

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

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Medicaid Advisory Committee  
Public Education Subcommittee Meeting

Thursday, February 9<sup>th</sup>, 2012  
10:00 a.m. to 12:00 p.m.

**401 S. Clinton St., Chicago – 7<sup>th</sup> Floor Video Conference Room**  
**201 S. Grand Ave. East, Bloom Bldg., Springfield – 3<sup>rd</sup> Floor Video Conference Room**

## Agenda

1. Introductions
2. Approval of the Meeting Minutes from August 25, 2011, October 20 2011, and December 8, 2011 (attached)
3. PCCM Program Care Coordination and Innovations
4. All Kids Premium Level 3 – 8 Cancellation Notice
5. Review of Subcommittee Charge  
<http://www.hfs.illinois.gov/mac/publiced/>
6. Client notice of ongoing opportunities for public involvement in decision-making about HFS programs
7. Updates:
  - Durable Medical Card
  - IES
8. Announcements and Open Discussion
9. Adjourn

Please confirm whether you plan to attend by responding to HFS Webmaster via e-mail, [HFS.webmaster@illinois.gov](mailto:HFS.webmaster@illinois.gov), or by phone at 312-793-1984.

A conference call will be made available for who cannot attend in person. If you wish to call in, please request the number when you confirm your attendance.

This notice is also available at <http://www.hfs.illinois.gov/mac/news>

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
August 25, 2011.**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Committee Members Present**

Kathy Chan, IMCHC  
Susan Vega, Alivio Medical Center  
Margaret Stapleton, Shriver Center (for John Bouman)  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Henry Taylor, Mile Square Health Center  
Terri Gendel, Age Options

**Committee Members Absent**

Courtney Hedderman, AARP  
Judy King, Consumer Advocate  
Tamela Milan, Westside Health Start  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, Mac Neal Hospital

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Andrea Kovach, Shiver Center  
Diane Montanez, Alivio Medical Center  
Jessica Williams, CPS  
Esther Schiamarella, CHHC  
Nelson Soltman, Legal Assistance Foundation  
John Jansa, Progress CIL  
Michael Lafond, Abbot  
Naden Israel, Heatland Alliance  
Maria Shabanova, Maximus (HSED)  
Jacqueline Gonzalez, CHHC  
Deborah Mathews, DSCC  
Diane Montanez, Alivio Medical Center  
Lucero Cervantes, ICIRR  
Dairy Velazquez, ICIRR  
Callie Dendinos, Shiver Center  
Dionne Haney, Illinois State Dental Society  
Ollie Idowll, IPMCA

**HFS Staff**

Jacqui Ellinger  
Lynne Thomas  
Donna Drew  
Robyn Nardone  
Victoria Nodal  
Glenda Mason  
Cathy Jarrett  
Dennis Leonard  
Sallie Becherer  
Veronica Archundia

**DHS Staff**

Jennifer Hrycyna

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
August 25, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

1. **Introductions.** Andrea Kovach chaired the meeting. Attendees in Chicago and Springfield introduced themselves.
2. **Review of Minutes.** Jennifer Hrycyna recommended a change under the section “Open to the Committee” by replacing the phone stamps with the Phone System Interview. The minutes were approved as amended.

3. **Address Change Process**

Dennis Leonard, from the Division of Medical Programs, indicated that as part of a collaborative effort to improve our customer service and the accuracy of address information, beginning July 14, 2011, the customer HFS hotline has been supporting the Department of Human Services in the processing of requests to update changes of address and telephone numbers. This service is only available for medical cases and excludes the Medical Field L.O. 200. Mr. Leonard remarked that from the time when this initiative was launched, the HFS hotline has processed 1,200 address change requests.

4. **State Medicaid Reform Implementation**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, discussed two handouts. One of them was the letter that director Julie Hamos sent in April, 2011 to the Center for Medicare & Medicaid Services (CMS) seeking federal guidance regarding the changes under Medicaid Reform, which would require increasing the verifications for income and residency. The second handout was the response received in June from CMS which indicates that the implementation of such procedural changes would constitute a violation of Maintenance of Effort (MOE). Ms. Ellinger added that CMS had implied that Illinois could conduct electronic verification as much as possible.

