PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

September 11, 2026

VIRTUAL Webex Meeting

10:00 AM – 12:00 PM

HFS

Illinois Department of Healthcare and Family Services

I. Call to Order

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.

I. A. General Meeting Operations and Communications

Presenter: Melishia Bansa, Deputy Director of Community Outreach

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.

Agenda

I. Call to Order
   - A. General Meeting Operation & Communications
   - B. Agenda Review

II. Roll Call of Subcommittee Members

III. Introduction of HFS and State Agency Staff

IV. Review and Approval of the Meeting Minutes- June 12, 2026

V. State Updates
   - A. Leadership Updates
   - B. Division of Medical Programs
   - C. Division of Eligibility Updates
   - D. New Policy/Modification

Agenda

E. DHS

F. HR1 Implementation

VI. General Public Comments

VII. Additional Business: Old and New

VIII. HFS Announcements

IX. Concluding Directives and Wrap-Up

X. Adjournment

Comments or questions during the meeting

House Keeping

- If you are a Subcommittee 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 subcommittee chair or any of the host or co-host.

Meeting Basics

House Keeping Continued

- 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

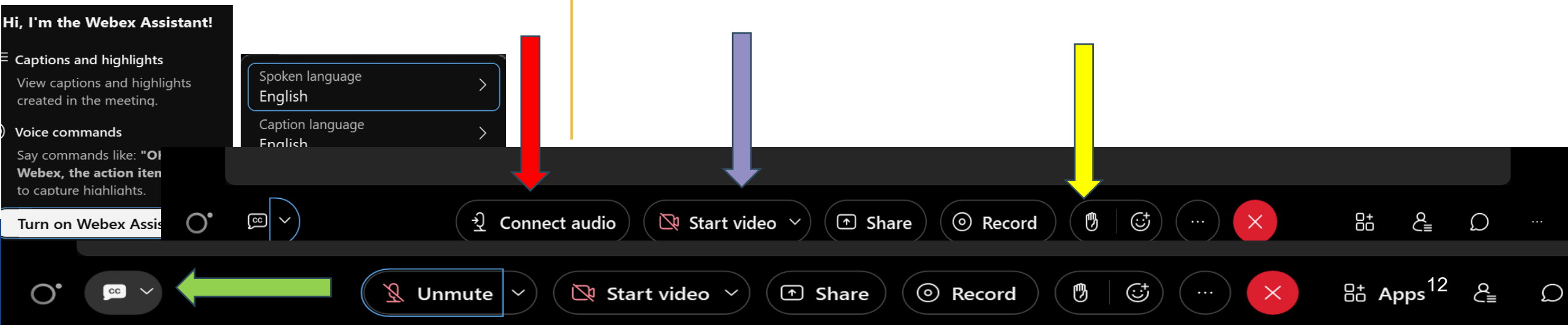
House Keeping

- 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.

Technology Check

House Keeping Continued

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



II. Roll Call of Subcommittee Members

HFS
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Healthcare and Family Services

Pub Ed Subcommittee Members

- Nadeen Israel-AIDS Foundation of Chicago
- Kathy Chan- Cook County Health
- Connie Schiele- HST
- Brittany Ward- Lurie Children's Hospital
- Edith Avila Olea- ICIRR
- Sue Vega- Alivio Medical Center
- Chantel Bowen- SIU School of Medicine

III. 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 Medical Eligibility
- George Jacaway, Deputy Administrator, Operations
- Avery Dale, Deputy Administrator, Policy
- Stephani Becker, Deputy Administrator, State Based Marketplace
- Jacqueline Myers, Deputy Administrator, Data and Systems
- Crystal Snodgrass, Senior Public Service Administrator, Medical Eligibility Policy
- Jenna King, Medicaid Management Analyst, Medical Eligibility Policy
- Margaret Dunne, Program Analyst, Division of Medical Eligibility

IV. Review and Approval of the Meeting Minutes- June 12, 2026

HFS
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V. State Updates

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Healthcare and Family Services

VI. A.1. Leadership Comments

Madam Chairman- – Request to Adjust Agenda

Request to move **Section VI.E. HR1 Implementation** earlier in the presentation deck due to the significance and priority of these topics. This change is also being made in response to the request of the Subcommittee Chair.

