MEDICAID ADVISORY COMMITTEE (MAC)

May 8th, 2026

Virtual WebEx

10:00 AM – 12:00 PM

HFS

Illinois Department of Healthcare and Family Services

ILLINOIS
RURAL HEALTH TRANSFORMATION

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, 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: Amber Smock, MAC Vice Chair

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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: Amber Smock, MAC Vice 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, 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.

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

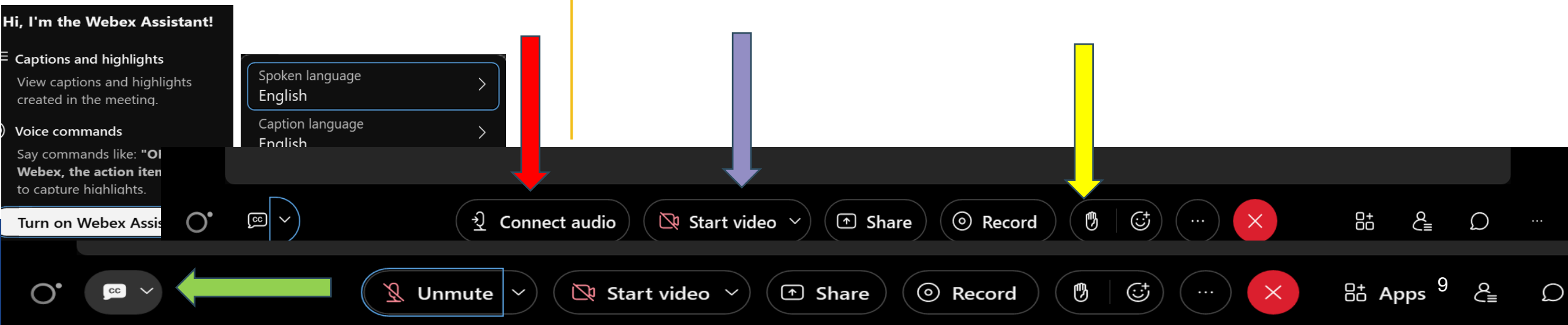
House Keeping

- 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.

Technology Check

House Keeping

- Hand Raise – Questions or Comments
- Connect Audio - Mute and Unmute – Microphone
- Closed Captioning



Summary of Agenda

1. Call to Order
2. MAC Conflict of Interest Review
3. Roll Call of Committee Members
4. Introduction and Announcements from HFS Staff
5. MAC Parliamentary Meeting Procedures
6. Review and Approval of Meeting Minutes
7. HFS Leadership Comments
8. Healthcare and Family Services Executive Report
9. Beneficiary Advisory Council
10. Subcommittee & Workgroup Reports & Recommendations
11. Public Comments
12. Additional Business: Old & New
13. Adjournment

Summary of Agenda

I. Call to Order

II. Welcome by Co-Chairs

III. Roll Call of Members

IV. Introduction to HFS Staff

V. Review of Meeting Minutes

VI. Healthcare and Family Services Executive Presentations

VII. Discussion

VIII. Public Comments

IX. Additional Business Old & New

Adjournment

II. Conflict of Interest Notice

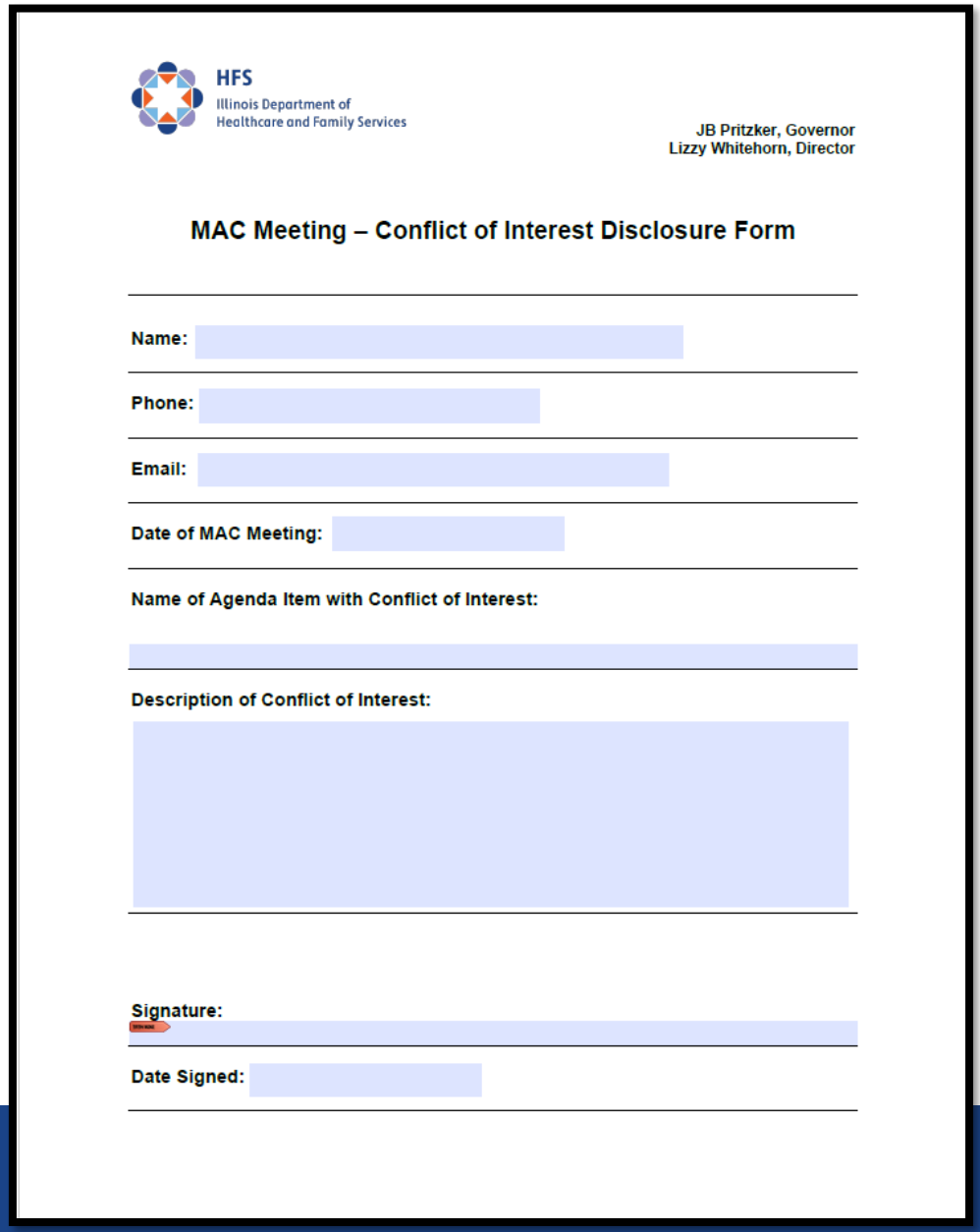
- A ***conflict of interest*** occurs when a member's personal, professional, financial, or other interests could improperly influence, or appear to influence, their judgment, decisions, or actions on behalf of the Board/Commission.

- **Conflicts may include, but are not limited to:**
- Financial interests in an organization, company, or individual that may benefit from a Board/Commission decision.
- Personal or family relationships that could affect impartiality.
- Employment, consulting roles, or outside affiliations relevant to matters under consideration.
- Any situation in which private interests may conflict with official duties.

- **All members must:**
- Disclose any actual, potential, or perceived conflict of interest as soon as it is identified.
  - **Submit a MAC conflict of interest declaration form prior to each meeting to HFS Boards and Commissions**
- May be requested to abstain from participating in discussions, deliberations, decisions, or votes related to the conflict unless the HFS Board | Commission formally determines that the conflict does not disqualify participation.
- Act with integrity, placing the interests of the Board/Commission and the public above personal interests.

MAC Conflict of Interest Disclosure Form:

- Fillable PDF
- Attached to the meeting reminder email including the previous meetings minutes



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JB Pritzker, Governor
Lizzy Whitehorn, Director

MAC Meeting – Conflict of Interest Disclosure Form

Name:

Phone:

Email:

Date of MAC Meeting:

Name of Agenda Item with Conflict of Interest:

Description of Conflict of Interest:

Signature:

Date Signed:



III.

Roll Call of Committee Members

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

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Roll Call of Medicaid Advisory Committee Members

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



IV.

Introduction and Announcements for HFS Staff

Presenter: Dana Kelly, HFS Chief of Staff

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New HFS Staff

Avery Dale, *Deputy Administrator for Eligibility Policy* (started 3/2/2026)	**Victoria Peebles**, *Deputy Administrator of Operations*, Division of Medical Programs (started 4/1/2026)
Angel Griffin Harmon, *Senior Program Manager for Healthcare Transformation Collaboratives* (started 3/2/2026)	**Max Fletcher**, *Associate Administrator*, Division of Medical Programs (started 4/16/2026)
Dani Mendez promotion to *Rural Health Transformation Program Director* (effective 3/23/2026)	
Kati Hinshaw promotion to *Behavioral Health Policy Advisor, Division of Medical Programs* (effective 5/18/2026)	
Kristiana Yao, **Deputy Administrator for Policy**, Division of Medical Programs (starting 6/1/2026)	
Natalie Lawson, *Senior Advisor for Agency Practices* (started 4/16/2026)	



V.

MAC Parliamentary Meeting Procedures

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

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Key Tips: Process of Making a Motion



Source: Illinois Commission on Equity and Inclusion: https://cei.illinois.gov/content/dam/soi/en/web/cei/documents/Parlimentary%20Procedures.pdf

5.1 Bylaws

Presenter:

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Bylaws Proposed Modifications Summary

ARTICLE II PURPOSE

- **Authority**

ARTICLE III MEMBERSHIP

- A. Composition
- B. BAC & MAC Crossover
- C. Terms of Members
- E. Attendance and Training Compliance
- G. Mandatory Training

ARTICLE IV OFFICERS

- B. Election of Officers
- C. Term Limits Meeting Frequency
- E. Vacancies

Bylaws Proposed Modifications Summary Cont'd.

