PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

March 6, 2026

VIRTUAL Webex Meeting

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, responive service to our colleagues and customers.
- We make equity the foundation of everything we do.

This is possible because:

We value our staff as our greatest asset.

We do this by:

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

Ensuring all staff and systems work together.

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

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

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

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

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

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

Charter

Public Education Subcommittee

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.

This subcommittee, comprised of a diverse group of stakeholders, shall:

1. Review and provide advice on brochures, pamphlets and other written materials prepared by the department;
2. Review and provide advice on HFS website content directed towards Medicaid beneficiaries and the general public;
3. Review projects designed to inform the general public about medical programs;
4. Serve as conduit for informing the Medicaid Advisory Committee and the department concerning gaps in public understanding of the medical programs;
5. Propose additional means of communicating information about medical programs;
6. Review and provide advice on program eligibility changes, customer service delivery, and eligibility processing systems, and
7. Make necessary recommendations to the Medicaid Advisory Committee

Expectations of Subcommittee Members

- Attend all regularly scheduled meetings; when this is not possible, secure prior approval from Chair to send a non-voting substitute.
- Bring healthcare and social determinants of health knowledge and subject matter expertise to bear on the work of the subcommittee in support of Illinois' Medicaid Program.
- Drive meeting agendas and work products.

Summary of Agenda

Presenter: Nadan Israel, Public Education Subcommittee Chair

HFS
Illinois Department of
Healthcare and Family Services

Agenda

I. Call to Order

II. Housekeeping Rules

III. Roll Call of Subcommittee Members

IV. Introduction of HFS and State Agency Staff

V. Review and Approval of the Meeting Minutes- November 14, 2025

VI. State Updates

- A. Leadership Updates
- B. Division of Medical Programs
- C. Division of Eligibility Updates
- D. State-Based Marketplace

Presenter: Nadeen Israel, Public Education Subcommittee Chair

Agenda

E. New Policy/ Modifications

F. DHS

VII. Public Comments

VIII. Additional Business: Old and New

IX. HFS Announcements

X. Concluding Directives and Wrap-Up

XI. Adjournment

Comments or questions during the meeting

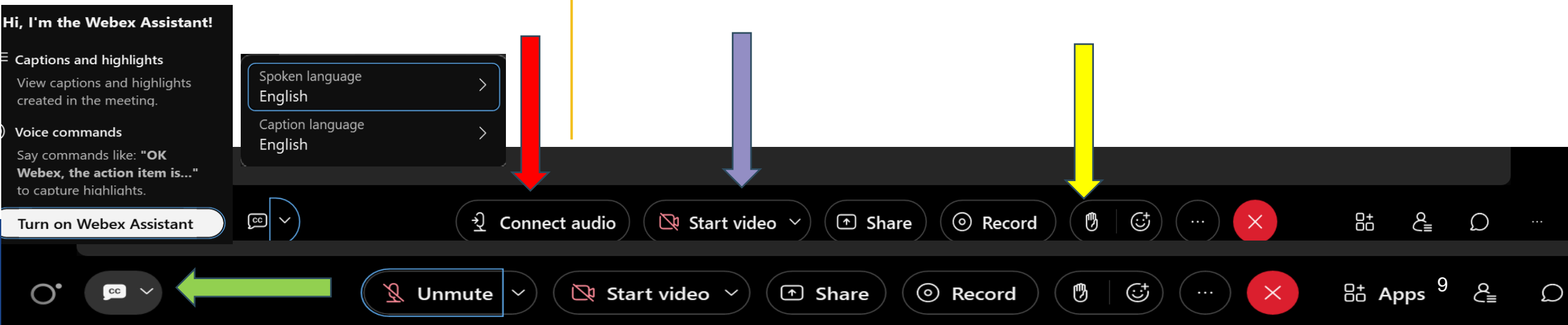
House Keeping

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

Technology Check

House Keeping

- Hand Raise – Questions or Comments
- Connect Audio - Mute and Unmute – Microphone
- Closed Captioning
- Start Video – Turn Camera On or Off



Meeting Basics

House Keeping

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

Meeting Basics

House Keeping

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning has been provided for you today in the Webex platform in several languages. Please email 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.

III. Roll Call of Subcommittee Members

HFS
Illinois Department of
Healthcare and Family Services

Pub Ed Subcommittee Members

***Nadeen Israel**
AIDS Foundation of Chicago

Kathy Chan
Cook County Health

Sherie Arriazola Martinez

Connie Schiele
HST

Brittany Ward
Lurie Children's Hospital

Edith Avila Olea
ICIRR

Sue Vega
Alivio Medical Center

Chantel Bowen
SIU School of Medicine

IV. Introduction of HFS Lead Admin Staff for Pub Ed Subcommittee

HFS
Illinois Department of
Healthcare and Family Services

HFS Lead Admin Staff

Pub Ed Subcommittee

- Dana Kelly, HFS Chief of Staff
- Melishia Bansa, Deputy Director, Community Outreach | Boards and Commissions
- Kate Yager, Administrator, Division of Eligibility
- George Jacaway, Deputy Administrator Operations
- Stephani Becker, Deputy Administrator State Based Marketplace
- Jacqueline Myers, Bureau Chief, Eligibility Integrity
- Crystal Snodgrass, Senior Public Service Administrator, Medical Eligibility Policy, BMESP
- Jenna King, Medicaid Management Analyst, BMESP
- Margaret Dunne, Program Analyst, Division of Eligibility
- **Avery Dale- Deputy Administrator Eligibility Policy

