MEDICAID ADVISORY COMMITTEE (MAC)

August 7th, 2026

Virtual WebEx

10:00 AM – 12:00 PM

HFS

Illinois Department of Healthcare and Family Services

HFS
Illinois Department of Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- We address social and structural determinants of health.
- We empower customers to maximize their health and well being.
- We provide consistent, 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

Facilitator: 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.

HFS
Illinois Department of
Healthcare and Family Services

Facilitator: Audrey Pennington, MAC Chair

Comments or questions during the meeting

House Keeping

- If you are a Committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, 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

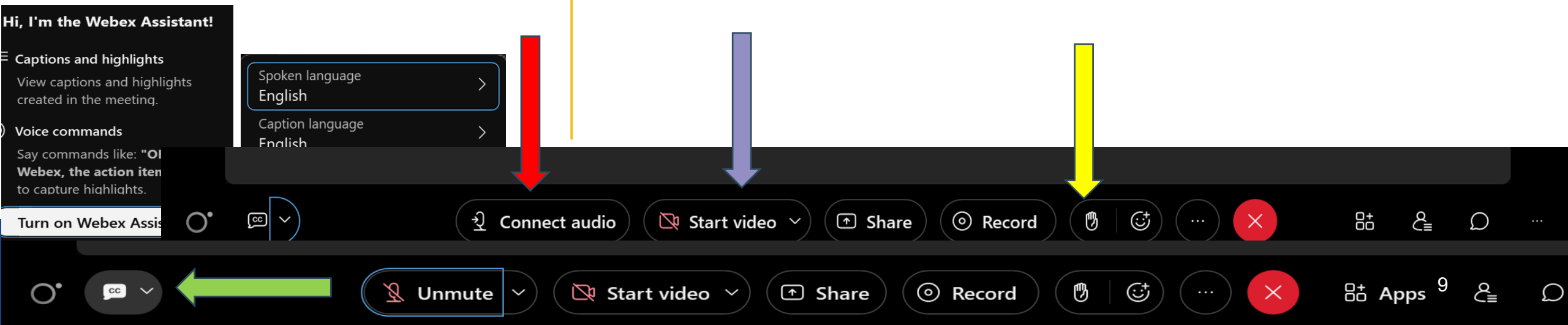
House Keeping

- 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 of New HFS Staff
5. MAC General Business
6. HFS Leadership Comments and Announcements
7. Healthcare and Family Services Executive Report
8. Vaccine Updates from the Illinois Department of Public Health
9. Beneficiary Advisory Council
10. Subcommittee & Workgroup Reports & Recommendations
11. Public Comments
12. Additional Business: Old & New
13. Adjournment

II. MAC Conflict of Interest Review

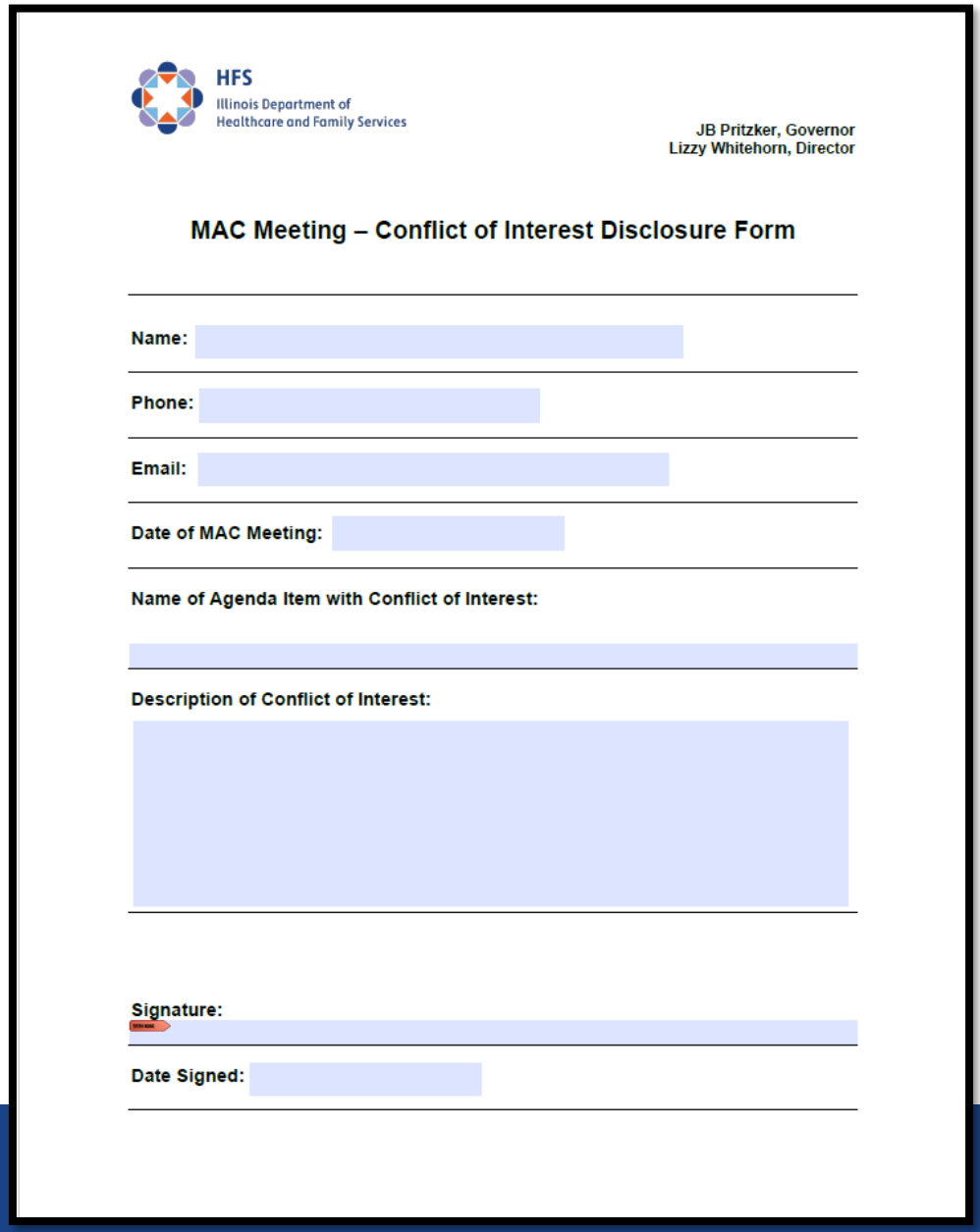
- A ***conflict of interest*** occurs when a member's personal, professional, financial, or other interests could improperly influence, or appear to influence, their judgment, decisions, or actions on behalf of the Board/Commission.

- **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



HFS
Illinois Department of
Healthcare and Family Services

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

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

HFS
Illinois Department of
Healthcare and Family Services

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 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 of New HFS Staff

Presenter: Laura Phelan,
Medicaid Administrator

HFS
Illinois Department of
Healthcare and Family Services

New HFS Staff

Jacqueline Jones-Myers, Deputy Administrator for Eligibility Data and Systems, Division of Medical Eligibility (6/1/2026)	**Kristiana Yao**, *Deputy Administrator for Policy*, Division of Medical Programs (6/1/2026)
Stephanie Bogdan, *Deputy General Counsel of Policy Initiatives,* Office of General Counsel (6/16/2026)	



V.

MAC
General Business

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

HFS
Illinois Department of
Healthcare and Family Services

5.A
Parliamentary Meeting Procedures

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



HFS
Illinois Department of
Healthcare and Family Services

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.B
Review and Approval of Meeting Minutes

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

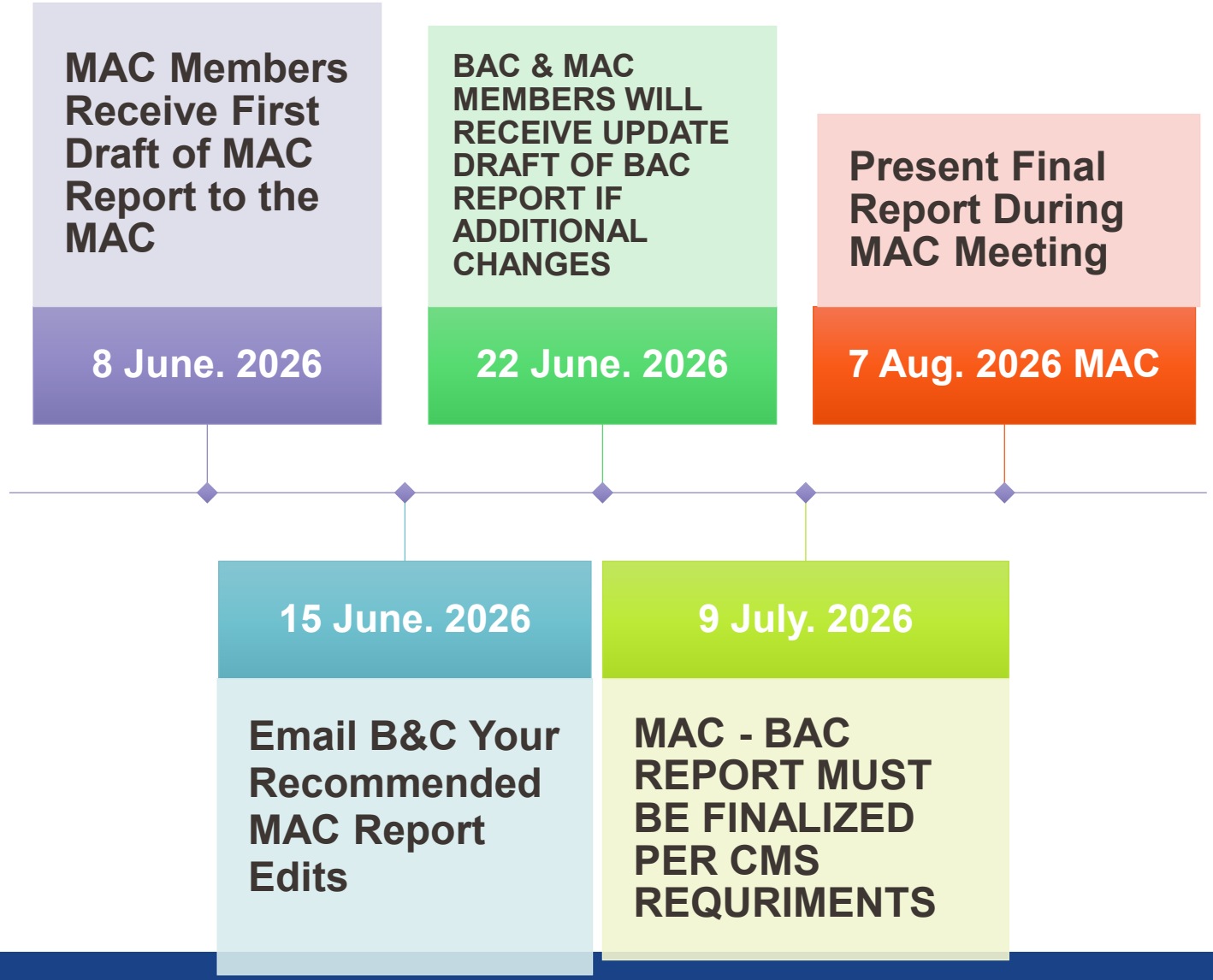
HFS
Illinois Department of
Healthcare and Family Services

5.C
Submission of MAC Report

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

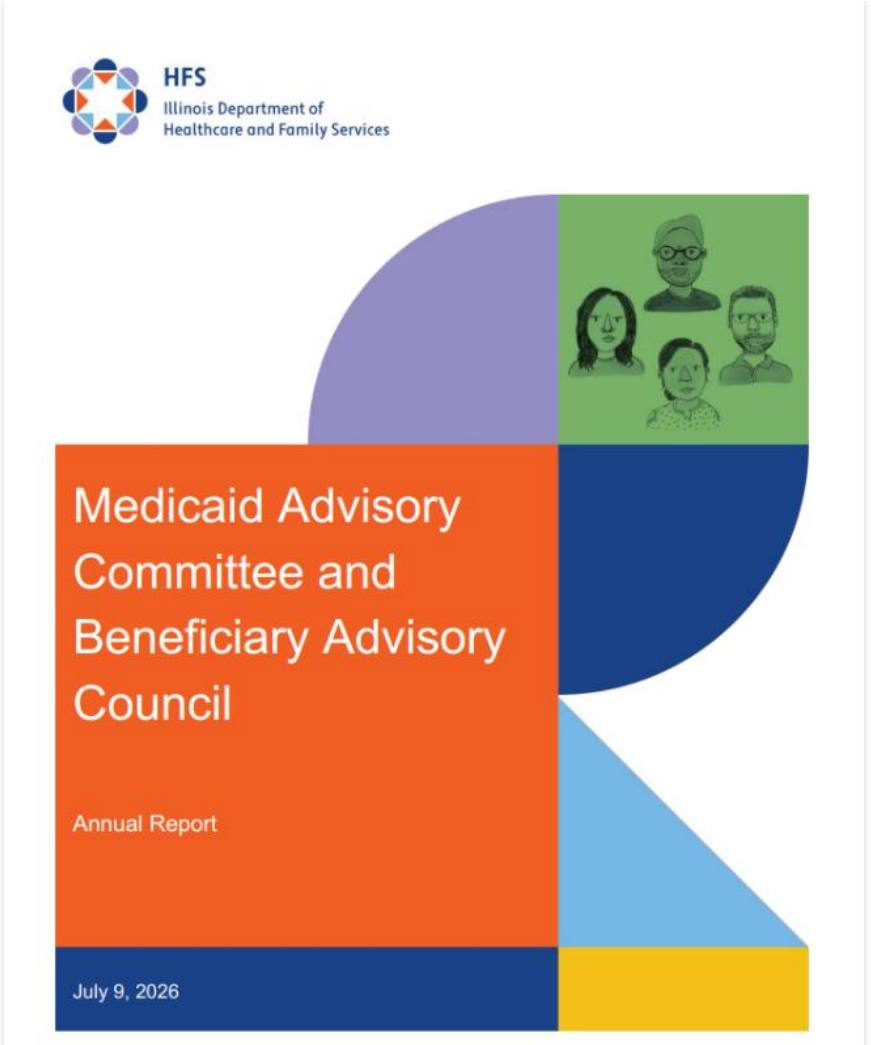
HFS
Illinois Department of
Healthcare and Family Services

MAC Reporting Next Steps



HFS

Illinois Department of Healthcare and Family Services





VI.