ARTICLE V MEETING

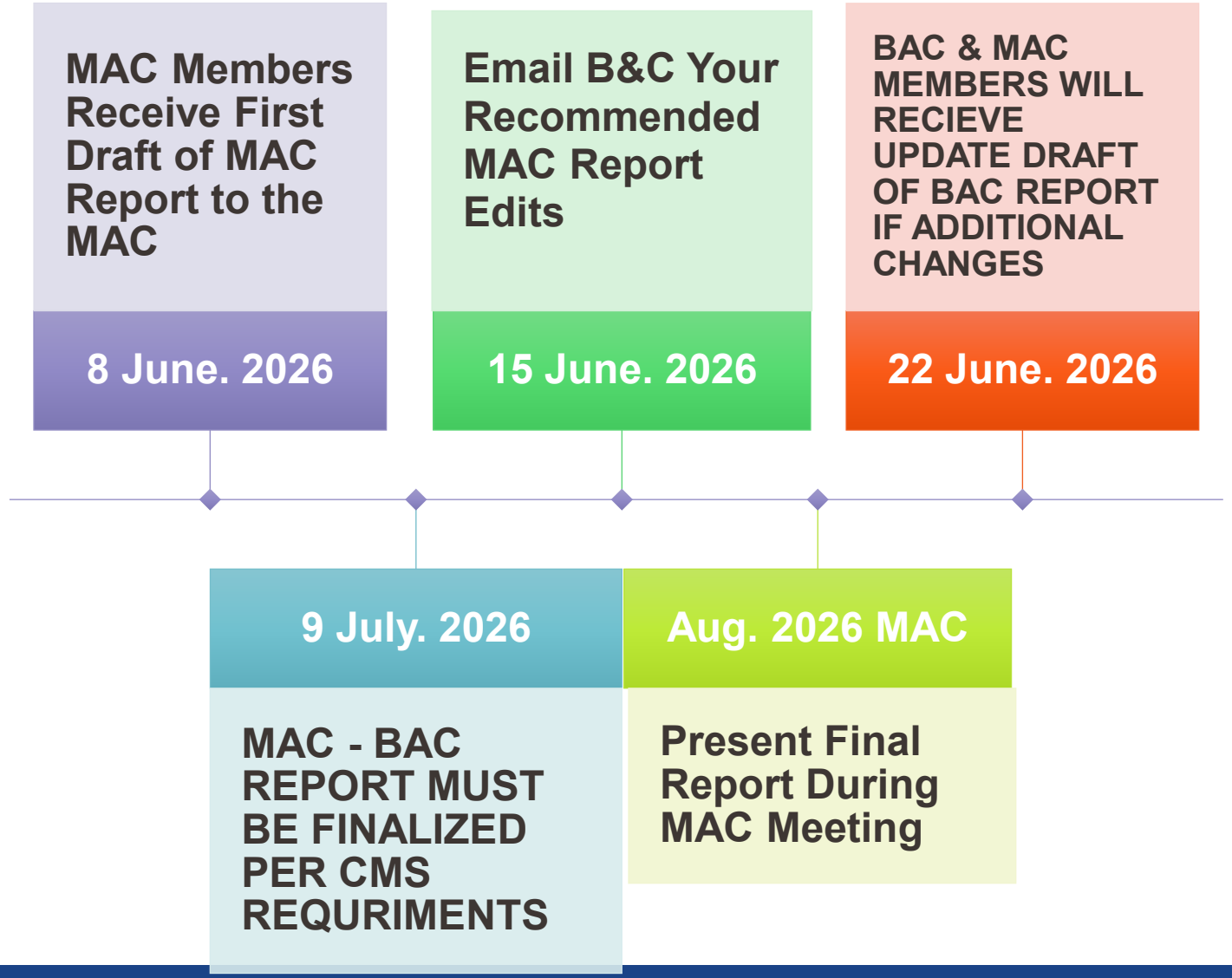
- B. Notice of Meeting
- C. Orientation
- E. Agenda

ARTICLE SUBCOMMITTEES

- D. Subcommittee Charge and Membership

CONFLICT OF INTEREST

MAC Reporting Next Steps





VI.

Review and Approval of Meeting Minutes

Presenter: Amber Smock, MAC Vice Chair

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VII.

HFS Leadership Comments

Presenter: Dana Kelly, HFS Chief of Staff

A. HFS Chief of Staff – Dana Kelly



Dana Kelly most recently served as Associate Secretary at the Illinois Department of Human Services (IDHS), where she oversaw strategy and program development for IDHS programming related to disability services, mental health, state operated facility operations, and community violence prevention.

Prior to becoming Associate Secretary, Dana served as Chief Policy Officer at IDHS, where she managed the development and implementation of strategic initiatives ranging from violence prevention services to internal workforce transformation efforts. During her time at IDHS she served as a key advisor on the Department's COVID-19 response, including oversight for state operated congregate care settings and implementation of a vaccination program serving internal staff and community members.

Finally, she has served as the State's liaison to the Illinois Commission on Poverty Elimination and Economic Security for the last 3.5 years, where she has guided the development of the Commission's poverty alleviation strategy.



VIII.

HealthCare and Family Services Executive Report

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

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1. Federal Updates

1.A HR1 Eligibility Response

Presenter: Carrie Chapman

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Eligibility changes and impact: Key eligibility changes with significant impacts take effect 1/1/27 or earlier

1 **Work requirements**	ACA Adults need to meet work requirements or claim an exemption to be eligible
2 **6-month redeterminations**	Eligibility is redetermined every six months for ACA Adults, instead of every twelve
3 **Non-citizen eligibility**	Removes federal matching funds for certain previously eligible immigrant categories

Update on Initial Work Requirement Implementation Decisions

- **At application**, Illinois will use a 1-month lookback period for work requirement compliance for ACA Adults.
- **At redetermination,** Illinois will select a 1-month lookback period, requiring ACA Adults to show 1 month of work requirement compliance or exemption between 6-month eligibility verifications.
- The 1-month lookback period was selected from among the state options authorized under HR 1 to support a smooth and accurate implementation.

Update on Initial Work Requirement Implementation Decisions

- Illinois will opt to implement 6-month redetermination cohort by cohort starting in January 2027 rather than adjusting all certification periods for ACA adults beginning January 2027.
  - This option enables Illinois to avoid large clusters of renewals in January 2027 and ensures a more even distribution of renewal periods into the future.
  - Remember, exempt individuals may be able to have their eligibility redetermined ex-parte, but they are NOT excluded from the 6 month redetermination requirement

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

- American Indians, Alaska Natives, and California Indians
- Parents, guardians and caretakers of dependent children 13 years or younger or disabled individuals
- Veterans with total disability ratings
- **Medically frail individuals**
- 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
- Individuals participating in a drug addiction or alcohol treatment and rehabilitation program
- Inmates of public institutions

A“medically frail” designation exempts Medicaid enrollees from HR1 work requirements

What is medical frailty?

HR 1 institutes a **W/R exemption for medically frail** individuals in the following categories:

- Has a SUD
- Has a disabling mental disorder
- Has a disability that impairs 1+ ADL
- Has a serious or complex condition
- Is blind or disabled

Although medical frailty is new for Illinois, **12+ states have defined medical frailty prior to HR 1**, primarily for Alternative Benefit Plans[1]

Why does medical frailty matter for IL?

This is a h**ighly vulnerable population** and having a thorough process for getting them appropriate access to medical frailty exemptions is vital to protecting coverage.

Flexibility in HR 1 “medically frail” under HR1

HR 1 requires states to exempt individuals who are medically frail from W/R

Includes individuals who…

- Have a SUD
- Have a disabling mental disorder
- Have a physical, intellectual, or developmental disability that significantly impairs their ability to perform 1+ ADL
- Have a serious or complex medical condition
- Are blind or disabled

Design questions (pre-CMS Interim Final Rule)

IL is advancing a best-practice approach to policy decisions required to meet HR 1 deadlines before the final CMS rule is released in June 2026, while building in flexibility to adapt as required.

Key medical frailty decisions being made pre-guidance include:

- **Definitions**
- **Eligibility verification: Self-Attestation and ICD10 Codes**
- **Exemption duration**

5 principles for medical frailty policy design

Principle	How principle is actioned
Population coverage	 Reviewed medically validated/CMS approved Medical Frailty code lists to identify **all potentially frail populations captured across existing models**
Definitions	 Definition language **based on broad review of best pratices across states and input from stakeholders.**
Clear enrollee experience	 Eligibility pathways **translate clearly into enrollee-facing comms**, enabling applicants to understand qualification criteria and how to obtain the exemption
Clear caseworker application	 Policy can be operationalized with clear condition criteria and verification standards, **supporting consistent eligibility determinations**
Need for CMS approval	 Approach **aligns with H.R.1, federal guidance, & peer state precedent**, balancing expanded inclusion with likelihood of CMS approval

Go-Live Member Notices on Work Requirements

HR1 requirements

- States must notify members on:
  - How to comply with **work reporting requirements**
  - Consequences of **noncompliance**
  - How to report an **exemption**
- **Initial notice** must be sent at least 4 months before implementation (i.e., by September 1, 2026)
- Ongoing **periodic notices** are required

HFS plan

- Develop an ongoing, comprehensive **communications and outreach strategy**, with stakeholder support
- Send **initial notices**:
  - **August/September for all ACA Adults**
  - **Regular schedule for redetermination notices that are initiated in January**
- Planned communication will be in all **all appropriate modalities**

1.B HR1 SNAP Response

Presenter: Kasey Reagen,

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H.R. 1 SNAP Impacts

Illinois' Response to Support SNAP Customers



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Overview of SNAP & Impacts of HR1 on Illinois

Illinois Data Snapshot: SNAP Recipients



$4.7B in SNAP benefits issued to Illinoisans annually:

- ~1.0M households
- ~1.9M people

Notably:

- Includes 44,217 **Veterans**[1]
- 37% SNAP households have **older adults**[1]
- 45% SNAP households have **children**[1]
- 44% SNAP households have a person with a **disability**[1]

1. https://frac.org/wp-content/uploads/SNAP_FactSheets_022525_IL14.pdf

Summary of HR1's Cumulative Impact

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~440K
ILLINOISANS

Changes in HR1 were initially estimated to impact more than **~440K Illinoisans who would potentially be subject to work requirements** and therefore be at risk of not receiving SNAP benefits.