V. Review and Approval of the Meeting Minutes- November 14, 2025

HFS
Illinois Department of
Healthcare and Family Services

VI. State Updates

HFS
Illinois Department of
Healthcare and Family Services

VI. A.1. Leadership Comments

Presenter: Dana Kelly, HFS Chief of Staff

VI. B. Division of Medical Programs

Presenter: Keshonna Lones, Bureau Chief, Managed Care, Division of Medical Programs

VI. B.1. HCI Procurement Update

Presenter: Keshonna Lones, Bureau Chief, Managed Care, Division of Medical Programs

Overview of the HCI Contract

Population Health and Enrollee-Centric Care

Benefits and Services Delivery

Quality Management & Incentives

Availability & Accessibility of Care

Operations

VI. B.2. Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs)

Presenter: Keshonna Lones, Bureau Chief, Managed Care, Division of Medical Programs

Background

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

What is a FIDE SNP?

- There are different types of Dual-Eligible Special Needs Plans (D-SNPs).
  - FIDE SNPs are the **most similar to MMAI plans.**
  - A FIDE SNP is a fully integrated dual eligible special needs plan, which is **a Medicare Advantage plan** that provides both Medicare and Medicaid benefits through **a single managed care plan**.
- **Medicare is the primary payer for most health care services** for dually eligible members
  - including primary care, specialty care, acute and post-acute care services, home health, and medical equipment.
- **Medicaid wraps around Medicare by helping with Medicare premiums and cost sharing**
  - Covers some services that Medicare does not cover, such as long-term services and supports (LTSS).

Which Managed Care Plans are FIDE SNPs?

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

Presenter: Keshonna Lones, Bureau Chief, Managed Care, Division of Medical Programs

VI. B.3. Specialty Managed Care Plan for Youth in Care and Former Youth in Care (Currently *YouthCare*)

YouthCare Re-Procurement

Customer & Stakeholder Listening Sessions

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

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

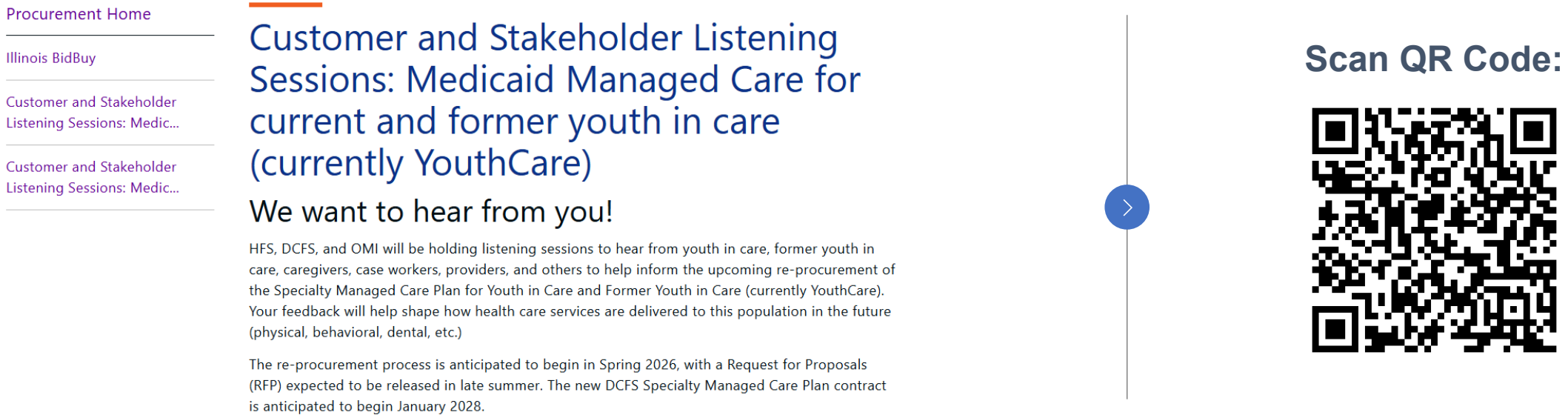
We especially want to hear from **youth currently in care of DCFS or former youth in care; foster parents and caregivers; advocates, caseworkers,** and **other stakeholders supporting youth in care.**

Schedule

Date	Location
January 28	Virtual
February 11	Chicago
February 25	Virtual
March 5	Springfield

Visit our Website to Learn More

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



Scan QR Code:

Questions?