HFS Leadership Comments

Presenter: Laura Phelan
Medicaid Administrator



VII.

HealthCare and Family Services Executive Report

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

HFS
Illinois Department of
Healthcare and Family Services

1. Federal Updates

1.A
HR1 Eligibility Response (HFS)

Presenter: Carrie Chapman and Kate Yager

HFS
Illinois Department of
Healthcare and Family Services

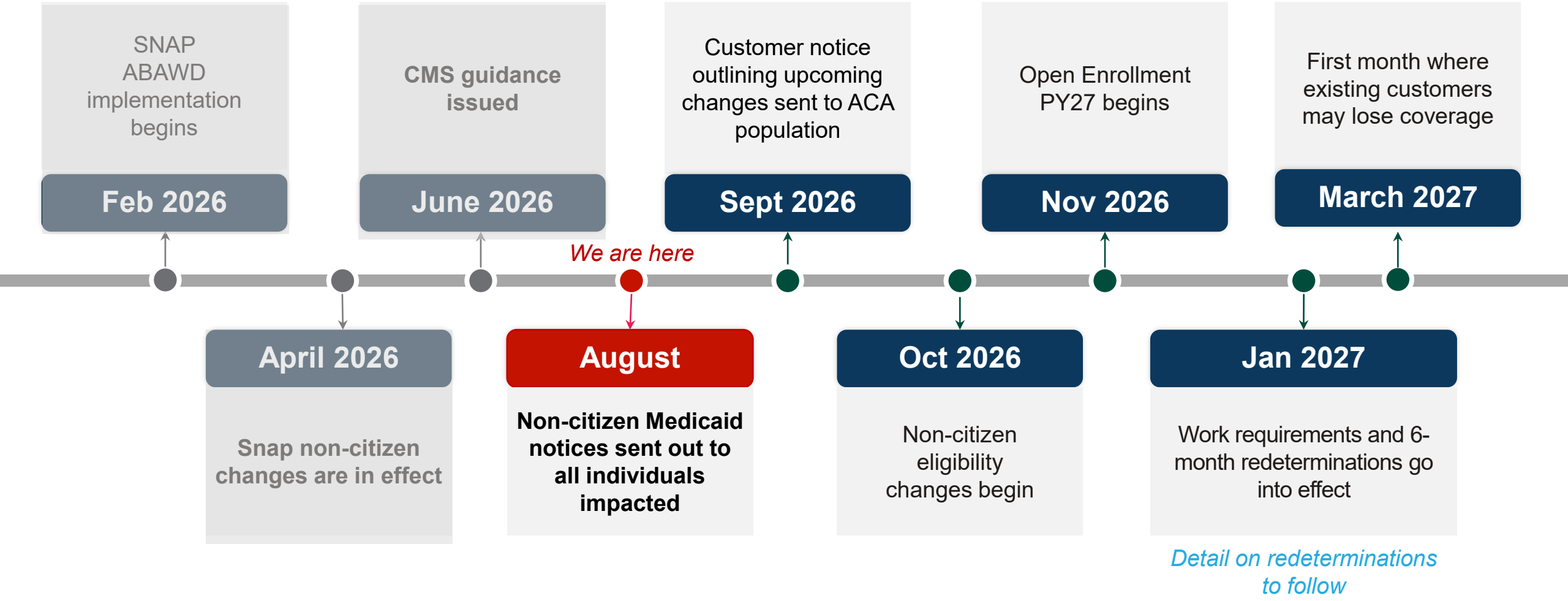
HR 1 overview | HR 1 Medicaid Changes

Effective date: 2025-2026 | 2027 | 2028 and beyond

Category	HR 1 changes	Deadline(s)
Eligibility	Non-citizen eligibility reduction	Oct 1, 2026
	Community engagement (work requirements) for ACA adults	Jan 1, 2027
	6-month redeterminations for ACA adults	Jan 1, 2027
	Retroactive coverage limits	Jan 1, 2027
	Deceased member checks for disenrollment	Jan 1, 2027
	Multi-state address verification requirements	Jan 1, 2027
	Deceased provider checks for disenrollment	Jan 1, 2028
	Asset ceiling for long term care implemented	Jan 1, 2028
	HCBS waiver expansion allowed	Jul 1, 2028
	Cost sharing for ACA adults via co-pays	Oct 1, 2028
Financing	Abortion funding freeze	Jul 4, 2025 – Jul 3, 2026
	Provider and MCO tax changes	Jul 1, 2027-Oct 1, 2032
	Caps state directed payments	Jan 1, 2028
Oversight	1115 waiver budget neutrality	Jan 1, 2027
	Good faith administrative error payments reduced	Oct 1, 2029
	Rule delays (Medicare savings plan, Medicaid / CHIP eligibility, nursing home staffing)	Oct 1, 2034+

Confidential draft for discussion only – pre-decisional

Implementation Timeline for HR1 Eligibility Changes is Ongoing



HR1-Specific Eligibility Changes for Noncitizens

October 1, 2026

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

Narrowing the definition of " those noncitizens eligible for federal medical benefits" – to:

- Lawful permanent residents over 5 years ***or*** exempt from the 5-year bar,
- Certain Cuban/Haitian immigrants, and
- Individuals living in the U.S. through a Compact of Free Association (COFA). (People from the Federated States of Micronesia, Republic of the Marshall Islands, or Republic of Palau who live and work in the United States under Compacts of Free Association (COFA).)
- HR 1 did not change eligibility for pregnant people and children, nor for state-funded health coverage such as HBIS.

NonCitizen Eligibility Changes

October 1, 2026

This means that many non-citizens with status that have long been eligible for federally matched Medicaid are losing coverage, including:

- ❑ Humanitarian Refugees residing in US for 1+ years
- ❑ Asylees
- ❑ Humanitarian parolees (including Ukrainian & Afghan parole programs)
- ❑ Trafficking survivors
- ❑ Amerasian immigrants not adjusted to LPR
- ❑ Conditional entrants
- ❑ Amerasian immigrant (US citizen father, Vietnamese mother from Vietnam war)
- ❑ Alien whose deportation is withheld

We currently estimate that about 8,400 Illinoisans will lose coverage under these HR 1 cuts.

Marketplace Changes for Immigrant Population

- Beginning January 1, 2026, immigrant populations under 100% FPL are no longer eligible for premium tax credits (PTCs).
- Beginning January 1, 2027, PTCs will only be available to lawful permanent residents, certain Cuban/Haitian immigrants, and individuals living in the U.S. through COFA, for immigrants with income at or above 100% of the FPL.
- Legal immigrant populations can continue to access the Marketplace, but without PTCs.

Direct Communication to Noncitizens

- Illinois sent an informational notice about upcoming changes at the end of June to all households containing a noncitizen receiving Medicaid.
- Next week, we will be sending follow-up letters directly to individuals we believe will be losing coverage.
- Notices of termination will be sent in mid-September, effective October 1, 2026.
- More in a minute about our communications plans for noncitizens outside these direct mailings.

Work Requirements Under HR1: Reminder

Individuals between ages 19-64 in the ACA adult eligibility category are "applicable individuals" unless they meet certain exclusions (exemptions) and are subject to **work requirements** starting in 2027.

The Basics:

- Work requirements are a **condition of eligibility for Medicaid for ACA Adults. This means that ACA Adults must meet or be exempt at application and at each redetermination to get/keep Medicaid.**
- Work requirements can be met in a variety of ways, including income, work, education and community service hours.
- Federal law exempts some ACA adults from work requirements.
- Even if an ACA adult is exempted from work requirements, they are NOT exempted from 6-month redeterminations.

June 1 Work Requirements IFR

- The IFR contains some notable changes from the plain language of HR1, for example:
  - Limiting states' ability to take self-attestation of exemptions from work requirements in 2028 and requiring more verification for them
  - Providing new definitions of key terms and detailed instructions on new processes
- HFS has assessed the gap between previous operating assumptions and the IFR. We are working on a plan to update our systems and processes to address the IFR requirements.
- We are still waiting for additional guidance from CMS on key aspects of the IFR and will share information on these updates as soon as we are able.

Confidential draft for discussion only – pre-decisional

Medical Frailty Exemption: HR 1 baseline

- The HR1 statute defines medically frail or individuals who otherwise have special medical needs as those:
  - 1) with a substance-use disorder (SUD);
  - 2) with a disabling mental disorder;
  - 3) with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living;
  - 4) with a serious or complex medical condition; or
  - 5) who are blind or disabled (as defined in section 1614 of the Social Security Act)

IFR Changes: Narrowing the Definition of Medical Frailty

The Interim Final Rule (IFR) released on June 1st narrowed the definition of who is Medically Frail (MF) “enough” to get an exemption from new work requirements.

- "Medical frailty will depend on the **condition significantly impairing their ability to comply** with the community engagement requirement."
- Because the IFR definition of MF differs from past definitions and is still an evolving and changing categorical determination, discussion of this topic will be covered more fully in a later presentation.

Takeaway: In many cases, **a diagnosis alone will not be sufficient** to meet the standard for a medical frailty exemption, and **additional information will be needed**. This may be gathered from data available to HFS or may require additional documentation from customers.

Staying Informed and Prepared

Create a Manage My Case (MMC) Account!



The 3 Cs of Manage My Case (MMC)

Create	Check	Change
• **Create** a Login • **Link** Accounts • ID Proof	• **Check** your renewal date • **Review** your case Information • **Check** for notices from HFS and DHS • **Check** upcoming appointments and reschedule	• **Submit your renewal** • **Change** your address • **Change** of Income • **Report** Expenses • **Upload** Work documents • **Request** Exemptions

MMC is one of the easiest way for consumers to submit redeterminations!

- MMC allows customers to make fewer visits to their local DHS office, stay informed on the status of their benefits, and manage their case information.
- We urge all agencies with customer contact and resources available to assist customers in setting up MMC accounts.

Finding Medical Coverage Group Category

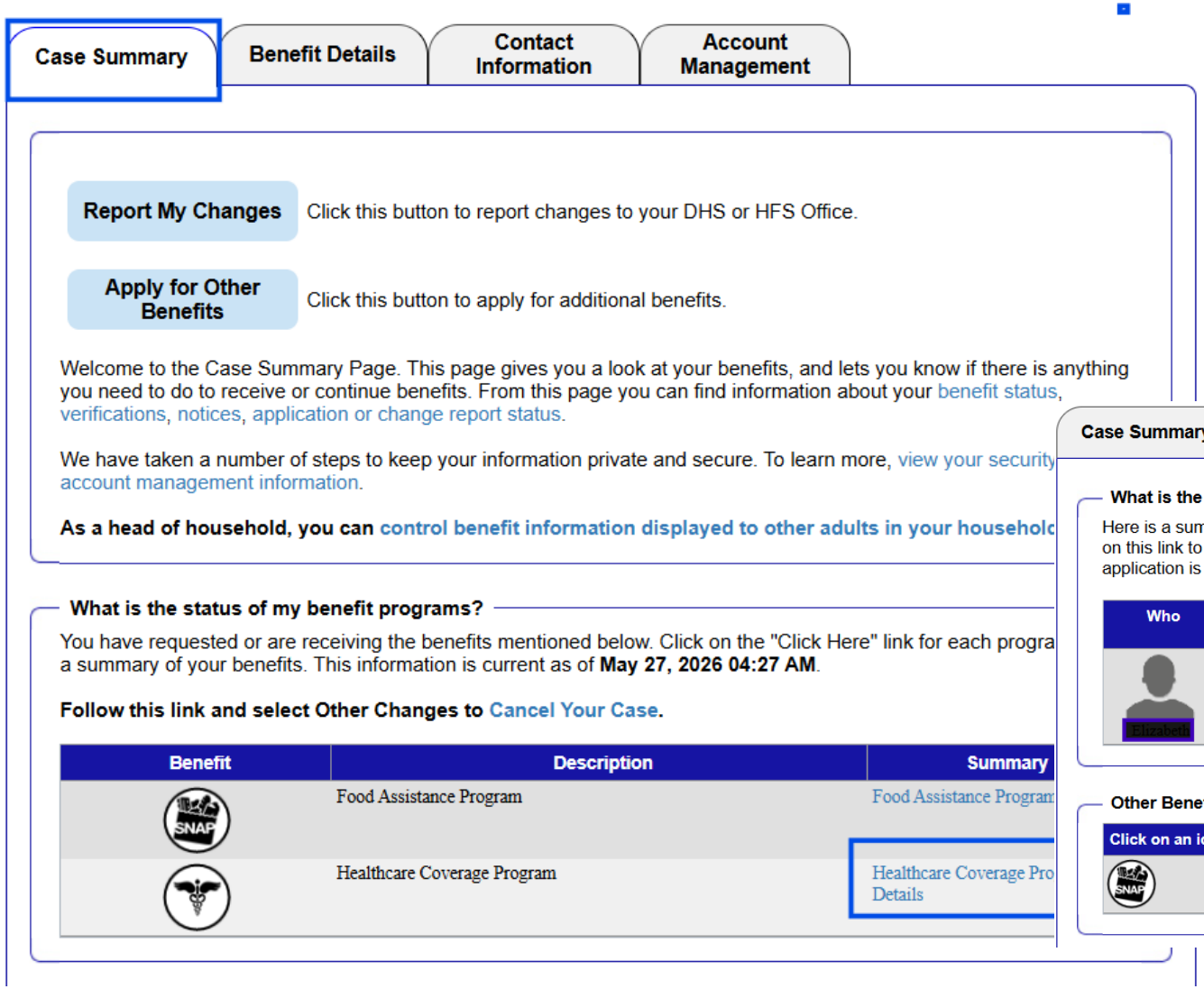
Customers who are not sure what medical group they are classified as can find their medical coverage category in a few places.

