
- **Timika Anderson Reeves-** Special Assistant for Maternal Child Health
- **Stephani Becker-** Deputy Administrator of the State Based Marketplace
- **Colleen Burns**- Deputy Director for Strategic Planning
- **Thea Kachoris-Flores-** Special Assistant for Health-Related Social Needs
- **Kathy Hunt Muse**- HFS General Counsel

Special Thanks For Years of Service to HFS

- **Jenny Aguirre** – Assistant Director
- **Gary Casper** – Deputy Administrator of the Division of Finance



IV.

Review and Approval of Meeting Minutes

Presenter: Audrey Pennington, MAC Chair

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V.

HFS Leadership Comments

Presenter: Elizabeth Whitehorn, HFS Director

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HFS Director

Elizabeth (Lizzy) Whitehorn

Welcome To The MAC



HFS Director Elizabeth Whitehorn was appointed by Gov. Pritzker to lead the agency, effective Jan. Director Whitehorn has worked at the intersection of policy, law and politics throughout her career, most recently serving as First Assistant Deputy Governor, managing the healthcare and human services agencies, including HFS.

In that role, the Director played a leading role in Illinois' response to the COVID-19 pandemic, spearheaded the Children's Behavioral Health Transformation Initiative and worked closely on the Pritzker administration's efforts to expand access to reproductive healthcare and to launch a state-based healthcare exchange.

Director Whitehorn previously served in Governor Pat Quinn's administration, she has worked on multiple campaigns, and she started her career with Chicago Public Schools.



Response from MAC Members



VI.

Healthcare & Family Services Executive Report

Presenter: Audrey Pennington, MAC Chair

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VI. A.

Innovations & Equity



VI. A. 1.

Maternal Health Update

Presenter: Timika Anderson Reeves,
Special Assistant for Maternal and Child Health

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Lactation Consultant

Lactation consultants must obtain a certificate from their certifying board prior to completing the Medicaid enrollment process with HFS:

- International Board-Certified Lactation Consultants (IBCLCs)
- Certified Lactation Counselors (CLCs)
- Certified Lactation Specialists (CLSs)

Lactation Consultant Provider Notice

Standing Recommendation

When lactation consultants document the services delivered utilizing the standing recommendation:

- The State of Illinois has issued a **standing recommendation** for lactation consultant services.
- Lactation consultants document the services they deliver and must note in their documentation that they either (1) used the standing recommendation or (2) used a recommendation from a specific licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN)
- This documentation is for audit purposes and to meet the federal requirement that preventive services provided by the lactation consultant provider type be recommended by a licensed provider. The information will not go on the claim submitted for reimbursement
- The standing recommendation cannot be used by IBCLCs, CLCs, or CLSs if breastfeeding is contraindicated by any drug use or health condition, as specified in the standing recommendation



Doula

Doula's must obtain a certificate from the Illinois Medicaid-Certified Doula Program by completing one of the following pathways:

- **Training:** Completion of an approved Doula training program
- **Legacy:** Completed more births and some required training

Standing Recommendation

When doulas document the services they deliver, they must note in their documentation

- The State of Illinois has issued a **standing recommendation** for doula services.
- Doulas must have (1) used the standing recommendation or (2) used a recommendation from a specific licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN)
- This documentation is for audit purposes and to meet the federal requirement that preventive services provided by the certified doula be recommended by a licensed provider
- This information will only go in the doula's documentation of services, not go on the claim submitted for reimbursement



Training

The Medicaid Technical Assistance Center (MTAC)in partnership with HFS, has prepared enhanced Medicaid onboarding educational materials and support to aid lactation consultants and doulas in the enrollment process

This includes:

- Medicaid provider overview specifically for Lactation Consultants and Doulas: MTAC Calendar
- Obtaining a National Provider Identifier (NPI)
- Enrollment in IMPACT, the Illinois Medicaid provider enrollment system.

Transforming Maternal Health Innovation Model (TMaH)



Pillar One

Access, Infrastructure, & Workforce

- Cover doula services
- Increase access to midwifery workforce
- Increase access to birth centers
- Improve data infrastructure
- Develop payment model

Pillar Two

Quality Improvement & Safety

- Implementation of AIM safety Bundles
- Establish “Birthing-Friendly” hospital designation

Pillar Three

Whole–Person Care Delivery

- Risk assessments screening, referrals, and follow-up
- Increase home monitoring for diabetes and hypertension

Pre-implementation
Years 1-3

- Completion of a capabilities and gap assessment relative to value-based-payment readiness
- Establishment of organization specific improvement targets
- Regular attendance and participation in a Value Based Payment (VBP) collaborative meeting structure
- Successful planning, requirements development, and transmission of test data and associated reports to enable VBP goals

Implementation
Years 4-10

- Transition to a value-based payment model
- Upside risk only in Year 4
- Upside and downside risk in Years 5-10





Questions



VI. A. 2.

Advisory Council on Financing and Access to Sickle Cell Disease Treatment and Other High-Cost Drugs and Treatment

Presenter: Laura Phelan, Deputy Director, New Initiatives

Sickle Cell and Other High-Cost Drugs Advisory Council

- Executive Order 2024-01 established the Advisory Council on Financing and Access to Sickle Cell Disease Treatment and Other High-Cost Drugs and Treatment.
- The Advisory Council of state and national experts met six times in 2024 to advise HFS on a financing and access framework for new sickle cell disease CGTs and other costly, life-changing therapies for Illinois Medicaid patients.
- The Advisory Council finalized a Recommendations Report in December 2024 with 23 recommendation for HFS consideration.
- HFS is reviewing the Advisory Council's recommendations and developing an implementation plan, including short-term, mid-term, and long-term actions.