Jacqui noted that, in the meantime, the eligibility rules for Healthcare Reform have been released, and it's clear that the federal government is putting great emphasis in automation. HFS, in collaboration with DHS, is making significant progress in developing a new automated Secretary of State (SOS) Illinois residency verification protocol that would allow staff to match applicant data against the driver license and state identification records. She added, in the event that it is not possible to verify the applicant's residency electronically, staff will follow existing policy to obtain a verification. She remarked that HFS and DHS are committed to taking the measures that are federally allowed to confirm that the information people provide is correct and to ensure the integrity of our programs. HFS expects that the automated connection with the Secretary of State will be in place by late fall.

5. **Updates:**

**Web Redetermination:** Jennifer Hrycyna, from DHS, reported that the Department of Human Services is currently working on the development of an online redetermination process which will enable recipients to complete and submit their redetermination forms over the Internet. She remarked that the intention is to offer a channel which would be more user-

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friendly than the Phone System Interview (PSI), since the web page redetermination format provides help screens and more details about how to answer questions. The rollout of the redetermination web page is expected to target medical cases only. Meanwhile DHS is seeking an official response from the federal government regarding a waiver for SNAP cases, since SNAP policy requires a face-to-face interview once a year.

**All Kids Alert:** Vicky Nodal, from HFS, reported that the intention of the All Kids alert issued in April was to clarify existing policy about documentation requirements for non-citizens applying for medical benefits, which was prompted by an audit showing that the All Kids Unit was not receiving the documentation necessary in those particular cases. In response to the concerns and questions that were raised, HFS issued a revised alert in July that clarifies who needs to provide additional information and specifies the type of documentation that is required.

**Stepparent Income.** Vicky Nodal stated that DHS caseworkers recently received a memorandum that clarifies the appropriate procedure to determine medical eligibility for undocumented children when there is a stepparent in the home, his or her income must be counted in all instances. She remarked that the policy is different for children who are citizens or qualified legal immigrants. For this second group of children, DHS always counts the total household income, and, if the stepparent's income causes a child to be ineligible under All Kids Assist, then DHS completes a second determination of eligibility without the stepparent's income. Ms. Nodal noted that the All Kids Unit counts stepparent's income for all children, regardless of their immigration status. She added that the issuance of this memorandum was prompted by an audit, and the intention is to provide clarification to case workers at the DHS Local Offices.

**Eligibility System for Health Care Reform.** Jacqui Ellinger discussed a power point presentation developed by Mike Koetting, HFS Deputy Director of Planning and Implementation, that provides a general context for the integrated eligibility system. The presentation represents preliminary work in preparation for Health Care Reform. She noted that there is a strong governance group that involves the Department of Insurance (DOI), the Department of Human Services (DHS), and Healthcare and Family Services (HFS). The goal is to develop a "virtual department of eligibility," a system that further integrates the ability to support the existing programs that involve TANF, SNAP, and medical programs.

Kathy Chan, from IMHC, provided an update regarding the Illinois Health Insurance Exchange Legislative Study Committee, which is a bipartisan task force, comprised by three members from each caucus. The task of the study committee is to have a report by September 30<sup>th</sup> and provide recommendations for the Health Benefits Exchange, with the intent of having legislation ready for the fall legislative veto session. There was robust discussion among members. Some participants recommended replicating the function of the All Kids Application Agents as a "navigator or help-promoter" for individuals who may require additional help in accessing and navigating the medical system.

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**6. Announcements**

**MIPPA.** Jacqui Ellinger introduced the MIPPA topic. She indicated that this is federal legislation that modified the enrollment process for seniors and people with disabilities who are interested in applying for Medicare cost sharing benefits. She noted that HFS has implemented the changes required by the federal government and currently, is in the process of updating its rules. Several members questioned the process outcomes. Due to time constraints, and in order to clarify in detail the application process, as well as to address committee members' concerns, it was agreed to schedule a follow-up conference with HFS staff from the Bureau of Medical Eligibility and Special Programs.

**Rulemaking:** Jacqui Ellinger advised committee members as of August 26, 2011, HFS is publishing the rules in the Illinois Register to codify the following changes:

- All Kids program required by PA 96-1501, Medicaid Reform, changes made to 89 Ill Adm Code 123.
- Rules codifying changes required by the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 – Illinois Register July 15, 2011, Vol 35, Issue 29 pp.11094-11125, Changes made to 89 Ill Adm Code 102, 110, and 120.

Committee members were invited to review the filings and submit any comments as directed in the Illinois Register.