VI. C. Division of Eligibility Updates

Presenter: Kate Yager, Administrator, Division of Eligibility

VI. C. 1. ATTC/VTTC

Presenter: Kate Yager, Administrator, Division of Eligibility

ATTV/VTTC

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

VI. C. 2. Medical Applications

Presenter: Kate Yager, Administrator, Division of Eligibility on the behalf of Jacqueline Myers, Bureau Chief, Eligibility Integrity, Division of Eligibility

Medical Applications

Data as of 01/31/26

Run Date: 02/04/2026 10:02

All Offices

Applications - # Medical Apps*

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

VI. C. 3. Medical Redeterminations

Presenter: Kate Yager, Administrator, Division of Eligibility on the behalf of Jacqueline Myers, Bureau Chief, Eligibility Integrity, Division of Eligibility

Medical Redeterminations

Run Date: 02/04/2026 10:02

All Offices

Redes - # Medical Redes*

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

Appeals and Adjudication Timeline – Upcoming Data

- Will provide additional data on appeals and application adjudication timelines soon.

Questions?

VI. C. 4. Family Planning

Presenter: Margaret Dunne, Program Analyst, Division of Eligibility

Family Planning Enrollment

Year	# of Customers with FPP coverage of any type at any time within the calendar year
2022	1,967
2023	14,598
2024	34,254
2025	68,598

Current Open Enrollment by type of Application	# of Customers
Presumptive Eligibility	2467
Stand-Alone Application	2,190
Opt-In Application	19,628
Current Total Enrollment	24,285

Data run 3/03/2026

Monthly Gross Income Eligibility Limit

Family Size	2	3	4	5	6	7	8
Income Limit	$3,841	$4,849	$5,857	$6,865	$7,873	$8,882	$9,890

For families larger than 8, add $1,008 for each additional person.

MPE and FPPE Income Updates Effective 03/01/2026

Questions?

VI. D. State-Base Marketplace

Presenter: Stephani Becker, Deputy Administrator State Based Marketplace, Division of Eligibility

Get Covered Illinois
Open Enrollment 2026

- Across the country, Marketplace operational planning this year was challenging and required multiple contingencies up to and throughout Open Enrollment
- Enrollment levels were expected to decrease due to affordability challenges, eligibility changes and general customer confusion
- Despite the most uncertain and challenging Open Enrollment Period on record, Get Covered Illinois had a **successful OE 2026**

Federal Impacts to Affordability and Access

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

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

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

Economic policies

- Tarriff impact on pharmaceuticals
- Inflation

Get Covered Illinois
Open Enrollment 2026

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

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

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

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

Illinoisans Stayed Covered

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

2025 Enrollees: 465,985

2026 Enrollees: 448,571

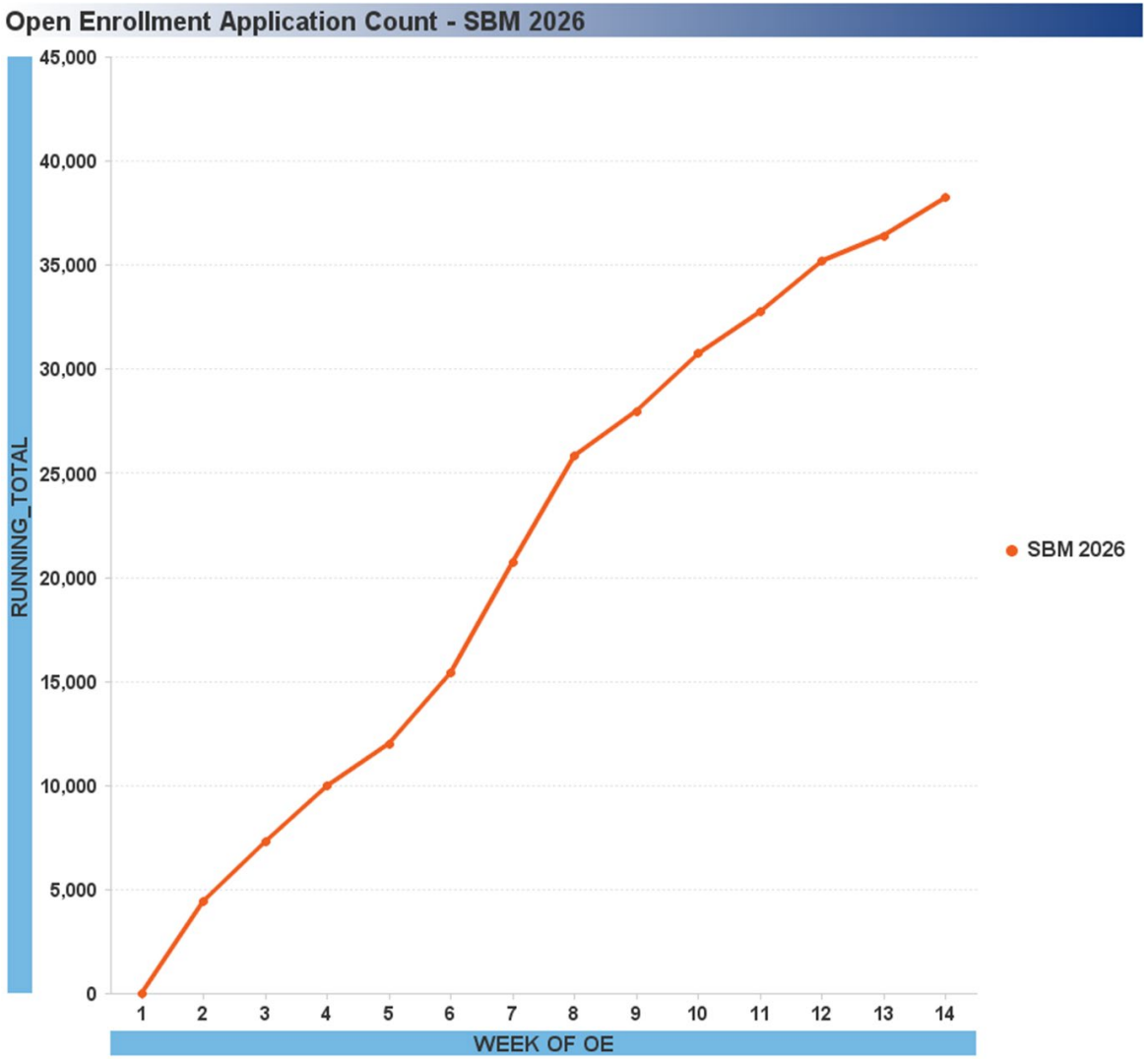
*The 2025 and 2026 numbers represent those enrolled in coverage at the end of the annual Open Enrollment Period.