- Notices:
  - Mail from the State including Notice of Decision, Redetermination paperwork, or processing of a change.
  - ABE Manage My Case – last 12 months of Notices are available

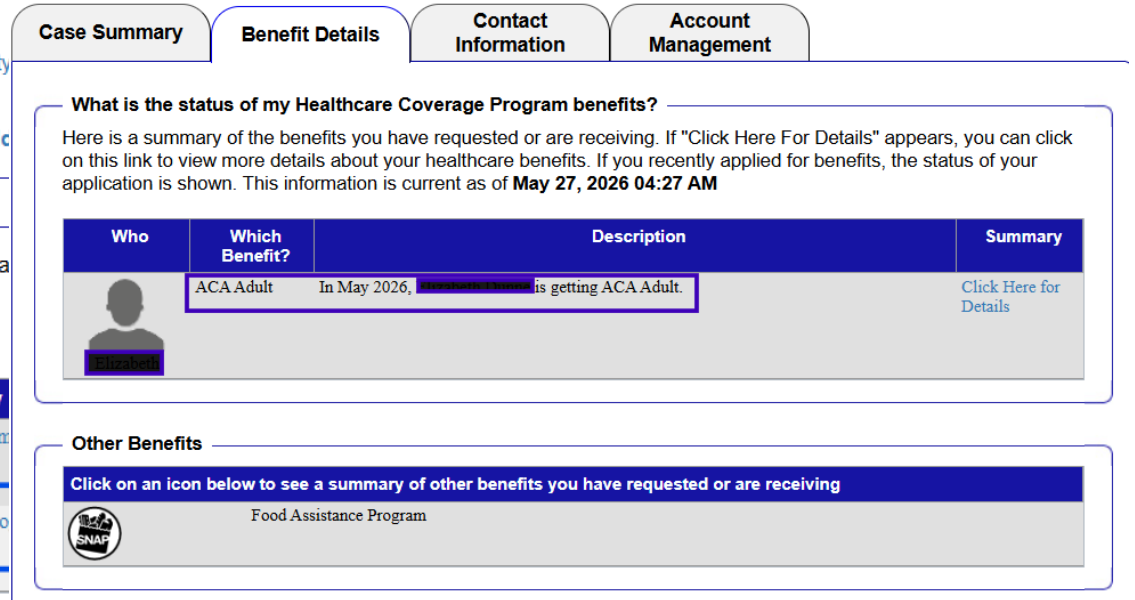
- Manage My Case
  - Case Summary Tab
  - Benefit Details Tab
  - Notices

Confident... ...ional

MMC: Case Summary Tab

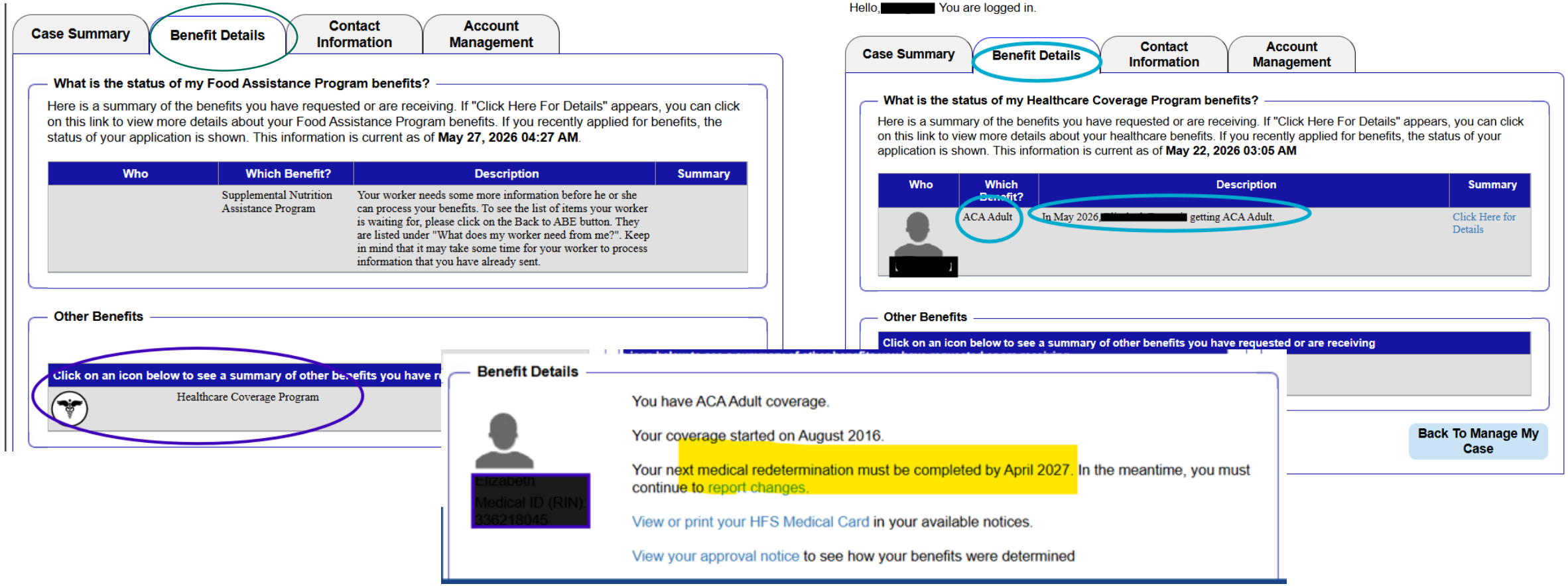


From Case Summary landing page in MMC, navigate to middle of page, **What is the status of my benefits programs?** Click on Healthcare Coverage Program Details in blue ink. This will take you to the Benefit Details page.



MMC: Benefit Details Tab

After logging in to Manage My Case (MMC), navigate to the Benefit Details tab. Choose **Healthcare Coverage Program.** For additional information on redetermination date choose Click Here for Details.



Notice Examples

Medical Benefits

The person(s) listed in the table below have been **approved** for ongoing Medical benefit

Name	Birth Date	Medical ID (RIN)	Medical Group	Start Ongoi Cover
[redacted]	[redacted]	[redacted]	AATV Medical	Jun 01

The person(s) listed in the table below have been **approved** for coverage for earlier date

Name	Birth Date	Medical ID (RIN)	Medical Group	Cover Dates
[redacted]	[redacted]	[redacted]	VTTC Medical	Dec 0 Jan 31
[redacted]	[redacted]	[redacted]	AATV Medical	Feb 0 May 3

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice: March 01, 2026
Case Number: [redacted]
Client Name:
Individual ID:
Office Name: OGDEN FCRC
Office Address: 3920 W OGDEN AVE CHICAGO, IL 60623
Phone: 773-522-8370
TTY: 866-439-3716
Fax: 844-736-3563

[redacted]

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Medical Benefits: Time to Renew Notice

[redacted]

Based on the information we have today, the members of your household listed in the table below are approved to continue receiving **medical benefits** after April 2026.

These individuals will receive a new medical card before their new certification date of May 01, 2026. However, if we get new information about a change in their circumstance, their eligibility for medical benefits may change. If that happens, we will send you a new notice.

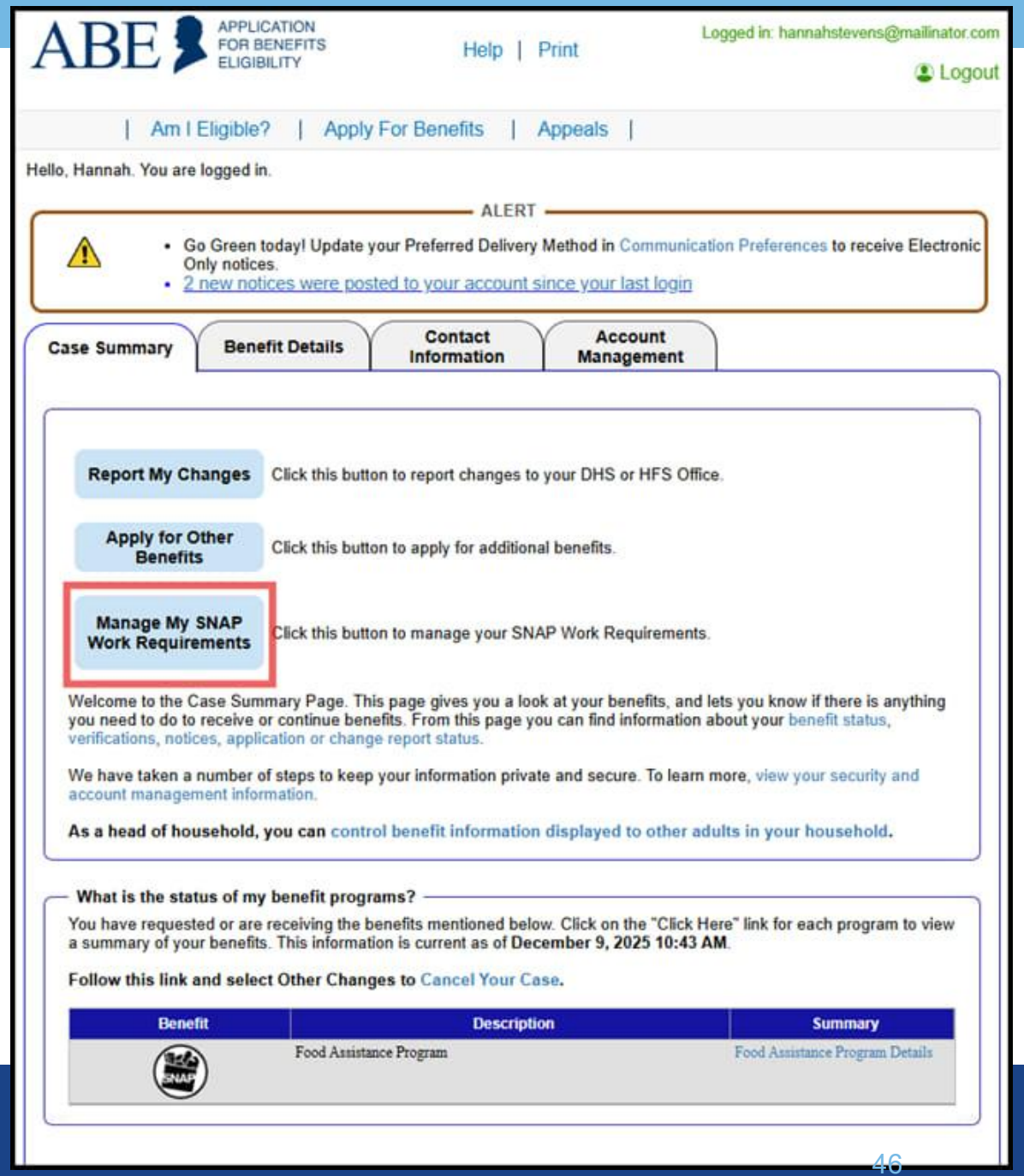
Name	Birth Date	Medical ID(RIN)	Medical Group	Action Required
[redacted]	07[redacted]	[redacted]	ACA Adult	No

"Action Required= Yes" Individual must complete and return form included.
"Action Required= No" Individual's medical benefits have been automatically renewed.

If you are not currently receiving and want to apply for Food and/or Cash Assistance, go to www.abe.illinois.gov and choose "Apply for Benefits", call the ABE Help Line at 1-800-843-6154, or submit an application at a local Family Community Resource Center.

Using ABE MMC for Work Requirements and Exemption Requests

- Customers can currently use ABE MMC to manage their SNAP work requirements by choosing the Work Requirements button.
- On this page, you can choose options to meet SNAP work requirements or request an exemption.
- Customers **will be able** to use ABE MMC to manage Medicaid work requirements and exemptions requests



HR 1 Communications

Overall Communications Objectives

1. Increase customer awareness that changes are coming
2. Clearly explain who is affected and who is exempt
3. Provide simple, accessible instructions for those who must act
4. Minimize confusion, call center strain, and procedural disenrollment
5. Meet all federal notice and accessibility requirements