**7. Revised 2011 Meeting Schedule**

Committee members discussed the motion to meet every other month during the remainder of the year, and it was agreed to meet on 10/20 and 12/08. The motion was voted upon and unanimously approved.

**8. Open Discussion**

Kathy Chan inquired if there has been any reaction from the public regarding the recent income cap for the All Kids program. Lynne Thomas, Chief of the Bureau of All Kids, indicated that there have been very few inquiries. She added, however, the hotline has received some comments from families whose children's eligibility will end June 30, 2012.

Blue Cross and Blue Shield recently announced a period of open enrollment for "child only" insurance policies on its web site that ended on August 15, 2011, and it is anticipated that there will be another opportunity to enroll between January and July 2012.

**9. Next meeting/adjournment**

The next meeting is scheduled for October 20, 2011, from 10:00 a.m. to 12:00 p.m. The August 25, 2011 session was adjourned at 12:04 p.m.

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 20, 2011.**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Committee Members Present**

Kathy Chan, IMCHC  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Terri Gendel, Age Options

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Vega, Alivio Medical Center  
Tamela Milan, Westside Health Start  
Hardy Ware, East Side Health District  
Margaret Stapleton, Shriver Center (for John Bouman)  
Henry Taylor, Mile Square Health Center  
Suzanna Gonzalez, MacNeal Hospital

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Andrea Kovach, Shriver Center  
Nelson Soltman, Legal Assistance Foundation  
Deborah Mathews, DSCC  
Susan Melczer, MCHC

**HFS Staff**

Jacqui Ellinger  
Lynne Thomas  
Gwen Smith  
Robyn Nardone  
Victoria Nodal  
Cathy Jarrett  
Dennis Leonard  
Maithili Panat  
Veronica Archundia

**DHS Staff**

Sharon Dyer-Nelson

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
October 20, 2011.**

The MAC Public Education Subcommittee was called to order at 10:01 a.m.

- 1. Introductions.** Kathy Chan chaired the meeting, and attendees in Chicago and Springfield introduced themselves.
- 2. Review of Minutes.** Kathy Chan recommended a change under the section “Eligibility System for Health Care Reform,” by replacing the word “bipartition” with the word bipartisan. The minutes were not approved due to the lack of a quorum.
- 3. CHIPRA Child Health Quality Demonstration Grant Overview**

Gwen Smith, from the Bureau of Maternal & Child Health Promotion, explained that, in 2010, the state of Illinois, in partnership with Florida, was awarded a grant under the Children’s Health Insurance Program Reauthorization Act (CHIPRA). Ms Smith noted that this initiative contains two federal goals. One of them is to implement and evaluate demonstration projects that focus on improving the quality of children’s healthcare under Medicaid and CHIP. The second goal anticipates that CMS will establish a Pediatric Quality Measures Program (PQMP) incorporating information learned from the CHIPRA demonstrations. Ms. Smith noted that there are four categories in which Illinois and Florida are participating: 1.) implement, test, and report on 24 child health quality measures, 2.) coordinate child health quality reporting with new health information system developments, including the health information exchange and electronic health records, 3.) test or enhance provider based models to improve care coordination, and 4.) improve birth outcomes. Ms. Smith added that the funding of this project will last until 2015, and the goal is to integrate the measures and improvements learned though the CHIPRA grant into daily, ongoing programs and operations. In response to committee members’ interest regarding the CHIPRA grant, HFS staff will send out an email providing information about links and resources.
- 4. Durable Medical Card**

Robyn Nardone, from HFS, reported that the department continues working on the initiative to eliminate the monthly issued paper medical card. Instead, eligible individuals would receive a durable medical card. She reminded committee members that having the card does not guarantee ongoing eligibility. Therefore, it is expected that medical providers would have to verify eligibility at the point of service. As a support for clients, HFS plans to use an Automated Voice Response System (AVRS) so clients can verify eligibility information over the phone. Ms. Nardone introduced a draft of the AVRS script and explained that the script describes the steps that clients will be asked to follow. There was a robust discussion about how to enhance the script. Ms. Nardone asked members to provide additional comments via-email to facilitate further discussion. Ms. Nardone explained that HFS is in the process of selecting a vendor that will create and distribute the durable medical cards. More updates will be provided as work progresses.