Account Transfers:

Get Covered Illinois to HFS

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

Get Covered Illinois – Account Transfers to HFS During Open Enrollment 2026 (November 1, 2025 - January 31, 2026)



Special Enrollment Periods (SEPs)

After Open Enrollment, Special Enrollment Periods require a Qualifying Life Event (QLE) - which includes four basic categories:

- **Loss of health coverage** including job-based coverage, student plans, Medicaid and All Kids, or turning 26 and losing coverage through a parent's plan
- **Household size changes** including marriage and divorce, adoption and birth, and death
- **Change in residence** including into Illinois from out of state and within Illinois to a different service area (county)
- **Other qualifying events** including changes in income that affect coverage you qualify for, becoming a U.S. citizen, AmeriCorps members starting or ending service, and pregnancy

More SEP information on the Get Covered Illinois website: https://getcovered.illinois.gov/get-started/specialenrollment.html

Three New Special Enrollment Periods

	Marketplace Transition	Tax Time Sign Up ("Easy Enrollment")	Pregnancy
Timeframe/ Triggering Event	• Feb 1, 2026 – Mar 31, 2026	• Filing a State Tax Form – IL 1040	• Date on which the pregnancy is confirmed by a licensed provider. • Opens a 60-day SEP.
Qualifications	• Have been automatically renewed in a 2026 health plan through Get Covered Illinois • Have not made an active plan selection or voluntarily disenrolled from coverage • Have not claimed their Get Covered Illinois account by February 1, 2026.	• Any Illinois resident can check a box on their state tax form (Health Insurance Checkbox in line 42) asking if they want to share some of their information, like household size and income. • By checking the box, they grant permission for the Illinois Department of Revenue to share information with Get Covered Illinois.	• Pregnant individual or dependent, once confirmed by a licensed provider can enroll in a Qualified Health Plan. • *May be eligible for Moms and Babies instead (if at or below 213% FPL, will be transferred to HFS).*
To Apply	• Customers must call the GCI Customer Assistance Center	• Residents who checked the box will receive a notice from Get Covered Illinois with eligibility information and application instructions.	• Applicants need to update their existing GCI account (if they have one) or apply online.

After Open Enrollment – Navigator Work Continues

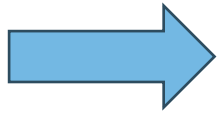
SPOTLIGHT: Sinai Community Institute

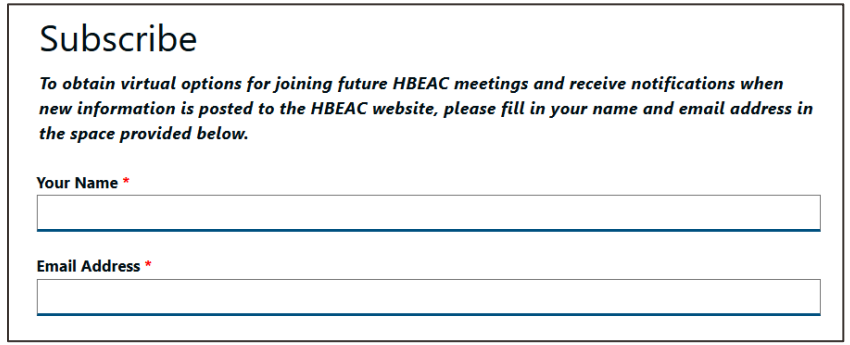
- February 27: First event in a monthly series focusing on populations with historical disparities in healthcare access and health outcomes
- Topics included:
  - GCI Navigator team's ability to assist with Special Enrollment Periods
  - WIC's breast-feeding program
  - Stigma of mental health within Black communities
  - Identifying, treating, and monitoring blood pressure issues that are prevalent in Black communities.