V. E. HR1 Implementation

Presenter: Carrie Chapman, Special Assistant for Eligibility Initiatives

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.

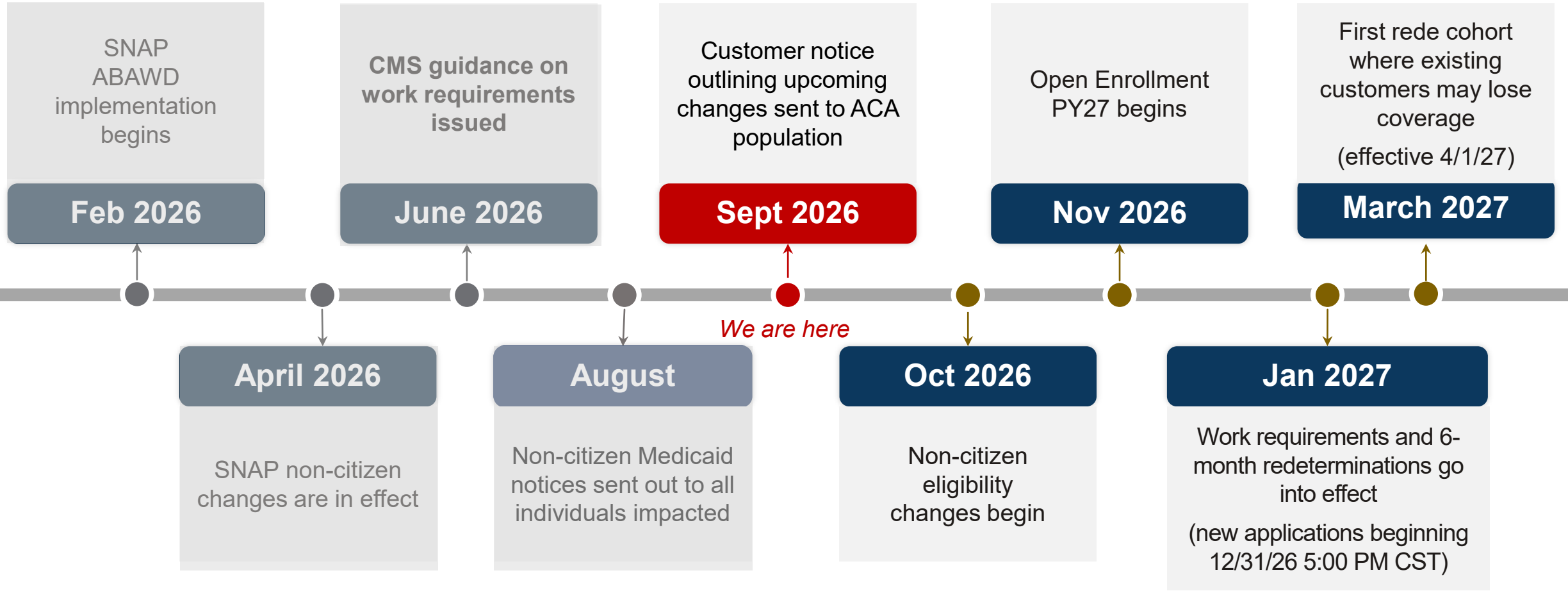
HR 1 overview | HR 1 Medicaid Changes

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+

Implementation | Timeline for HR1 Eligibility Changes is Ongoing

Detail on redeterminations to follow



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 categories 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)
- ❑ Immigrants whose deportation is withheld

Direct Communication to Noncitizens

- Illinois sent an informational notice about upcoming changes to all households containing a noncitizen receiving Medicaid.
- In August, we sent follow-up letters directly to individuals we believe will be losing coverage.
- Notices of termination are in the process of being sent out, effective October 1, 2026.
- Customers who feel their coverage has been wrongfully terminated due to an eligibility error must file an appeal with HFS within 60 days.
    - https://abe.illinois.gov/access/appeals