Report Recommendations

- Report recommendations are centered around addressing barriers to access and financing the cost of the drugs.
- Examples of report recommendations include:
  - Carving the drugs outside of the hospital DRG payment.
  - Evaluating participation in the federal CMS Innovation Center's Cell and Gene Therapy (CGT) Access Model.
  - Exploring all rebate and discounting strategies on a case-by-case basis.
  - Exploring risk mitigation strategies, like reinsurance, for CGTs and high-cost drugs.
  - Covering wrap-around services for CGT and high-cost drug patients.
  - Developing disease-specific metrics for care coordination, access, and quality.
  - Establishing uniform utilization management (UM) criteria for CGTs and other high-cost drugs and the required pre- and post-treatment services.
  - Expanding HFS pharmaceutical staff and seeking consulting support to implement the Advisory Council's recommendations.

Implementation Plan Development

Report recommendations will be categorized into workstreams with short-term, mid-term, and long-term actions. Overarching goals of using innovative financing models and increasing access underlie all workstreams.

Infrastructure. Advancing program design to optimize access through strategic staffing, innovative service offerings, and provider investment.

Managed Care. Building necessary points of alignment beyond the CGT Access Model requirements (i.e.—universal Single Case Agreements), optimizing care coordination expectations and tailoring MCO performance for these populations.

Clinical. Establishing a clinical program that systematizes clinical policies and protocols around rare diseases and CGT therapeutics to account for full continuum of clinical offerings, and appropriate guidelines that may be updated as the science evolves.

Finance. Implementing supplemental and value-based rebate strategies, mitigating financial risks, and considering budget stability to ensure long-term accessibility to these novel therapies.



Questions



VI. A. 3.

Active Solicitations

Presenter: Dana Kelly, Chief of Staff

VII B. Program Updates

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VII.B1 Medical Debt

Medical Debt Relief Pilot Program Details

- The State, via HFS, grants $10M to Undue Medical Debt to purchase and absolve medical debt for eligible low-income Illinois residents held by hospitals and other medical care providers. This funding has 100x impact and can eliminate up to $1B of medical debt.

- Eligible Illinois residents include those with:
  1. A household income at or below 400% of the Federal poverty guidelines OR
  2. Medical debt equal to five percent or more of the individual's household income.

- There is no application for this program. Debt relief is source-based.

Progress to Date

Purchase Date	Debt Buy Source	# of Counties Benefitted	# of Beneficiaries	Face Value of Debt Relieved	Average Debt Relieved Per Person
Oct-24	Secondary Market, National Provider Group	100	52,745	$72,044,556	$1,349
Jan-25	Secondary Market	TBD, but expected to be close to 100	47,329	$56,800,000	$1,200
Total			**100,074**	**$128,844,556**	**$1,287**

hfs.illinois.gov/medicaldebtrelief

- Program information
- Resources
  - Public benefits
  - Hospital financial assistance
  - Legal aid
- Template debt relief letter and envelope
- Debt relief by county

Partners

The Medical Debt Relief Pilot Program can only cancel medical debts if hospitals and health systems in Illinois sell or donate their debt portfolios to Undue Medical Debt.

Undue Medical Debt is actively working to establish partnerships with hospitals and other providers.

Interested in learning more? Email Clare.C.Fisher@Illinois.gov

Questions?

VII.B2 Access Rule

Access Rule – MAC & BAC

- The final federal rule, “Ensuring Access to Medicaid Services,” includes relevant changes to the MAC.
  1. Updates the name of the existing Medical Care Advisory Committee to the MAC.

  2. Requires States to establish and operate a Beneficiary Advisory Council (BAC), effective July 2025.
     - July 9, 2025 through July 9, 2026: 10% of MAC members must also be members of the BAC.
     - July 10, 2026 through July 9, 2027: 20% of MAC members must also be members of the BAC.
     - Thereafter: 25% of MAC members must also be members of the BAC.
  3. The MAC must submit an annual report to the State, effective July 2026.

Source: *Federal Register: Medicaid Program; Ensuring Access to Medicaid Services*

Questions?

VII.B3 Other Administrative Comments or Updates

Questions?

VII.B4 State-Based Marketplace

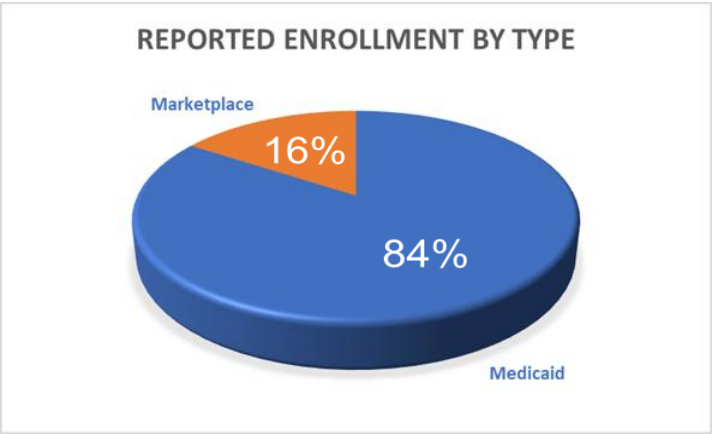
State Based Marketplace (SBM) Implementation

- Open Enrollment for Plan Year 2025 ended on January 15, 2025. CMS reported that 24.2 million consumers selected 2025 coverage.
  - **Governor Pritzker announced record high enrollment in the IL Marketplace this year with nearly 466,000 plan selections (an increase from about 399,000 Plan Year 2024 Selections)**
- This is the last year that Illinois residents will use HealthCare.gov to enroll into the Marketplace. Beginning in Plan Year 2026 (Open Enrollment: Nov 1, 2025 – Jan 15, 2026), Illinois will be a full SBM and residents will enroll at GetCoveredIllinois.gov.
- DOI contracted with vendor, GetInsured, to administer Illinois' marketplace IT platform and Customer Assistance Center (CAC). Cross-agency teams (DOI, HFS, DHS, DoIT) are working with GetInsured to help build out the platform and ensure smooth transfers to Medicaid for individuals who apply at GetCoveredIllinois but are Medicaid eligible.