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**5. Long Term Care Eligibility Rulemaking:**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, announced that in the upcoming days, HFS will have posted a document on its website that summarizes the new eligibility requirements for Long-Term Care approved by the Joint Committee on Administrative Rules (JCAR). In an effort to increase awareness, HFS is in the process of reviewing outreach materials and brochures regarding Long-Term Care as a way to help inform the community about changes in the determination of eligibility. HFS asked if anyone wished to assist in the review. Terri Gendel, (from Age Options) and Nelson Soltman, (from Legal Assistance Foundation) volunteered to help. HFS will also engage the Department on Aging in the review.

**6. Updates**

**HFS Hotline.** Dennis Leonard, from the Division of Medical Programs, reported that as part of a partnership agreement between HFS and DHS, beginning July 5<sup>th</sup>, 2011, the All Kids Hotline had made 2,553 address changes for callers with case files at the DHS/FCRC locations. Mr. Leonard indicated that, as of September 9, 2011, hotline operators have forwarded 319 requests of clients who would like to register to vote.

**AKAA statistics.** Lynne Thomas, Chief of the Bureau of All Kids, provided a report that had been requested by committee members in the previous meeting regarding the approval rates of applications submitted to the All Kids Unit. A written report was provided showing that All Kids Applications Agents (AKAAs) had submitted 35% of the applications, while 65% had been submitted by families. (A follow up email will be sent to committee members regarding the time frame of this report.) Ms. Thomas suspects that the increase of applications submitted by families may be due to the availability of the web application which makes it convenient for families to complete their applications; however, the approval rate is only 58%. Ms. Thomas believes that the higher denial rate may be due to the fact that families do not provide the appropriate documentation to determine their eligibility. In contrast, the approval rate for AKAAs is 98%. Lynne added that there are 347 active AKAAs, of which 54% are located in the Cook County area, 16% in the collar counties, and 30% are in the rest of the state.

Kathy Chan, from the IMCHC, remarked on the significance of these statistics, which highlight the relevance of the service that AKAAs offer to the community. During the hearings of the Illinois Health Insurance Exchange Legislative Advisory Committee there has been an ongoing dialogue regarding the function of “navigators” that are authorized by the Affordable Care Act (ACA). She added that the Task Force is waiting to receive further guidelines, based on federal regulations that are yet to be finalized with regard to what exactly the navigators would look like, specifically, if there would be some level of license or certification that may be required. Ms. Chan noted the significance of recognizing that AKAAs have been demonstrated to be successful in their ability to assist hard-to-reach populations, and she praised their high approval rate, which can be translated into savings in the administrative work for the state.



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**Illinois Health Insurance Exchange Legislative Advisory Committee.** Andrea Kovach, from the Shriver Center, provided a report regarding the legislative study committee which was created by Bill 1555 during the last General Assembly. The goal was to present a report (due before the veto session) regarding findings and recommendations about the options that Illinois has in the development of the Health Insurance Exchange. Ms. Kovach noted that the committee had focused on three main points. The first one is the structure and governance; there were three options that could be chosen from: a state agency, a non-profit entity, or a quasi-governmental board. The committee did not make a recommendation. The second point was financing for the exchange. Ms. Kovach noted that, after 2015, there will be no more federal funding to finance the exchange. Federal law requires that state exchanges must be self-sufficient; therefore, the committee identified a list of potential options, but did not make any recommendations about what type of financing model the state should adopt. As to governance for the exchange, the discussion was focused on what type of members should be on the board, for example, whether or not a legislator should be included. However, no recommendation was made in this regard either. The committee is supposed to present a final report by September 30, 2011 so that a bill can be introduced during the veto session. She added that the state has to meet some milestones and datelines that have been established by the federal government which include the passing of a bill regarding governance and financing in order for the state to start receiving funding.

**MIPPA.** Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided statistics regarding the Medicare cost sharing benefits that had been requested by committee members. Ms. Curtis indicated that MIPPA is a federal law that requires the state to ensure that individuals applying for Medicare Part D Low Income Subsidy have the opportunity to apply for the Medicare Savings Program. Ms. Curtis reported that from 01/01/10 when this initiative was launched to 09/15/2011, Illinois has enrolled 650 people. During that period of time, Illinois mailed out 17,000 applications; of those, almost 18% of the applicants returned a completed application for the Medical Savings Program, and, of those, 78% were denied. In spite of the low enrollment, Ms. Curtis praised the efforts of advocacy groups to reach out to the populations that may benefit through this initiative.

