

MEDICAID ADVISORY COMMITTEE (MAC)

February 27th, 2026

Virtual WebEx

10AM – 12:30 PM



HFS

Illinois Department of
Healthcare and Family Services



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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, responsive 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.



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, you would have needed to 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.

Technology Check

House Keeping



- Hand Raise – Questions or Comments



- Connect Audio - Mute and Unmute – Microphone



- Closed Captioning



- Start Video – Turn Camera On or Off

Hi, I'm the Webex Assistant!

Captions and highlights
View captions and highlights created in the meeting.

Voice commands
Say commands like: **"OK Webex, the action item is..."** to capture highlights.

Turn on Webex Assistant

Spoken language
English >

Caption language
English >

Connect audio Start video Share Record Hand Raise ... X

Unmute Start video Share Record Hand Raise ... X



Unmute >

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 Continued

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 HFS.Boards.and.Commissions@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 and Announcements for HFS staff
- IV. MAC Parliamentary Meeting Procedures
- V. Review and Approval of Meeting Minutes
- VI. HFS Leadership Comments
- VII. Healthcare & Family Services Executive Report

Summary of Agenda

Cont.

Presenter:
Audrey Pennington, MAC
Chair

- VIII.** Subcommittee Reports & Recommendations
- IX.** Public Comments
- X.** Additional Business: Old & New
- XI.** YouthCare Listening Session
- XII.** Adjournment



II.

Roll Call of Committee Members

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



Roll Call of Medicaid Advisory Committee Members

<p>Amber Smock – Vice Chair Access Living</p>	<p>Mary Cooley <i>Aetna Better Health Illinois</i></p>
<p>Audrey Pennington – Chair Aunt Martha’s Health and Wellness</p>	<p>John J. Spears <i>Foster Parent – Beneficiary Advisory Council Member</i></p>
<p>Brian Cloch Oak Street Health Transitional Care Management</p>	<p>Katrina Falkner <i>Beneficiary Advisory Council Member</i></p>
<p>Howard Peters III HAP Inc.</p>	<p>Lissett Felix <i>Beneficiary Advisory Council Member</i></p>
<p>Kathy Chan Cook County Health</p>	<p>Lureatha Jackson <i>Beneficiary Advisory Council Member</i></p>
<p>Kim Mercer-Schleider Illinois Council on Developmental Disabilities</p>	<p>Erica J. Stearns <i>Beneficiary Advisory Council Member</i></p>
<p>Larry McCulley SIHF Healthcare</p>	<p>Lettie Beatrice – Hicks <i>COFI – Parents</i></p>
<p>Dan S. Lustig Haymarket Center</p>	<p>Arti Barnes: Ex-Officio Non-Voting Member * <i>Illinois Department of Public Health</i></p>
<p>Flavia Lamberghini <i>UIC Pediatric Dentistry Department Apple Dental Care</i></p>	



III.

Introduction and Announcements for HFS Staff

Presenter: Melishia Bansa, Deputy Director of Community Outreach
| Boards and Commissions

Presenter: Dana Kelly, HFS Chief of Staff



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New HFS Staff

Avni Patel, Health and Human Services Advisor (starting 3/2/2026)	
Emma Watters Reardon, Special Assistant for Medical/Medicaid Finance (promoted to this role 2/20/2026)	
Avery Dale, Deputy Administrator for Eligibility Policy (starting 3/2/2026)	
Angel Griffin Harmon, Senior Program Manager for Healthcare Transformation Collaboratives (starting 3/2/2026)	
Carrie Chapman, Special Assistant for Eligibility Initiatives (started 11/17/2025)	
Michael Banghart, Senior Policy Advisor for Housing (started 11/3/2025)	
Angela Howe, Eligibility Systems Bureau Chief (promoted 2/2/2026)	



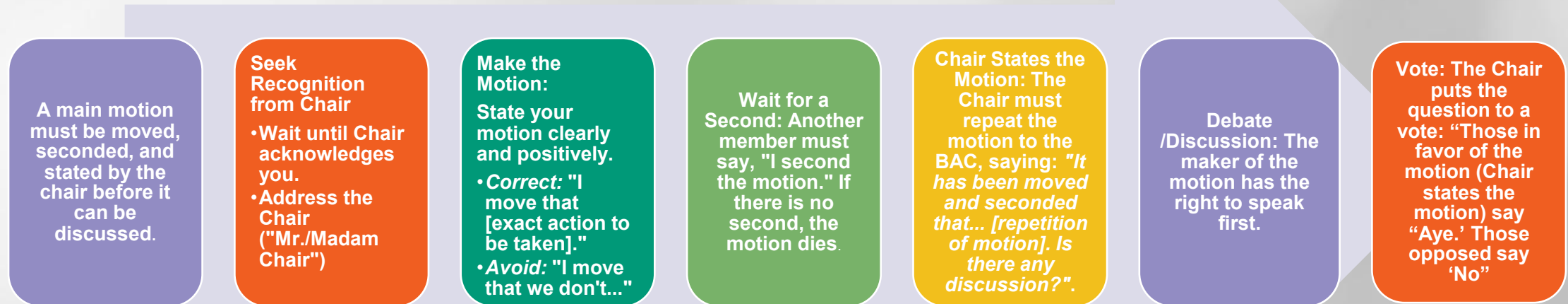
IV.

MAC Parliamentary Meeting Procedures

Presenter: Melishia Bansa, Deputy Director of Community Outreach | Boards and Commissions



Key Tips: Process of Making a Motion





V.

Review and Approval of Meeting Minutes

Presenter: Audrey Pennington, MAC Chair





VI.

HFS Leadership Comments

Presenter: Elizabeth Whitehorn, HFS Director



HFS Director

Elizabeth (Lizzy) Whitehorn



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.



VII.

HealthCare and Family Services Executive Report

Presenter: Melishia Bansa, Deputy Director of Community Outreach
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VII.

A. Budget Updates

State Budget Implications



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JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

Governor's Introduced Budget

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Revenue Outlook

Proposed Spending

Federal Challenges



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FY27 Proposed Operating Budget

- Maintains the Governor's commitment to fiscal responsibility while growing Illinois into an economic powerhouse.
- Provides record funding for human services and Illinois' social safety network.
- Ensures healthcare and food access to raise families out of poverty.
- Continues **core investments** in early childhood education and child care, K-12 education, higher education, economic development and efforts to fight poverty.
- Continues record level of K-12 funding.
- Maintains SMART START ILLINOIS to move forward toward the new comprehensive approach to early learning via a consolidated agency.
- Builds on previous higher education investments.
- Further invests in Illinois' economic infrastructure to support private sector job creation and make Illinois more competitive on the national stage.

FY27 Budget Pressures



H.R. 1 Implementation



Consent Decrees



Federal Grant Cancellations

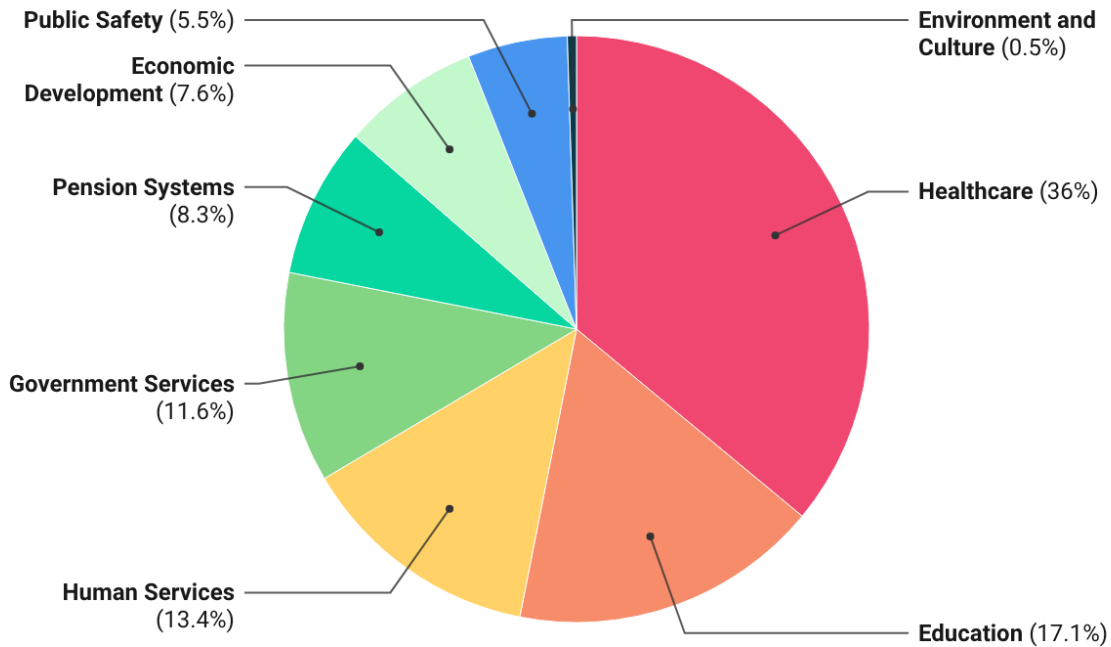


ARPA Sunsetting



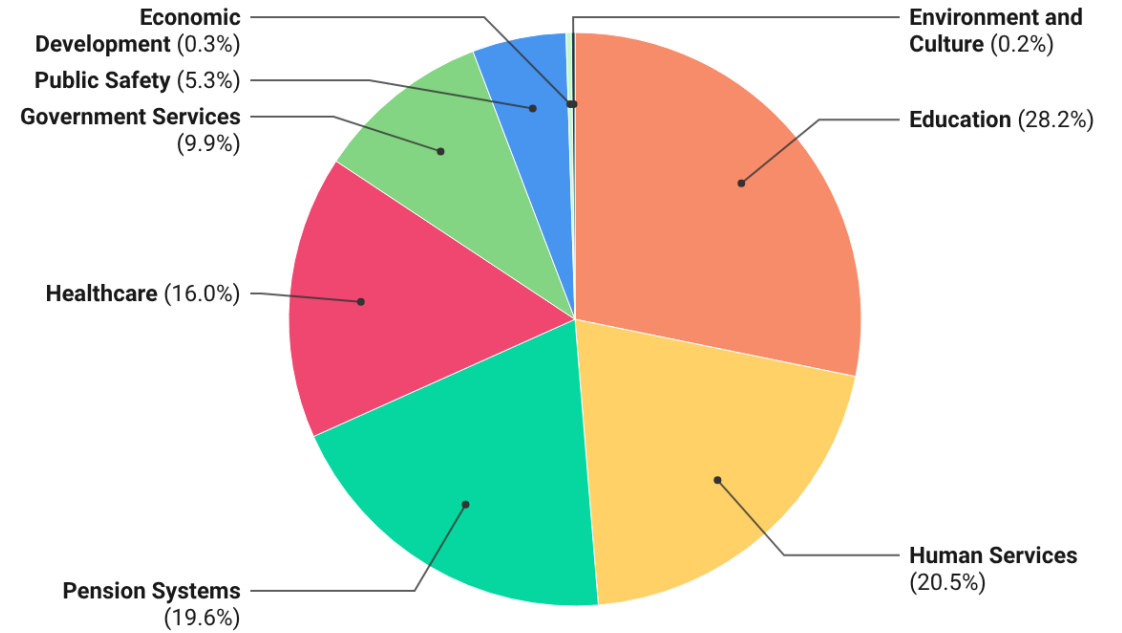
Proposed Fiscal Year 2027 Budget:

General Funds \$54.8 Billion



Created with Datawrapper

All Funds \$131.8 Billion



Created with Datawrapper

Governor Pritzker's FY27 HHS Investments

Health and Human Services remains a priority in FY27

Total HHS* FY27 Budget:

▶ **\$65.08 Billion**

- \$20.0 Billion GRF
- \$40.88 Billion OSF (includes Medicaid)
- \$4.18 Billion Federal Funding (non-Medicaid)

Total FY27 Budget for 6 Biggest Agencies
IDHS, HFS, IDPH, DCFS, IDoA, IDVA:

▶ **\$64.39 Billion**

*HHS includes: IDHS, HFS, DCFS, IDPH, IDVA, IDHR, IDoA, IDHS, DJJ, Illinois Guardianship and Advocacy Commission, Illinois Deaf and Hard of Hearing Commission, & Illinois Council on Developmental Disabilities

FY26 Accomplishments

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- **Medical Debt Relief:** The Illinois Medical Debt Relief Program has alleviated **\$1.1 billion** in medical debt for more than 500,000 beneficiaries across the state, including every county in Illinois.
- **Rural Healthcare Transformation (RHT) Program:** HFS was awarded **\$193.4 million** for CY2026 through the new federal RHT program to support healthcare in rural communities.
- **State Based Marketplace (SBM):** HFS worked with Get Covered Illinois to launch a SBM that will allow for more integration between Medicaid and the marketplace, ensuring that Illinoisans are more easily connected with the coverage that best fits their needs, quicker eligibility determinations and a better customer experience.
- **Maximizing Federal Funding Opportunities:** HFS leveraged federal funding to advance key initiatives including the Illinois hospital assessment, Cell and Gene Therapy (CGT) access model, Certified Community Behavioral Health Clinics (CCBHCs), and expanded coverage for non-traditional providers such as doulas and lactation consultants.
- **Focused Improvements in Managed Care:**
 - HFS successfully launched the new fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)
 - HFS released a procurement for HealthChoice Illinois (HCI), which provides coverage to approximately 2.5 million Illinoisans.



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HFS FY27 Budget Snapshot

ALL FUNDS* (\$ MILLIONS)				
TOTAL BY PROGRAM	FY 2026 APPROPRIATION W/SUPPLEMENTAL	FY 2027 REQUEST	\$ CHANGE	% Change
Medical Assistance	\$45,738.8	\$46,603.5	\$864.7	1.9%
Child Support Services	\$318.8	\$316.7	-\$2.1	-0.6%
Administration	\$411.7	\$457.1	\$45.4	11.0%
Cost Recoveries	\$32.9	\$33.4	\$0.5	1.6%
Inspector General	\$36.5	\$37.8	\$1.3	3.6%
TOTAL	\$46,538.7	\$47,448.5	\$909.9	2.0%

GENERAL FUNDS* (\$ MILLIONS)				
TOTAL BY PROGRAM	FY 2026 APPROPRIATION W/SUPPLEMENTAL	FY 2027 REQUEST	\$ CHANGE	% Change
Medical Assistance	\$9,132.6	\$8,626.4	-\$506.2	-5.5%
Child Support Services	\$71.8	\$61.8	-\$10.0	-13.9%
Administration	\$88.9	\$85.9	-\$3.0	-3.4%
Inspector General	\$7.2	\$7.2	0.0	0.0%
Total	\$9,300.6	\$8,781.4	-\$519.2	-5.6%

* HFS All Funds appropriations increase by approximately 2.0% in FY27, and its General Funds appropriations decline by about 5.6%. Numbers may not appear to add due to rounding.

Headcount

- ▶ **2,144** - 38 additional headcount are allocated to HFS for medical programs, medical eligibility, grants management and federal compliance.



FY26 Supplemental Requests

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- **Hospital Provider Fund - \$600 million**
 - Due to delayed CMS approval of the new hospital assessment program and increased available resources for hospital claims.
- **County Provider Trust Fund - \$600 million**
 - Increased revenue streams into this fund that garner federal match, facilitated by a higher effective federal match rate, which together enable the Fund to cover additional County Care expenditures.
- **Rural Healthcare Transformation Fund - \$100 million**
 - The supplemental request enables FY26 draw down of federal Rural Health Transformation Program funding awarded under HR1.



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Medical Assistance Enrollment

Medical Assistance Enrollment

	Seniors	Disabled Adults	Children	Non-Disabled Adults	ACA	Total	% Change
FY25 Actuals	283,175	227,054	1,466,451	544,073	750,532	3,271,285	-10.8%
FY26 Estimated	281,437	221,507	1,435,261	490,300	710,951	3,139,456	-4.0%
FY27 Projected	287,098	211,304	1,451,193	444,710	697,205	3,091,510	-1.5%



Program Investments

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- **HR1 Infrastructure and Investments** - \$36.8 million (IT and consumer outreach); \$2 million (headcount); and \$193.4 million (rural healthcare transformation)
- **Tailored Care Management Program (TCMP)** - \$39 million
 - Effective January 1, 2027, TCMP is intended to replace the DHS Comprehensive Class Member Transition Program and the Community Transition Initiative operated by HFS MCOs
- **Community Health Workers (CHWs)** - \$6.5 million
 - Includes the implementation of CHWs as Medicaid covered providers.
- **Health Related Social Needs (HRSN) component of the 1115 waiver** - \$14.5 million
 - HFS will begin infrastructure investments and services to address housing barriers for Medicaid members.
- **Certified Community Behavioral Health Clinics (CCBHCs)** - \$110.7 million
 - Currently, 19 providers are estimated to be active by the end of FY26, with another nine expected to begin operations by the end of FY27.
- **Gold Card** – \$6.1 million
 - Effective January 1, 2027, implementation of a gold card certification to medical providers serving in a hospital inpatient and/or outpatient setting that will exempt them from undergoing prior authorization requirements.



Delayed Program Investments Due to Budget Pressures

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Budget Pressures examples

- HR1 implementation
- Higher acuity customers post Public Health Emergency (PHE)
- Increased utilization of Applied Behavior Analysis (ABA) therapy
- Implementation of the Fully Integrated Dually Eligible Special Needs Program (FIDE-SNP)

Proposed Delays

- 72-hour Rule to begin July 1, 2027
- Coverage of Music Therapy to begin July 1, 2027
- Implementation of 1115 Reentry waiver begins in FY28
- In-state Psychiatric Residential Treatment Facilities (PRTFs) begin January 1, 2028



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- Implement the new federal Medicaid requirements contained in **HR 1** with the goal of mitigating harm to customers, providers and the Medicaid program.
 - Implementation includes rollout of the **Rural Healthcare Transformation program**, aimed at improving access to quality care in underserved rural communities through regional care transformation, technological innovation, enhanced mobile health infrastructure, and investment in health worker training and retention.
- Award new **HealthChoice Illinois** MCO contracts serving approximately 2.5 million customers effective January 1, 2027, to improve the quality of and access to care. Re-procure MCO contract serving DCFS youth in care and former youth in care.
- Continue to implement programs aimed at **supporting non-traditional care** by initiating subset of housing services under the **1115 Health-Related Social Needs waiver**, launching Medicaid coverage for **Community Health Workers**, and continuing to **expand maternal health provider types**.



Meet Christopher

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Challenge:

A minor facing multiple mental health crises, Christopher had run away and was refusing to return home.

HFS intervention:

With a court order to provide him support, a case was opened for Christopher in the BEACON portal. His application was expedited to quickly offer him residential care through the HFS Family Support Program (FSP).

A better life:

With FSP funding, Christopher was accepted into a leading treatment center for struggling children and teens.



* Name and image changed for privacy. *Stock photo.



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VII. B. Federal Updates

B.1

H.R.1 Eligibility Response



HFS' Guiding Principles

- Ensure eligible Illinoisans receive and maintain the coverage and benefits they qualify for.

- Ensure the Illinois Medicaid program maintains the ability to cover as many health care services as possible.

- Mitigate harm as much as possible.