Get Covered IL Navigator Program

- As part of the SBM transition, this is the first year that Illinois is running our own Navigator program – a joint effort between DOI & HFS.
- In August 2024, $6.5 Million in grants were distributed to 5 lead agencies across Illinois.
- At the end of the 2025 Open Enrollment, Illinois Navigators reported helping with approximately 3,000 Marketplace plan selections and 16,000 Medicaid applications (see pie chart).
- HFS received almost 105,000 Medicaid referrals from HealthCare.gov during Open Enrollment (a 75-day period). We received 76,000 Medicaid referrals from HealthCare.gov throughout the rest of the year.

Federacion de Clubes Michoacanos en Illinois	Illinois Primary Health Care Association	Rincon Family Services	Sinai Community Institute	Springfield Urban League, Inc.



To receive updates about SBM implementation and participate in quarterly public meetings, subscribe to the Illinois Health Benefits Exchange Advisory Committee page: https://idoi.illinois.gov/aboutus/hbeac.html

Questions?

VII.B5 Eligibility Update

Status of Rede Activity

Redetermination Status by Individual - January 2025													
Redetermination Status	**Jun 24**	**July 24**	**Aug 24**	**Sept 24**	**Oct 24**	**Nov 24**	**Dec 24**	**Jan 25**	**Feb 25**	**Mar 25**	**Apr 25**	**May 25**	**Grand Total**
Completed - Retained	169,936	248,066	234,537	209,355	205,223	206,933	199,006	133,587	180,711	169,873			1,957,227
Pending	6,204	8,563	7,902	10,490	11,093	12,579	16,209	17,298	31,768	1,182			123,288
Pending - Not Received									55,079	109,960			165,039
Closed - Procedural	8,807	18,458	18,588	20,159	23,030	23,005	26,835	25,326	499	61			164,768
Closed - Ineligible	7,303	7,741	7,092	6,823	9,747	9,072	8,208	6,487	5,710	549			68,732
Grand Total	**192,250**	**282,828**	**268,119**	**246,827**	**249,093**	**251,589**	**250,258**	**182,698**	**273,767**	**281,625**	**-**	**-**	**2,479,054**

Outcome Type	Outcome Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Pending – Not Received	Redetermination request has been sent but no response from customer (only seen on 'in-flight' records)
Closed - Procedural	Failed to respond to redetermination or failed to provide supporting information
Closed - Ineligible	Over income, refused to provide information, failure to return VCL, deceased, left the home, moved out of the state, customer request to withdraw/close case

*Redetermination notices are sent to customers 30 days in advance
**PHE unwinding redeterminations began in June 2023

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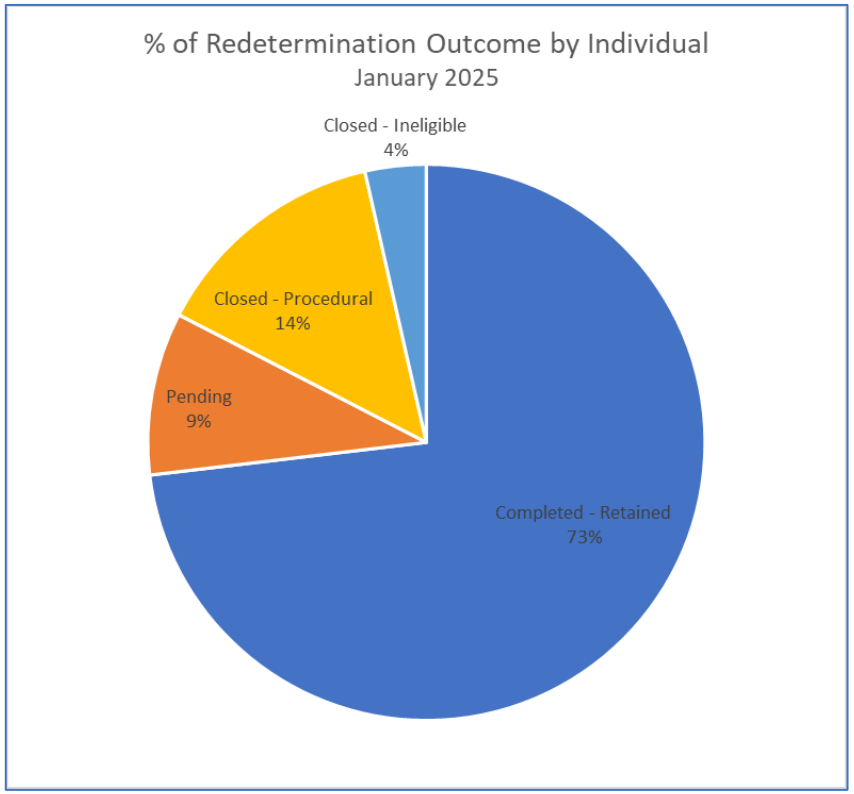
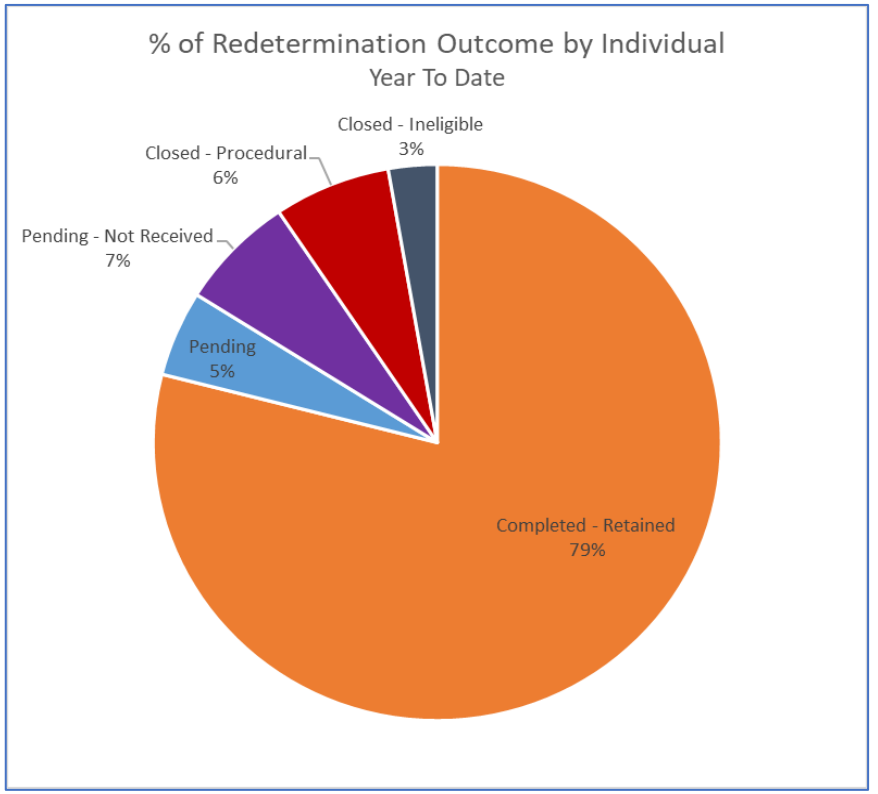
Status of Rede Activity