$1B
ILLINOIS INDUSTRIES

Federal government's actions to pull back from SNAP investment could cause **wage losses of up to $1 Billion** annually across Illinois industries along the supply chain from farms to tables.



$7.2B
ECONOMIC IMPACT

Threatens $7.2B in positive economic impact for Illinois.



~1.7M
ILLINOISANS

Compounded impact on more than **1.7 million Illinoisians** who rely on both SNAP and Medicaid.

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Tools & Resources to Support SNAP Customers



Work Requirement Screener Tool

Supporting SNAP Participants Navigating Changes

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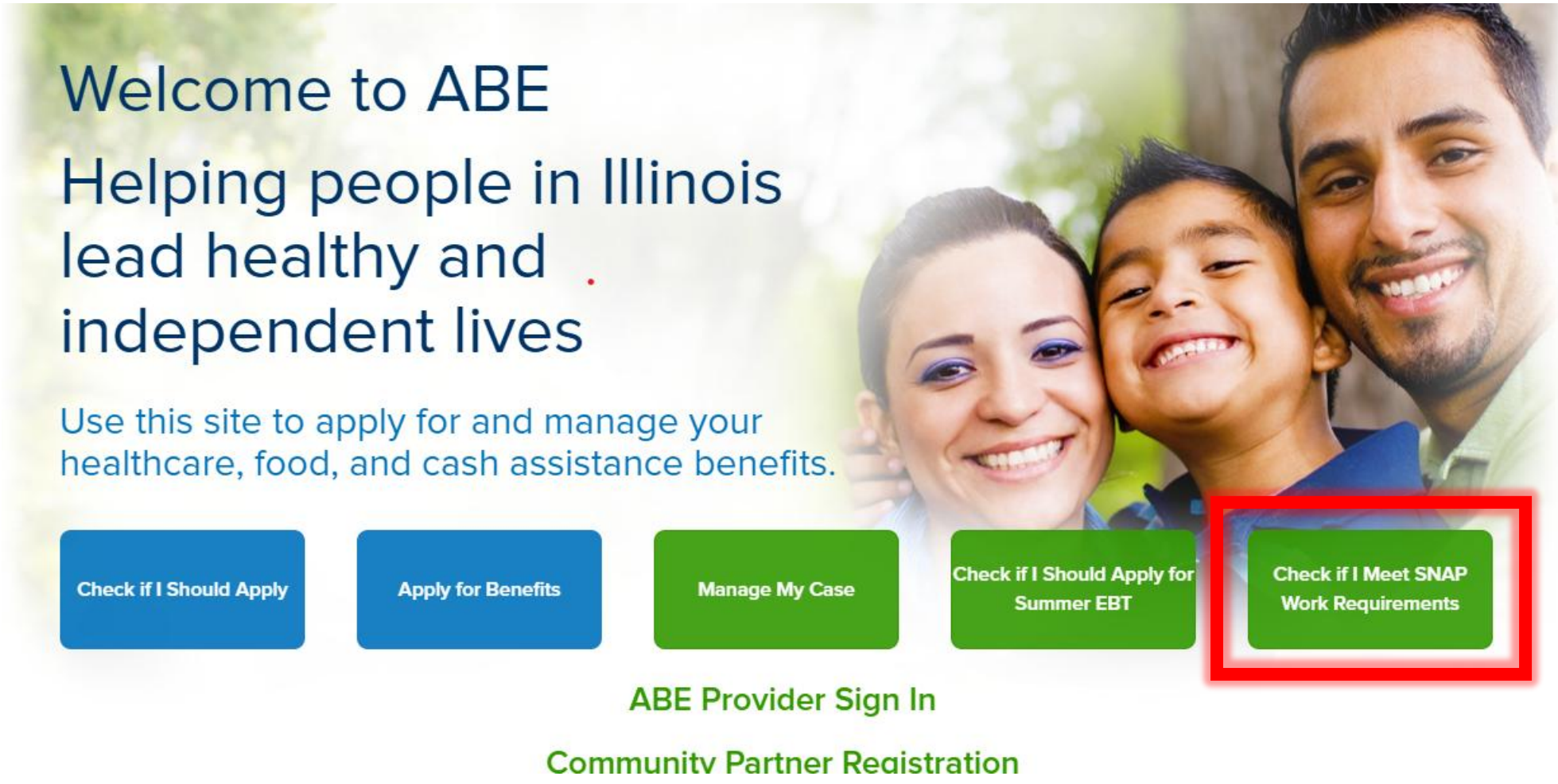

Illinois.gov - IL Application for Benefits Eligibility (ABE) ABE Home Page

Qualifying Work Program: Job Ready Illinois

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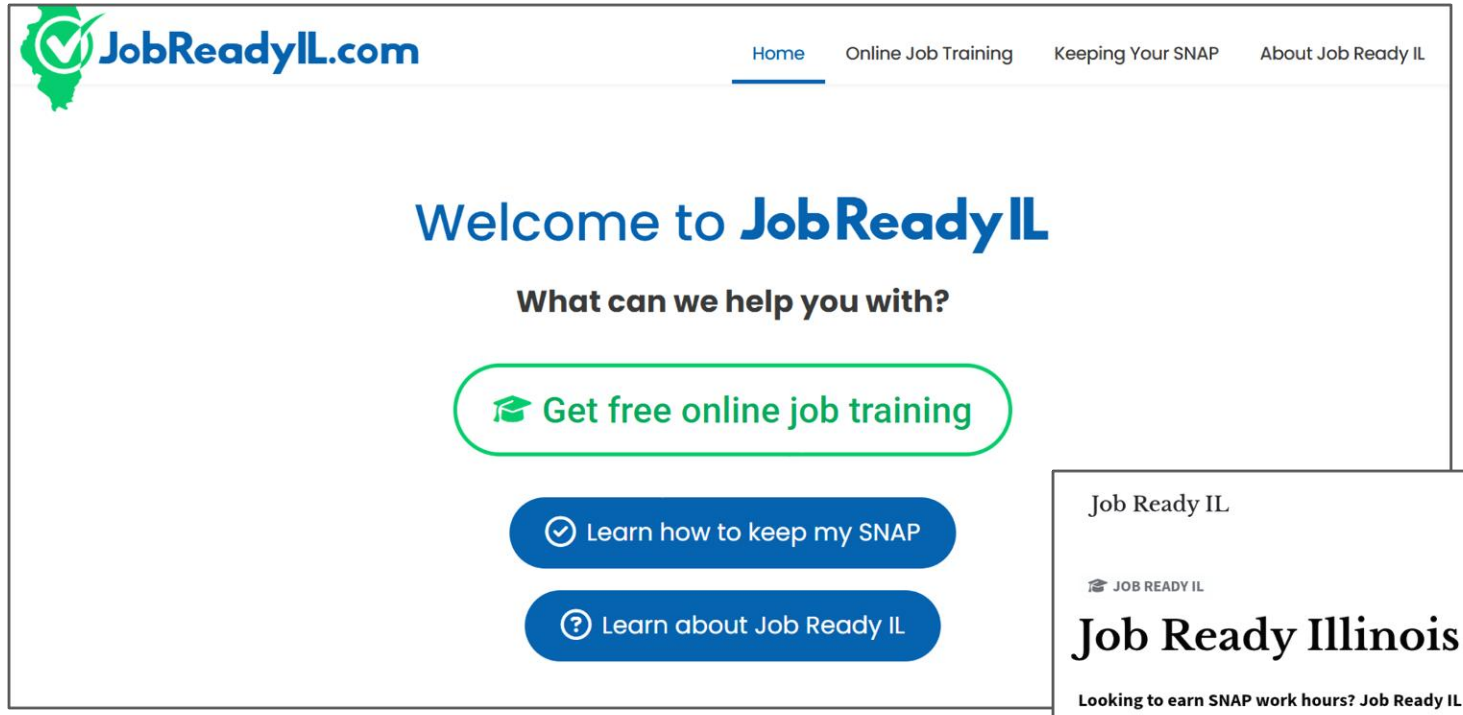
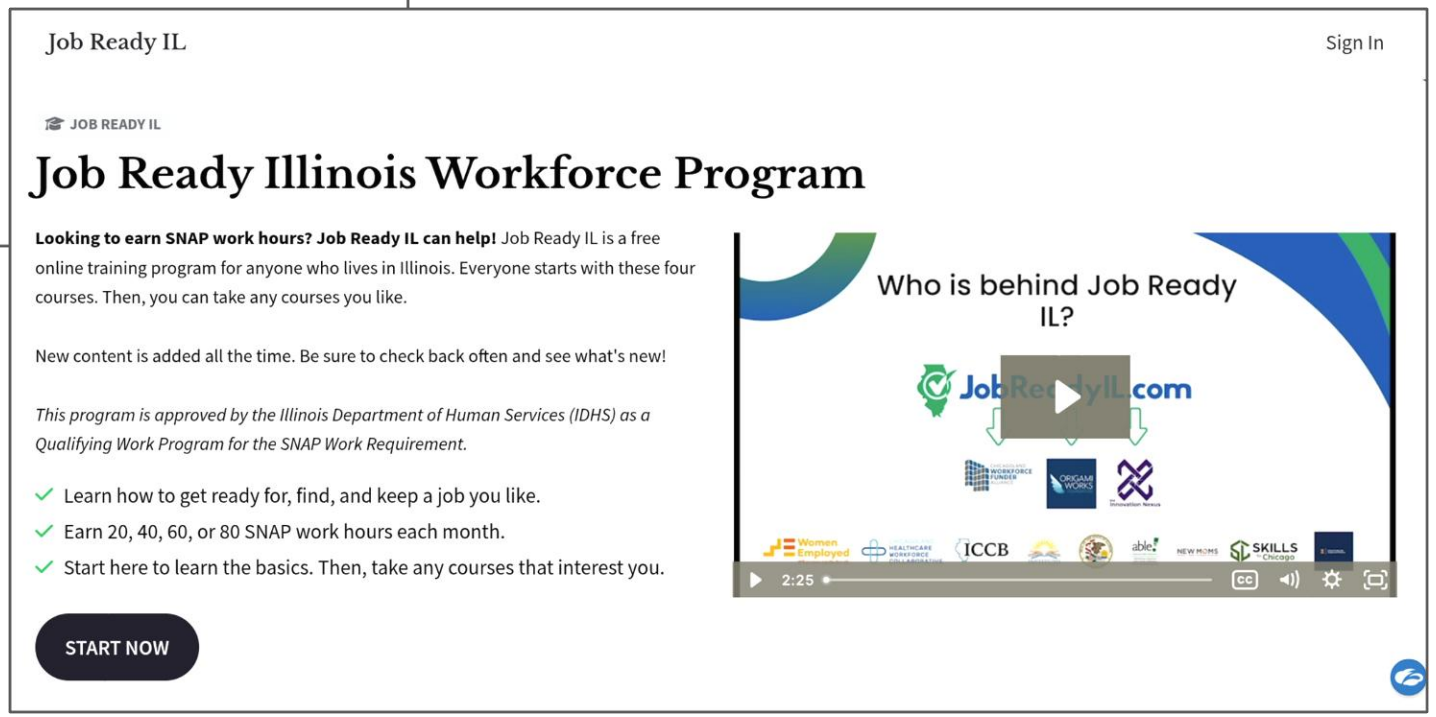