Strategic Overview

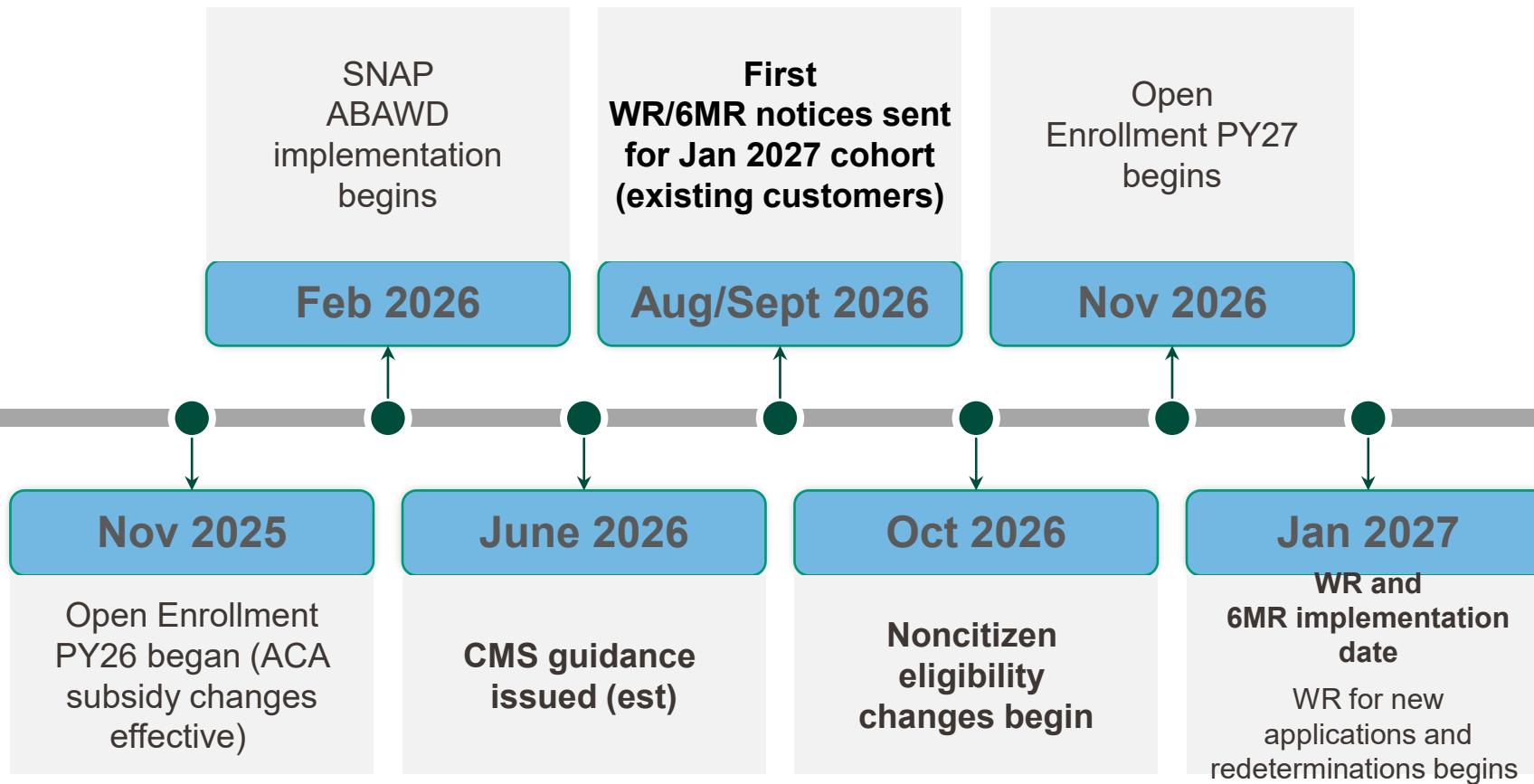
Work Requirements Across SNAP and Medicaid

- To mitigate potential coverage loss, HFS is **collaborating closely with DHS to leverage recent system changes to SNAP** work requirements for ABAWDS.
- Where Medicaid and SNAP work requirements diverge, HFS is **consulting with national experts and like-minded state Medicaid agencies**, to identify best practices on policy and system builds.

Maximize Policy Flexibilities & Leverage IT

- HFS is developing **policies and procedures** that will **reduce the burden of HR1 requirements on customers and state staff**.
- HFS is collaborating with IDHS and DoIT to leverage information technology to maximize ex parte verifications, streamline applications and redeterminations, and improve our interfaces to help customer navigate and maintain compliance.

High Level Implementation Timeline





Freeze current and prohibit new provider taxes	July 4, 2025
Prohibit Medicaid funding to Planned Parenthood for 1 year	July 4, 2025
Cap new State Directed Payments (SDPs) at 100% Medicare payment rates	July 4, 2025
Rural Health Transformation Program	Awarded. Implementation ongoing
Narrow the definition of "qualified aliens" terminating eligibility for many lawfully present individuals	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements	January 1, 2027
Ending federal match for 3 months of eligibility pre-application, ACA adults will be matched for only 1 month. All others for only 2 months.	January 1, 2027
Reduce current SDPs by 10 percentage points per year until the SDPs are no greater than 100% of Medicare	January 1, 2028
Cost-sharing for ACA adults	October 1, 2028
Modify "generally redistributive" provider tax criteria	Transition period of up to 3 years
Several other eligibility-related proposals	January 1, 2027 – October 1, 2029

Eligibility Changes Overview



HR1-Specific Eligibility Changes

October 1, 2026

Eliminates federal match for previously eligible immigrant statuses such as refugees, asylees, and victims of trafficking, among others by:

- Narrowing the definition of “qualified immigrants” – those non-citizens eligible for Medicaid benefits – to lawful permanent residents, certain Cuban/Haitian immigrants, and individuals living in the U.S. through a Compact of Free Association (CoFA).
- Coverage for pregnant women and children under CHIPRA 214 is not changed.
- Emergency medical eligibility for noncitizens is not changed.



HR1-Specific Eligibility Changes cont.

Individuals 19 and older in the ACA Adult eligibility category are "applicable individuals" and are subject to work requirements and six-month redeterminations starting January 1, 2027.

- HR1 exempts some ACA Adults from work requirements.
- ACA Adults exempted from work requirements are not exempted from 6-month redeterminations.
- Compliance and exemptions will be evaluated at application and redetermination.



Retroactivity Changes and 6 Month Redeterminations



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Retroactive Eligibility Changes for All Populations

Generally, applicants for Medicaid can request and, if eligible, receive coverage for the 3 months prior to their first month of eligibility.

Starting 1/01/2027, HR1 reduces federal match for retroactive coverage to:

- ACA Adults to 1 month
 - Other eligibility categories to 2 months
-

Impact: Reduced reimbursement for providers, increased medical debt or forgone care for customers, and increased workload for customers and providers.

6-Month Redeterminations for ACA Adults

Currently, ACA Adult eligibility is redetermined annually.

HR1 requires that ACA Adults have their eligibility redetermined every 6 months starting 01/01/2027.

Impact: Significant increase in workload/lift for caseworkers and customers and increased risk that eligible people will be terminated as a result.



Work Requirements Overview



Work Requirements Compliance

Individuals subject to work requirements can satisfy the requirement in multiple ways:

- **Employment** = A minimum of 80 hours of work per month or a monthly income of \$580 per month. (Different rules for seasonal workers.)
- **Community service** = A minimum of 80 hours of community service per month.
- **Work program participation** = Participation in a work program for a minimum of 80 hours per month.
- **Enrollment in an educational program** = Enrollment at least half-time in higher education or a career or technical education program.

Any combination of these activities totaling at least 80 hours



Exemptions

HR 1 provides exemptions from work requirements for some populations and for individuals with certain circumstances, including:

- Parents, guardians and caretakers of dependent children 13 years or younger or disabled individuals
- Veterans with total disability ratings
- Medically frail individuals or those with special medical needs
- Individuals subject to Supplemental Nutrition Assistance Program (SNAP) work requirements
- Pregnant individuals or those receiving postpartum coverage
- Foster youth or former foster youth under age 26



What Does Federal CMS Expect?

- CMS has outlined a "Minimal Viable Product" (MVP) that states are expected to create for HR1 implementation starting with notices that must be sent to customers in September 2026.

- MVP categories include: application changes, data analytics and reporting, caseworker and client portal updates, eligibility determination logic, ex parte renewal logic, audits, and outreach among others.

- CMS has shown significant interest in states' implementation progress.



Moving Targets

- CMS is regularly rolling out "non-binding" guidance on all aspects of HR1 implementation.

- HR1 requires that CMS promulgate regulations on work requirements by June 1, 2026.

- That means we are both working hard to implement AND to pivot as CMS makes new demands for implementation.



Implementation



What Does Implementation Involve?

Implementation planning is underway

- There are still many unanswered questions from federal CMS.
- HFS has received some federal guidance, predominantly informal. Further federal regulations and guidance are forthcoming.
- Operational decisions must be made in the meantime.



What Does Implementation Involve? Cont.

For each HR1 provision, HFS must engage in:

- Partnership with DHS, DoIT, CMS, and other state agencies
- Policy development
- Technology updates and builds (internal and customer facing)
- Staff training, support, and capacity
- Communication and collaboration with partners, stakeholders, and customers



Communications and Outreach Overview



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Phased communications strategy

- Start early with awareness: **Update Contact Information Campaign**
-

- Add more specific messaging as implementation approaches
-

- Target high-impact areas with concrete action steps
-

- Reinforce through trusted partners and providers
-

- Combine paid media with grassroots and organic outreach

Phased Strategic Approach

Communications plan

Key audience	What we are doing
Partners	<ul style="list-style-type: none">• Stand up and lead new forums• Share updates on HR1 efforts in existing forums• Engage partners directly Leverage legislative affairs to engage with General Assembly / legislative stakeholders• Create and distribute partner toolkits
Public	<ul style="list-style-type: none">• Run campaign to keep public informed and target specific populations• Release other public-facing comms to partners & members



B.2

H.R.1 SNAP Response



Return of the Time Limit – What to Know

Effective Date

Time limit returned in Illinois on February 1, 2026*

Who is Affected

Adults 18–64 without dependents under age 14 in their SNAP household.

What is Changing

Illinois' current waiver expired in January— meaning the three-month time limit will start applying again for ABAWDs who aren't meeting work requirements or exempt.

What is ahead

- Local offices are screening for exemptions before applying the time limit
- Impacted customers are being informed about the change and how they can maintain eligibility.

For Community Partners

- Support customers who qualify for exemptions through completing the necessary steps to stay eligible.
- Connect non-exempt individuals to work programs like SNAP E&T, WIOA, and other federal, state, and local programs to help them meet the work requirement. *IDHS is working on tools to help ABAWDs find qualifying programs in their area.

Responding to the Return of the ABAWD Time Limit

1

Educate and engage participants and community partners on all exemption pathways (e.g., physical and mental barriers to work) and ways to meet work requirement through a comprehensive communications and outreach plan and trainings for community partners.

2

Expand our voluntary SNAP Employment and Training (E&T) program to help ABAWDs meet the work requirement and ensure statewide coverage. SNAP E&T will remain voluntary.

3

Leverage our existing workforce system (outside of SNAP E&T) and provider network to help ABAWDs meet the work requirement.

Our efforts to support ABAWDs with the return of the time limit will be leveraged as a foundation for implementing Medicaid work requirements.

Thank you



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ILLINOIS

RURAL HEALTH TRANSFORMATION

B.3

Rural Health Transformation

This presentation is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$193,418,216.21 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.



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Dani Mendez, Senior Advisor

Rural Health Transformation (RHT) Program Overview

What is the Rural Health Transformation Program?