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Questions?

VII.B6 Provider Revalidation

Continued Outreach/Comms

- Providers receive a system generated notice when revalidation starts and another notice 30-days before their due date.
- Three town hall meetings were conducted prior to and during the first cycle to educate and assist providers with completing revalidation. Monthly town halls have been scheduled through the end of 2025 to continue this effort.
- A stakeholder toolkit has been developed and available on the IMPACT website.
- The Provider Enrollment Unit meets with sister agencies, as well as various stakeholder organizations to assist with questions and encourage completion of revalidation.

Current Cycles in Progress

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

Cycle 3 (Nov ‘24 thru Jan ‘25)

- Total Providers in Cycle: 9,652
- Not Submitted by Provider: 3,267 (34%)
- Submitted by Provider: 2,771 (29%)
- Approved by State: 3,614 (37%)

Cycle 4 (Dec ‘24 thru Feb ‘25)

- Total Providers in Cycle: 10,114
- Not Submitted by Provider: 5,357 (53%)
- Submitted by Provider: 3,075 (30%)
- Approved by State: 1,682 (17%)

Cycle 5 (Jan ‘25 thru Mar ‘25)

- Total Providers in Cycle: 7,294
- Not Submitted by Provider: 4,968 (68%)
- Submitted by Provider: 2,300 (32%)
- Approved by State: 26 (0%)

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Completed Cycles

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

- **Cycle 1 (Sep ‘24 thru Nov ‘24)**
  - Total Providers in Cycle: 8,882
  - Total “Active” Providers: 3,437 (39%)
  - Total Terminated Providers: 3,207 (36%)
  - Terminated “Active” Providers: 480 (5% of all providers in cycle)
  - 64% of all providers and 86% of “active” providers submitted for revalidation.
- **Cycle 2 (Oct ‘24 thru Dec ‘24)**
  - Total Providers in Cycle: 11,615
  - Total “Active” Providers: 4,230 (36%)
  - Total Terminated Providers: 4520 (39%)
  - Terminated “Active” Providers: 791 (7% of all providers in cycle)
  - 61% of all providers and 81% of “active” providers submitted for revalidation.

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Provider Revalidation Town Halls

Illinois Medicaid Program Advanced Cloud Technology
IMPACT

HFS will host monthly, virtual Provider Enrollment Town Halls to help providers navigate the IMPACT Enrollment System and answer general questions about the revalidation process.

Spring town hall schedule:

- Thursday, February 20th at 10 AM
- Thursday, March 20th at 3 PM
- Thursday, April 17th at 10 AM
- Thursday, May 15th at 3 PM

To register or to see the full 2025 town hall schedule, please visit:
https://hfs.illinois.gov/impact/revalidationth2025.html