State-based Marketplace

Open Enrollment Retrospective & Report

- Two Day Get Covered Illinois In Person Retreat– “From Launch to Sustainability” (Feb 25 and 26)
- Additional Open Enrollment data will be made available by Get Covered Illinois at the next **Illinois Health Benefits Exchange Advisory Committee meeting on March 9, 2026 from 1 – 2:30 pm.**
  - **Go to this link:** https://idoi.illinois.gov/aboutus/hbeac.html and "Subscribe" at the bottom of the page





Questions?

VI. E. New Policy/Modification

Presenter: Crystal Snodgrass, Senior Public Service Administrator, Medical Eligibility Policy, Division of Eligibility

New Policy/ Policy Modifications
11/8/2025- 3/1/2026

- IDHS: MR #26.05 Community Spouse Maintenance Needs Allowance and Community Spouse Resource Allowance Limit Increases (Published 1/29/26)

- IDHS: 2026 COLA Medical Only Update (Published 2/11/26)

Questions?

VI. F. DHS

Presenter: Sara Bechtold-Medema , DHS, Bureau Chief, Policy Development

Able Bodied Adults Without Dependents (ABAWDs)

What is the Work Requirement?

- Federal policy that says certain individuals must work an average of 20 hrs/ week or a minimum of 80 hrs./ month to receive ongoing SNAP benefits for more than 3 months in a 36-month period
- Commonly referred to as ABAWD (Able Bodied Adult Without Dependents) Time Limits

Who must fulfill the work requirement?

- Individuals ages 18-64
- Fit for employment
- Do not live in a SNAP household with a child age 13 or under
- Do not qualify for an exemption

When did these rules go into effect?

- February 1st 2026
- Previously, IL had a statewide waiver that exempt us from implementing the work requirements. Due to changes made in HR 1, we no longer qualify for a statewide waiver

Changing Eligibility for Benefits: ABAWD Definition and Waivers

H.R. 1 changes the Able-Bodied Adults Without Dependents (ABAWD) eligibility requirements, which subject SNAP recipients to work requirements*, unless a state or county has a waiver.

Before

- ABAWD eligibility
  - Adults aged 18-54
  - Dependents = under age 18
  - Exceptions for the homeless, veterans, and foster youth 18-24.
- States can waive ABAWD requirements if a county's unemployment exceeds 10% or there are insufficient jobs. **IL meets this threshold.**

After

- ABAWD eligibility
  - Adults aged **18-64**
  - Dependents = under **age 14**
  - **Limited** exception pathways
- States can waive ABAWD requirements if a county's unemployment exceeds 10%. **IL does not meet threshold.**

ABAWDs are required to spend at least 80 hours a month:

Working

(Paid, unpaid, in-kind, community service)

Participating in a Qualifying Work Program

(SNAP E&T, WIOA Title 1, other federal, state, or local programs)

Combination of **working** and participating in a **qualifying work program**

Illinois Context: Meeting the Work Requirement

1. SNAP Employment & Training (E&T) Program

- Connects participants to **skills, tools, and career pathways** for economic mobility.
- **41 providers and subgrantees statewide**
- Participants can be referred **directly from their local SNAP office** or through **reverse referrals** (when a provider initiates the connection).

2. WIOA Job Centers

- **22 Local Workforce Investment Areas** provide workforce development services across Illinois.
- **83 American Job Centers** help individuals **find jobs, training, and career opportunities.**

3. Community Colleges

- **66 public and private colleges** offer **vocational training, certificate programs, and academic pathways** that meet the work requirement.

4. Volunteering

- Approved **volunteer work** can also count toward the required **80 hours per month.**

We are actively working on developing a streamlined, coordinated referral pathway to help ABAWDs navigate the workforce ecosystem and find opportunities to meet the work requirement.

ABAWD Time Limit and Work Requirement

- ABAWDs can only get SNAP benefits for **3 months in 3 years** unless they meet the work requirement or are otherwise exempt.
- ABAWDs can get SNAP benefits again during the 3-year period if they **become exempt or start meeting the work requirement**.

- A “countable month” is any month in which an ABAWD receives a FULL month of benefits while not fulfilling the ABAWD work requirement or otherwise exempt.

Regaining Eligibility and Three Additional Months

- ABAWDs who have exhausted their three (3) countable months can regain eligibility by:
  - Meeting an exemption from ABAWD work requirements
  - Fulfilling the ABAWD work requirement for 30 consecutive days
  - The individual remains eligible to receive SNAP for as long as they continue to be exempt or meet work requirements.
  - Can reapply once their 3-year clock is exhausted

- ABAWDs who regain eligibility by meeting the 80-hour requirement are eligible for an additional 3 consecutive countable months when they notify the eligibility worker they are no longer meeting.
  - The additional three months of eligibility are provided only once during the 36-month period.