**Eligibility Verification and MOE.** Jacqui Ellinger discussed the letter regarding Medicaid Reform that HFS received from CMS on September 30<sup>th</sup>, 2011. It essentially does not authorize HFS to request additional paper documentation to verify residency and income. However, CMS recommended that the state of Illinois adopt more electronic approaches. Specifically, the state should actively incorporate the electronic data matching. Ms. Ellinger noted that, in an effort to adopt a more robust confirmation of eligibility, HFS expects to procure a vendor that can provide more current salary information, at least for some of the population.

## **7. Announcements**

Committee members were reminded that, on November 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>, CMS will be hosting the 2<sup>nd</sup> National Children's Health Insurance Summit in Chicago. The main focus will be to discuss successful strategies and explore new approaches to outreach, enrollment and

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retention of children. Margaret Dunne, from Beacon Therapeutic, will be one of the presenters at the conference. Jacqui Ellinger commented upon HFS's intention to reconstitute the committee, and recommended a more vigorous representation from downstate candidates. She acknowledged Andrea Kovach for providing some names of potential candidates, and encouraged committee members to submit additional nominees.

**8. Open Discussion**

Due to time constraints, no additional items were discussed.

**9. Next meeting/adjournment**

The next meeting is scheduled for December 8<sup>th</sup>, 2011, from 10:00 a.m. to 12:00 p.m. The October 20<sup>th</sup>, 2011 session was adjourned at 12:12 p.m.

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**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
December 8th, 2011.**

401 S. Clinton Street, Chicago, Illinois  
201 S. Grand Avenue East, Springfield, Illinois

**Committee Members Present**

Kathy Chan, IMCHC  
Margaret Stapleton, Shriver Center (for John Bouman)  
Terri Gendel, Age Options  
Tamela Milan, Westside Health Start (via phone)

**Committee Members Absent**

Courtney Hedderman, AARP  
Susan Vega, Alivio Medical Center  
Hardy Ware, East Side Health District  
Suzanna Gonzalez, Mac Neal Hospital  
Robin Scott, CDPH (for Kenzy Vanderbroek)  
Henry Taylor, Mile Square Health Center

**Interested Parties**

Margaret Dunne, Beacon Therapeutic  
Diane Montanez, Alivio Medical Center  
Judy King, Consumer Advocate (via phone)  
Nelson Soltman, Legal Assistance Foundation  
John Jansa, Progress CIL  
Nadeen Israel, Heartland Alliance for Human Rights  
Diane Fager, CPS  
Brittany Ward, Beacon Therapeutic  
Jacqueline Gonzalez, CHHC  
Deborah Mathews, DSCC  
Sonja McGrath, SIU School of Medicine (via phone)  
Maria Shabanova, Maximus (via phone)  
Kristine Coryell, Coryell Consulting LLC (via phone)

**HFS Staff**

Jacqui Ellinger  
Robyn Nardone  
Amy Wallace  
Maithilli Panat  
Mike Jones  
Sally Becherer  
Veronica Archundia

**DHS Staff**

Susan Locke

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Meeting  
December 8th, 2011.**

**1. Introductions**

Kathy Chan, from IMCHC, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

**2. Review of Minutes**

The August 25, 2011, October 20, 2011, and the December 8, 2011 minutes were not approved due to lack of a quorum.

**3. Healthcare and Human Services Framework**

Susan Locke, DHS Senior Project Manager, made a presentation using handouts and indicated that the Framework project is the state's commitment to develop an integrated, streamlined, and efficient service delivery system in the field of health and human services (<http://www.illinoisframework.org/>). Seven department agencies are involved in this partnership: Department of Aging, Children and Family Services, Commerce and Economic Opportunity, Employment Security, Healthcare & Family Services, Human Services, and Public Health. The goal is to redesign the service delivery around five common business processes: intake assessment and application, verification and eligibility determination, casework and case management, provider management, and analytics and reporting. Ms. Locke noted that, in terms of service access, the current system faces enormous challenges: an antiquated system that is as much as 30 years behind current technology and does not interface with other systems, the lack of capacity to move laterally, as well as an expensive and inefficient paper-based process.

Ms. Locke made reference to research conducted by The University of Chicago which found that 26 % of families receiving multiple services in Illinois, absorbed 86% of the service dollars (<http://www.chapinhall.org/research/brief/illinois-families-and-their-use-multiple-service-systems>).