- The RHT Program was authorized by Section 71401 of Public Law 119-21
- Creates a five-year, \$50 billion program fund - \$10 billion per year
- Intent is to empower states to strengthen rural communities across the country by improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem

Recent Award Amount Announcement

- Federal CMS announced first year awards on December 29, 2025
- State of Illinois was awarded \$193.4 million for 2026 (applied for \$200 million per year)
- Immediate next steps are:
 - Approved budget and updated Notice of Award received February 25, 2026
 - Establishing governance structure and launching work stream activities

Illinois' Proposed Initiatives

1 Transforming Rural Healthcare Delivery

<i>Initiative</i>	<i>Recipients</i>	<i>Strategic Goals</i>
A Regional Care Transformation	Hospitals, health systems, HTC's	Innovative Care
B Community Care Infrastructure	Primary care, outpatient BH	Innovative Care
C Disease Prevention	Hospitals	Make Rural America Healthy Again

2 Overcoming Geographic Barriers to Care

<i>Initiative</i>	<i>Recipients</i>	<i>Strategic Goals</i>
A Transportation and Mobile Health Clinics and Mobile Crisis Units healthcare	Hospitals, EMS, primary care, and outpatient BH	Sustainable Access
B Technological Innovation for Virtual Care	HIT vendors <i>or</i> providers	Tech Innovation

3 Building a Resilient Rural Workforce

<i>Initiative</i>	<i>Recipients</i>	<i>Strategic Goals</i>
A Incentives for Clinicians and Non-Clinicians	State universities, community colleges	Workforce Development
B Training and Recruitment Program for Non-Traditional Healthcare Workers	State universities, community colleges	Workforce Development
C Rural Health Education	UIC	Workforce Development

CY2026 Program Goals

Category	Initiative	Target Date	
1. Transforming Rural Healthcare Delivery	Hospital Transformation (1A)	Issue hospital planning grant NOFO	Q3
		Award 4 rural HTCs as subrecipients	Q1
	Community Care Infrastructure (1B)	Release funding opportunities and select primary care and behavioral health providers	Q3-Q4
	Hospital Disease Prevention (1C)	Award hospitals based on formula-driven approach	Q3
2. Overcoming Geographic Barriers to Care	EMS and Mobile Healthcare (2A)	Award resource hospitals	Q2
		Release funding opportunities and select primary care and behavioral health providers	Q3-Q4
	Technological Innovation for Virtual Care (2B)	Award funds to hospitals	Q4
3. Building a Resilient Rural Workforce	Healthcare Workforce Expansion (3A)	Award funds to selected programs	Q3
	Training Healthcare Support Workers (3B)	Award funds to selected programs	Q3
	Rural Health Education Pipeline (3C)	Begin program expansion	Q2

Next Steps

- Finalize budget approval and spending authority with Federal CMS – *March 2026*
- Launch workforce initiatives stakeholder engagement process to define targets for workforce funding – *Feb/March 2026*
- Initiate governance structure to include monthly partner meetings and Rural Health Advisory Workgroup – *March/April 2026*
- Make initial funding awards – HTCs, AHEC at UIC – *April 2026*
- Facilitate awards to key program partners including ICAHN, IPHCA, CBHA – *May 2026*
- Develop standards for issuing grant awards to for Hospital Transformation funding and make awards – *July/August 2026*



C. Beneficiary Advisory Council



BAC

Purpose:

The [Ensuring Access to Medicaid Services Final Rule \(CMS-2442-F\)](#), effective July 9, 2024, includes provisions to establish a Beneficiary Advisory Councils (BAC) to ensure the Medicaid program reflects the lived experiences of beneficiaries, their family members, and/or caregivers.



11.2

HFS Implementation of BAC To Date



BAC

Requirement	HFS Approach	HFS Timeline
The state must create a process for recruitment and selection of members and publish this information on the state's website.	HFS is developing a brief, accessible, mobile-compatible application we will share broadly with stakeholders.	August 2025

Boards and Commissions

[Advisory Council on Financing and Access to Sickle...](#)

[Beneficiary Advisory Council \(BAC\)](#)



[BAC Meeting Notice](#)

[BAC Meeting Schedule](#)

[BAC Members](#)

[BAC Recruitment Flyer](#)

Beneficiary Advisory Council



New Membership Opportunities & Applications Description

The Illinois Department of Healthcare and Family Services (HFS) is recruiting members for a Beneficiary Advisory Council, made up of current and former Medicaid customers and family members or caregivers with experience supporting Medicaid customers. Members will provide



HFS Recruitment flyer specifically included requests for: individuals with personal experience with the IL Medicaid program, current or former customer of the IL Medicaid program, and family members and caregivers (paid or unpaid) of a Medicaid customer.



HFS
Illinois Department of
Healthcare and Family Services



Illinois Medicaid Customers: We want to hear from you!

What is a Beneficiary Advisory Council?

The Illinois Department of Healthcare and Family Services (HFS) is starting a Beneficiary Advisory Council (BAC), and we are looking for Medicaid customers and family members or caregivers to join. BAC members will share their experience to help us improve Medicaid and to shape future decisions about the program. Apply below to be an important part of the future of Illinois Medicaid.

Who can serve on the Beneficiary Advisory Council?



Lived Experience

You are someone that has personal experience with the Illinois Medicaid Program



Beneficiary

You are a current or former customer of the Illinois Medicaid Program



Family Member or Caregiver

You were a family member or caregiver (paid or unpaid) of a Medicaid customer

Membership Requirements

- Serve at least a 2-year term
- Attend 4 quarterly 2-hour meetings, virtual or in person
- Additionally, 25% of BAC members are required to serve on the Medicaid Advisory Board (MAC)

To Apply, scan or
click link below by
Aug 31, 2025



<https://forms.office.com/g/zpXFrGdcX>

For more information, visit
HFS Boards and
Commissions webpage:
**Beneficiary Advisory
Council**

[https://hfs.illinois.gov/about/
boardsandcommissions.html](https://hfs.illinois.gov/about/boardsandcommissions.html)

HFS Boards and Commissions
Beneficiary Advisory Council (BAC)
New Membership Opportunities & Applications



Beneficiary Advisory Council (BAC)

Description

The Illinois Department of Healthcare and Family Services (HFS) is recruiting members for a Beneficiary Advisory Council, made up of current and former Medicaid customers and family members or caregivers with experience supporting Medicaid customers. Members will provide critical input on their experiences with the Illinois Medicaid program, which will help craft future policy developments aimed at improving the program for customers. Apply below to be part of the future of Illinois Medicaid.

Beneficiary Advisory Council (BAC) Member Application | 2025

This form is to apply to the Beneficiary Advisory Council (BAC).

Each Member will be asked these requirements:

- Serve at least a 2 year term.
- Attend 4 quarterly 2 hour meetings virtual or in person.
- Additionally, 25% of BAC members are required to serve on the Medicaid Advisory Board (MAC).

For More information, please visit the HFS Boards and Commissions page at <https://hfs.illinois.gov/about/boardsandcommissions.html>

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

For Additional Assistance:

If you require assistance completing the Beneficiary Advisory Council (BAC) application, we are here to help you. Please reach out to the Department of Healthcare and Family Services (HFS) at hfs.boards.and.commissions@illinois.gov or call 312.793.1045. If you send an email, please include the following title as the subject line of your email, "Request for Assistance with BAC Application."

Para asistencia adicional:

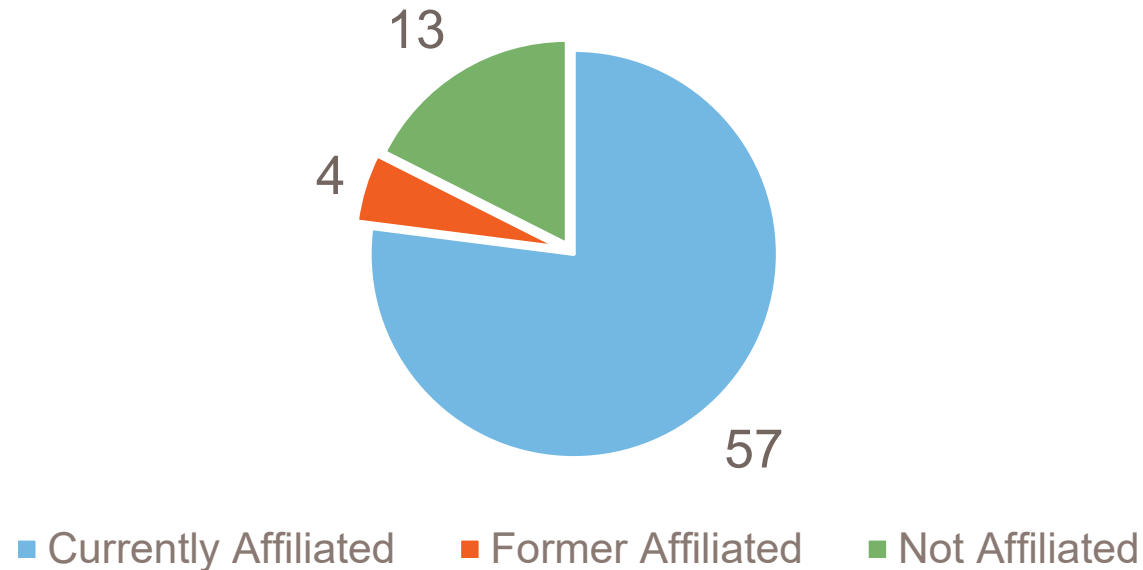
(Si necesita ayuda para completar la solicitud del Consejo Asesor de Beneficiarios (BAC), estamos aquí para ayudarle. Comuníquese con el Departamento de Salud y Servicios Familiares (HFS) a hfs.boards.and.commissions@illinois.gov o llame al 312.793.1045. Si envía un correo electrónico, incluya el siguiente asunto: "Solicitud de asistencia con la solicitud del BAC".)