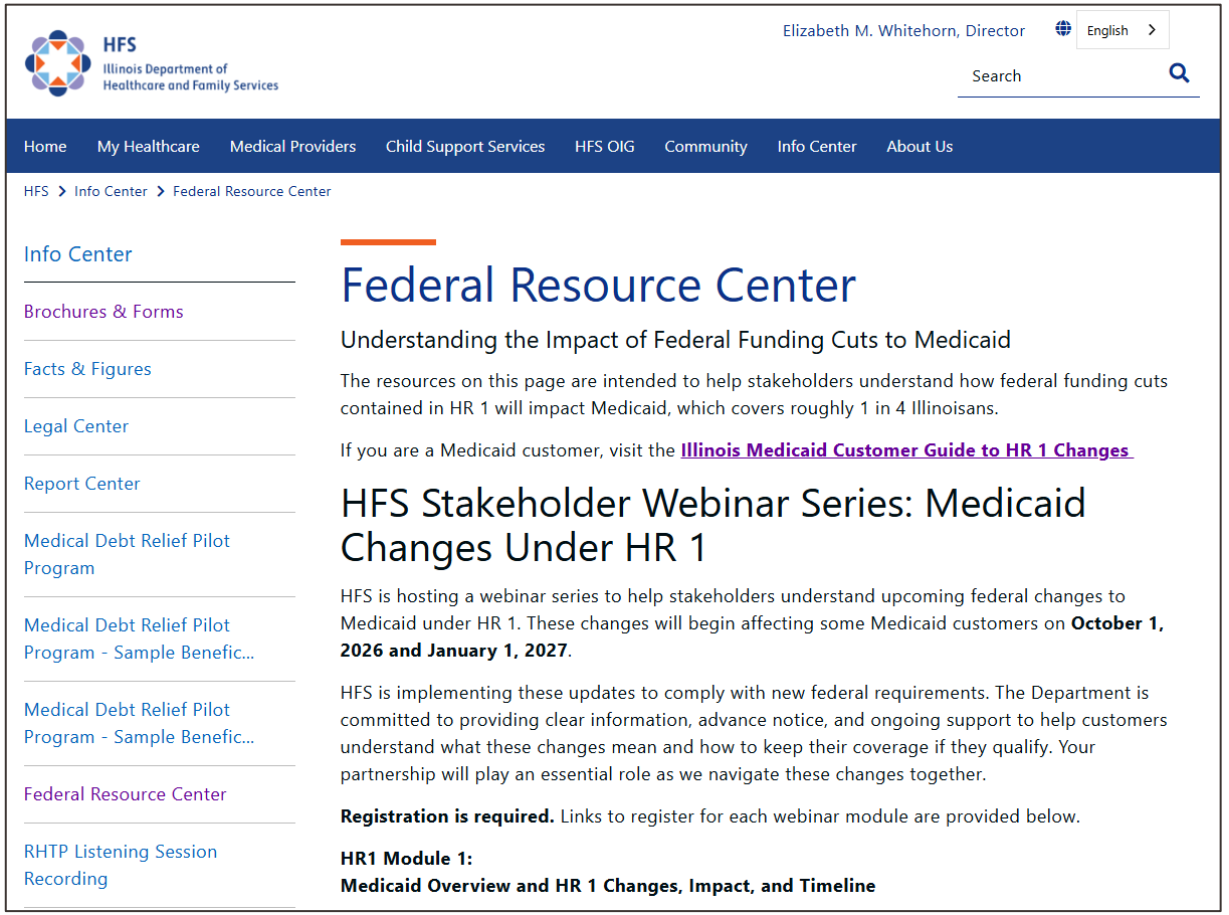
Communications Plan

Key audience	What we are doing
Partners	• 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	• **Run public awareness campaign** to keep public informed and target specific populations • Phased release of **public-facing comms** to partners & members leading up to effective dates of eligibility changes in 2026 & 2027

Federal Resource Center

On the Federal Resource Center, you can:

- Register for public webinars
- Find slides and recordings of previous public webinars
- Find the Phase 1 H.R. 1 toolkit (in English and 14 languages)
- Find the Non-Citizen toolkit (in English and Spanish)



Non-Citizen Eligibility Toolkit

Noncitizen Flowchart

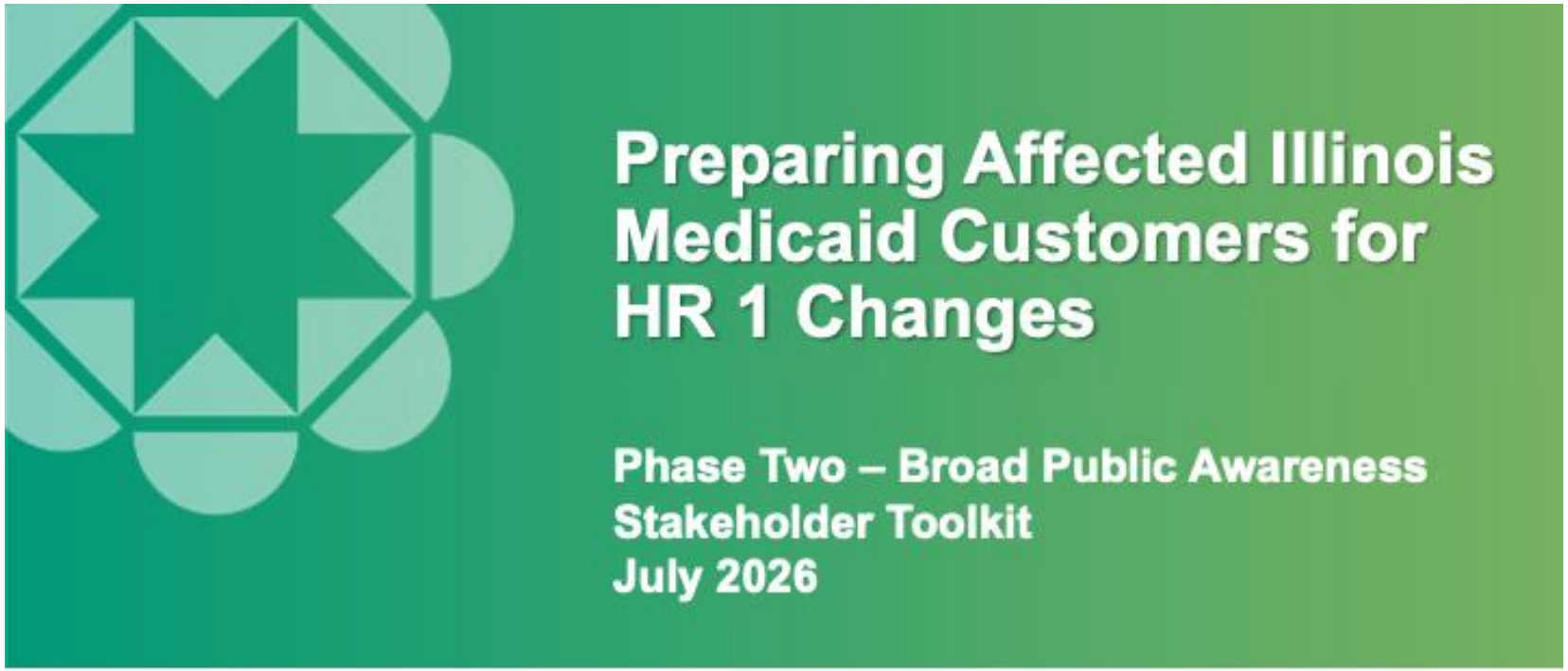
Is Your Medicaid Changing?

HFS
Illinois Department of Healthcare and Family Services

HR 1 NONCITIZEN TOOLKIT



Phase Two Toolkit – Coming Soon



HFS
Illinois Department of Healthcare and Family Services

Illinois Medicaid Customer Guide



Illinois Medicaid Customer Guide

APPLY FOR HEALTHCARE >

MANAGE YOUR CASE >

USE YOUR BENEFITS >

PLANS AND BENEFITS

OTHER

MY RIGHTS >

HELP >

HR 1 FEDERAL CHANGES >

Customer Fact Sheet



HFS
Illinois Department of Healthcare and Family Services

MEDICAID RULES WILL BE CHANGING

What you need to know

A new federal law (HR 1) is changing who qualifies for Medicaid and how often some customers need to renew their coverage. Some changes take effect as soon as October 2026 and others will begin January 1, 2027. Find out what you need to do to keep your coverage.

WHAT IS MEDICAID?

Medicaid is a public health coverage program run jointly by the federal and state governments. For over 60 years, it has helped Americans with limited income access healthcare. You may know it by other names like All Kids, Aetna, BlueCross BlueShield, CountyCare, Humana, Meridian, or Molina.

Medicaid eligibility is based on factors like household income and family size. In Illinois, households earning up to 138% of the federal poverty level qualify. Children and pregnant people qualify at higher income levels.

WHAT'S CHANGING AND WHEN?

The new federal law affects two groups of Medicaid customers: **certain noncitizens** and **ACA Adults** (generally people ages 19-64 who don't have dependent children under 18 at home and aren't on Medicare).

- **October 1, 2026:** Some **noncitizens** will no longer qualify for federally funded Medicaid.
- **January 1, 2027: ACA Adults** will need to report hours of work, school, volunteering or similar activities to continue receiving coverage. They will also need to renew their coverage more frequently: every six months rather than yearly. You can be exempted from work requirements if you meet certain conditions, including but not limited to: you are pregnant or receiving postpartum benefits; you are a former foster youth who is under 26 years old; you are participating in a drug addiction or alcohol treatment program. A complete list of exemptions can be found by scanning the QR code below.

Many other Medicaid customers will not be subject to work requirements. For example, people ages 65 and older, and children under 19. In addition, most parents and caretaker relatives in Illinois are in Family Health Plans and are not subject to work requirements because they are not included in the ACA Adult population.

WHAT TO DO NOW

1. **Update your contact information.** Make sure HFS has an address where mail always reaches you — otherwise you risk missing a notice and losing coverage. If you move, get a new phone number, change your email address or your immigration status changes, update that with the state right away. Visit abe.illinois.gov and click "Manage My Case," or fill out the Medicaid Address Change Form.
2. **Watch your mail** for letters from HFS. We will contact Medicaid customers directly before any change affects coverage.
3. **Stay updated.** Scan the QR Code for additional information and updates on federal changes.

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

1-877-805-5312

Ways to Engage

- H.R.1 Public Webinars – 3 left!
  - Registration for all session can be found on HFS's Federal Resource Center
- MAC Meetings (quarterly)
- MAC Public Education Subcommittee (quarterly)
- Cook County Health Impact Work Group
  - Includes 3 subgroups: Innovate & Create; Communications; and Coalition Building
  - Email Kathy Chan to join

Thank you!

Questions?

1.B
HR1 SNAP Response (DHS)

Presenter: Kasey Reagan | DHS

HFS
Illinois Department of
Healthcare and Family Services

Updates | HR 1 has three major impacts on SNAP

1	**Cost Sharing**	Cost sharing introduced based on SNAP payment error rate (PER) that could reach hundreds of millions for Illinois annually, Illinois will be able to delay until FFY29
2	**Work Requirements**	More than 157,000 people have used their 3 month limit of SNAP without meeting More than 53,000 have REGAINED access through exemption or meeting. Clock Starts over **JANUARY 1st, 2027**
3	**Non-Citizen Changes**	HR 1 removes federal funds for certain immigrant groups at their next Redetermination after April 1st. More than 2,000 have lost access to date.

Help is here

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

Response to HR1: Fresh Program

- **What is the FRESH Program?**
- The FRESH Program (Families Receiving Emergency Support for Hunger) gives a one-time cash payment to people whose SNAP benefits were reduced or stopped because they did not meet the federal SNAP work requirement.
- **Why Customers Are Receiving This Payment**
- IDHS records show that one or more household members lost SNAP benefits on or after May 1, 2026 because they did not meet the federal work requirement, have used their 3 countable months toward the time limit, and have not had regained their SNAP benefits or had their SNAP benefits reinstated.
- **Payment Amount**
- Each eligible household member will receive a one-time cash payment of $400.
- The payment is automatically issued; no application or paperwork is required.
- **How Customers Will Receive the Payment**
- Payments are deposited on the customer's Illinois Link Card as a cash benefit.
- Customers may spend the benefit where Link is accepted or withdraw cash at an ATM.
- Customers needing a new Link card may request one at EBTedge.com or by calling the LINK Hotline.

1.C
Rural Health Transformation

Presenter: Dani Mendez, RHTP, Program Director

ILLINOIS
RURAL HEALTH TRANSFORMATION

HFS
Illinois Department of
Healthcare and Family Services

Stevens Amendment Acknowledgment

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

ILLINOIS RURAL HEALTH TRANSFORMATION

HFS Illinois Department of Healthcare and Family Services

Year 1 Initiative Launch Progress



Illinois RHT Initiative Overview

Three overarching goals and twelve funding strategies

Transform Rural Healthcare

$81M

- Hospital Transformation Grants
- Healthcare Transformation Collaborative (HTC) Expansion
- Team-Based Care Grants for Primary Care and BH Providers
- Transformation TA for hospitals and community providers
- Disease Prevention Grants to Hospitals

Overcome Geographic Barriers to Care

$66M

- EMS Enhancement Grants to Resource Hospitals
- Mobile Health Infrastructure Funds to Primary Care and BH Providers
- Investment in Technological Infrastructure for Rural Providers

Build a Resilient Workforce

$45M

- Expansion of Incentives and Training Programs for Clinical Professionals
- Expansion of Training and Certification Programs for Healthcare Support Workers
- Expansion of Area Health Education Center (AHEC) Career Pathways Programming

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

2. Medical Programs Updates

2.1
CHW Update

Presenter: Kristin Hartsaw, Special Assistant: Medical Policy

HFS
Illinois Department of
Healthcare and Family Services

CHW Provider Type

Per 410 ILCS 67/ (CHW Certification and Reimbursement Act), HFS requested approval from federal CMS to reimburse CHWs

HFS seeking State Plan Authority to cover CHW services; SPA submitted 5/21/26

Certification is required for reimbursement

- IDPH serves as the CHW Certification Program's regulatory body, including development and oversight of initial CHW certification and renewals for both individuals and community-based and academic training programs.
- IDPH certification for individual CHWs expected fall 2026.

CHW Covered Services *(proposed)*

Health promotion and education

Health system navigation and resource coordination

Non-clinical screening & assessment to identify health-related social needs and barriers accessing health care

These services are common among several states.