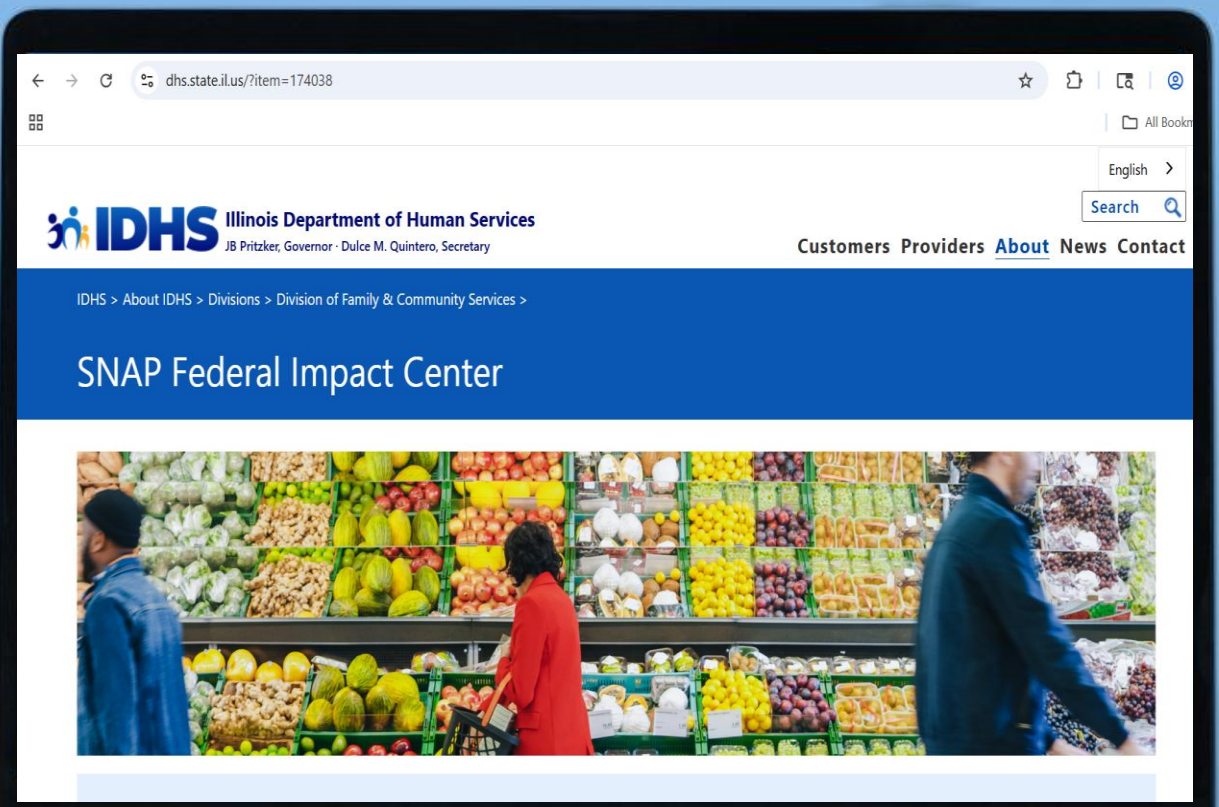
Serve Illinois Galaxy Digital: Expanding Volunteer Opportunities

IDHS' **Serve Illinois Galaxy Digital** website is a free platform designed to help Illinoisans find volunteer opportunities in their communities.

IDHS is using the site to support ABAWDs looking for volunteer opportunities in their communities and is recruiting organizations in need of volunteers throughout the state to participate.