Next

Page 1 of 9

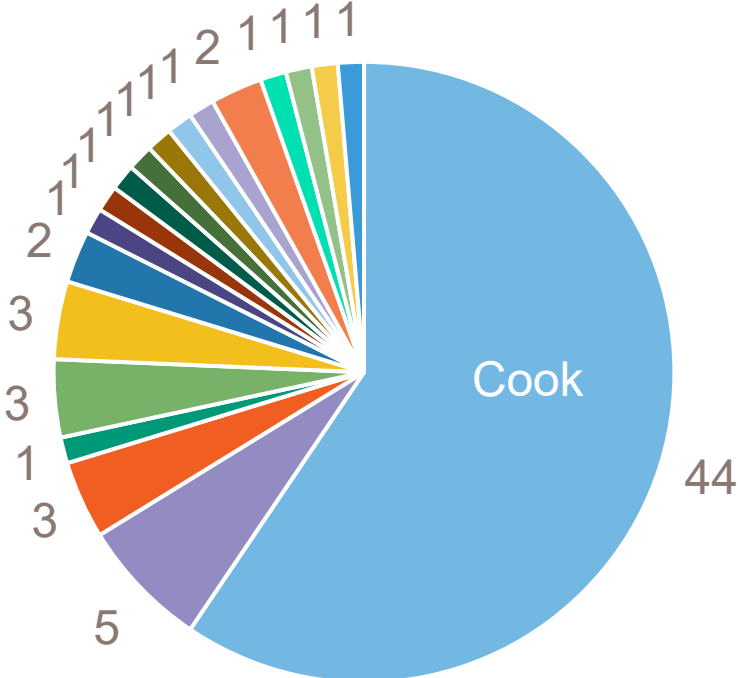
Report Summary of Data

- **74 Applicants Total Applied**
 - 57 of 74 (77%) have current lived experienced
 - 4 of 74 (0.05%) are formerly affiliated with Medicaid (within 24 months of applying)



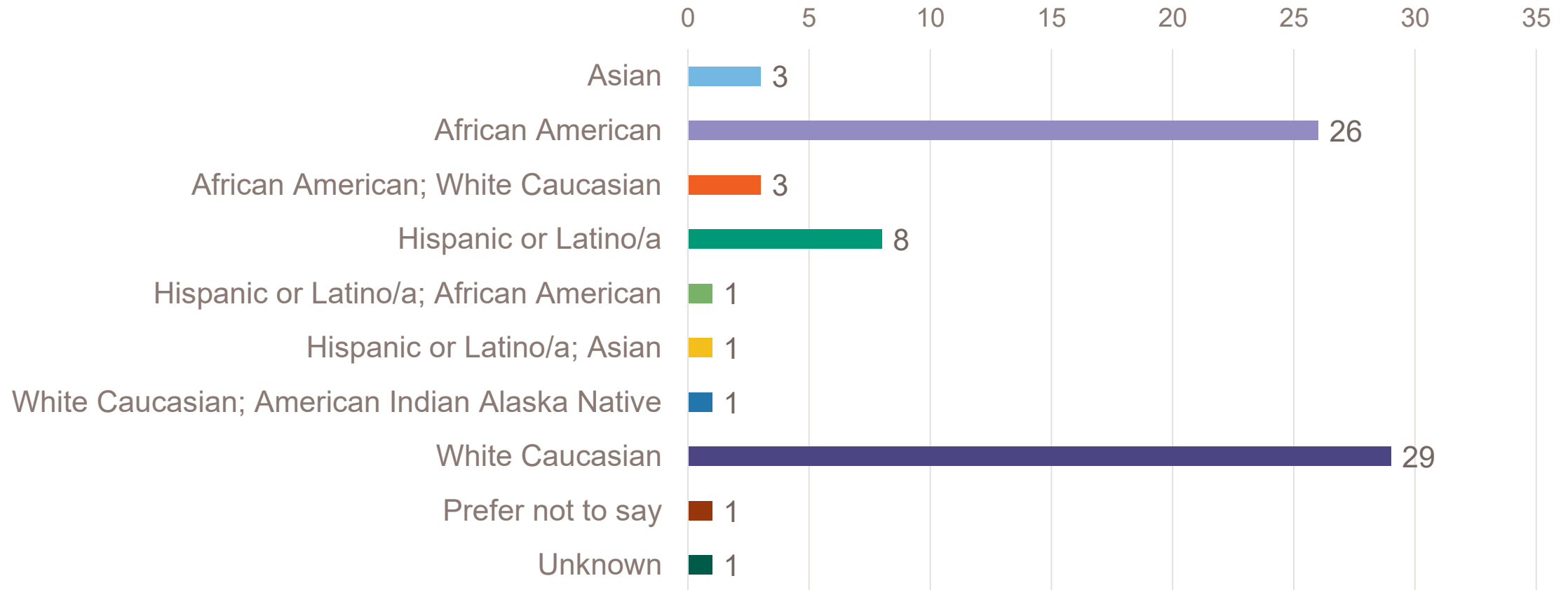
Applicants by County

Applicant Pool
n=74



- Cook
- Lake
- DuPage
- Madison
- Sangamon
- Warren
- Woodford
- Champaign
- Will
- Kane
- McLean
- McHenry
- Union
- Jackson
- DeKalb
- Unknown
- St. Clair
- Douglas
- Winnebago

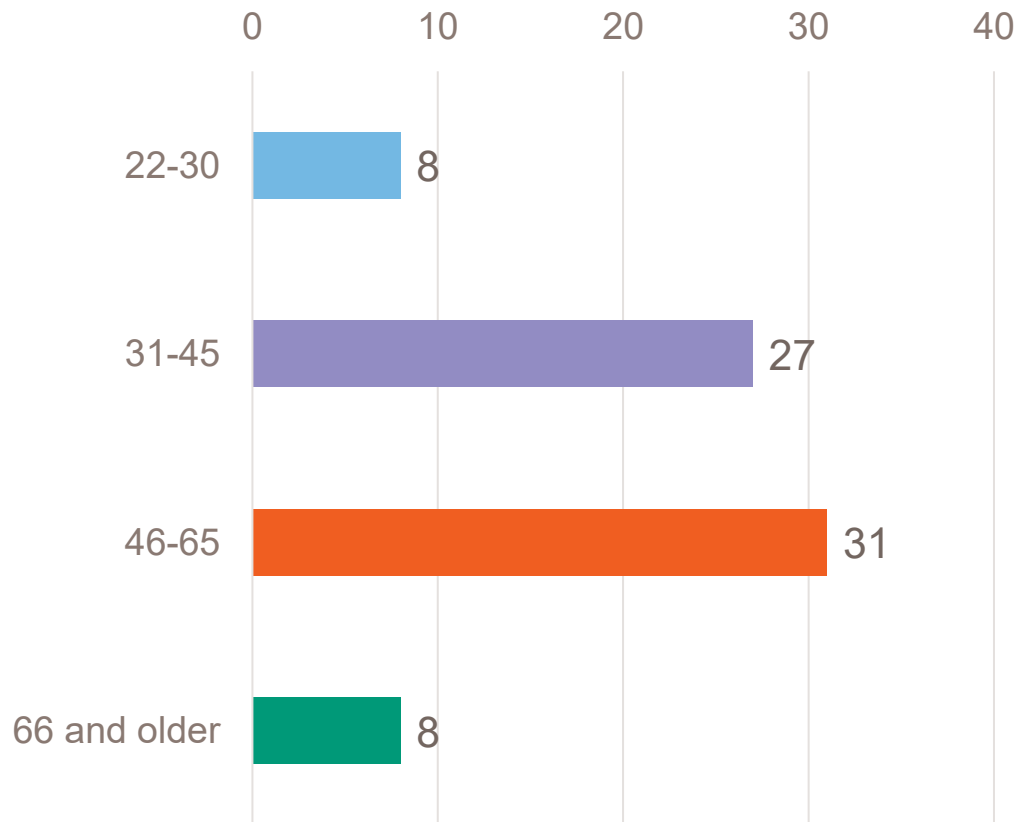
Race & Ethnicity



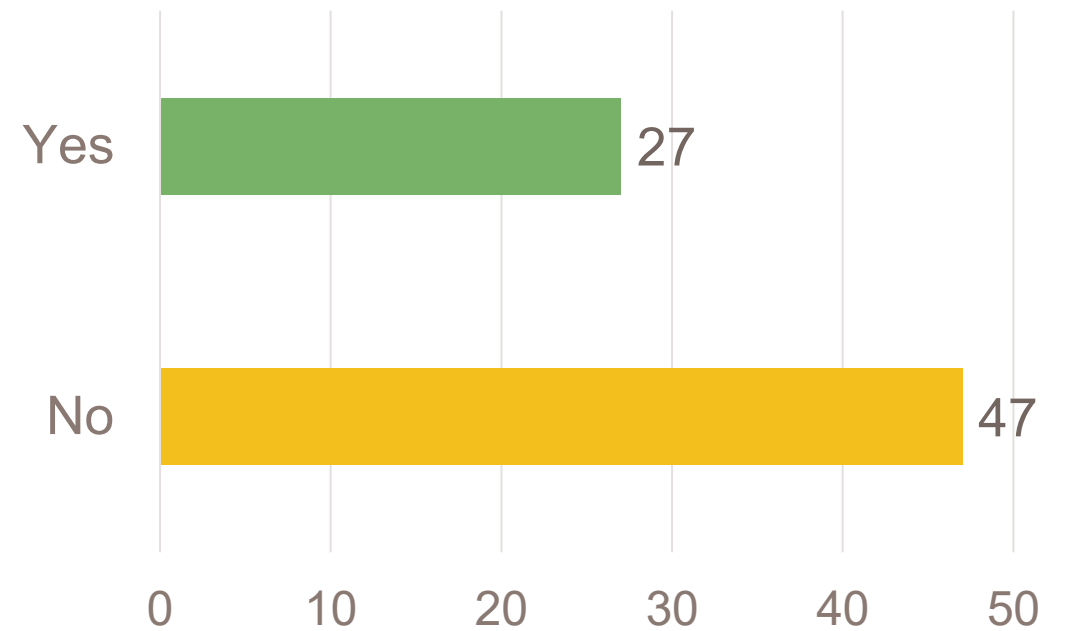
Applicant Pool | n=74



Age Range



Living with a Disability



Applicant Pool | n=74



BAC Applicant Phase

Operations

HFS Timeline

Director Review Initial Applicant slate

October – November 2025

B&C Conduct BAC Interviews

November - December 2025

- General Background
- Understanding of Role
- Advocacy & Communication
- Commitment & Reliability
- Problem Solving & Collaboration
- Overview of the MAC

Director Select Final BAC members

December 2025

BAC

Council Members

Requirement	HFS Approach	HFS Timeline
The Director must select members for the BAC for a term of length determined by the state, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis.	BAC members can serve up to a 3-year term. They will not be eligible to serve a consecutive term, but they can serve again after a one-term break.	December 2025

2026 Beneficiary Advisory Council Members

Deedee Burris Lehmann	Monique McClure
Wandamarie Crawford	Anthony Pittman
Theresia Davis	Carole Rosen
Katrina Falkner MAC BAC	John Spears MAC BAC
Lissett Felix MAC BAC	Erica Stearns MAC BAC
Lureatha Jackson MAC BAC	Carrie Vine
Mia Goddard	Caprisha Williams
Mattanah Isreal	Tocarra Wilson
Claudia Garcia	
Shanita Jones	

Meet Our Members



Lissett
Felix



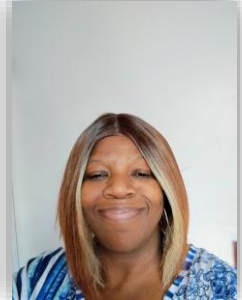
Shanita
Jones



Anthony
Pittman



Dr.
Wandamarie
Crawford



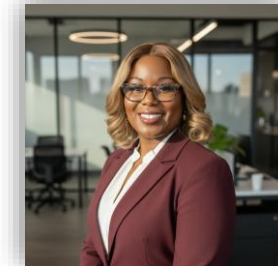
Katrina
Falkner



Claudia
Garcia



Caprisha
Williams



Toccarra
Wilson



Deedee
Burris-Lehmann



Mia
Goddard





Duties:

- To advise the Director of Illinois Healthcare and Family Services (IL Medicaid Program) regarding their lived experience with the IL Medicaid Program.
- Collaborate with other BAC members with lived experience to develop solutions and recommendations for Medicaid policy and program improvements.
- Empower and promote Medicaid awareness and advocacy
- Serve as a voice for Medicaid customers

BAC Feedback | Key Topic Areas

- **Additions and changes to services;**
- **Coordination of care;**
- **Quality of services;**
- **Eligibility, enrollment, and renewal processes;**
- **Beneficiary and provider communications by state Medicaid agency and Medicaid Entities**
- **Cultural competency, language access, health equity, and disparities and biases in the Medicaid program;**
- **Access to services; and Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the BAC or state.**

BAC | MAC

Requirement	HFS Approach	HFS Timeline
<p>States must provide staffing support for the BAC. The regulation does not require compensation of BAC members.</p>	<p>HFS Boards and Commissions and other Key staff person will serve as BAC leadership. HFS legal determined HFS may not provide compensation to BAC members but may reimburse members for expenses incurred in the performance of their duties (e.g., childcare and travel).</p>	<p>December 2025</p>
<p>10% of MAC members must also be members of the BAC for the period July 9, 2025, through July 9, 2026; 20% for the period July 10, 2026, through July 9, 2027; and 25% thereafter.</p>	<p>HFS will establish the 25% threshold immediately upon assembling the BAC.</p> <ul style="list-style-type: none">• BAC MAC - Erica J. Stearns• BAC MAC - Lissett Felix• BAC MAC - Lureatha Jackson• BAC MAC - John Spears• BAC MAC - Katrina Falkner	<p>BAC MAC Members selected by December 2025</p>

BAC

Orientation Information

Requirement	HFS Approach	HFS Timeline
The BAC must meet at least once per quarter. The first meeting must be held before July 2026.	HFS will consult with BAC members on meeting timing and format. The first orientation meeting was February 6, 2026.	February 2026

Beneficiary Advisory Council Orientation

- **Call to Order**
- **Welcome**
- **Summary of Agenda**
- **General Meeting Operations and Communications**
 - **House Keeping**
 - **Technology Check**
- **Roll Call of BAC Members**
- **Introduction of HFS staff**
- **Leadership Comments**
- **Purpose of BAC**
- **Review of today's agenda**
- **Membership Introductions and Sharing**
 - Optional lived – BAC Introductions and Ice Breaker
- **What is the Beneficiary Advisory Council**
 - Background
 - HFS Implementation of BAC To Date
 - Questions
- **12. Roles & Expectations**
 - Role of Members
 - Role of Staff/Facilitators
 - Participation Expectations
 - Questions
- **Beneficiary Advisory Council Operations**
 - Meeting Format and Schedule
 - Ground Rules
 - Importance of membership Feedback
 - How feedback is shared and tracked
 - Questions
- **Review of Draft Bylaws**
 - Process For Voting on Bylaws
 - Questions
- **Additional Business: Old & New**
 - How topics are selected: Items for future discussion
 - What's Next?
 - Vote on new Bylaws
 - Select a Chair and Vice Chair
 - HFS Announcements
 - Next Meeting Date
 - Mandatory Ethics Training
 - How to Contact B&C
 - Other Opportunities to Engage
 - Social Media
- **Adjournment**
 - Closing and Appreciation

BAC

Meeting information

Requirement	HFS Approach	HFS Timeline
The BAC must meet at least once per quarter. The first meeting must be held before July 2026.	HFS will consult with BAC members on meeting timing and format. The first orientation meeting is scheduled for February 2026.	February 2026

For Future Meetings:

- Meetings will meet quarterly

Proposed Meeting Dates:

Next Meeting(s):

- April 10, 2026
- July 24, 2026
- October 16, 2026

HFS Announcements

- Please complete mandatory trainings



BAC | MAC

Open v. Closed Meetings

Requirement	HFS Approach	HFS Timeline				
<p>The BAC may decide for itself which meetings (if any) will be to open to the public.</p>	<p>The BAC will vote on this. All meetings will have a remote and telephonic option for members.</p> <table border="1" data-bbox="1014 372 2349 1065"> <thead> <tr> <th data-bbox="1014 372 1651 454">Closed Meeting</th> <th data-bbox="1651 372 2349 454">Open Meeting</th> </tr> </thead> <tbody> <tr> <td data-bbox="1014 454 1651 1065"> <ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Not Attend • Public Comment Not Allowed • Pros <ul style="list-style-type: none"> • Members Speak More Freely • Easier To Discuss Conflict, Concerns, and Challenges • Protects Privacy • Cons <ul style="list-style-type: none"> • Reduces Transparency • Stakeholders may feel excluded </td> <td data-bbox="1651 454 2349 1065"> <ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Attend • Public Comment Allowed • Pros <ul style="list-style-type: none"> • Builds Trust & Transparency • Increases Credibility with the Community • Encourages Community Buy-In • Cons <ul style="list-style-type: none"> • Limits Honest Discussion • Members May Self-Censor • Sensitive Topics May be Avoided • Privacy Risks </td> </tr> </tbody> </table>	Closed Meeting	Open Meeting	<ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Not Attend • Public Comment Not Allowed • Pros <ul style="list-style-type: none"> • Members Speak More Freely • Easier To Discuss Conflict, Concerns, and Challenges • Protects Privacy • Cons <ul style="list-style-type: none"> • Reduces Transparency • Stakeholders may feel excluded 	<ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Attend • Public Comment Allowed • Pros <ul style="list-style-type: none"> • Builds Trust & Transparency • Increases Credibility with the Community • Encourages Community Buy-In • Cons <ul style="list-style-type: none"> • Limits Honest Discussion • Members May Self-Censor • Sensitive Topics May be Avoided • Privacy Risks 	<p>April 2026</p>
Closed Meeting	Open Meeting					
<ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Not Attend • Public Comment Not Allowed • Pros <ul style="list-style-type: none"> • Members Speak More Freely • Easier To Discuss Conflict, Concerns, and Challenges • Protects Privacy • Cons <ul style="list-style-type: none"> • Reduces Transparency • Stakeholders may feel excluded 	<ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> • Members of the Public Can Attend • Public Comment Allowed • Pros <ul style="list-style-type: none"> • Builds Trust & Transparency • Increases Credibility with the Community • Encourages Community Buy-In • Cons <ul style="list-style-type: none"> • Limits Honest Discussion • Members May Self-Censor • Sensitive Topics May be Avoided • Privacy Risks 					
<p>The MAC must submit an annual report to the State, with review from the BAC. The state must review the report and include responses to the recommended actions.</p>	<p>HFS Boards and Commission and key staff will facilitate providing support for the MAC in writing the report. HFS will be responsible for reviewing and responding to the report recommendations.</p>	<p>July 2026</p>				



HFS Vision For The BAC

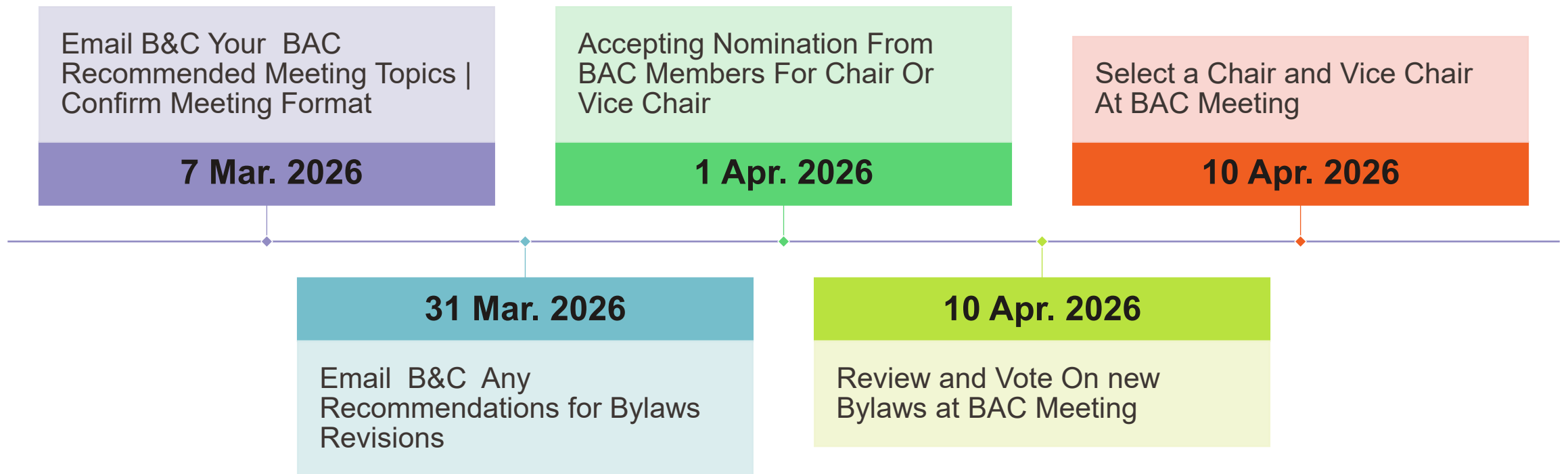
“To Benefit From Listening & Learning From The BAC”

Next Steps

- HFS will be utilizing lessons learned from our “Voice of the Customer” project.
 - This effort was led by Institute For Healthcare Delivery Design (IHDD) in collaboration with HFS.
- Invite additional consultants and subject matter experts to contribute to the planning and execution of ongoing BAC engagement both now and in the future.
 - In doing so, HFS will be reviewing a variety of proposals that aim to assist in developing a framework for ongoing engagement activities and training opportunities to help empower BAC members in advising HFS on improving the Medicaid Program.
- HFS Goals for the BAC Framework:
 - **Listen** to BAC Members
 - **Amplify** BAC Voices
 - **Learn** from BAC Lived Experiences
 - **Strengthen** BAC Advocacy Skills
 - **Enhance** BAC navigation and awareness of the Medicaid Program
 - **Collaborate** with BAC members ongoingly to develop solutions and recommendations for Medicaid policy and program improvements.