Exemptions from SNAP Work Rules

A person is exempt from the SNAP Work Rules if they are:

- under age 18 or 65 years of age or older; or
- physically or mentally unable to work, including experiencing chronic homelessness, domestic violence, and/or other barriers; or
- pregnant; or
- living in a SNAP household (purchase and prepare) with a child under age 14, even if the child is ineligible for SNAP; or
- Individuals who are an Alaskan Native, American Indian, American Urban Indian, or California Indian (as defined in the Indian Health Care Improvement Act); or
- residing in a waived (exempt) county; or
- Caring for a child under age 6 or a person who needs help caring for themselves; or
- Going to school, college, or training program at least half time; or
- Meeting the work rules for TANF; or
- Receiving unemployment benefits or applied for unemployment benefits; or
- Participating regularly in alcohol or drug treatment program; or
- Working at least 30 hours a week or earning at least $217.50 (federal minimum wage $7.25 multiplied by 30 hours) a week. The person can be employed or self-employed.

Exemption Request Process

Customers can request an exemption at any time by:

- Contacting their local FCRC in person, via phone call etc.
- Submitting form IL444-2341 SNAP Work Requirement- Request for Exemption
- Manage My Case: Manage My SNAP Work Requirements. Customers have access to links to the forms listed below and can use the new button to report changes for their work rules and submit a request for an exemption.

Note: Customers can upload documents and forms to show proof of meeting the Work Requirement or of being exempt thru Manage My Case

A service provider may support an individual with completing this process.

Help with MMC @ : ABE.questions@illinois.gov

Supporting Documentation may be needed

- The FCRC may excuse someone from work requirements if they are mentally or physically unable to work, but verification may be needed in **some cases**
- Form IL444-2340 SNAP Work Provision and Work Requirements – Unable to Work Determination can be used to document the customer's situation. This form can be completed by:
  - Healthcare Professionals
  - Staff/Social Workers with direct knowledge of the potential exemption may complete
    - Drug and Alcohol Treatment Programs
    - Homelessness Service Providers
    - Domestic Violence Services Providers

Community partners can help minimize customers losing SNAP benefits.

Help **communicate SNAP changes** to customers

Help customers **navigate changes to eligibility** requirements

Help **test new wording in application or other materials** to ensure it's easy to understand

Help IDHS **learn more about challenges** customers are facing

Help customers **understand changes to application and work** requirements

Changes to Non-Citizen SNAP Eligibility

What's Changing and When?

- Under HR-1, certain groups of previously eligible non-citizens will no longer be eligible for SNAP, and one previously ineligible group will now be eligible. (See following slide)
- The changes go into effect for new applications and redeterminations that would have a new benefit period starting on or after 4/1/2026
- Households with existing SNAP cases will keep their benefits until redetermination
- All potentially impacted households will receive a notice alerting them of the change, and when the change will affect them.

How Have Non Citizen SNAP Eligibility Rules Changed?

No Longer Eligible

- Refugees admitted under section 207 of the Immigration and Nationality Act (INA);
- Asylees admitted under section 208 of the INA;
- A person whose deportation was withheld under section 243(h) or 241(b)(3) of the INA;
- A person identified by the federal Office of Refugee Resettlement (ORR) as a victim of trafficking, or the minor child, spouse, parent, or sibling of the trafficking victim;
- Iraqi or Afghan immigrants with special immigrant status under Section 101(a) (27) of the INA;
- Afghan immigrants granted Humanitarian Parole between July 31, 2021, and September 30, 2023; and
- Ukrainian immigrants granted Humanitarian Parole between February 24, 2022, and September 30, 2024.

Still Eligible

The following persons meet citizen/USCIS status to qualify for SNAP benefits:

- U.S. Nationals from American Samoa, Swains Island, and North Mariana Island;
- Cuban-Haitian Entrants admitted on or after 04/21/1980;
- Lawful Permanent Residents (LPRs) who have lived in the U.S. for at least 5 years;
- LPRs who have lived in the U.S. for any amount of time if they are:
  - Children under age 18;
  - Blind or disabled;
  - U.S. Veterans, or active-duty member or their dependents;
  - Credited with 40 qualifying quarters of work;
  - Certain American Indians born in Canada;
  - Amerasians from Vietnam, and their close family members, admitted through the Orderly Departure Program beginning on 03/20/1988;
  - Hmong or Highland Laotian Tribe Members; or
  - Non-citizens who were age 65 on 08/22/1996 or prior and legally residing in the U.S.
  - LPRs who have adjusted their status from one of the previously eligible humanitarian statuses.