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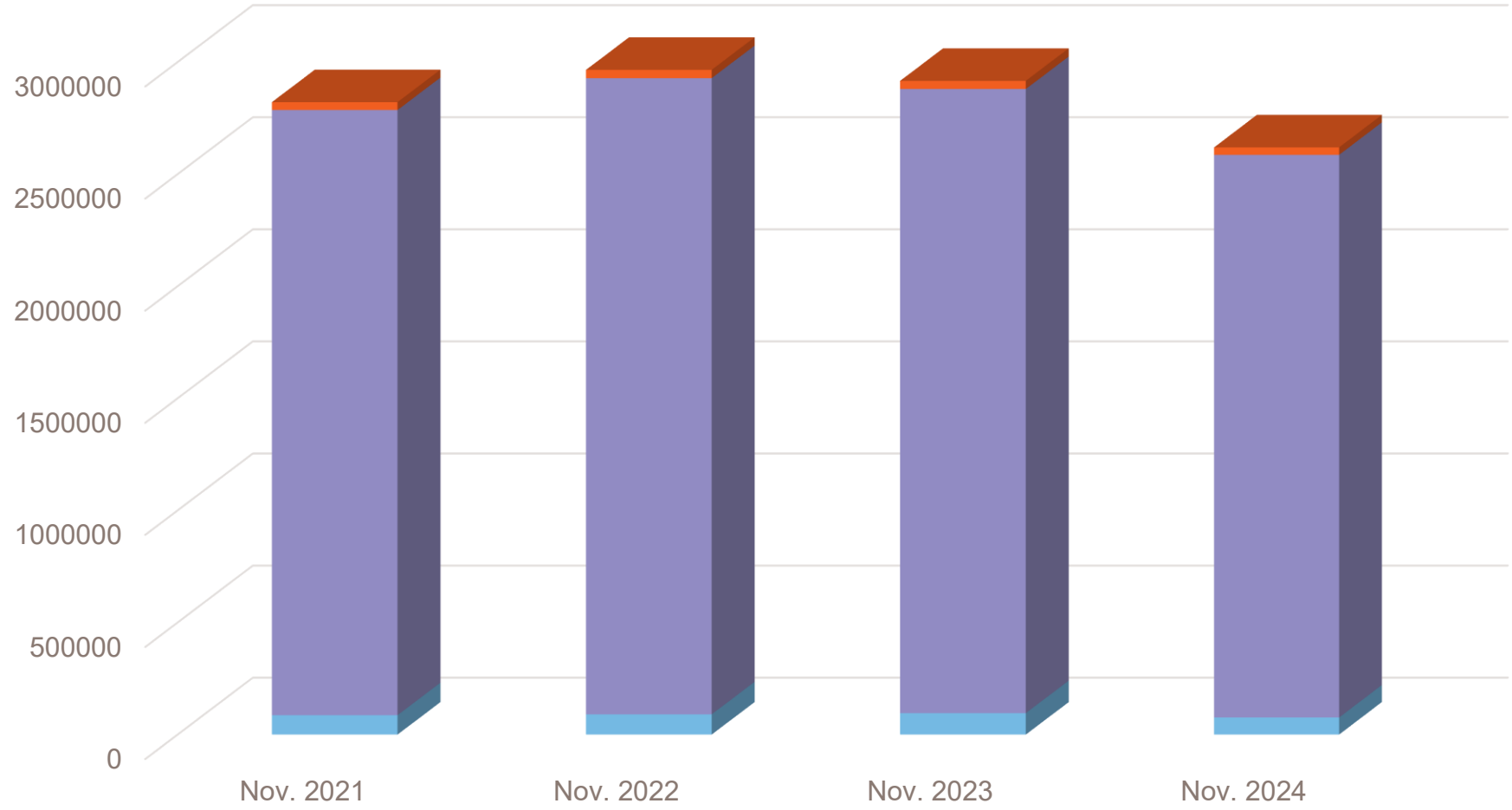
Questions?