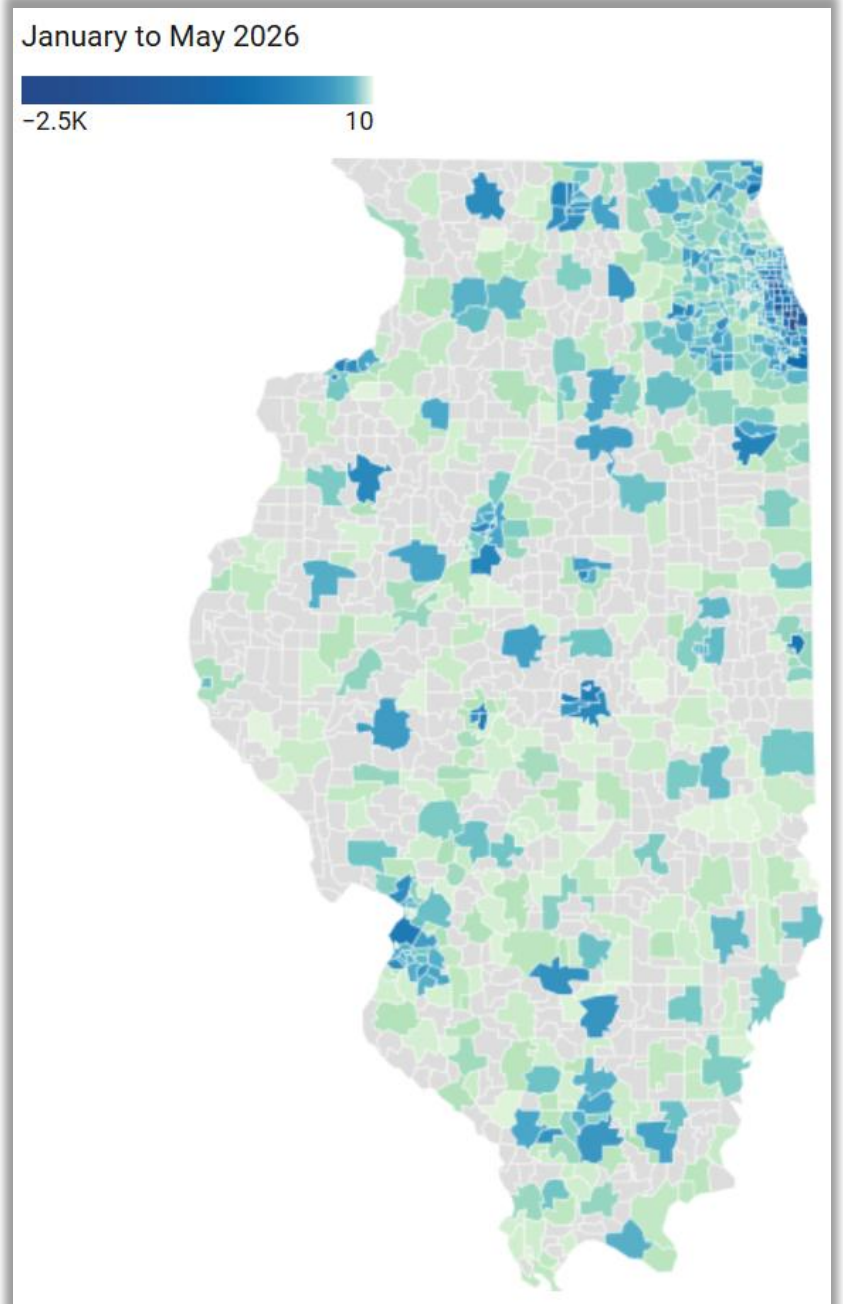


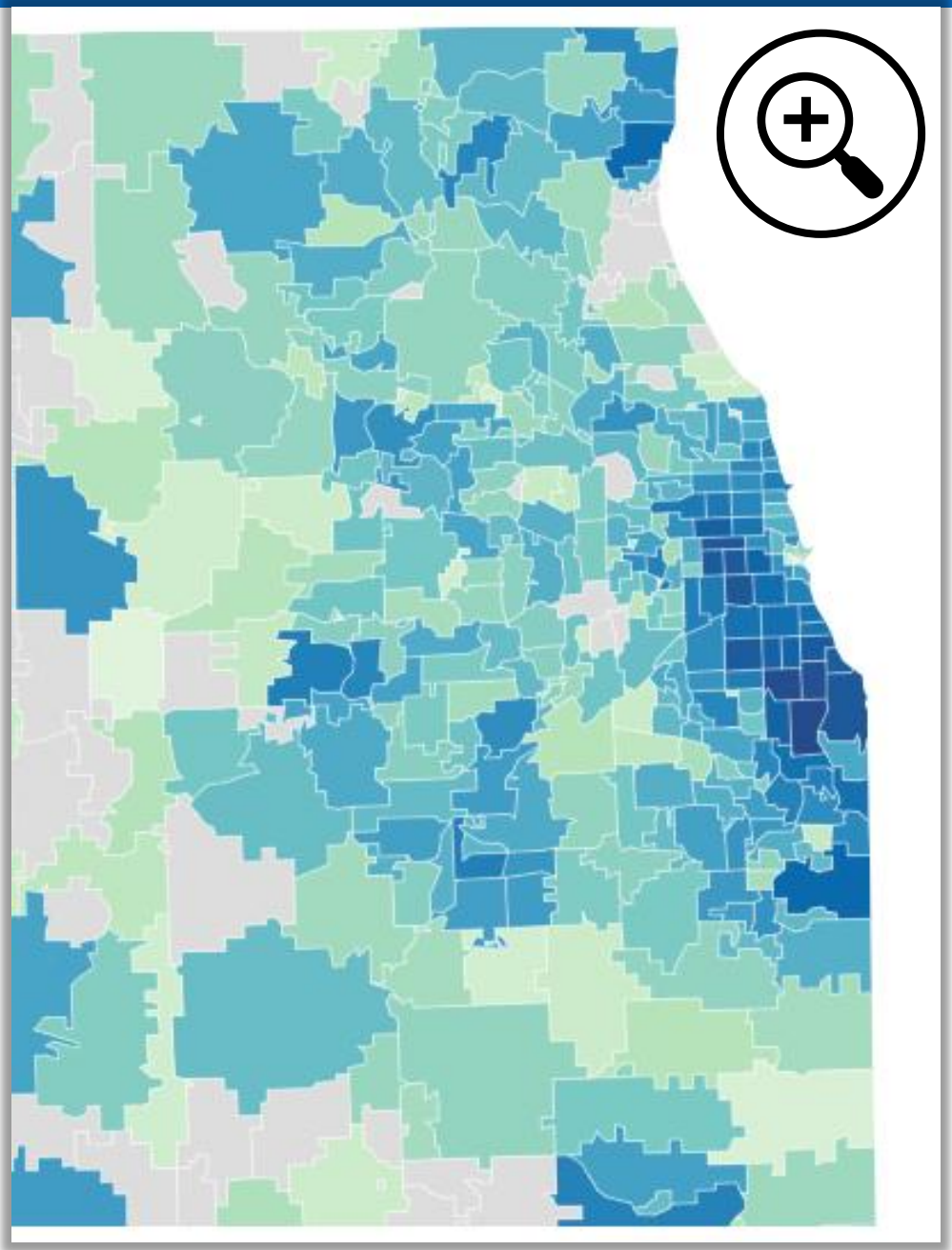
STAY ENGAGED



SNAPfederalimpact.illinois.gov

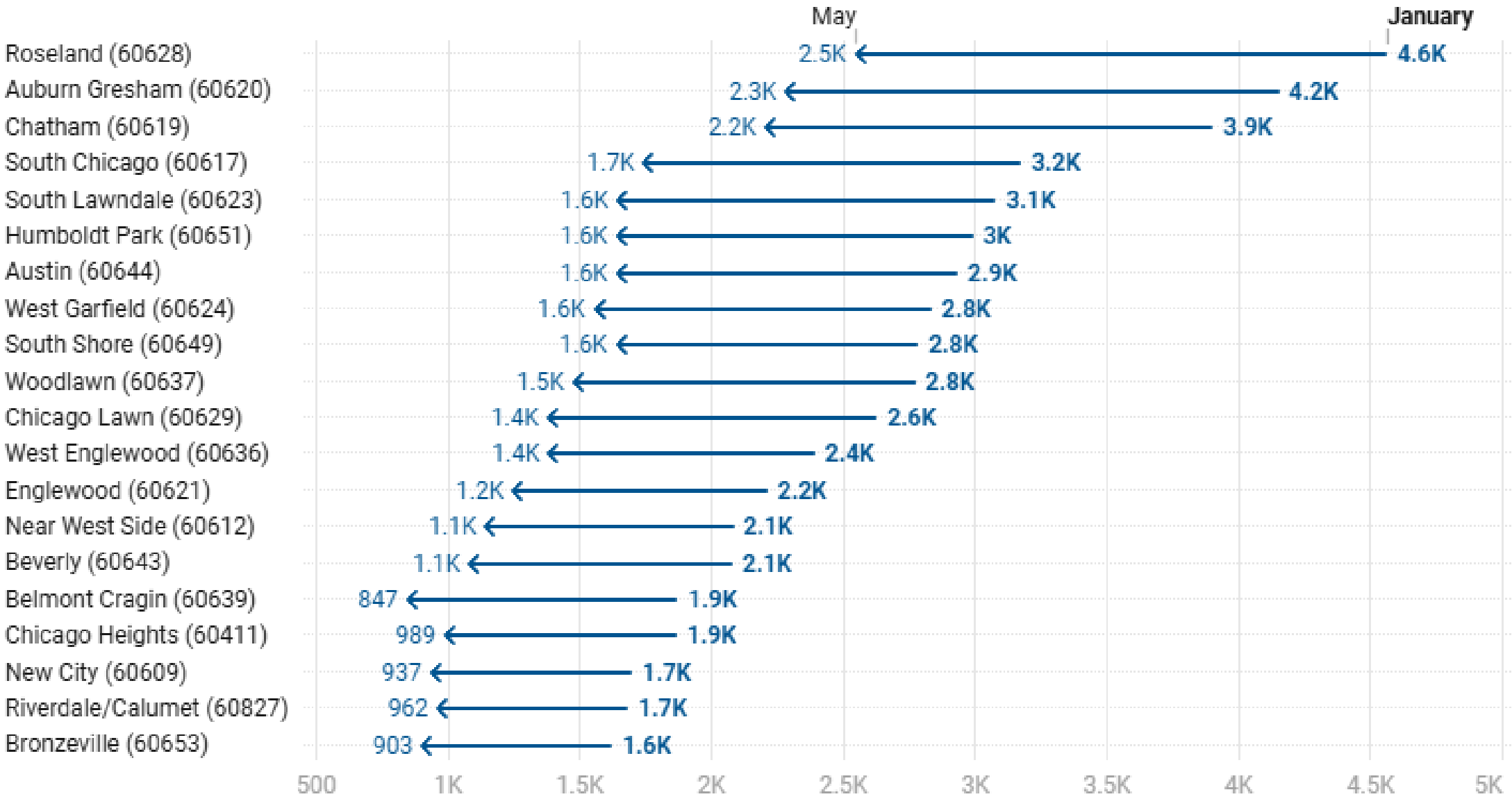
Reduction in ABAWDs at Risk (By Zip - Jan to May)





Reduction in ABAWDs at Risk (Top 20 Zips - Jan to May)

Top 20 zip codes by # of ABAWDs



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Question & Answer



1.C Rural Health Transformation

Presenter: Dani Mendez, RHTP, Program Director

ILLINOIS RURAL HEALTH TRANSFORMATION

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Presentation Statement

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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Illinois Rural Health Transformation (RHT) Program

- Illinois was awarded **$193.4 million** for the first year of the five-year initiative.
- Award amounts for years 2 – 5 are tentative and will be impacted by the state's performance in the program.
- HFS is actively drafting NOFOs, making plans to distribute the first year of funds, and working towards standing up its governance structure.

IL RHT Goals







ILLINOIS RURAL HEALTH TRANSFORMATION

HFS Illinois Department of Healthcare and Family Services

Source: https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview
https://www.cms.gov/files/document/rht-program-applicants-webinar-presentation.pdf

Contents are for discussion purposes only and are considered incomplete without oral coment

Illinois RHT Initiative Overview

3 Goals	8 Initiatives	12 Funding Strategies	Intermediaries
Transform Rural Healthcare	1.A. Hospital Transformation	Hospital Transformation Grants	None
		Healthcare Transformation Collaborative (HTC) Expansion	None
		Hospital Technical Assistance	OMI
	1.B. Community Care Infrastructure	Team-Based Care Grants for Primary Care and Behavioral Health Providers	IPHCA and CBHA
		Primary Care and Behavioral Health Technical Assistance	OMI
	1.C. Hospital Disease Prevention	Disease Prevention Grants to Hospitals	ICAHN
Overcome Geographic Barriers to Care	2.A. EMS and Mobile Healthcare	EMS Enhancement Grants to Resource Hospitals	IDPH
		Mobile Health Infrastructure Funds to Primary Care and Behavioral Health Providers	IPHCA and CBHA
	2.B. Technical innovation for Virtual Care	Investment in Technological Infrastructure for Rural Providers	ICAHN
Build a Resilient Workforce	3.A. Healthcare Workforce Expansion	Expansion of Incentives and Training Programs for Clinical Professionals	OMI, ICCB, and ICAHN
	3.B. Training Healthcare Support Workers	Expansion of Training and Certification Programs for Healthcare Support Workers	ICCB, UIC
	3.C. Rural Health Education Pipeline	Expansion of Area Health Education Center (AHEC) Career Pathways Programming	UIC AHEC

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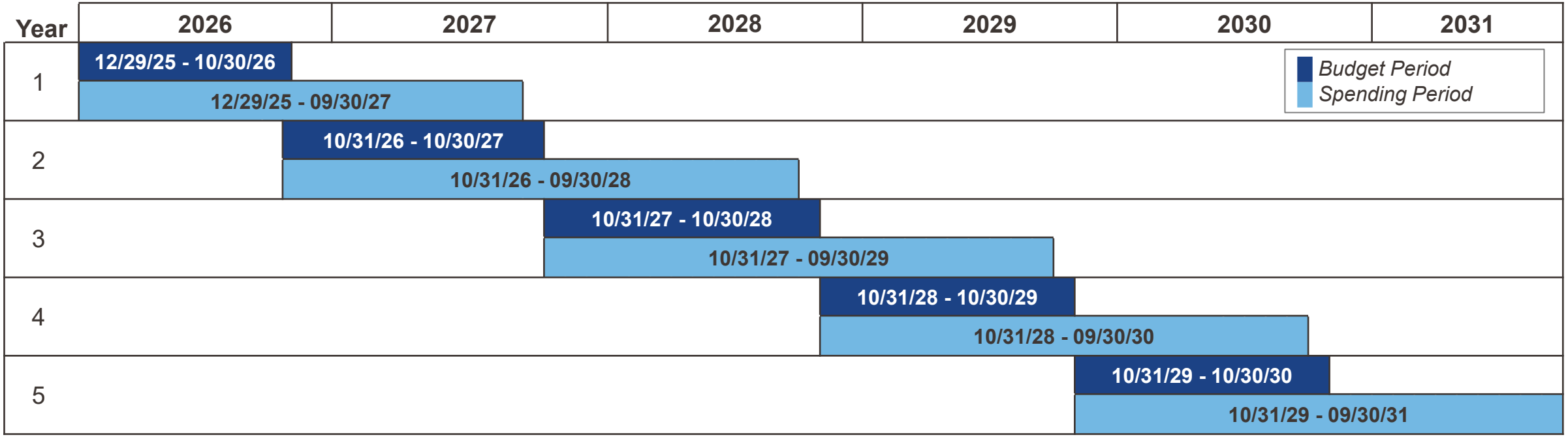
RHT Funding Timeline