Overall CHW Service Requirements

- Enrolled CHW organizations may bill for allowable CHW services when the services are:
  - Medically necessary
  - Recommended by a physician, Advanced Practice Nurse, Physician's Assistant or other licensed practitioner as defined by HFS
  - Provided directly to a Medicaid customer
  - Delivered by a certified CHW

HFS Planning & Implementation Activities

Research and review of other States' Medicaid State Plans and Fee Schedules
Develop service definitions and service requirements, rates
Stakeholder Engagement: DPH CHW Certification Review Board, HFS Informal Workgroup
Systems development and programming for provider enrollment, billing
Work with MTAC on provider training development
Draft provider guidance (provider notice, handbook, Q&A, administrative rule)

What's Next

- SPA Approval – *pending*
- Finalize and issue provider guidance – *anticipated fall 2026*
- DPH Certification opens – *anticipated fall 2026*
- HFS Provider Enrollment opens – *pending SPA Approval, anticipated fall 2026*
- HFS and MTAC Training Opportunities – *to be announced*
  - 5/27/26 Town Hall Recording available on HFS Community Events Calendar

2.2
Managed Care Update

Presenter: Sarah Sugar, Special Assistant for Managed Care

HFS
Illinois Department of
Healthcare and Family Services

HCI Contract Awards

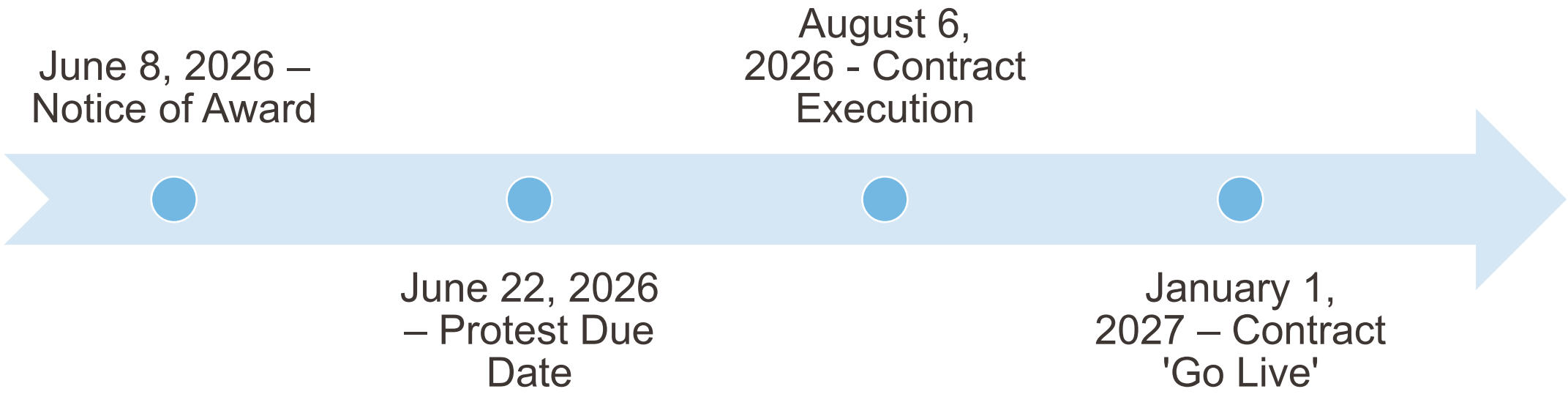
Presenter: Sarah Sugar, Special Assistant for Managed Care

HFS
Illinois Department of
Healthcare and Family Services

HFS Awards New HCI Contracts

- HFS has awarded new HealthChoice Illinois (HCI) contracts to six Medicaid Managed Care Organizations (MCOs).
- The new contracts will make significant improvements to the way that the Medicaid program operates by holding the MCOs accountable for how they serve customers and by promoting whole person care.
- Contracts were formally awarded on June 8 to the following vendors:
  - Aetna Better Health of Illinois Inc.
  - Blue Cross and Blue Shield of Illinois
  - Humana Benefit Plan of Illinois, Inc.
  - Meridian Health Plan of Illinois, Inc.
  - Molina Healthcare of Illinois, Inc.
  - CountyCare Health Plan (For Cook County only)

Implementation Timeline



The initial contract period will run until December 31, 2030. The renewal period begins on January 1, 2031, and runs until June 30, 2036.

Key Changes Under the New Contract

Improvements for Customers:

- More supported and integrated care coordination with improved screenings and targeted resources
- Improved access to timely appointments via tightened standards and more accurate provider data
- Increased access to resources that support SDOH and HCBS
- Improved customer experience (e.g., call center, digital engagement)

Improvements for Providers:

- More streamlined and transparent administrative processes, such as billing processes and prior authorization
- Increased provider technical assistance, such as required trainings for 'non-traditional' provider types (e.g., doulas, certain behavioral health providers) and for utilization management/prior authorization

Other key changes include more robust plan oversight such as a framework for increased and more effective use of sanctions, more stringent program integrity requirements, and oversight of subcontractors.

CGT Access Model

Presenter: Michael A. Coleman, CGT Access Model Program Director

HFS
Illinois Department of
Healthcare and Family Services

TRANSFORMING THE LIVES
OF INDIVIDUALS LIVING WITH SICKLE CELL DISEASE

A New Era in Treatment

SICKLE CELL DISEASE

- An inherited genetic blood disorder that causes red blood cells to become rigid, sickle-shaped, and unable to efficiently carry oxygen throughout the body.
- Results in chronic anemia, severe vaso-occlusive pain crises, organ damage, stroke, frequent hospitalizations, and reduced life expectancy.
- For decades, treatment focused primarily on managing symptoms rather than correcting the underlying disease.

CELL & GENE THERAPY

A transformative approach that addresses the underlying genetic cause of sickle cell disease.

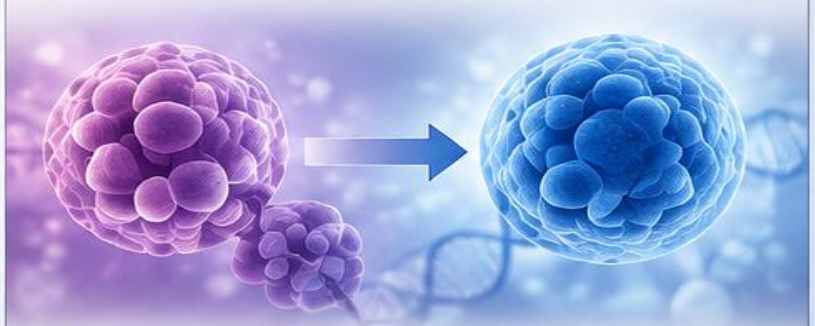
- Uses the patient's own stem cells to create a personalized therapy.
- Modifies or corrects the genetic defect responsible for sickle cell disease.
- Offers the potential to significantly reduce disease complications and improve long-term health outcomes.
- Represents a shift from lifelong disease management to the possibility of durable disease modification.

WHY THIS MATTERS

Cell and Gene Therapy represents one of the most significant advancements in sickle cell disease treatment—offering eligible patients the opportunity for *improved health, greater independence,* and a *substantially enhanced quality of life.*

FROM DISEASE MANAGEMENT TO DISEASE MODIFICATION

SICKLE CELL DISEASE	CELL & GENE THERAPY
Chronic genetic disorder	Personalized treatment
Lifelong symptom management	Targets the underlying genetic cause
Frequent complications	Potential for durable disease modification
Limited treatment options	Transformational therapeutic approach



Harnessing the power of science to change lives.

For the first time, eligible individuals living with sickle cell disease have access to therapies designed to address the disease at its genetic source—transforming treatment and transforming lives.

BUILDING ILLINOIS' CGT ACCESS MODEL

A Statewide Infrastructure to Deliver Transformative Therapies

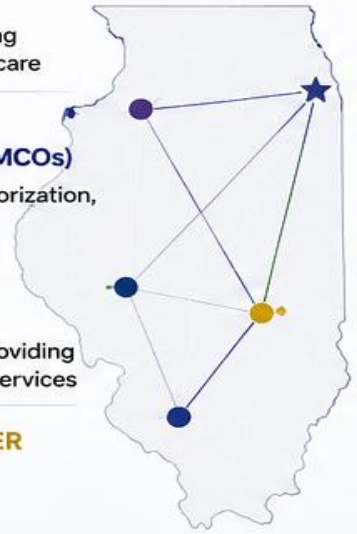
Delivering cell and gene therapies requires coordination, expertise, and resources across clinical, operational, and community partners.

STATEWIDE CGT NETWORK

6 QUALIFIED TREATMENT CENTERS (QTCs)
Specialized hospitals delivering gene therapy and long-term care

5 MEDICAID MANAGED CARE ORGANIZATIONS (MCOs)
Care coordination, prior authorization, and case management

1 COMMUNITY-BASED ORGANIZATION (CBO)
Statewide partner (SCDAI) providing navigation and wraparound services



ACADEMIC CLINICAL PARTNER
University of Illinois Chicago
Clinical expertise, research and program evaluation

2 FDA-APPROVED GENE THERAPIES
Casgevy® and Lyfgenia®

A coordinated statewide network ensuring eligible patients have access to life-changing therapies.

STRATEGIC INVESTMENT

$9.55 MILLION
CMS COOPERATIVE AGREEMENT (2025 – 2035)

ILLINOIS HFS	SCDAI (CBO)	UNIVERSITY OF ILLINOIS CHICAGO
$2.14M	**$6.41M**	**$1.00M**
Program leadership, governance, statewide implementation, oversight and reporting	Patient navigation, Community Health Worker support, wraparound services, education and outreach	Clinical expertise, program evaluation and research

WHY A COORDINATED MODEL IS ESSENTIAL

- Complex treatment journey requiring multiple partners
- Ensures equitable access across the state
- Improves care coordination and outcomes
- Strengthens accountability and performance
- Builds a sustainable platform for future therapies

Illinois is creating a sustainable statewide infrastructure that connects treatment centers, health plans, community partners, academic experts, and manufacturers to deliver transformative care and improve long-term outcomes.

BUILDING A STATEWIDE NETWORK OF CARE

Collaboration That Makes Gene Therapy Possible

QUALIFIED TREATMENT CENTERS

Deliver specialized clinical evaluation, treatment, and long-term follow-up.



MANAGED CARE ORGANIZATIONS

Coordinate prior authorization, care management, and continuity of care.



ILLINOIS HFS

CGT ACCESS MODEL

State Leadership
Collaboration
Accountability

MANUFACTURERS

Develop and supply innovative gene therapies for eligible patients.



SCDAI

Provides patient navigation, education, and wraparound support services.



UNIVERSITY OF ILLINOIS CHICAGO

Supports clinical evaluation, research, and continuous program improvement.



Illinois HFS unifies clinical, managed care, community, manufacturing, and research partners into one coordinated statewide model.

COMMUNITY-BASED ORGANIZATION (SCDAI)

Supporting Patients Beyond Clinical Care

PATIENT NAVIGATION

- Guides patients through every stage of the gene therapy journey.
- Coordinates with HFS, MCOs, and Qualified Treatment Centers.
- Ensures patients remain engaged and supported.

WRAPAROUND SUPPORT SERVICES

- Transportation and parking assistance
- Housing and lodging support
- Nutrition assistance
- Childcare and family support
- Other services not covered by Medicaid

REVENUE SUPPORT

- Addresses non-clinical needs that impact treatment success.
- Supports retention, adherence, and long-term outcomes.
- Ensures patients have the support needed to complete treatment and thrive.

EDUCATION & COMMUNITY OUTREACH

- Increases awareness and treatment readiness.
- Engages communities and builds trust.
- Connects individuals to resources and opportunities.

WRAPAROUND SUPPORT THAT MAKES A DIFFERENCE

Services not otherwise covered by Medicaid



Through its partnership with Illinois HFS, SCDAI addresses social, logistical, and educational barriers—providing the wraparound support patients need to access, complete, and benefit from gene therapy.

TOGETHER, WE TRANSFORM LIVES

A Brighter Future for Individuals Living with Sickle Cell Disease

COLLABORATIVE PARTNERSHIP

Illinois HFS, QTCs, MCOs, manufacturers, SCDAI, and UIC working together for patient success.

INNOVATIVE CARE

Gene therapy offers a potential cure and a new era of hope for individuals living with sickle cell disease.

COMPREHENSIVE SUPPORT

From clinical care to wraparound services, we address every need—before, during, and after treatment.

BETTER OUTCOMES

Improved health, greater independence, and a substantially enhanced quality of life for our patients and families.

ONE STATE. ONE PURPOSE. ONE FUTURE.

Advancing Gene Therapy. Changing Lives.



CLINICAL EXCELLENCE



COMMUNITY SUPPORT

CARE COORDINATION



RESEARCH & EVALUATION

INNOVATION



PATIENT-CENTERED CARE

A STRONGER TODAY.
A HEALTHIER TOMORROW.

Together, we are building a future where every eligible individual living with sickle cell disease has access to life-changing therapies, compassionate support, and the opportunity to thrive.

Overview of the HCI Contract

Population Health and Enrollee-Centric Care

Benefits and Services Delivery

Quality Management & Incentives

Availability & Accessibility of Care

Operations

2.4
Illinois Community Access Resource and Referral System (ICARRS)

Presenter: Thea Kachoris-Flores

HFS
Illinois Department of
Healthcare and Family Services

Initial Desired Outcomes

- Provide Illinois residents with a directory of community-based resources for behavioral health and social services (e.g., mental health services, housing support services, food pantries).
- "Closed loop" referral capabilities to ensure residents are successfully connected to services.
- Screening and referral for certain Medicaid programs (e.g., 1115 waiver, community-based maternal health services).
- Support the Children's Behavioral Health Transformation Initiative (CBHTI).

Status of ICARRS

- HFS is developing a statewide closed loop referral system that would improve connections among Medicaid members, healthcare providers, MCOs, and community-based service providers.
  - Acquisition or implementation will be subject to all applicable Illinois procurement requirements, approvals, and contract execution.
- Target go live is Q2 2027.

Stakeholder Input

Please visit our website:

https://hfs.illinois.gov/community-outreach/community-calendar.html

Written comments can be submitted here until Aug 21, 2026

Scan QR Code:



Two listening sessions hosted by HFS on August 5

- Over 200 participants attended

3. Legislative Updates

Presenter: Heather Eagleton, Director of Legislative Affairs

HFS Session Goals 2026

- Legislators file many bills affecting the agency that we try to amend or work to make improvements. This includes:
  - Working with the Sponsor and Stakeholders
  - Providing Agency Position in Committee
  - Working with Appropriate Bureau Staff and HFS Leadership
- Advance our 2026 legislative initiatives (HFS had 15 initiatives this year - additional slide has details).
  - Work with SMEs on Position Papers
  - Work with Sponsors and Stakeholders
  - Testify in Committee
- Assist with Budget Hearings – each session HFS must go before our appropriations committees in each chamber to present the Governor's proposed budget for HFS.
- Facilitate information requests from Legislators & Staff.