VII.B7 Managed Care Update

Statewide Managed Care Enrollment Trends
Nov 2021 thru Nov 2024



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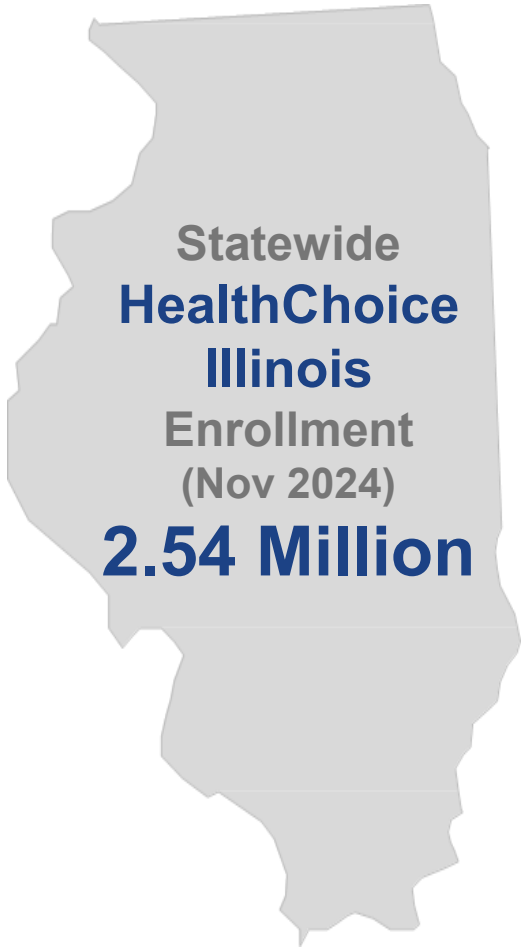
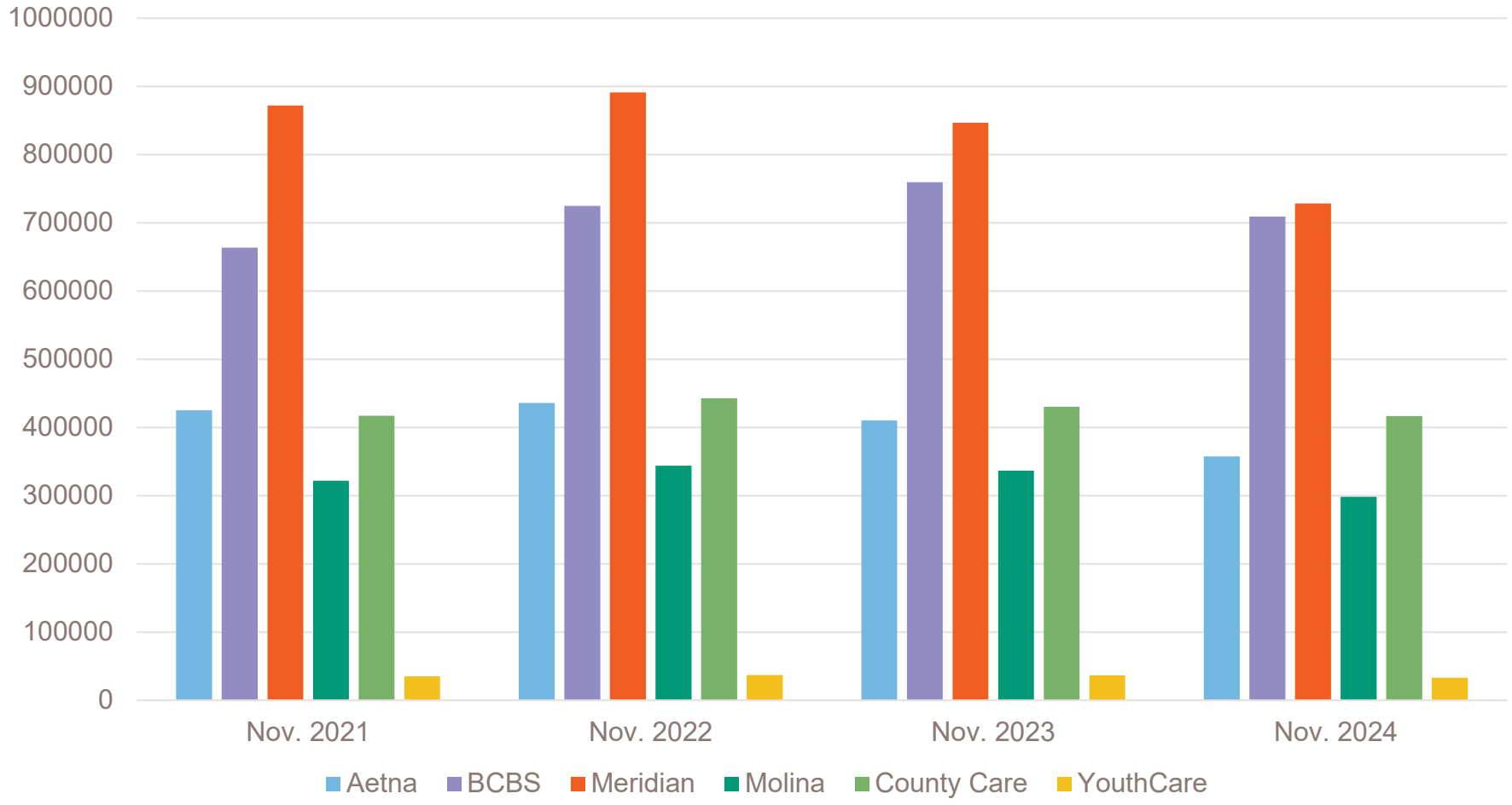
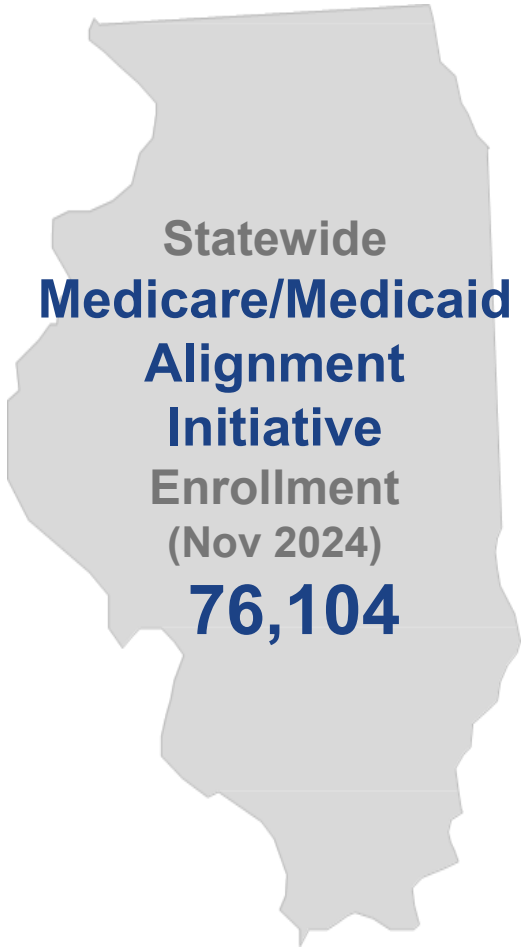
Managed Care Enrollment Trends - HCI