BAC Members: Next Up – Timeline





D. Medical Programs Updates

D.1 Managed Care Procurement Updates



D.1.a FIDE Dual Eligible Special Needs Plans (D-SNPs)



Background

- The Centers for Medicare & Medicaid Services (CMS) mandated that all states with a MMAI program to convert to the D-SNP model.
- The Illinois Medicare-Medicaid Alignment Initiative (MMAI) program ended December 31, 2025.
- Beginning January 1, 2026, the Illinois Department of Healthcare and Family Services (HFS) offers Medicare Advantage special needs plans (D-SNPs) for dual eligibles.

Which Managed Care Plans are FIDE SNPs?

- The following four health plans were awarded a FIDE SNP contract:
 - Aetna Medicare Fide (HMO D-SNP)
 - Humana Dual Fully Integrated (HMO D-SNP)
 - Molina Medicare Complete Care Plus (HMO D-SNP)
 - WellCare Meridian Dual Align (HMO D-SNP)
- Programming and enrollment files (e.g., MEDI, 270/271) are now updated with accurate FIDE SNP enrollment information.
 - See HFS [provider notice](#) issued on January 20th
 - Please email any questions to HFS.DSNPInquiries@Illinois.gov

D.1.b HCI Procurement Update





Overview of the HCI Contract

**Population Health and
Enrollee-Centric Care**

**Benefits and Services
Delivery**

**Quality Management &
Incentives**

**Availability &
Accessibility of Care**

Operations

D.1.c YouthCare Procurement





Customer & Stakeholder Listening Session: YouthCare Experience

We want to hear from you!

We want to hear from **customers and stakeholders of the current YouthCare managed care program** before we kick off the next RFP process to procure a new plan.

We especially want to hear from **youth currently in care of DCFS or former youth in care; foster parents and caregivers; advocates and other stakeholders supporting youth in care.**

While we strongly prefer the information to be presented from the **member and caregiver point of view**, we welcome input from **advocates, providers, associations, and other stakeholders.**

Why are we doing this?

Hearing customer and stakeholder input about their experiences with the current YouthCare managed care program will enable HFS to better serve enrollees by improving access and quality within our Medicaid program.

What works well for you? Where should we make improvements?



E. Quality Strategy Revision



CMS Quality Strategy Requirements

- Under regulations at 42 CFR 438.340(b)(10) and (c)(3)(ii), CMS requires the state to update its quality strategy whenever significant changes occur within the state's Medicaid program.
- The change from Medicare Medicaid Alignment Initiative (MMAI) to Fully Integrated Dual Eligible Special Needs Plans (FIDE SNP or D-SNP) would meet this definition of requiring a revision, requesting MAC input, and public comments.



Quality Strategy Revisions

- FIDE SNP began January 1, 2026 in Illinois to provide managed care services to enrollees who are dually enrolled in Medicare and Medicaid.
- The Quality Strategy revisions are limited to updating language and references of MMAI to the current FIDE SNP (or D-SNP) program.
- An updated Quality Strategy is required every three years, and HFS will work to update the 2024 – 2027 Quality Strategy in accordance with that timeline, and when public comment will be requested again.



Quality Strategy Revisions cont.

- The Revised Quality Strategy will be sent to MAC members for their review and comments.
- Written public comments can be provided by March 27, 2026, to:
 - HFS.Boards.and.Commissions@Illinois.gov
 - Subject Line: Quality Strategy Revision Public Comments
- Verbal comments can be provided at the Community Integration, Health Equity and Quality Subcommittee meeting to be scheduled next quarter



F. Eligibility Updates

Medical Applications

Application Processing by Month	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	26-Jan
Apps Received (during month)	109,969	78,340	79,397	79,355	72,873	70,698	77,315	76,437	75,398	66,912	66,275	88,291	92,971
Apps Processed (during month)	105,657	90,199	112,573	102,559	82,444	76,518	83,296	79,792	74,188	71,849	59,103	79,170	90,897
Adjustment Factor	3,764	6,064	3,226	3,551	2,853	3,174	3,627	3,734	3,859	6,105	2,650	2,816	4,014
Apps On Hand (end of month)	161,080	155,285	125,335	105,682	98,964	96,318	93,964	94,343	99,412	100,580	110,402	122,339	128,427
<i>Apps On Hand over 45 days (end of month)</i>	<i>111,067</i>	<i>115,853</i>	<i>94,369</i>	<i>76,982</i>	<i>73,844</i>	<i>70,349</i>	<i>67,072</i>	<i>66,401</i>	<i>69,894</i>	<i>73,502</i>	<i>79,557</i>	<i>84,268</i>	<i>89,631</i>
Net Change in Apps On Hand (Total)	8,076	-5,795	-29,950	-19,653	-6,718	-2,646	-2,354	379	5,069	1,168	9,822	11,937	6,088
Net Change in Apps On Hand (Over 45 days)	24,976	4,786	-21,484	-17,387	-3,138	-3,495	-3,277	-671	3,493	3,608	6,055	4,711	5,363

Medical Redeterminations

Rede Processing by Month	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	26-Jan
Redes Received (during month)	36,284	37,541	35,866	37,491	31,056	33,162	34,212	33,252	28,798	28,673	22,575	25,569	29,977
Redes Processed (during month)	30,658	31,189	48,879	41,780	40,225	35,491	39,122	36,915	30,796	31,040	24,749	28,476	28,992
Approved	22,205	23,306	36,513	30,230	30,302	25,024	29,566	27,770	23,060	23,286	18,777	21,187	21,951
Cancelled	8,453	7,883	12,366	11,550	9,923	10,467	9,556	9,145	7,736	7,754	5,972	7,289	7,041
Cancelled - Ineligible	6,229	6,218	9,457	8,520	7,650	8,389	6,982	6,529	5,596	5,676	4,420	5,175	5,330
Cancelled - VCL No Response	1,756	1,208	2,234	2,202	1,448	1,351	1,690	1,753	1,282	1,319	1,002	1,063	1,098
Cancelled - Other	468	457	675	828	825	727	884	863	858	759	550	1,051	613
Adjustment Factor	2,471	2,210	3,411	4,077	3,459	2,934	3,856	3,272	3,702	2,175	2,024	3,473	2,735
Redes On Hand (end of month)	82,800	91,362	81,760	81,548	75,838	76,443	75,389	74,998	76,702	76,510	76,360	76,926	80,646
Net Change in Redes On Hand	8,097	8,562	-9,602	-212	-5,710	605	-1,054	-391	1,704	-192	-150	566	3,720

F.1 SBM





Get Covered Illinois

Open Enrollment 2026

In October, Get Covered Illinois reported that Illinoisans, on average, would **see a 78% increase in their monthly net premium** if they stayed in their renewal plan.

Average premium by household. Due to reliance on HealthCare.gov data, Get Covered Illinois didn't have 2025 individual level premium information. Moving forward, Get Covered Illinois will measure by individual premiums, which is a more consistent and standard way of reporting.



Federal Impacts to Affordability and Access

Harmful federal policies enacted by the Trump Administration and Congressional Republicans contributed to rising health care costs. Congressional Budget Office estimates that **4 million people will lose coverage over the next 8 years due to these policies.**

H.R.1 and the Federal HHS “Marketplace Integrity and Affordability” Rule

- Allowed the Enhanced Premium Tax Credits to expire
- Removed access to Premium Tax Credits for certain legally present non-citizens
- Created administrative barriers for marketplace customers
- New Medicaid policies designed to remove eligibility for certain populations.

Economic policies

- Tarriff impact on pharmaceuticals
- Inflation



The Illinois Department of Insurance and Get Covered Illinois acted to address rising costs by:

- ✓ Implementing premium alignment to drive up overall premium tax credits available to customers and help more than thousands access more generous Gold plans at lower costs than Silver plans.
- ✓ Offering extended enrollment periods to give residents more time to enroll in or change their plan.
- ✓ Running a statewide public awareness campaign and used its vast network of certified brokers and navigators to reach residents and help them find more affordable options.
- ✓ Using its authority as a state-based marketplace to implement a limited-time Special Enrollment Period for anyone who may have not had the opportunity to make the changes they needed to access a more affordable plan during our transition to an SBM and among political uncertainty prior to and during the annual Open Enrollment Period.



Illinoisans Stayed Covered

Enrollment during the annual Open Enrollment Period decreased only slightly (3%)* in comparison to last year's record-breaking coverage gains.

2025 Enrollees: 465,985

2026 Enrollees: 448,571

*The 2025 and 2026 numbers represent those enrolled in coverage at the end of the annual Open Enrollment Period.



Account Transfers:

Get Covered Illinois to HFS

- During Open Enrollment (11/1/25 - 1/31/26), HFS received close to 40,000 applications from Get Covered Illinois.
- These applications were submitted by consumers on the Get Covered Illinois platform and were either assessed as potentially Medicaid eligible by GCI OR the customers requested a full Medicaid determination (even if they do not appear to meet the criteria for the Medicaid programs that GCI assesses and screens for).
- Get Covered Illinois transfers these applications (“accounts”) to HFS/IES each evening, to begin the Medicaid determination process.
- More details (i.e., case dispositions, MAGI vs non-MAGI) will be provided at a later MAC meeting once our analysis is complete



State-based Marketplace

Open Enrollment Retrospective & Report

- Additional Open Enrollment data will be made available by Get Covered Illinois at the next Illinois Health Benefits Exchange Advisory Committee meeting on March 9, 2026 from 1 – 2:30 pm.
- Two Day Get Covered Illinois In Person Retreat– “From Launch to Sustainability” (Feb 2/25 - 2/26)

F.2 Other Eligibility Updates





AATV/VTTC

- Effective January 1, 2026
 - New applications are approved under AATV and active VTTC customers will be moved to AATV if still eligible at their time of redetermination
 - Expands eligibility to include single adults without derivative family members (July 2025)
 - Individuals who "intend to apply" are no longer deemed eligible (Jan 2025)
 - For Asylee applicants, T visa applicants, U visa applicants, and derivative family members, where applicable: Medical coverage is limited to 24 continuous months, but may continue if an application or appeal is pending at the end of this period.
 - Torture victims are limited to 24 months of coverage without an opportunity to extend.





G. Legislative Updates



VIII.

Subcommittee Reports & Recommendations

Presenter: Audrey Pennington, MAC Chair





VIII. **A.**

Autism Workgroup

Presenter: Melishia Bansa, HFS Deputy Director,
Community Outreach Boards and Commissions on behalf of
Samantha Alloway, Chair





Autism Workgroup

- Autism Workgroup last meeting was Dec 17, 2025
 - Workgroup Members received a presentation on the Division of Developmental Disabilities (DDD) waivers, which included a recap of clinical eligibility, behavioral services available, as well as Support Services Teams (SST)
 - During the meeting, members worked collaboratively to develop, review, and finalize two surveys:
 - Adults with Disabilities
 - Children with Disabilities





Autism Workgroup^{cont.}

- The following surveys will shed light on the following topic areas:
 - Service Awareness and Use;
 - Oral Health/Dental;
 - Satisfaction and Priorities; and
 - Additional Comments
- Workgroup ended the year with submission of Autism Workgroup report and strategic plan to Governor's office and Illinois General Assembly by December 31, 2025.
 - Overview of Autism Workgroup to date
 - Survey dissemination plan with measurable objectives of the initial strategic plan regarding the survey include a tentative timeline of March 2026-July 2026.