Spring 2026 Session by the #s

- OLA championed 15 legislative initiatives:
  - 2 Child Support initiatives
  - 2 OIG initiatives
  - 3 Hospital initiatives
  - 8 Medical Programs initiatives
- 11 of the 15 initiatives passed both chambers
- OLA tracked over 250 bills

HFS Spring 2026 Legislative Proposa

House Bill	Senate Bill	Status	Title
	SB3464	**Passed** – Included in the Medicaid Omnibus (SB3365)	ICF.DD Rates Remodel
HB5315	SB3751	**Passed** – Included in the Medicaid Omnibus (SB3365)	ACT/CST Payment Technical Fix
	SB3524	**Passed both chambers**	Child Support: Child Support Guidelines Update
HB4808	SB3528	**Passed** – Included in the Medicaid Omnibus (SB3365)	Transformation Funding - No cost extension
HB5258	SB3740	**Passed** – Included in the Medicaid Omnibus (SB3365)	MTAC Changes
HB5313	SB3755	**Passed** – Included in the Medicaid Omnibus (SB3365)	Technical: Amend (305 ILCS 5/5-5f) Hospital Preventable Readmissions Clarification
HB5255	SB3103	**Passed** – Included in the Medicaid Omnibus (SB3365)	Cell & Gene Therapy Access Model - Emergency Rulemaking Authority
HB5364		**Passed both chambers**	OIG: HFS OIG Jurisdiction related to Department of Early Childhood
	SB3460	**Passed** – Included in the Medicaid Omnibus (SB3365)	OIG: Recovery Audit Contract Non-Appropriated Spending
	SB3916	**Passed** – Included in the Medicaid Omnibus (SB3365)	Distressed Hospital Loan Program, Hospital Financial Monitoring / Insolvency Plan

Medicaid Omnibus

- SB3365 (Moeller/Aquino)
  - Signed 6/16: Public Act 104-0470
- Bipartisan unanimous vote in both chambers
- Developed in partnership w/ Legislators and HFS
- Included extension of safety-net add-on payments
- Included additional funding, tied to metrics like staffing, to support nursing homes
- Included statute allowing implementation of HR1

Annual Total Gross	Annual Total Net	FY27 Total Gross	FY27 Total Net
$221.4 M	$104.6 M	$109.9 M	$52.5 M

What's Next?

- Currently developing our 2027 legislative initiatives. HFS is working with staff, sister agencies, and the Governor's Office.

  Key Considerations:

  - Cost
  - Impact to sister agencies
  - Stakeholder response

- **Veto Session**
  - November 17-19
  - December 1-3
- **Lame Duck Session**
  - TBD – likely Jan. 6-12

Illinois General Assembly Veto Session

- Veto Session is a brief period when the Illinois General Assembly reconvenes after the regular spring session. During this time, lawmakers return to consider any bills the Governor has vetoed—a formal rejection that prevents a bill from becoming law. The General Assembly may choose to override the veto, accept it, or revise the legislation.
- While reviewing vetoed bills is the primary purpose of Veto Session, lawmakers often use this window to address additional priorities and advance legislation that did not progress during the spring. As a result, Veto Session becomes an important opportunity to finalize outstanding initiatives, including funding measures, environmental protections, and sustainability-related policies that need attention before the end of the year.

4. Other Administrative Updates

VIII.

Vaccine Updates from the Illinois Department of Public Health

Presenter: Julia Strehlow and Dr. Jennifer Seo

HFS
Illinois Department of
Healthcare and Family Services

IDPH
Illinois Department of Public Health

Vaccine Update for the Medicaid Advisory Committee

8/7/2026

Building Protections for Illinoisans Amid Federal Vaccine Changes

Spring 2025: IDPH and other state agencies responded to a small measles outbreak, preventing spread and increasing vaccine access.

Early Summer 2025: IDPH bolstered the Illinois **Immunization Advisory Committee (IAC)** and issued Dear Colleague letters as the federal administration announced vaccine changes without ACIP review or approval, rapidly reconstituted ACIP, and the new ACIP met without issuing COVID-19 guidance.

September 2025: Governor Pritzker issued **Executive Order 2025-04** on 9/12/25, and IDPH led its execution by convening IAC on 9/22, and issuing a COVID-19 Standing Order, fall respiratory vaccine guidance, and endorsing the 8/7/25 CDC routine vaccine schedules on 9/23/25.

IDPH began to convene the **Statewide Vaccine Access Initiative** and provide multiple access points for residents to flu, COVID-19, and RSV immunizations.

December 2025: Governor Pritzker signed **HB767** into law on 12/2, empowering IDPH and IAC to further protect vaccine access in Illinois.

February 2026: IDPH endorses the **2026 American Academy of Pediatrics Childhood Vaccine Schedule**

IDPH
Illinois Department of Public Health

The Illinois Immunization Advisory Committee: IDPH's Board of Vaccine Experts

- Tasked with providing credible, transparent, evidence-informed, and science-based recommendations to the IDPH Director.
- Currently 21 members.
- Includes experts in pediatrics, family medicine, internal medicine, obstetrics and gynecology, infectious diseases, nursing, pharmacy, public health practice, and epidemiology.
- Convenes 3-4 times a year.

Statewide Vaccine Access Initiative

- ✓**State Agency Supports:** State Agencies are regularly meeting with IDPH regarding barriers to vaccine access, coverage confusion, and communication needs

- ✓**Communications:** State Agencies have shared existing IDPH communication resources on social media, in newsletters, internally, and in other forms

- ✓**Progress on increasing vaccine access:**
  - ✓VFC and 317 vaccines are available
  - ✓Local Health Departments continue to be able to apply for vaccine grants from IDPH to support administration of vaccines in communities statewide.
  - ✓IDPH has signed a contract with a mobile vaccine provider and is directly procuring vaccines in collaboration with Local Health Departments.

IDPH
Illinois Department of Public Health

PA104-0439 (HB767) Protects Vaccine Access in Illinois:

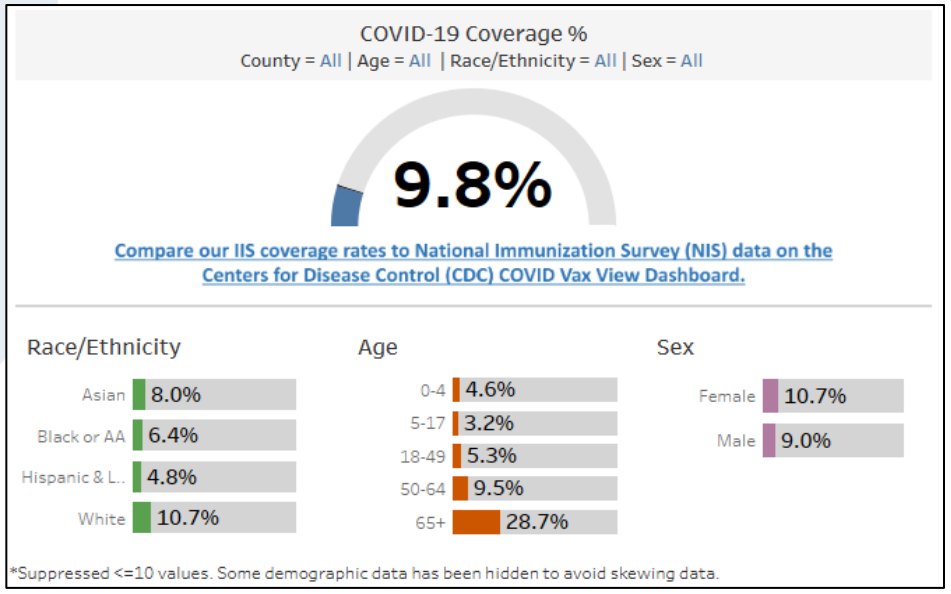
- Strengthens IL-IAC membership numbers and composition
- Creates needed safeguards for vaccine recommendation process
- Allows IDPH Director to formally issue statewide vaccine guidance
- Ties this guidance to insurance coverage requirements in IL
- Lowers the age that COVID and flu vaccines can be administered by pharmacists from 7 years to 3 years old



IDPH
Illinois Department of Public Health

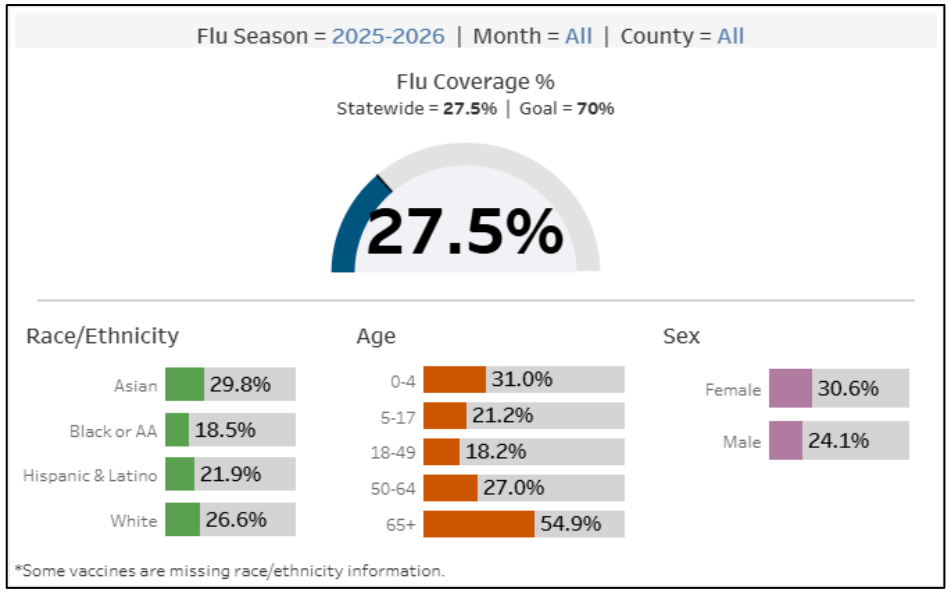
COVID-19 and Influenza Vaccination Coverage Reported to I-CARE, 2025-2026

COVID-19 Vaccination Coverage



COVID-19 Vaccination Coverage Dashboard

Flu Vaccination Coverage



Influenza Vaccination Coverage Dashboard

IDPH
Illinois Department of Public Health

RSV Immunization for Infants and Pregnant Individuals: IDPH-HFS Partnership

Provider Notice issued 10/14/2025

Re:	**Upcoming Respiratory Syncytial Viral (RSV) Season**

Provider Notice issued 11/20/2025

Abrysvo™ (Respiratory Syncytial Virus Vaccine) - Update

Provider Notice issued 02/27/2026

Update Respiratory Syncytial Virus (RSV) Season

Provider Notice issued 03/31/2026

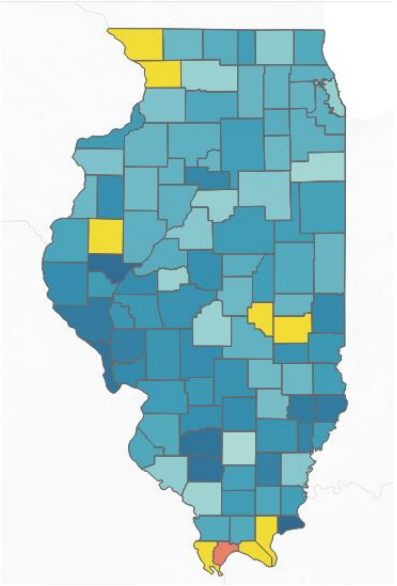
Updated Extension to Respiratory Syncytial Virus (RSV) Season

IDPH
Illinois Department of Public Health

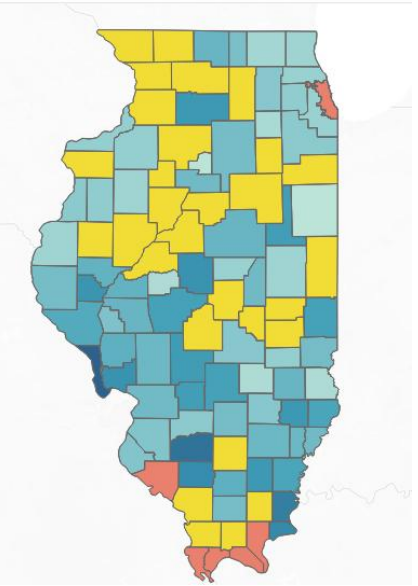
Illinois Maintains High Childhood Vaccination Rates

Vaccine	School Year 2025-2026	Change from School Year 2024-2025
Varicella (chickenpox)	96.46%	0.36
DTP/DTaP/Td (diphtheria, tetanus, whooping cough)	96.15%	0.19
Hepatitis B	97.25%	-0.03
Hib	95.68%	1.01
Measles, Mumps, Rubella (MMR)	96.78%	0.24
Meningococcal	94.39%	0.51
Pneumococcal	95.61%	1.31
Polio	96.29%	0.24
Tdap (tetanus, diphtheria, whooping cough)	95.82%	0.42

Measles Vaccination



Meningococcal Vaccination



IDPH School Vaccination Coverage Dashboard

Opportunities Ahead

- Leveraging school partnerships during the back-to-school season to increase communications around and access to childhood vaccinations.
- Annual update respiratory virus vaccination season recommendations from professional medical societies along with the Illinois Immunization Advisory Committee.
- Engaging multisectoral partners to provide unified communication of clear state immunization guidelines to Illinoisans.
- Working with HFS to improve vaccine access for Medicaid-enrolled individuals.
  - Birthing hospital administration of RSV immunization
  - Pharmacy access for children

IDPH
Illinois Department of Public Health

Questions?

CONTACT US:

@IDPH
@illinoisdph
@IDPH.Illinois
@il-department-of-public-health
@IDPH
“This is Public Health” podcast
dph.illinois.gov



IX.