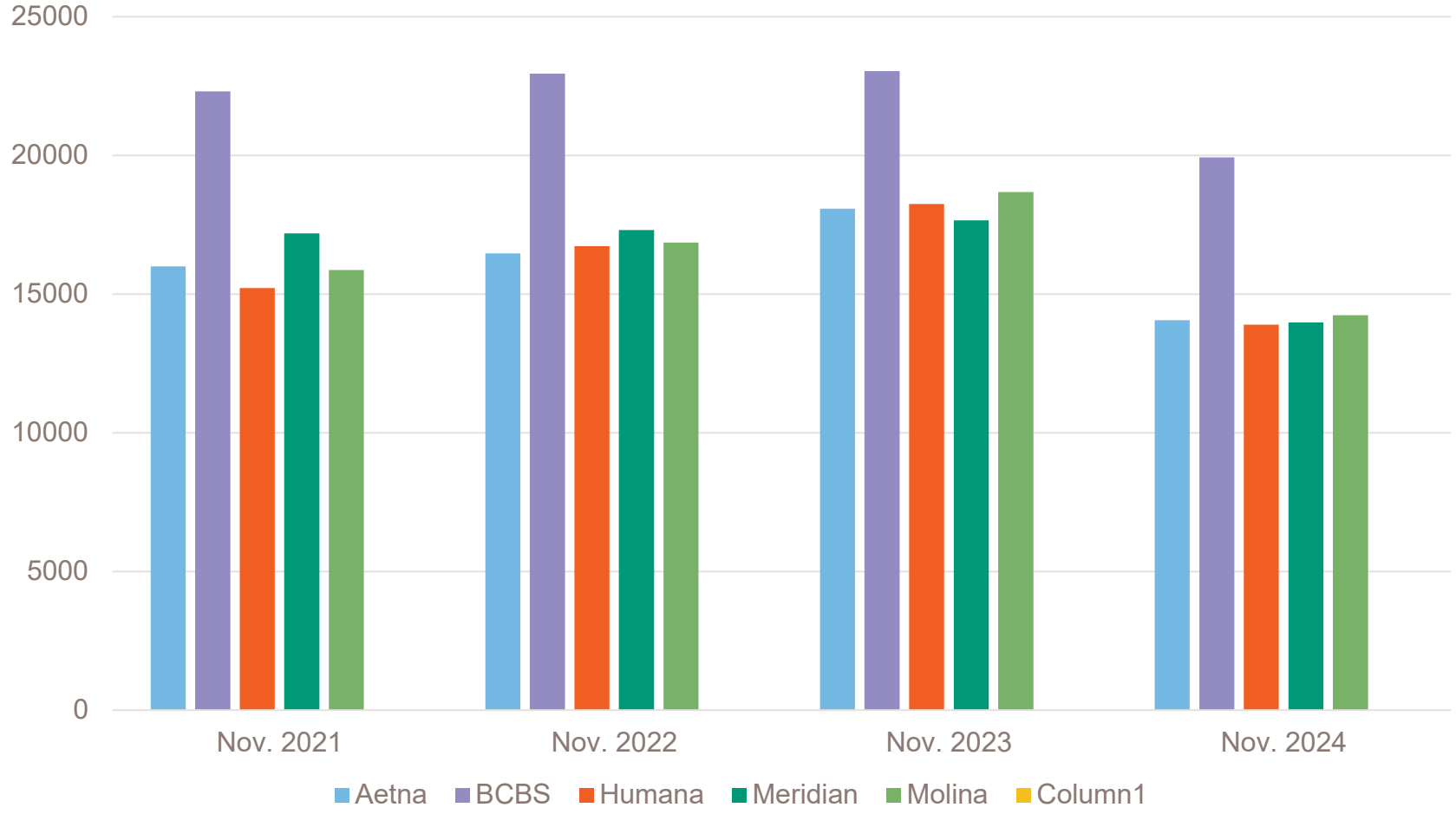


Statewide
HealthChoice Illinois
Enrollment
(Nov 2024)
2.54 Million



Managed Care Enrollment Trends - MMAI





Questions?



VII.

Subcommittee Reports & Recommendations

Presenter: Audrey Pennington, MAC Chair

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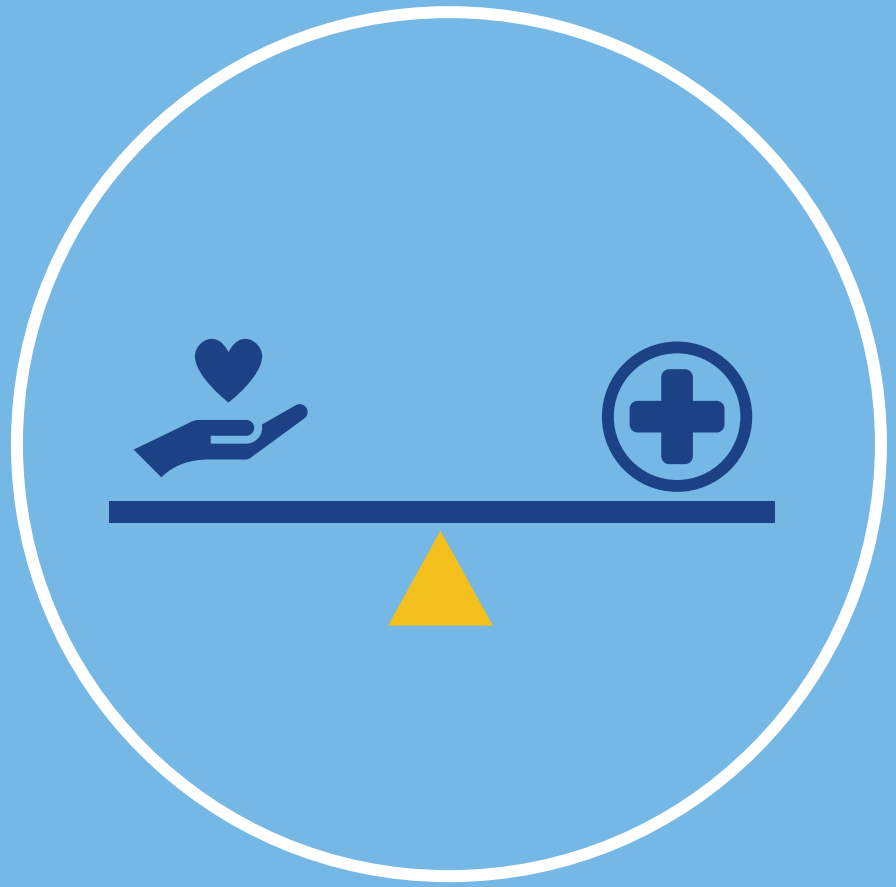
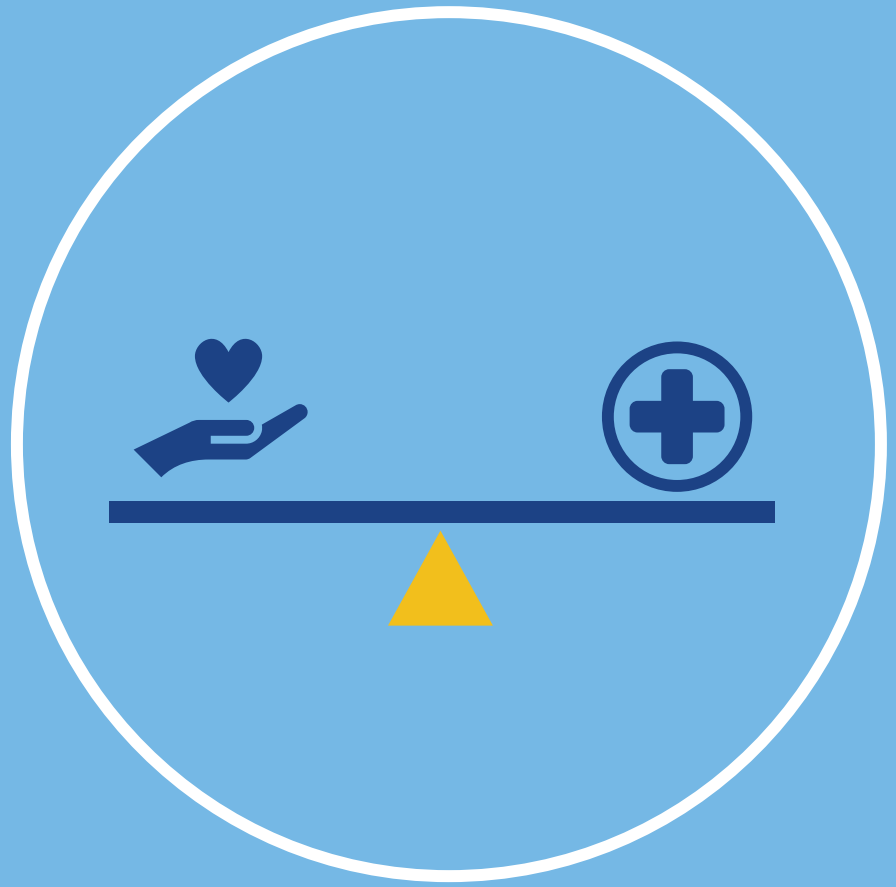