VIII. **B.**

Community Integration, Health Equity and Quality Care Subcommittee

Presenter: Co-Chair(s) Howard Peters, Amber Smock





Community Integration, Health Equity & Quality Care Subcommittee

- Application for Subcommittee are still open.
- In need of additional applicants in the following subject matter areas:
 - Health Equity, Quality or Quality Assurance,
 - Community Integration,
 - Birthing Persons, Doulas, and Other Related Provider Types
 - Long Term Services and Supports (LTSS)
- Co-Chairs met Feb 2026 to review potential framework in preparation of the launch of new subcommittee
- First Subcommittee meeting tentatively scheduled for April- May 2026
 - During the upcoming first meeting: There will be a Listening Session focused on the Quality Strategy Revisions led by Susan DeBoer, Bureau Chief of Quality Management and Melishia Bansa, Deputy Director of Community Outreach | Boards and Commission



VIII.C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair





N.B. Subcommittee

- Significant increases in referrals were executed in January, as each Care Coordination and Support Organizations (CCSO) received referrals for all Pathways eligible youth in their area
- CCSOs are continuing to hire care coordinators to serve all referred youth
- The Subcommittee is discussing enhanced opportunities to connect with youth and families that are referred, identifying areas where engagement strategies can be strengthened
- CCSOs and other Pathways providers continue to connect to ensure that the referral process from the CCSO to the other Pathways providers is streamlined for the youth



VIII.D.

Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair



C. Public Education Subcommittee

- A. The last MAC Public Education Subcommittee meeting was held on 11/14/2025 (Next Mtg. is 3/6/2026, 10am – 12pm)
- B. Updates from HFS were provided regarding:
 - A. FIDE SNPs (new program replacing MMAI)
 - B. Medicaid Applications and Enrollment, as well as Medicaid Redetermination Data (as of 10/31/2025) and data on the Family Planning Waiver (as of 11/4/2025)
 - A. It was noted that HFS will provide data on Appeals and Adjudication timelines soon
- C. State-Based Marketplace
 - A. It was noted that Illinoisans, on average, will see a 78% increase in their monthly premiums, with rural communities seeing much higher monthly premium increases (as high as 456% increase!)
 - B. A few factors contributed to these premium increases in Plan Year 2026, a major one being Congress and the Trump Administration allowing the Enhanced Advanced Premium Tax Credit (eAPTC) to expire on 12/31/2025
 - C. It was also noted the DACA recipients are no longer eligible for ACA Marketplace health or dental insurance, as of 8/31/2025, because of the changes enacted in H.R. 1 (One Big Beautiful Bill Act)
- D. Extensive H.R. 1 implementation updates were shared for both Medicaid and for SNAP (by DHS for SNAP)



IX.

Public Comments

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



Public Comments Submitted

Name	Title	Org	Comment
NONE			





X.

Additional Business: Old & New

Presenter: Audrey Pennington, MAC Chair





X. **A.**

Items for Future Discussion

Presenter: Audrey Pennington, MAC Chair





X. **B.**

HFS Announcements

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

Medicaid Advisory Committee (MAC)

MAC Home

Board Membership Opportunities

HFS Boards and Commissions

New Membership Opportunities & Applications



Elizabeth M. Whitehorn, Director  English >

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Boards and Commissions

Advisory Council on Financing and Access to Sickle...

Child Support Advisory Committee

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

- **Community Integration, Health Equity & Quality Care Subcommittee**
- **Pub Ed Subcommittee**

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:



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 cont.

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!

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

- 1 Security Awareness Training 2026
- 2 Diversity, Equity, Inclusion and Accessibility Training 2026
- 3 LGBTQIA+ Equity and Inclusion 2026
- 4 Ethics Training Program for State Employees and Appointees 2026
- 5 Harassment and Discrimination Prevention Training 2026
- 6 HIPAA & Privacy Training 2026

You can access the trainings at the following link: <http://onenet.illinois.gov/mytraining>

Please complete the trainings through OneNet by November 1, 2026. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov





XI.

YouthCare Listening Session

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



Overview of Listening Sessions



HFS
Illinois Department of
Healthcare and Family Services





Customer & Stakeholder Listening Session: YouthCare Experience cont.

We want to hear from you!

We want to hear from **customers and stakeholders of the current YouthCare managed care program** before we kick off the next RFP process to procure a new plan.

We especially want to hear from **youth currently in care of DCFS or former youth in care; foster parents and caregivers; advocates, caseworkers, and other stakeholders supporting youth in care.**

While we strongly prefer the information to be presented from the **member and caregiver point of view**, we welcome input from **advocates, providers, associations, and other stakeholders.**

Why are we doing this?

Hearing customer and stakeholder input about their experiences with the current YouthCare managed care program will enable HFS to better serve enrollees by improving access and quality within our Medicaid program.

What works well for you? Where should we make improvements?

Visit our Website to Learn More

Customer and Stakeholder Listening Sessions:
<https://hfs.illinois.gov/info/procurement/customerstakeholderlissessions.html>

Procurement Home

Illinois BidBuy

Customer and Stakeholder
Listening Sessions: Medic...

Customer and Stakeholder
Listening Sessions: Medic...

Customer and Stakeholder Listening Sessions: Medicaid Managed Care for current and former youth in care (currently YouthCare)

We want to hear from you!

HFS, DCFS, and OMI will be holding listening sessions to hear from youth in care, former youth in care, caregivers, case workers, providers, and others to help inform the upcoming re-procurement of the Specialty Managed Care Plan for Youth in Care and Former Youth in Care (currently YouthCare). Your feedback will help shape how health care services are delivered to this population in the future (physical, behavioral, dental, etc.)

The re-procurement process is anticipated to begin in Spring 2026, with a Request for Proposals (RFP) expected to be released in late summer. The new DCFS Specialty Managed Care Plan contract is anticipated to begin January 2028.

Scan QR Code:



Procurement Code Overview



YouthCare and the Illinois Procurement Code

305 ILCS 5/5- 30.6

305 ILCS 5-30.6. Beginning on March 12, 2018 (the effective date of Public Act 100-580), any new contract between the Department and a managed care organization as defined in Section 5-30.1 **shall be procured in accordance with the Illinois Procurement Code.**

This presentation will not provide a full overview of all Procurement Code rules. Potential vendors and interested parties are advised to read and thoroughly familiarize themselves with all the Procurement Code rules.

A complete list of procurement statutes and rules can be found at <https://cpo.illinois.gov>.

Procurement Code Compliance

To ensure compliance with the Procurement Code, this meeting is being held as an open meeting and is a listening only session.

HFS personnel cannot answer any questions or field any suggestions regarding the procurement or what will appear in an RFP in the future.

Participants should avoid sharing personal health information, complaints about particular providers, or any other personally identifying information regarding your health care.

The RFP design work is anticipated to begin in Spring 2026, with an RFP published Fall 2026. Once the design period begins, state law prohibits HFS/DCFS staff from engaging in stakeholder feedback.

Procurement Code Compliance FUTURE

- The State anticipates the contract to be executed summer of 2027 with customer services to begin January 1, 2028.
- State employees are prohibited from disclosing or discussing procurement-specific information outside of the formal procurement process, except as authorized through the solicitation and official question-and-answer process once the procurement is publicly posted in BidBuy. Accordingly, questions seeking contract-specific information cannot be answered outside of these authorized channels.
- State law requires that any written or oral communication received by a State employee who, by the nature of his or her duties, has the authority to participate personally and substantially in the decision to award a State contract must be reported to the Procurement Policy Board. 30 ILC 500/50-39.
- All State of Illinois procurement opportunities are run through the State's eProcurement system, BidBuy.
- Improper communications can result in disqualification from the procurement process.
- Please thoroughly review 30 ILCS 500/50-10.5(e) for more information on these restrictions.
- Vendors with questions about the BidBuy system can contact il.bidbuy@illinois.gov or call the Vendor Helpdesk at 866-455-2897.

Public Comments



HFS
Illinois Department of
Healthcare and Family Services



Key Topic Areas

We are especially interested in your experience and opportunities to improve across the following:



**Timely Access
To Care**



**Care
Coordination**



**Care
Transitions**



Physical Health



**Behavioral
Health**



Dental Health

We welcome feedback on any additional topics



Guidelines for public comment



Please tell us

- Name (first and last)
- Affiliation
- Job title
- Email address
- Your experience with Medicaid Managed Care
- Where can we improve?



Do NOT share the following:

- Comments from ANY PARTY affiliated with an entity that may bid on the Specialty Plan procurement
- Personal Health Information, such as specific client details, name, provider, address, SSN, etc.
- Comments regarding a specific healthcare provider
- Detailed language suggestions regarding particular contract provisions
- Inappropriate, foul language, or references to specific plans or staff by name



Key Topic Areas

We are especially interested in your experience and opportunities to improve across the following:



**Timely Access
To Care**



**Care
Coordination**



**Care
Transitions**



Physical Health



**Behavioral
Health**



Dental Health

We welcome feedback on any additional topics



Next Steps



HFS
Illinois Department of
Healthcare and Family Services



Upcoming Listening Sessions

Date	Location	Time
January 28	Virtual	11:00 AM – 1:00 PM
February 11	Chicago UIC College of Pharmacy	4:00 PM – 6:00 PM
February 25	Virtual	11:00 AM – 1:00 PM
March 5	Springfield Innovate Springfield @ UIS 1 Horace Mann Plaza	4:00 PM – 6:00 PM

Scan QR Code for additional information:



Additional information and registration details will be shared on our webpage:
<https://hfs.illinois.gov/info/procurement/customerstakeholderlissessions.html>

Contact HFS or Submit Written Comments

Please visit our website:

<https://hfs.illinois.gov/info/procurement/customerstakeholderlissessions.html>

**Written
comments can be
submitted here
until March 6**

Scan QR Code:



**If you have questions about
the procurement process,
please submit those at:**

HFS.Procurement@illinois.gov



XI.A

Opportunity to Provide Public Comment





XII.

Adjournment

Presenter: Audrey Pennington, MAC Chair