Beneficiary Advisory Council

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

HFS
Illinois Department of
Healthcare and Family Services



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

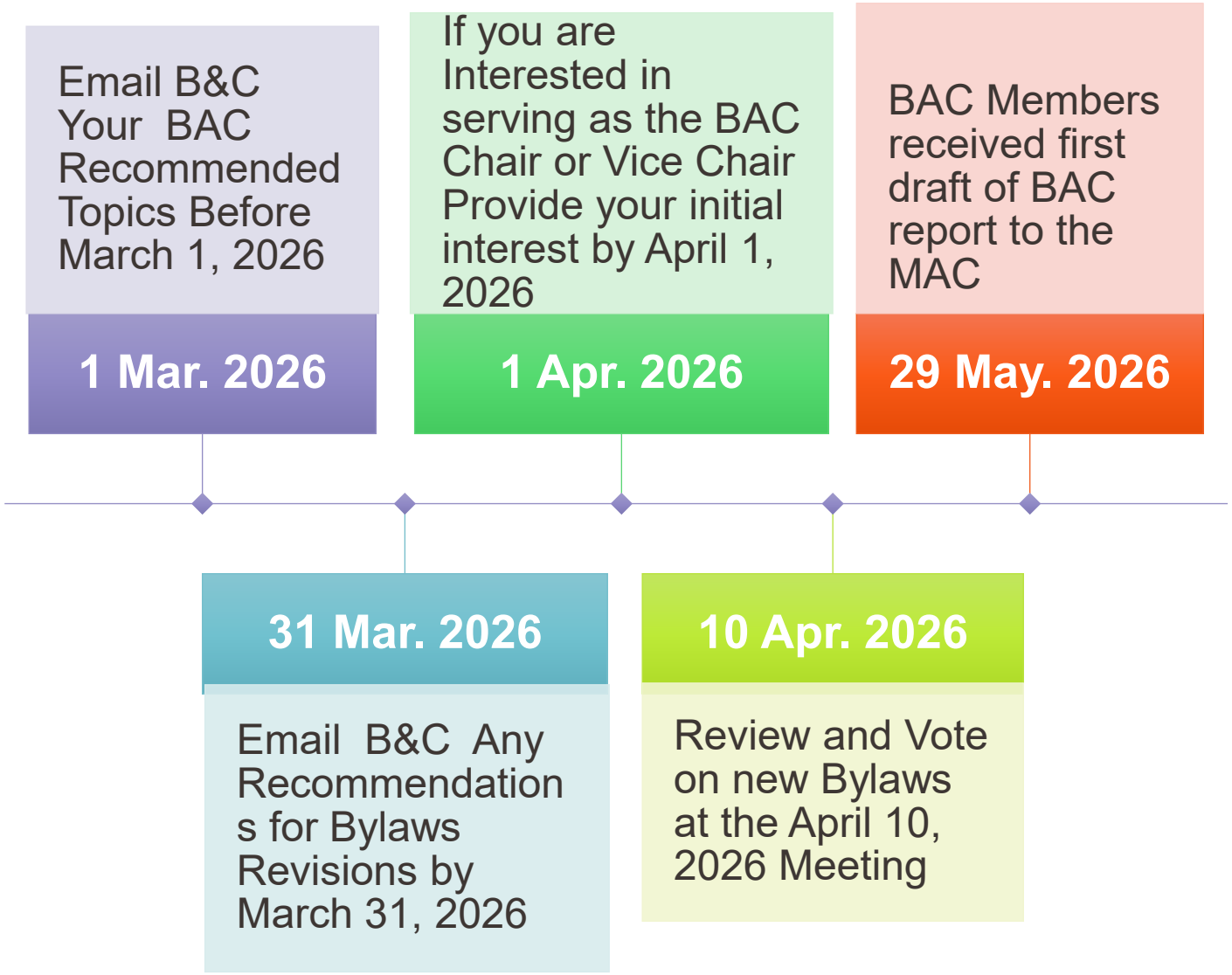
- BAC Meetings – Open to the Public. Closed meeting proceedings will be implemented as needed.

- 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 …**

MAC/BAC Report Timeline



MAC/BAC Report Timeline [2]

6 June. 2026

BAC to email recommended report edits to B&C

1 July. 2026

BAC & MAC members received updated draft of BAC report; request for additional changes

9 July. 2026

Deadline to complete MAC/BAC report per CMS guidelines

July 10

BAC & MAC Members receive final draft of report via email from B&C

24 July. 2026

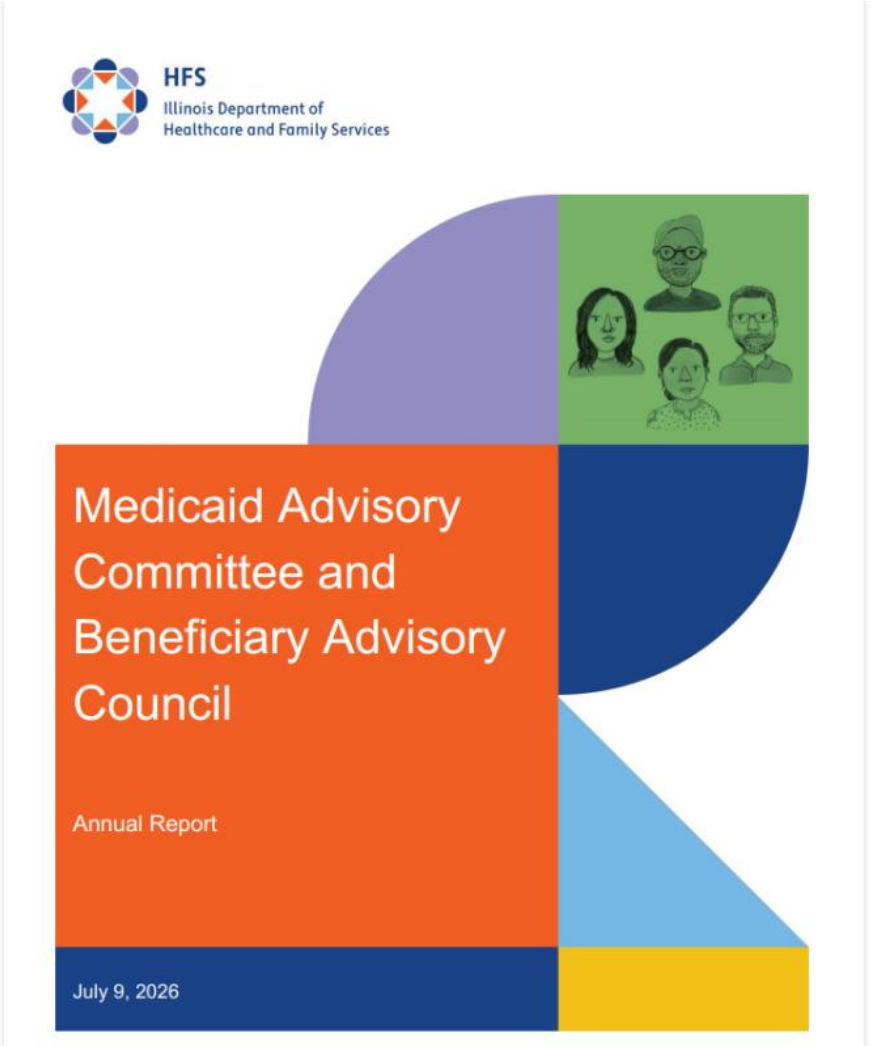
During BAC Meeting

Review Nominations For Chair and Vice Chair at the July 24, 2026 Meeting

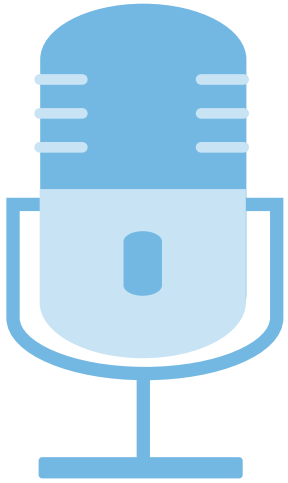
Presentation Medicaid 101

HFS

Illinois Department of Healthcare and Family Services



Current BAC Nominee: Chair

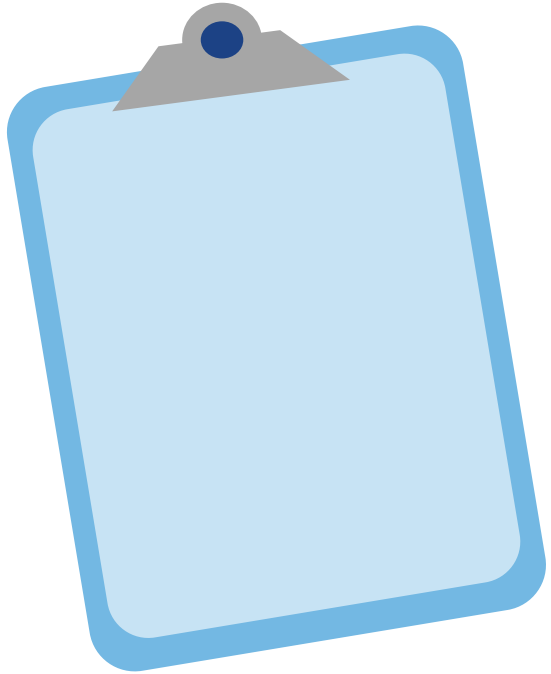






JOHN SPEARS – **BAC CHAIR**

MAC|BAC MEMBER



- Leads and facilitates meetings.
- Serves as the primary point of leadership for the BAC in collaboration with HFS
- Represents the group publicly or other official capacities as requested by HFS

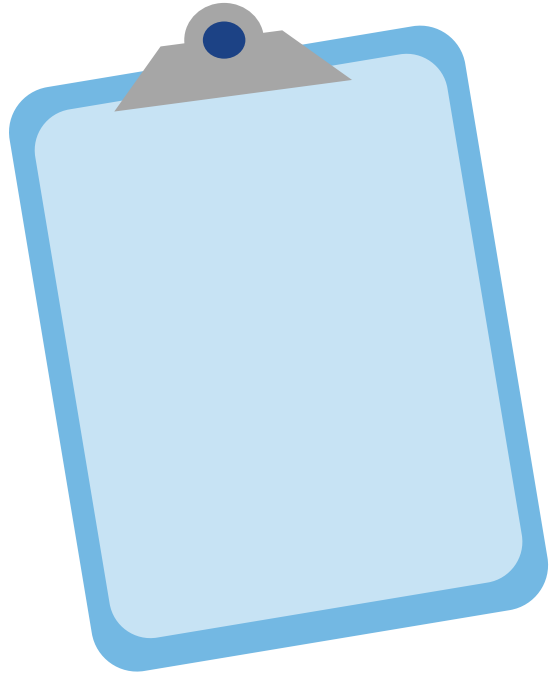
- Leads the BAC in developing recommendations to HFS
- Sets the agenda and ensures BAC discussions stay on track.

Current BAC Nominee: Vice Chair









- Supports the Chair
- Facilitates BAC meeting or steps in when the Chair is unavailable.
- May Facilitate the meeting

ERICA STEARNS – **VICE CHAIR**
MAC|BAC MEMBER

- Acts as a secondary leader and helps maintain continuity.
- May lead subcommittees or specific tasks delegated by the Chair.
- Assists with meeting preparation or special initiatives.



X.

Subcommittee Reports & Recommendations

Facilitator: Audrey Pennington, MAC Chair

HFS
Illinois Department of
Healthcare and Family Services



X. A.

Autism Workgroup

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

Next Steps Tentative Timeline

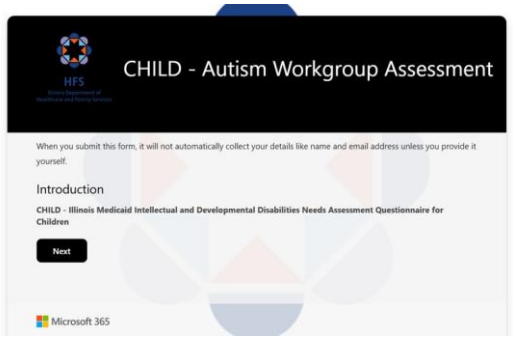


Facilitator: Melishia Bansa
Deputy Director of Community Outreach | Boards & Commissions

Autism Workgroup 2

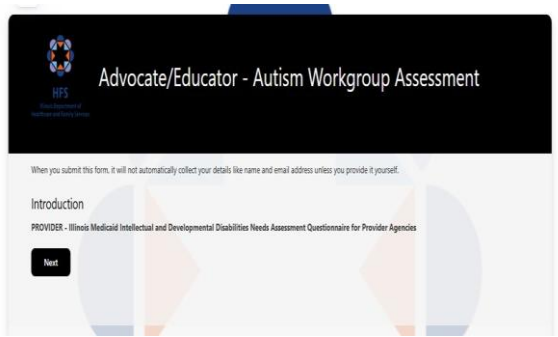
A. The last meeting of the Autism Work Group meeting was held on 06/30/2026 , (Next Meeting September 2026)

B. Work Group Members reviewed and approved a series of Surveys.









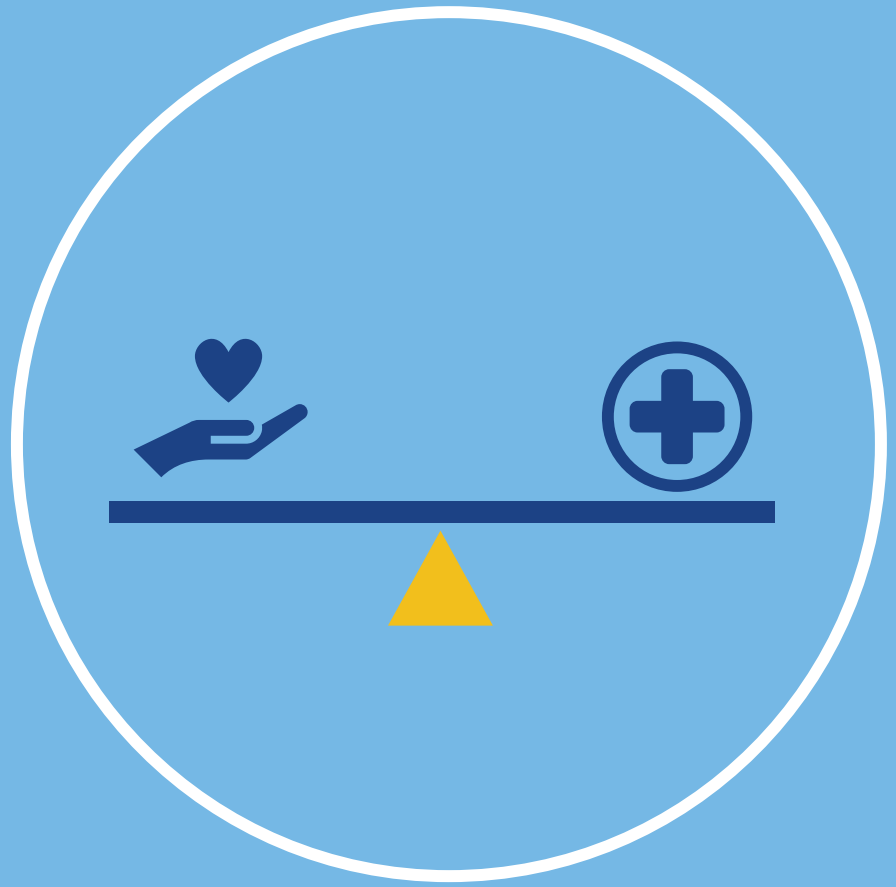
Assessment E-Mail Language

The Illinois Department of Healthcare and Family Services (HFS), in collaboration with the Autism Workgroup under the Medicaid Advisory Committee (MAC), is conducting an Illinois Medicaid Intellectual and Developmental Disabilities Services Needs Assessment. This assessment aims to gather valuable information from provider agencies, individuals with Autism Spectrum Disorder and/or other intellectual and developmental disabilities (I/DD) and their families, and I/DD advocates and educators about their experiences with, working in, and advocating for the State's I/DD system. The insights you provide will help HFS evaluate access, quality, and coordination of Medicaid-funded services.