Newly Eligible

People who lawfully reside in the U.S. under the Compacts of Free Association (COFA)

Payment Error Reduction

Payment Error Reduction: Verification of Shelter Expenses

What's Changing?	• SNAP Customers need to verify current housing/ shelter expenses that are not related to utilities

When will these changes affect customers?	• Effective 10/22/2025, customers will need to provide verification?
	  • At initial application
	  • At redetermination and mid-point report when a change of address is reported, and
	  • During the certification period when a change of address or a change of housing costs is reported.

What expenses will require verification?	• Rent / Lot Rent/ Mortgage • Homeowner's Insurance and Taxes Paid Separately from Mortgage • HOA Fees/ Co-Op Fees • Expenses for customers who are experiencing homelessness and wish to claim an itemized deduction instead of the standard homeless shelter deduction
What will happen to customers that do not provide the required verification?	• An application will not be denied for failure to verify housing expenses. Instead, failure to verify will result in those shelter expenses being excluded from budgeting until verified

Payment Error Reduction: Verification of Shelter Expenses

What's Changing?	• Qualifying Member Households (those with elderly or disabled members) who are receiving a medical deduction, whether standardized or itemized, will have to provide verification for any medical expenses that are more than 60 days old at the time of redetermination.
When will these changes affect customers?	• Effective 2/19/2026 clients will need to begin verifying expenses at their next redeterrmination.
What will happen to customers that do not provide the required verification?	• They will no longer have the unverified expense counted towards their medical deduction.

Payment Error Rate Reduction: 6-Month Redes

What's Changing?

- The majority of SNAP Households will be moved to a 6-month approval period
- Instead of Mid-Point Reports, clients will receive redeterminations.
- A new EZ Rede process will be implemented.

Which Households Will Be Impacted?

- All SNAP households except those who are a part of the Elderly and Disabled Redetermination Project (EDSRP)
- TANF Cash Assistance households will also have their benefits moved to a 6-month approval period to align rede timelines.

When will this change become effective?

- The change went into effect for new clients beginning 10/23/2026, but households that had current benefits will not see the change until their next
- The first group to receive the 6-month rede will be those with an April rede.

Will Households Have to Do an Interview at Each Rede?

- No. Affected households will have an interview at initial application and at their first 6-month rede.
- After that, interviews will occur every 12 months. The redeterminations in between will be non-interview EZ Redes.

VI. G. HR1 Implementation

HFS' Guiding Principles

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

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

- Mitigate harm as much as possible.

Strategic Overview

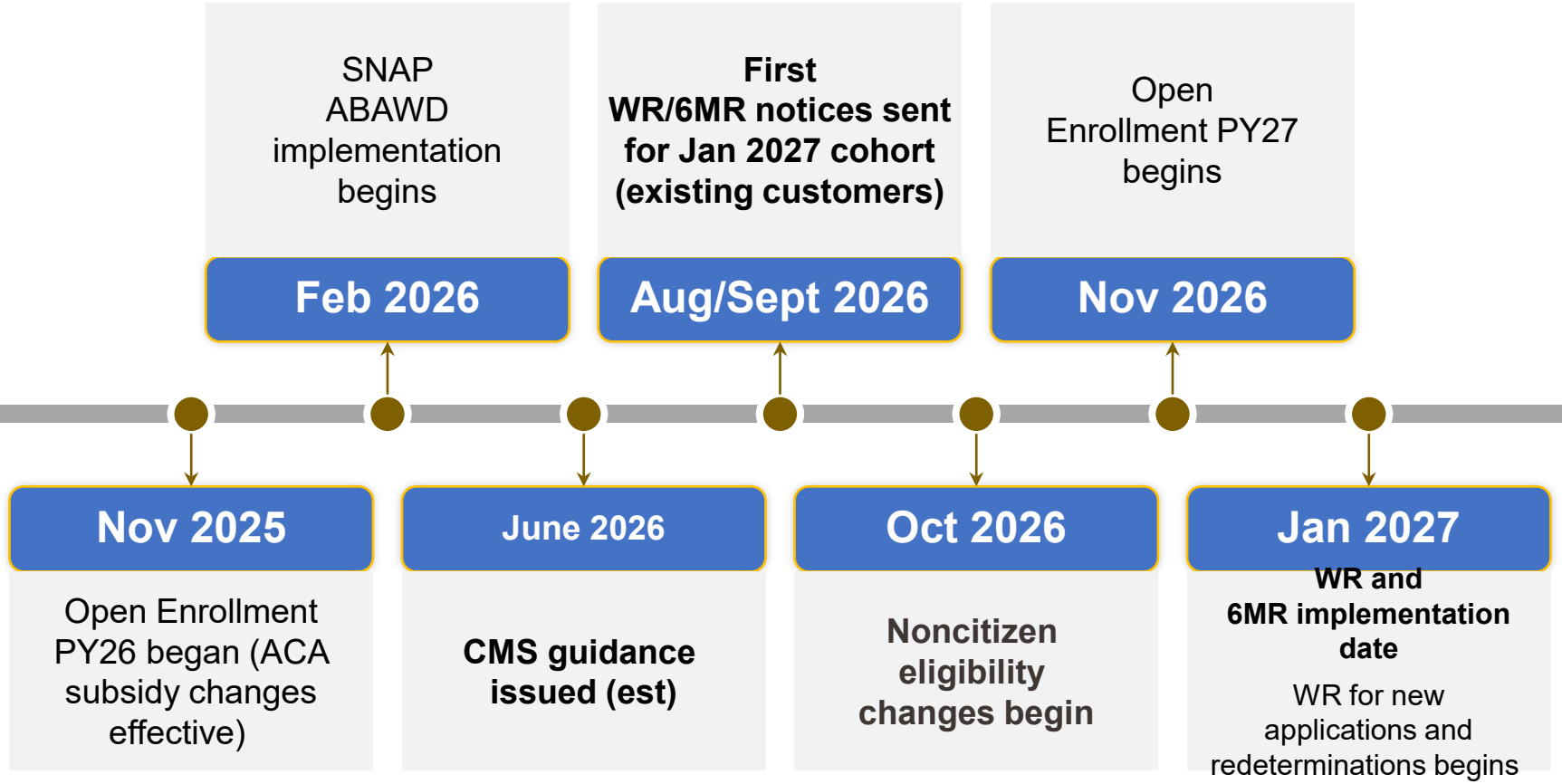
Work Requirements Across SNAP and Medicaid