Notes

- HFS submitted annual budgets in the RHT application; HFS had to a revised budget in January reflecting the awarded amount for Y1
- CMS lifted fund restriction on February 25, 2025
- Funds must be obligated before the end of the budget period (i.e., 10/30/26 for Y1)
- Funds may be spent through the end of the fiscal year (i.e., 9/30/27 for Y1)

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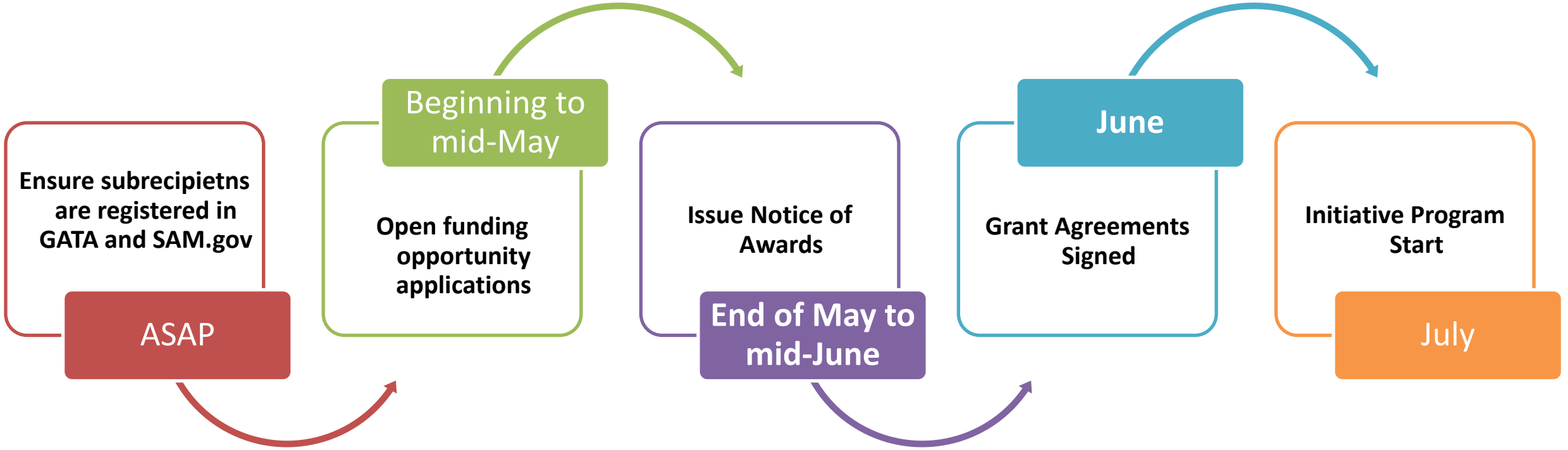
Grant Process and Timeline



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2. Medical Programs Updates

2.A CHW Town Hall

Presenter: Kristin

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CHW Update

- Public Notice posted, SPA Submission planned
- To receive Medicaid reimbursement, CHWs must be certified by IDPH
  - Certification process anticipated to open mid-2026
- Training and Technical Assistance for organizations new to billing Medicaid will be provided by the Medicaid Technical Assistance Center (MTAC)
- HFS hosting a CHW Town Hall to share more details

CHW Provider Type Town Hall

- WHEN: May 27, 2026, 1:00 – 2:00 PM
- WHERE: Via WebEx; Register in advance
- Register link:
  - https://illinois.webex.com/weblink/register/rbdfbf21f4f97f3c60a0fcaa7d4bd63b0
- WHO: CHW organizations who plan to enroll as a CHW Provider Type
- AGENDA:
  - Overview of Medicaid Covered Services
  - General Steps to Provider Enrollment
  - How to Prepare for Provider Enrollment
- A second Town Hall will be scheduled closer to enrollment process going live and will cover step-by-step instructions for provider enrollment

2.B Managed Care Update

Presenter: Sarah Sugar, Deputy Administrator for Managed Care

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HCI Procurement Update

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Overview of the HCI Contract

- Population Health and Enrollee-Centric Care
- Benefits and Services Delivery
- Quality Management & Incentives
- Availability & Accessibility of Care
- Operations

YouthCare Procurement Update

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YouthCare Procurement Timeline



2.C Provider Revalidation

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

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Provider Revalidation Update

- The Bureau of Provider Enrollment continues to process a high volume of revalidations to address the backlog resulting from the COVID-19 PHE pause
  - Over 95% of approximately 240,000 providers have been successfully revalidated.
- Provider Enrollment's goal is to reduce the revalidation backlog to the standard 90-day processing timeframe by the end of the fiscal year.
- Targeted communications are being sent to providers as their revalidation dates approach.
- We remain committed to streamlining and strengthening the revalidation process.
- We are also currently processing new applications within 6 weeks and are aiming for 30-day turnaround time for processing new applications by the end of the fiscal year.

2.D Nursing Home Rate Reform Report

Presenter: Sarah Myerscough-Mueller, Deputy Administrator for Long Term Care and Behavioral Health, Division of Medical Programs

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Nursing Home Report Background

- The Illinois Public Aid Code (305 ILCS 5/5-5.8) requires HFS to submit an annual report to the General Assembly on nursing home reimbursement.
- Statutory changes made via Public Act 102-1035 during the nursing home rate reform process also require HFS to review and evaluate nursing home costs and revenue as it relates to the nursing home rate reforms passed at that time (2022).
- This 2025 report focuses on nursing home operations including staffing, quality of care, financial performance, and the transition from Resource Utilization Groups (RUG) to the Patient-Driven Payment Model (PDPM).

Nursing Home Rate Reform Goals

- The main goals of nursing home rate reform include:
  - Increasing nursing facility funding to account for rising labor costs;
  - Tying funding to nursing facility performance, including both staffing and quality;
  - Redistributing funds according to a more accurate measure of resident care needs (PDPM);
  - Eliminating the incentive for facilities to code higher levels of care needs than their nurse staffing indicate;
  - Reducing inequities in staffing and quality among the state's low-income, Medicaid, and racial and ethnic minority nursing facility populations; and
  - Providing a viable path towards improvement for Illinois' lowest-performing facilities.

Nursing Home Funding

- The original nursing home rate reform invested approximately $700 million more into nursing homes to incentive greater staffing levels and improve quality.
- In Fiscal Year 2024, legislation passed to increase the support component by 12%.
- In Fiscal Year 2025, the real estate tax component of the rate was updated costing roughly $50 million annually.

Fiscal Year	Nursing Home Funding Levels
Fiscal Year 2022	$2.1 Billion
Fiscal Year 2023	$2.8 Billion
Fiscal Year 2024	$2.9 Billion
Fiscal Year 2025	$3.2 Billion

Rate Reform Funding Increases/Updates

- Transitioned from RUGS to PDPM to better capture resident needs.
- Updated the nursing home assessment to streamline from a two-pronged tax comprised of $6.07 per occupied bed day plus $1.05 per licensed bed to a single tax with a variable rate based on Medicaid resident days.
- Included a new add-on payment in the rate calculation based on a nursing home's STRIVE staffing level. This payment rewards facilities with sufficient and sustained levels of staffing. Updates were made to Illinois' STRIVE staffing payment structure twice after CMS made updates to it.
- Created and implemented the CNA Tenure Subsidy program to provide funding to nursing homes to pay their long-serving CNAs more the longer they work as a CNA at the home.
- Implemented the Quality Incentive Program distributing funding based on published CMS Long-Stay Quality Star Ratings.
- Provided the Medicaid Access Adjustment payment for nursing homes with high (70% or greater) Medicaid Utilization.

Transition to PDPM

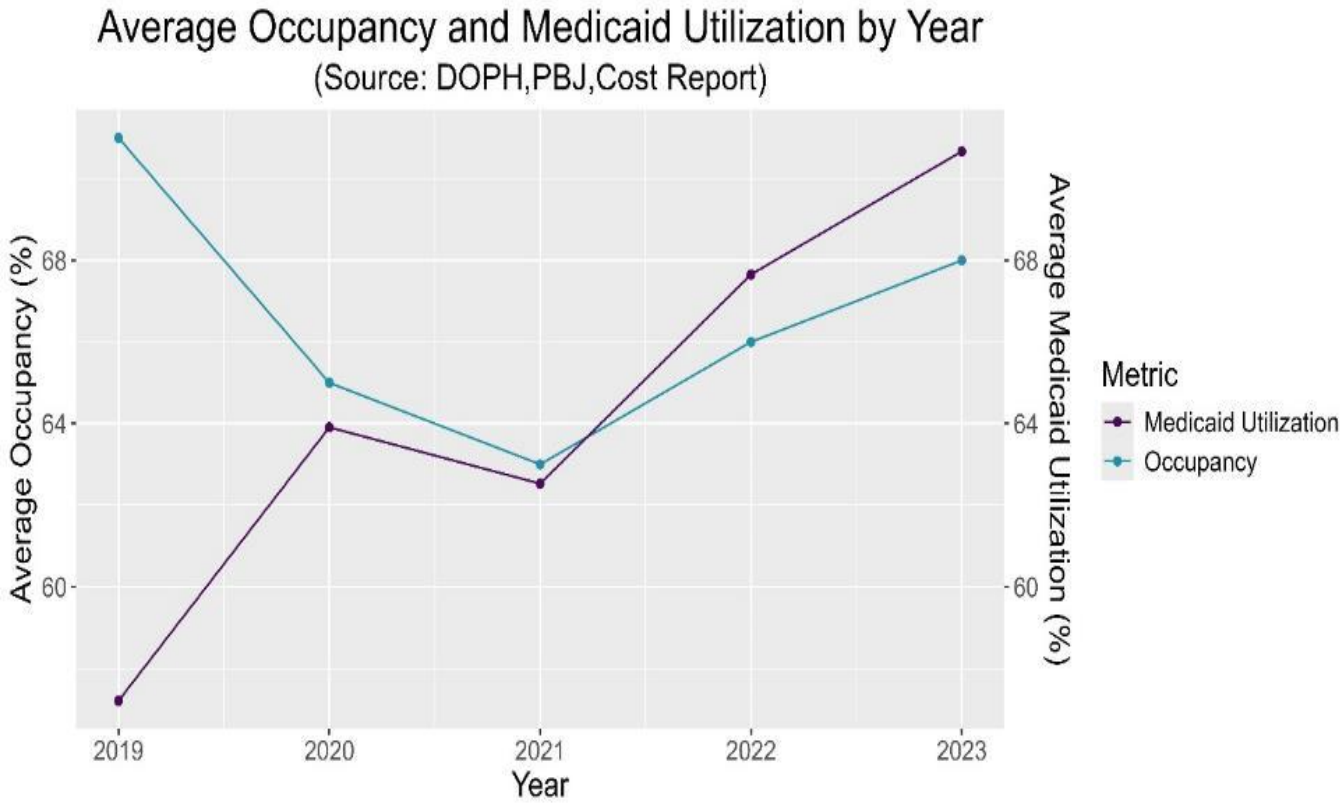
- Medicare adopted PDPM in October 2020 and was aimed at improving the quality of care, enhancing efficiency, and ensuring fiscal responsibility.
- Collection of the MDS data elements required to use the RUG system would no longer be supported by CMS after October 2023.
- As such, Illinois chose to transition from RUG-based reimbursement to PDPM payments in July 2022 and fully transitioned effective October 2023.
- In October 2024, Illinois also began a transition to the use of PDPM-based staffing targets in the STRIVE staffing incentive.