VII. A.

Consolidation of Community Integration Subcommittee with Health Equity and Quality Care Subcommittee

Presenter: Audrey Pennington, MAC Chair
Proposed Co- Chair: Howard Peters
Proposed Co-Chair: Amber Smock



VII. A.

Health Equity and Quality Care Subcommittees

Presenter: Howard Peters, HE&QC Subcommittee Chair

Proposed Merger with Community Integration Subcommittees

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Proposed New Subcommittee Merger: Community Integration, Health Equity and Quality Care Subcommittee

Proposed Future Meeting Dates

1	2	3	4
February 25th 2:00 – 4:00 PM	**May 20th** 2:00 – 4:00 PM	**August 19th** 2:00 – 4:00 PM	**November 18th** 2:00 – 4:00 PM

Presenter: Howard Peters, Co-Chair, New Proposed Subcommittee



VII.B.

Appointment of Autism Workgroup

Presenter: Audrey Pennington, MAC Chair

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VII.C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair

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C. NB Subcommittee

- Public Implementation Reporting Available on the HFS Website: https://hfs.illinois.gov/medicalproviders/behavioral/pathways/quarterlyimplementationupdates.html
- Next Subcommittee Meeting February 24, 2025
- New Subcommittee Members approved to join the February 24, 2025 meeting
- Goals for next Subcommittee Meetings:
  - HFS to provide overview on the Quality Improvement Plan at February meeting
  - Discuss and receive feedback on Quality Improvement Plan at April meeting



VII.D.

Public Education Subcommittee Update

Presenter: Nadeen Israel, Pub Ed Subcommittee Chair

HFS
Illinois Department of
Healthcare and Family Services

1. Future Meeting Dates

- March 21st| 2:00 – 4:00 PM
- June 6th | 2:00 – 4:00 PM
- September 19th | 2:00 – 4:00 PM
- December 5th | 2:00 – 4:00 PM



VIII.

Public Comments

Presenter: Melishia Bansa, HFS Deputy Director, Community Outreach

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Public Comments

Name	Title	Org	Comment
Angel Tobias	**Guardian and sibling for person with I/DD**	**Supporting Illinois Brothers and Sisters**	



IX.

Additional Business:
Old & New

Presenter: Audrey Pennington, MAC Chair

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IX. A.

Items for Future Discussion

Presenter: Audrey Pennington, MAC Chair



IX. B.

HFS Announcements

Presenter: Melishia Bansa, Deputy Director, Community Outreac

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Elizabeth M. Whitehorn, Director

English

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Home | My Healthcare | Medical Providers | Child Support Services | HFS OIG | Community | Info Center | About Us

HFS > About Us > Boards and Commissions

Boards and Commissions

- Advisory Council on Financing and Access to Sickle...
- Child Support Advisory Commitee
- Child Welfare Medicaid Managed Care

Boards and Commissions

The HFS Boards and Commissions oversee and advise Illinois' elected officials, state agencies and organizations on a wide range of issues that affect the public welfare.

These boards and commissions also play a vital role in promoting efficient, effective, and honest government.

This listing below makes it easy for you to learn more about HFS Boards and Commissions and their membership.

Listing of HFS Boards and Commissions

MAC and Subcommittees E-mail Notification Request

You may choose to be notified when new information has been posted for the Medicaid Advisory Committee and its Subcommittees.

Fill in your E-mail address below and you will receive an E-mail with a link to view whenever something new has been posted.

E-mail address: [ ] Submit

MAC & Subcommittee Resources

1. **To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:**
   a. Medicaid Advisory Committee (MAC) | HFS (illinois.gov)
   b. MAC and Subcommittees E-mail Notification Request | HFS (illinois.gov)

MAC & Subcommittee Resources

1. First Illinois Veterans' Advisory Council meeting is February 28th 12-1pm
    - Please Contact florlopez@illinois.gov, cc. Melishia.Bansa@Illinois.gov for more information

MAC & Subcommittee Resources

B. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: https://twitter.com/ILDHFS
2. Facebook: https://www.facebook.com/ILDHFS
3. LinkedIn: https://www.linkedin.com/company/ildhfs/

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!



XII.

Adjournment

Presenter: Audrey Pennington, MAC Chair