Please select and complete the survey that most appropriately corresponds to the stakeholder group you represent:

- Child Survey
- Adult Survey
- Provider Survey
- Advocate/ Educator Survey

HFS and the Autism Work Group extend our sincere appreciation for your time and effort in completing this needs assessment. We value your participation and look forward to reviewing your responses.



X. B.

Community Integration, Health Equity and Quality Care Subcommittee

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

HFS
Illinois Department of
Healthcare and Family Services

Community Integration Health Equity and Quality Care Subcommittee

A. The first meeting of the CIHEQC Subcommittee meeting was held on 06/16/2026 , (Next Meeting September 2026)

B. Co-Chairs welcomed new members and they provided introductions

C. Subcommittee charter was presented to new members along with a brief subcommittee orientation

D. Subcommittee members received a presentation regarding the historic background and progress to date regarding the consolidation of the Community Integration Subcommittee and the Health Equity, Quality Care Subcommittee.

E. Subcommittee members received a Quality Strategy Overview

F. Subcommittee members received federal updates regarding H.R.1 Implementation, including Medicaid work reporting requirements, and updates to the communication toolkit, resources, and strategy

Subcommittee Next Steps:

- What are the state strategies that can be used to address the federal challenges to Medicaid?
- Are there any new policy choices to be made to improve Medicaid services in the current situation?
- **Call to Action**: What should be the priorities/focus of this subcommittee to help inform future recommendations for HFS regarding Medicaid?

Interested in becoming a CIHEQC Subcommittee Member

Description	Apply Here
This subcommittee was established to advise the Medicaid Advisory Committee on strategies to enhance access to quality, equitable, and community-based care for seniors and individuals with disabilities. Comprised of diverse stakeholders, including Medicaid customers, the subcommittees aim to identify barriers, develop evidence-based recommendations, and ensure that long-term services are accessible, efficient, and free from discrimination based on race, gender, language, disability, sexual orientation, or socioeconomic status.	**Rolling Applications Begin:** **Next Round 2025** **APPLY HERE**

https://hfs.illinois.gov/about/boardsandcommisions/mac/boardmembershipopp.html



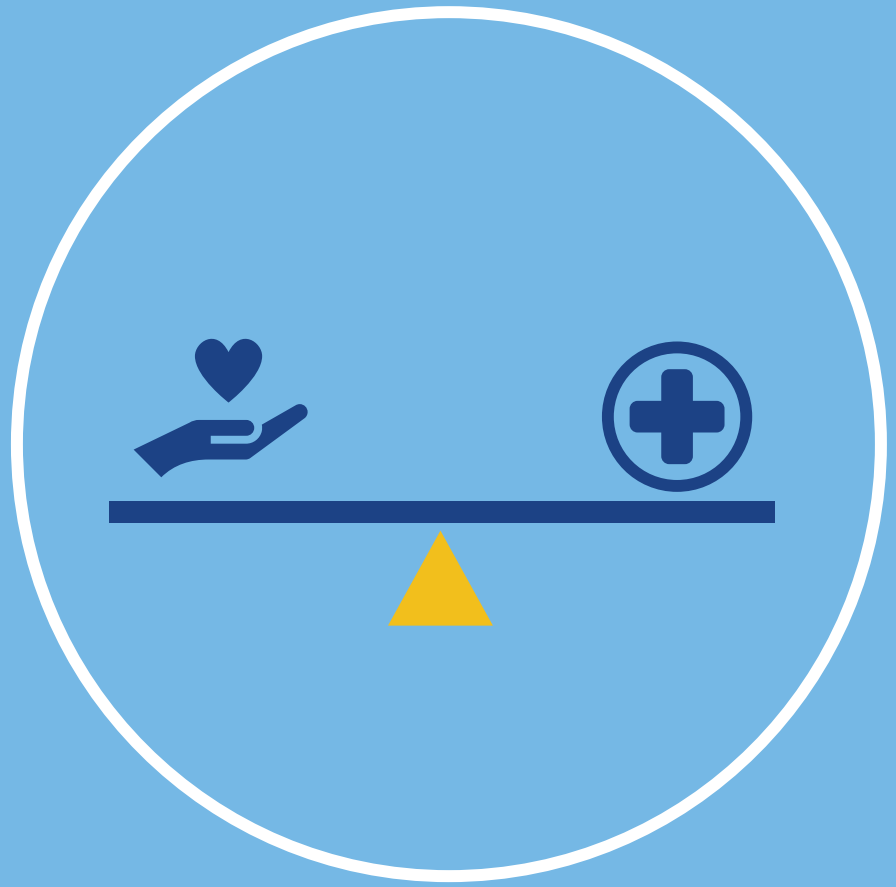
X. C.

NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair

N.B. Subcommittee

- Nearly all areas of the state have at least one provider of Pathways services including Intensive Home-Based, Family Peer Support and Therapeutic Mentoring. HFS is working to find a provider for these services in Kankakee County and for Intensive Home-Based services in Macon County
- HFS is continuing to identify Respite providers across the state and is collaborating with the Illinois Respite Coalition to find interested providers.
- HFS is continuing to support Family Run Organizations that 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 a presentation from another Family Run Organization regarding their family engagement strategies and services
- The Subcommittee also heard a presentation from a community stakeholder that is interested in utilizing new strategies (such as local behavioral health information hubs) to help inform families about local behavioral health services.



X. D.

Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair

HFS
Illinois Department of
Healthcare and Family Services

Pub Education Subcommittee

A. The last MAC Public Education Subcommittee meeting was held on 06/12/2026 (Next Mtg. is 9/11/2026, 10am – 12pm)

B. Updates from HFS were provided regarding:

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

      A. Specific updates were shared re: the impact of the June 1, 2026 CMS Medicaid Work Requirement Interim Final Rule (IFR) on implementation of this provision of HR1 in IL, and a toolkit for community partners was reviewed and shared specific to the Medicaid eligibility changes coming for certain immigrants because of HR1

   B. Updates from DHS were provided regarding SNAP Work Requirement, 6-month Redes and Summer EBT

   C. On June 8, HFS announced awards for the new Health Choice Illinois (HCI) contract, "going live" January 1, 2027.

      A. Brief Youth Care Procurement information was also shared

   D. Medicaid Applications and Redeterminations data (as of late May/Early June 2026)

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

   E. Family Planning data (as of 6/2/2026)

   F. Manage My Case data was also shared

      A. A request for additional specificity to the data was made and should be addressed by HFS in the next MAC Public Education Subcommittee meeting

   G. The last 30 minutes of the meeting transitioned to the Continuity of Care (CoC) Waiver Public Forum



XI.

Public Comments

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

HFS
Illinois Department of Healthcare and Family Services

Public Comments Submitted

Name	Title	Org	Comment
NONE			



XII.

Additional Business:
Old & New

Facilitator: Audrey Pennington, Committee Chair

HFS
Illinois Department of
Healthcare and Family Services



A.

Items for Future Discussion

Facilitator: Audrey Pennington, Committee Chair

HFS
Illinois Department of
Healthcare and Family Services



B.

HFS Announcements

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

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)

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
7. Mandatory State of Illinois Disability Survey 2026

You can access the trainings at the following link: http://onenet.Illinois.gov/mytraining

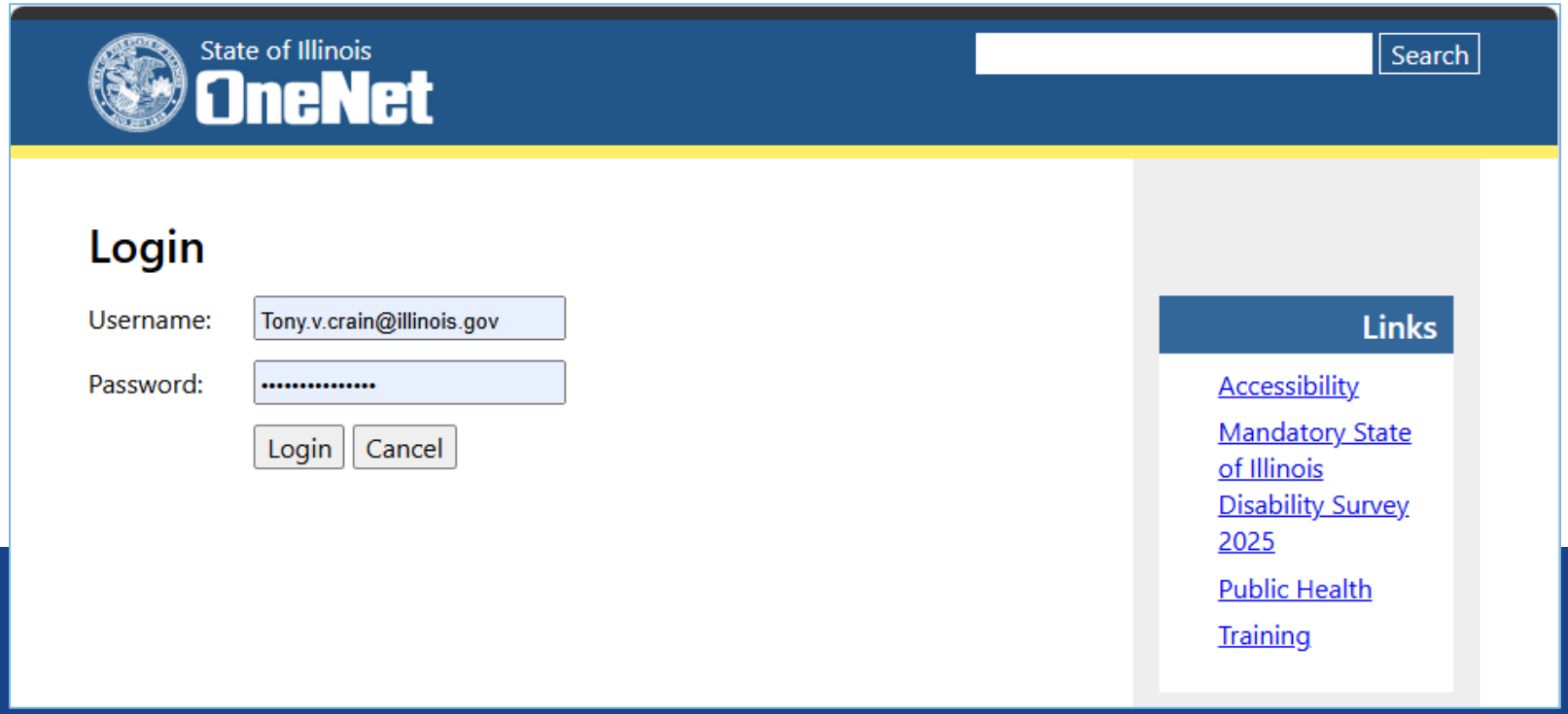
Please complete the trainings through OneNet no later than November 30, 2026. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov

State Mandated Training through OneNet

- HFS requires State Mandated Training to be completed in OneNet.
- OneNet is a training repository which maintains your training history and ensures we maintain State and Federal compliance regulations.
- HFS does not save paper copies of these training

Accessing Training through OneNet

OneNet Portal: https://OneNet.Illinois.gov/MyTraining



Username & Password

- To access your OneNet profile, you will need to use the email address associated with your profile, followed by the password you created through the OKTA password generation system.

Username: Your email address
Password: The password you created.

This slide is instructional, please delete it in your final presentation.

OneNet Staff Profile

- Once logged in you will be brought to your staff profile page showing your personal information.

Personal Information	
Name	Doe, John (John.Doe@google.net)
Username	John.Doe@google.net (AD Check OKTA)
Agency	Healthcare & Family Services
Division	HFS Boards
Org Unit	Child Support Advisory Committee (HFS)
Title	Board Member (HFS)
Type	Board Member

View Trainings - OneNet Current Registrations

- Scroll down on the Staff Profile page and you will see your current Registrations

Recent Statewide Trainings		
Diversity, Equity, Inclusion and Accessibility Training 2026	Enrolled	Edit
Ethics Training Program for State Employees and Appointees 2026	Enrolled	Edit
Harassment and Discrimination Prevention Training 2026	Enrolled	Edit
HIPAA & Privacy Training 2026	Enrolled	Edit
LGBTQIA+ Equity and Inclusion 2026	Enrolled	Edit
Security Awareness 2026	Enrolled	Edit

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!



XIII.

Adjournment

Facilitator: Audrey Pennington, Committee Chair

HFS
Illinois Department of
Healthcare and Family Services