Rate Reform Staffing Updates

- There has been an 11% increase in nursing home staffing ratios, with the most significant improvements seen in facilities with severe staffing issues and high Medicaid populations.
- The number of Illinois nursing homes with less than 3.0 Hours Per Resident Day (HPRD) of nurse staffing fell by 106 compared to the first quarter of 2022 and 41 compared to the fourth quarter of 2019.
- Among the worst staffed homes in the first quarter of 2022, there has been an average improvement of 25 minutes of nurse staffing per resident per day.
- Total nursing hours have increased 18 percent since the first quarter of 2022 (23% increase in CNA hours and 8% increase in LPN and RN hours).
- The FTE equivalent of 4,700 more CNAs were employed as of spring 2025.
- Wages for CNAs employed in nursing homes have increased 55% between 2019 and 2023, from $15.23/hour to $23.65/hour.

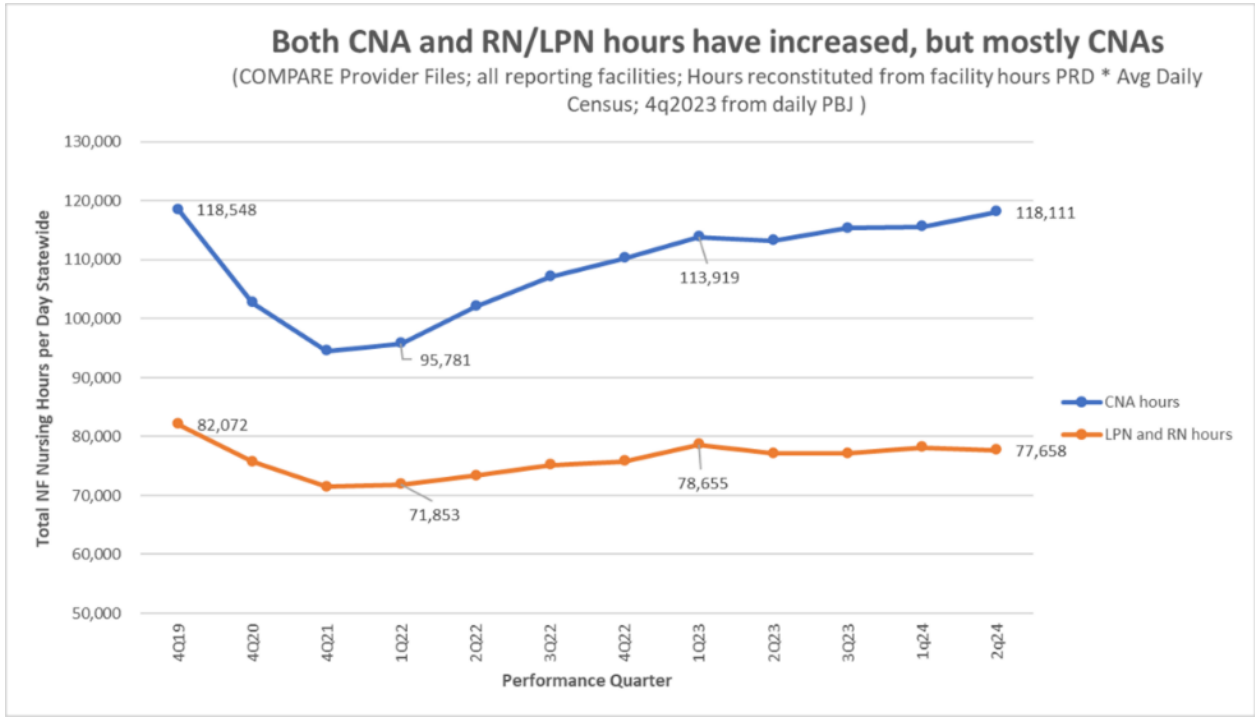
Average Occupancy and Medicaid Utilization by Year

- Occupancy and Medicaid utilization decreased during the COVID-19 pandemic but have both increased year over year since 2021, though occupancy is still below pre-pandemic numbers.



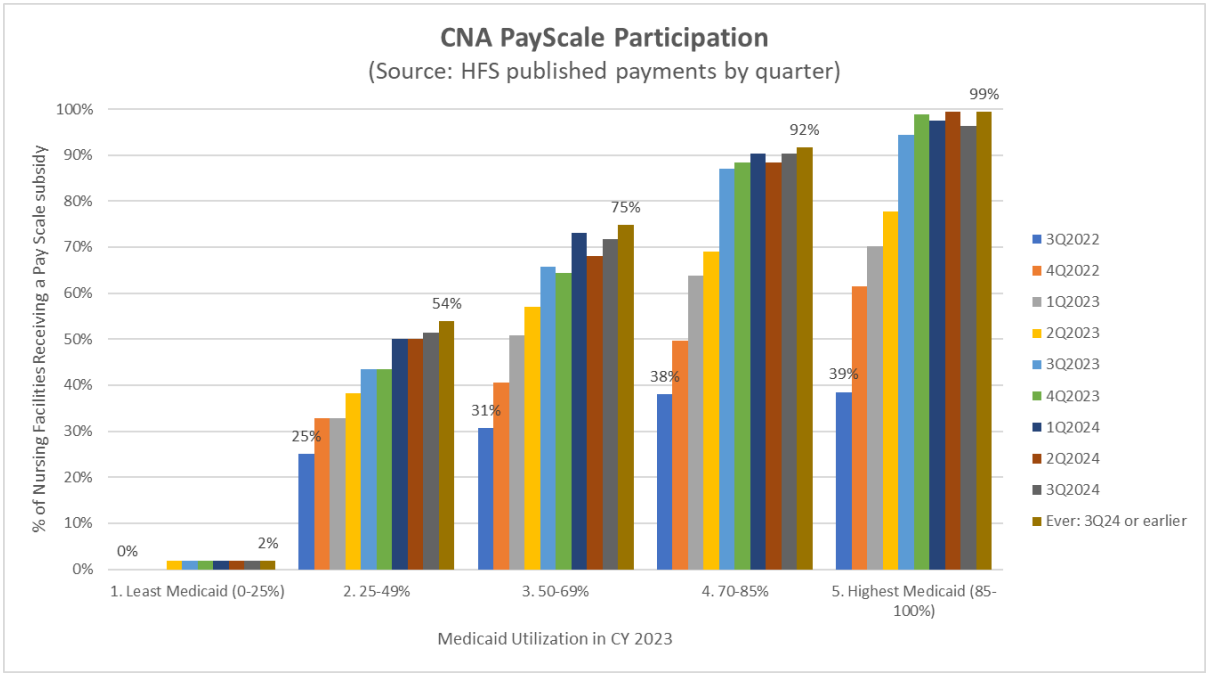
Nurse Staffing Updates

- Nurse staffing hours decreased during the pandemic (at least some due to low occupancy), but have shown increases, particularly for CNA hours.
- The additional 4,700 FTEs for CNAs means significant increases in CNA employment and reductions in agency CNA staffing.



CNA PayScale Participation

- Nursing home participation in the CNA Tenure Subsidy program has increased steadily.
- Roughly 70% of nursing homes statewide are participating.
- For nursing homes with at least 70% Medicaid utilization, participation was at 99% as of the third quarter of 2024.



CMS Long-Stay Quality Star Ratings

- CMS Five-Star Ratings for long-stay residents are important for assessing the quality of care for individuals residing in a nursing home for more than 101 days.
- Long-stay residents often have more complex medical needs and rely on consistent, long-term care that is primarily funded by Medicaid.
- The ratings show a nursing home's effectiveness in managing chronic conditions, maintaining resident mobility, and slowing or preventing health complications.
- This metric is what drives the Quality Incentive Program funds.