An opportunity exists to modernize the Illinois information system using available federal dollars to meet 90% of the required cost. This will make it possible to build critical pieces of infrastructure that can be repurposed, extended, and used for other programs that are directly related to the Affordable Care Act and Health Information Exchange.

Ms. Locke indicated that, with a grant funded by the Chicago Community Trust, the Illinois Stakeholder Engagement Team led fourteen town hall meetings to present information and gather feedback about Illinois' intention to redesign its healthcare and human services delivery system.

During 2011, administrators from the Department of Insurance, the Department of Healthcare and Family Services, and the Department of Human Services have met with many vendors in order to determine what technology is available in the market place and what it has to offer to help achieve the goal of system improvement. A request has been made to the federal government for matching funds and an RFP has been published. Also, in the next week, the negotiating process for a contract will move into its final phase to meet the criteria and be presented to the evaluators. Hoping that a vendor can start in March or April of 2012, it is

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expected that the process is going to take from 18 to 24 months. Ms. Locke stated that she will come back to provide future updates for the Public Education Subcommittee.

**4. UX2014 Presentation**

Kathy Chan, from IMCHC, stated that Illinois is part of a group of 14 states participating in the Enrollment User Experience UX 2014 Project, which is sponsored by the California HealthCare foundation, in partnership with a tech company called IDEO, and CMS. The Illinois team is lead by staff from the Department of Insurance, working in collaboration with administrators from DHS and HFS. Ms. Chan is part of the Illinois team, offering expert advice as a consumer advocate from the non-profit community. The goal is to design an online insurance portal that is user-friendly and can serve as a focal point to make it possible for people to understand the coverage which they may be eligible to receive, as well as to support them during the enrollment process. The benefit exchange will serve as a website market place where individuals and small businesses will be able to look at different insurance options and select among the various choices provided. Ms. Chan stated that this project is operating at an accelerated speed and encouraged members to review the “screen shots” presented on the website [www.ux2014.org](http://www.ux2014.org) in order to provide recommendations.

**5. Integrated Eligibility System (IES)**

Jacqui Ellinger, Deputy Administrator of the Medical Programs, indicated that the state of Illinois has continued to make substantial progress toward the modernization of its existing information systems, having moved to developing an RFP to select a vendor to design the new Integrated Eligibility System.

To date, federal CMS has not published final rules regarding Medicaid eligibility under the ACA. As a result, how the new eligibility is going to be determined as well as what new criteria are going to be required will not specifically be available until those rules are published.

Ms. Ellinger recommended that committee members provide suggestions regarding the design of the eligibility system before December 19, 2011.

**6. Updates**

**Beacon Therapeutic CHIPRA Outreach Grant:** Margaret Dunne, from Beacon Therapeutic, said that she had attended the Second National Children’s Health Insurance Summit held in Chicago from November 1-3, 2011. Beacon Therapeutic along with thirty-nine other CHIPRA grantee recipients from across the United States, 19 of which were 1<sup>st</sup> cycle grantees as well, participated in the summit. Among the topics discussed was the use of technology: blogs, Twitter, Facebook, cell phones, text messaging, phone-a-thons, and videos to reach a greater audience in order to enroll and retain children in Medicaid and CHIP. Also, a major focus was placed upon using culturally appropriate materials and the identification of specific audiences.

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With respect to the Beacon Therapeutic CHIPRA Outreach Grant, Ms. Dunne stated that her organization continues its focus on enrolling uninsured and homeless youth in Medicaid and SCHIP within the City of Chicago and some suburbs, although services have increasingly been recognized as existing within suburban areas where social service agencies are widely scattered, resulting in an array of situations, including children who are at high risk living in shelters, and teenagers who are “doubling up with friends, known as couch surfers.” While continuing to work with CPS and DCFS, Beacon Therapeutic is seeking new partnerships in areas that are outside of Chicago’s city limits. The new partners are: Night Ministry Shelters, Neon Center, Harmony Village, La Casa Norte Services & Shelter, Students in Temporary Living Situations Program (CPS), Cicero Youth Task Force, Center for Economic Progress, and the Suburban Council on Homelessness- North, South, & West.

**Durable Medical Card - AVRS:** Robyn Nardone, from HFS, explained that substantial progress has been made on an Automated Voice Response System and that the selection of a vender will soon be undertaken. Also, she thanked the members of the Public Education Subcommittee for their suggestions and comments, many of which were incorporated in the automated response script. Additional information will be provided in upcoming meetings.