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

Maximize Policy Flexibilities & Leverage IT

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

High Level Implementation Timeline



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

Eligibility Changes Overview

HR1-Specific Eligibility Changes

October 1, 2026

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

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

HR1-Specific Eligibility Changes

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

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

Retroactivity Changes and 6 Month Redeterminations

Retroactive Eligibility Changes for All Populations

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

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

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

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

6-Month Redeterminations for ACA Adults

Currently, ACA Adult eligibility is redetermined annually.

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

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

Work Requirements Overview

Work Requirements Compliance

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

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

Any combination of these activities totaling at least 80 hours

Exemptions

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

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

What Does Federal CMS Expect?

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

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

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

Moving Targets

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

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

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

Implementation

What Does Implementation Involve?

Implementation planning is underway

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

What Does Implementation Involve?

For each HR1 provision, HFS must engage in:

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

Communications and Outreach Overview

Phased Strategic Approach

HFS
Illinois Department of
Healthcare and Family Services

Phased communications strategy

- Start early with awareness: **Update Contact Information Campaign**
- Add more specific messaging as implementation approaches
- Target high-impact areas with concrete action steps
- Reinforce through trusted partners and providers
- Combine paid media with grassroots and organic outreach

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** • Create and distribute **partner toolkits**
Public	• **Run campaign** to keep public informed and target specific populations • Release **other public-facing comms** to partners & members

Communications Strategy Summary

Public/Media

- **Address inbound media inquires**
- **Share talking points and fact sheets with media** ahead of H.R.1 response launches to drive public narrative

Benefit recipients

- **Update SNAP/Medicaid IES notices** to ensure customers receive timely notices
- **Use varied channels to reach all affected and prospective customers** beyond formal IES notices
- **Develop and maintain a cross-agency work-requirements screener and FAQs**

IL partners

- **Create a central comms plan compendium**
- **Engage and Leverage MCO resources to lower rollout impact**
- **Create feedback loop** with partners to align on comms

Internal staff

- **Keep customer-facing and other staff up-to-date on all H.R.1 response initiatives and progress to date**

Subcommittee Engagement

- Committee charter focuses on review and feedback on materials from HFS.
- Our goal is to get draft communications to the committee timely for feedback before publication.
- Turnaround times will be critical to meet.

Questions?

VII. Public Comments

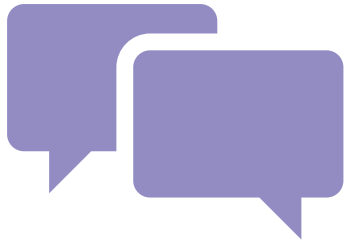
HFS
Illinois Department of
Healthcare and Family Services

No public comments

VIII. Additional Business: Old and New

HFS
Illinois Department of
Healthcare and Family Services

Additional Business: Old & New



Items for future discussion?

HFS announcements?

Nadeen Israel, Public Education Subcommittee Chair

Old Business

- This request is from Nadeen Israel; Chair of Public Education Subcommittee Member he request is for HFS to ensure that eligibility and redetermination data are regularly updated in the **Reports Center** section of the HFS website. The most recent report currently posted is from May 2024

Updates to 2026 Meeting Schedule

- Friday, June 12th
- Friday, September 11th
- Friday, December 11th

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

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

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

Please see attached memo for additional details. Please complete the trainings through OneNet no later than November 1st, 2026. If anyone has any issues logging into OneNet, please email HFS.BureauofTraining@Illinois.gov

Pub Ed Subcommittee Resources

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

MAC & Subcommittee Resources

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!

X. Concluding Directives and Wrap UP

HFS
Illinois Department of
Healthcare and Family Services

XI. Adjournment

HFS
Illinois Department of
Healthcare and Family Services