CMS Long-Stay Quality Measures	
• **Pressure Ulcers** • **Pneumococcal Vaccine** • **Seasonal Influenza Vaccine** • **Falls with Major Injury** • **Depressive Symptoms** • **Significant Weight Loss** • **Antianxiety or Hypnotic Medication** • **Antipsychotic Medication** • **Physical Restraint**	• Worsened Independent Mobility • Increased Need for Help with Daily Activities • Catheter Left in Bladder • Urinary Tract Infections • Loss of Bowel or Bladder Control • Hospitalizations per 1000 Resident Days • Emergency Department Visits per 1000 Resident Days

3. Legislative Updates

Presenter: Heather Eagleton, Director of Legislative Affairs

Important GA Deadlines

Important CY2026 Deadlines:

- ~~January 16 – LRB deadline~~
- ~~February 6 – HB & SB intro deadline~~
- ~~February 18 – Gov Budget Address~~
- ~~March 13 – Senate Committee Bill Deadline~~ (deadline extended to 4/24 for most SBs)
- ~~March 27 – House Committee Bill Deadline~~
- ~~April 15 & 16 – House & Senate Appropriations Hearings~~
- ~~April 17 – HB & SB 3rd Readings~~
- May 8 – Opposite Chamber bill Committee Deadline (House has extended until next week)
- May 22 – SB 3rd Reading
- May 31 – Adjournment

HFS Spring 2026 Legislative Proposals

House Bill	Senate Bill	Status	Title
HB5111	SB3832	Re-referred to Rules / Senate $HHS	MCO Provider Assessment Changes
	SB3464	Senate $HHS	ICF.DD Rates Remodel
HB5315	SB3751	Re-referred to Rules / Senate $HHS	ACT/CST Payment Technical Fix
HB5172	SB3524	HCA 1 re-referred to Rules – **Passed, in House**	Child Support: Child Support Guidelines Update
HB4808	SB3528	**Passed, in Senate** / Senate $HHS	Transformation Funding - No cost extension
HB5258	SB3740	**Passed, in Senate** / Senate $HHS	MTAC Changes
HB4667	SB3143	**Passed, in Senate** / Re-referred to Assignments	Child Support County Recorder Fees
HB4745	SB3144	Rules / Assignments	SLP Reform - 1-1 Conventional to Dementia Care DSC and Geographic Restrictions
HB5313	SB3755	**Passed, in Senate** / Senate $HHS	Technical: Amend (305 ILCS 5/5-5f) Hospital Preventable Readmissions Clarification
HB5255	SB3103	Re-referred to Rules / **Passed, in House**	Cell & Gene Therapy Access Model - Emergency Rulemaking Authority
HB4756	SB3320	**Passed, in Senate** / Do Pass - 3rd Reading	OIG: HFS OIG Jurisdiction related to Department of Early Childhood
HB5364	SB3460	**Passed, in Senate** / Senate $HHS	OIG: Recovery Audit Contract Non-Appropriated Spending
		In process	Distressed Hospital Loan Program
HB5589	SB3916	HCA 1 Re-referred to Rules / SCA 1 referred to $HHS	Hospital Financial Monitoring / Insolvency Plan

4. Other Administrative Updates



IX.

Beneficiary Advisory Council

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

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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.

BAC Duties

- **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 Meeting Highlights– April 10, 2026



BAC Progress

- BAC Members received an Orientation Refresher
  - BAC Progress to Date
  - BAC Membership Duties
  - Roles and Staff/Facilitator
  - Participation Expectations

- BAC Meetings – Open to the Public. Closed meeting proceedings will be implemented as needed.

- BAC Members Approved their First Bylaws

- HFS provided a H.R.1 Update to BAC Members regarding federal changes and how to start preparing.

- **Next Meeting July 24, 2026**



X.

Subcommittee Reports & Recommendations

Presenter: Amber Smock, MAC Vice Chair

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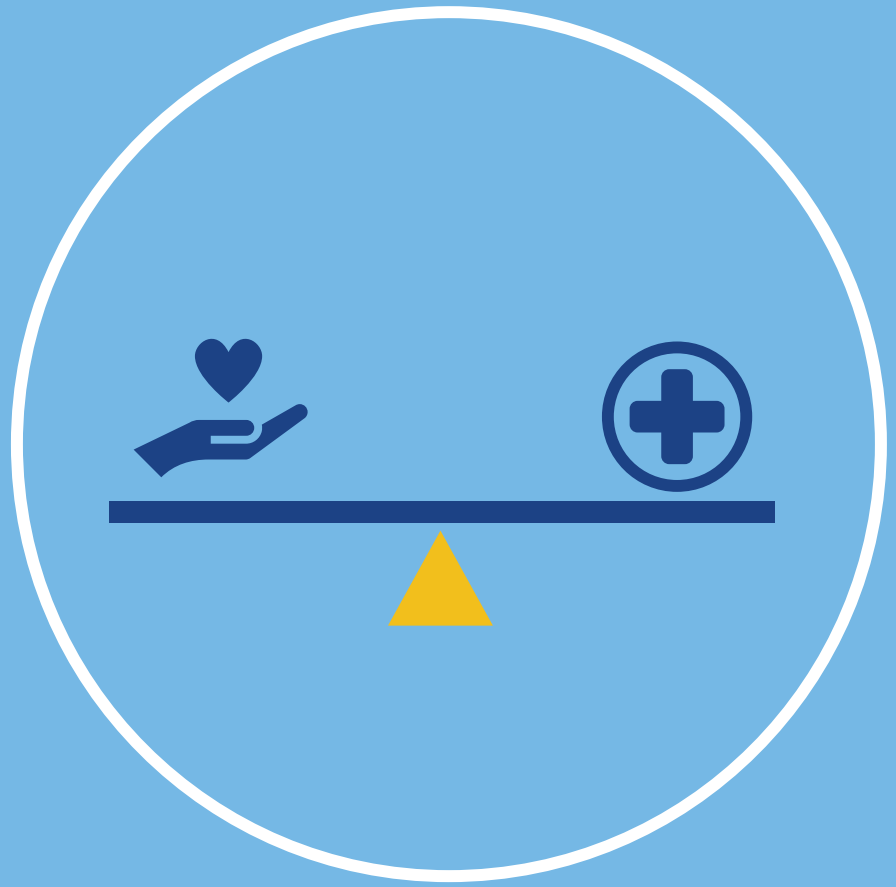
X. A.

Autism Workgroup

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

Autism Workgroup

- Next Meeting is May 14, 2026
  - Posted on MAC Public Meeting Notice Page



X. B.

Community Integration, Health Equity and Quality Care Subcommittee

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

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Community Integration Health Equity and Quality Care Subcommittee

- Next Meeting Scheduled for May 28, 2026. 1-3
- New Membership Slate of Applicants are under review.



X. C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair

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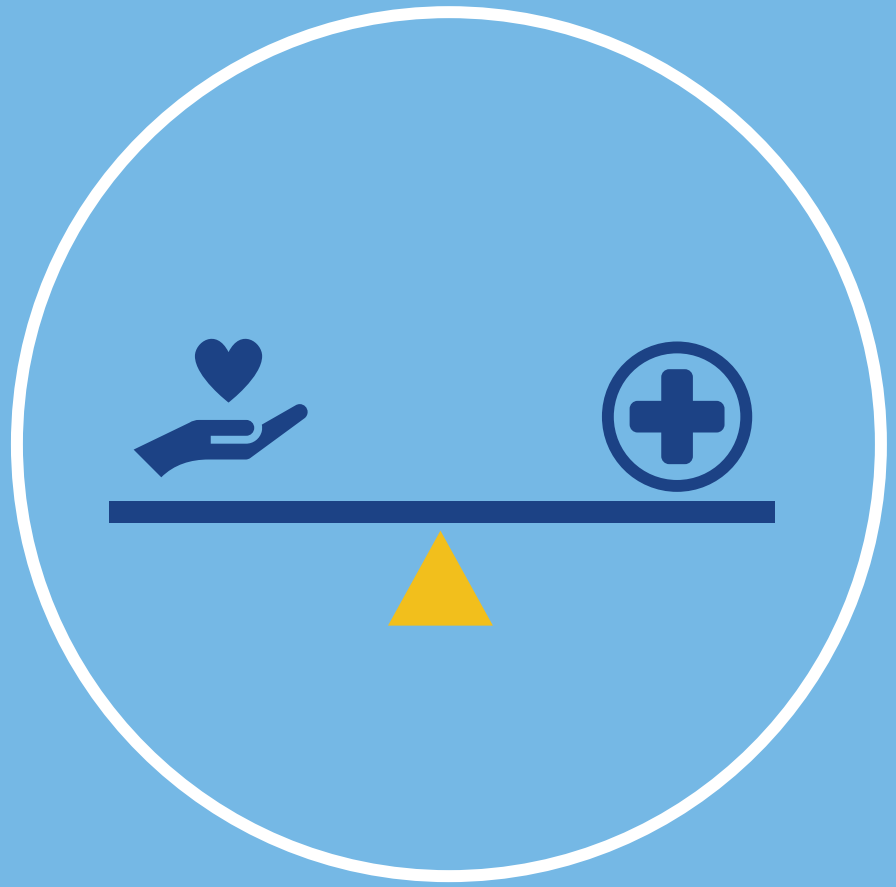
N.B. Subcommittee

- All identified N.B. Class Members are being referred to the Care Coordination and Support Organizations (CCSO) in their Designated Service Area
- Nearly all areas of the state have at least one provider offering additional Pathways services including Intensive Home-Based, Family Peer Support and Therapeutic Mentoring
- HFS is continuing the search for Pathways Respite providers across the state.
- HFS is continuing to support Family Run Organizations that will provide family advocacy, family peer support and outreach to their broader community regarding Pathways and other mental health services and supports for children
- The Subcommittee heard presentations from two Family Run Organizations and will be inviting these and other FROs to join the Subcommittee meetings for further discussion regarding family advocacy and engagement



X. D.

Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair

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C. Public Education Subcommittee

A. The last MAC Public Education Subcommittee meeting was held on 03/06/2026 (Next Mtg. is 6/12/2026, 10am – 12pm)

B. Updates from HFS were provided regarding:

   A. Health Choice Illinois (HCI) Procurement

   B. FIDE SNPs

   C. Specialty Managed Care Plan for Youth in Care and Former Youth in Care

   D. ATTV/VTTC

   E. Medicaid Applications and Redeterminations data (as of 1/31/2026)

      A. It was noted that HFS will provide data on Appeals and Adjudication timelines soon

   F. Family Planning data (as of 3/3/2026)

   G. State-Based Marketplace

      A. It was noted that enrollment decreased only slightly, when compared to 2025 (decreased by 3%)

      B. Three new special enrollment periods were noted

   H. HR1 Implementation, including Medicaid work reporting requirement and outreach and communication

C. Updates from DHS were provided regarding ABAWDs (SNAP), as well as changes to non-citizens SNAP eligibility



XI.

Public Comments

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

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Public Comments Submitted

Name	Title	Org	Comment
NONE			



XII.

Additional Business:
Old & New

Presenter: Amber Smock, MAC Vice Chair

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A.

Items for Future Discussion

Presenter: Amber Smock, MAC Vice Chair

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B.

HFS Announcements

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

HFS > About Us > Boards and Commissions > Medicaid Advisory Com... > Board Membership Opp...

Medicaid Advisory Committee (MAC)

MAC Home

Board Membership Opportunities

HFS Boards and Commissions

New Membership Opportunities & Applications

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Elizabeth M. Whitehorn, Director English >

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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 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



XIII.

Adjournment

Presenter: Amber Smock, MAC Vice Chair

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