**Long Term Care Eligibility (LTC):** Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided an update. She indicated that the Deficit Reduction Act (DRA) of 2006 requires all states to look back five years for any non-allowable asset transfers. In compliance with the DRA, new rules require that the transfers of assets are non-allowable if they are made within five years of application for LTC benefits and if the transfer of assets was made specifically to qualify for LTC.

Ms. Curtis reported that she had met with Terri Gendel, Margaret Stapleton, and Nelson Soltman, who were extremely helpful in terms of offering comments regarding the development of outreach materials and brochures to inform the public about these important changes in accordance with the Deficit Reduction Act. The intention is to explain to people, in a way that they can understand, the new regulations for LTC eligibility. Ms. Ellinger pointed out that HFS has posted a summary on its website of the new rules at <http://www2.illinois.gov/hfs/PublicInvolvement/PublicNotices/> as Highlights of New Eligibility Requirements for Long-Term Care – Approved by JCAR 10-11-2011

## **7. Meeting Schedule**

At the committee’s request, the department proposed a series of meeting dates for 2012 which were included within a meeting packet, indicating February 9<sup>th</sup>, April 12<sup>th</sup>, June 14<sup>th</sup>, August 9<sup>th</sup>, October 11<sup>th</sup>, and December 6<sup>th</sup> as planned meeting dates. However, due to the lack of a quorum, the proposed dates will have to be approved during the next meeting.

## **8. Open Discussion**

Jacqui announced that Kathy Chan, from IMCHC, has been elected vice chair and that Susan Hayes, of Children’s Memorial Hospital, has been elected as chair for the Medicaid Advisory Committee (MAC). She reminded attendees that HFS is in the process of reconstituting its

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membership for the Public Education Subcommittee. All MAC members are welcome to serve on the subcommittee. The committee is seeking subcommittee members who will be able to engage fully and regularly participate in meetings in person, if possible. Ms. Ellinger reiterated the invitation to increase representation of downstate candidates to serve on the subcommittee.

Kathy Chan informed the committee members that a new organization called “Enroll America” ([www.enrollamerica.org](http://www.enrollamerica.org)) has been established to bring together national groups in order to examine how best to enroll people in public and private insurance in advance of the 2014 implementation of The Affordable Care Act. There have been numerous conference calls concerning this issue to provide recommendations concerning what states and other organizations can undertake as a way of achieving the goal of health care reform.

Terri Gendel commented that the Center for Medicare and Medicaid Services (CMS) produced a series of videos useful for a variety of Medicare consumers, including people who are deaf, hard-of hearing, blind, low vision, or who have limited English reading skills. Further details may be found by visiting the following websites.

<http://www.medicare.gov/navigation/medicare-basics/medicare-basics-overview.aspx>  
<http://www.medicare.gov/multilanguage.aspx>

Kathy Chan suggested that committee members should review an interesting survey conducted by the Center for Medicare & Medicaid Services (CMS) that was completed during the summer of 2011. The survey studies the experiences and attitudes of low income parents regarding their children’s health insurance coverage. The survey also focuses on the parents’ awareness of/and attitudes toward Medicaid and CHIP programs. Kathy provided the link though which more information can be found regarding the survey.

<http://www.insurekidsnow.gov/professionals/CHIP-Medicaid-Survey-Topline.pdf>

Judy King, a consumer advocate, expressed concern that in Illinois there are health disparities, and the department has not developed a plan to address them. She further asserted that it is necessary to have outcome data available for the public, including who is being served and what services are being provided, as well as their outcomes. These topics were referred to the full MAC.

**9. Next meeting/adjournment**

The meeting was adjourned at 1:35 pm. The next meeting is scheduled for February 9th, 2012, from 10:00 a.m. to 12:00 p.m.

The Public Education Subcommittee is established to advise the Medicaid Advisory Committee concerning materials and methods for informing individuals about health benefits available under the Department of Healthcare and Family Service's medical programs including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical, Illinois Cares Rx and Illinois Healthy Women.

The subcommittee will:

1. review brochures, pamphlets and other written materials prepared by the department;
2. review informational projects designed to inform the general public about medical programs;
3. serve as a conduit for informing the Medicaid Advisory Committee and the Department concerning education needed or gaps in public understanding of the medical programs, and;
4. propose additional means of communicating information about medical programs.