Example Communication to Noncitizens

HFS
Illinois Department of
Healthcare and Family Services

JB Pritzker, Governor
Elizabeth M. Whitehorn, Director

401 S. Clinton St., Chicago, Illinois 60607
Telephone: +1 312-793-4792, TTY: +1 800-526-5812

Important Notice About Your Medicaid Coverage

08/10/2026

Important Change to Your Medicaid Coverage

Illinois has reviewed the noncitizen status we have on file for you, and based on that status, you will **NOT** qualify for full Medicaid benefits starting October 1, 2026, because of a new federal law.

This means your current Medicaid health plan will **end September 30, 2026.**

Why is this happening?

Federal law has changed to say that only certain noncitizen statuses can get full Medicaid coverage. Illinois is required to follow this new federal law. Your noncitizen status listed in our system is **not** one of the types that can receive full Medicaid after October 1, 2026.

Beginning October 1, 2026, ONLY the following noncitizens will keep their Medicaid coverage:

1. Lawful Permanent Residents (LPRs or "green card" holders) who:
   - Have met the 5-year eligibility bar, OR
   - Are not subject to the five-year eligibility bar (for instance, refugees, asylees, and trafficking survivors who adjust to LPR from that status)
2. Cuban/Haitian entrants
3. Compacts of Free Association (COFA) migrants
4. Children under the age of 19 (All Kids) and pregnant individuals (Moms & Babies)
5. People already enrolled in Health Benefits for Immigrant Seniors (HBIS)
6. People enrolled in:
   - Illinois's AATV Medical coverage
   - Illinois's medical program for survivors of domestic violence
   - Illinois's medical program for kidney/renal disease

Do you need to update your noncitizen status?

If your noncitizen status or personal circumstances have changed recently — for example, if you became a lawful permanent resident or you are pregnant — please report this right away so that we can see if you are eligible for other healthcare coverage. You can send updated documents by:

- Visiting your local IDHS office
- Uploading documents through **ABE Manage My Case:** https://abe.illinois.gov/access/

CN 26.28

- Calling the ABE Customer Call Center at **1-800-843-6154** (TTY: 1-877-734-7429)
- Calling the All Kids Unit at **1-877-805-5312** (TTY: 1-877-204-1012)
- Contacting IDHS at **1-800-843-6154** (TTY: 1-877-734-7429)

What coverage can you still get?

You may still qualify for **Emergency Medicaid**. This program only pays for care during a **serious medical emergency**. Emergency Medicaid does **not** cover regular doctor visits, prescriptions, or ongoing treatment.

Where Can You Go for Help?

You may be able to get primary and preventive care at Federally Qualified Health Centers (FQHC) and free and charitable clinics which serve uninsured and underinsured people regardless of their noncitizen status and ability to pay. More information and clinic locations are available online at IAFCC (https://www.illinoisfreeclinics.org/) and Health Center Locator - IPHCA (https://www.iphca.org/health-center-locator/).

For information about your rights and responsibilities, you can call the Illinois Coalition for Immigrant and Refugee Rights (ICIRR) hotline and ask to be connected to an Immigrant Family Resource Program (IFRP) partner at 1-855-435-7693 or visit "Support Services for Recently Arrived Migrants" at IDHS: Illinois Support Services & Community Resources (https://www.dhs.state.il.us/page.aspx?item=146838) to find a list of community service agencies serving immigrants nearest you.

If you have questions about this letter, please call the All Kids Unit toll-free at 1-877-805-5312 (TTY: 1-877-204-1012).

Sincerely,

Illinois Department of Healthcare and Family Services

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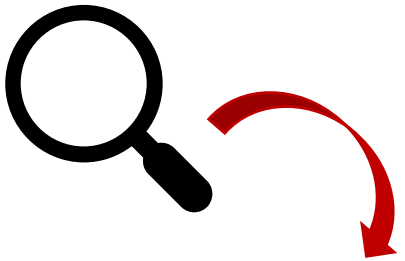
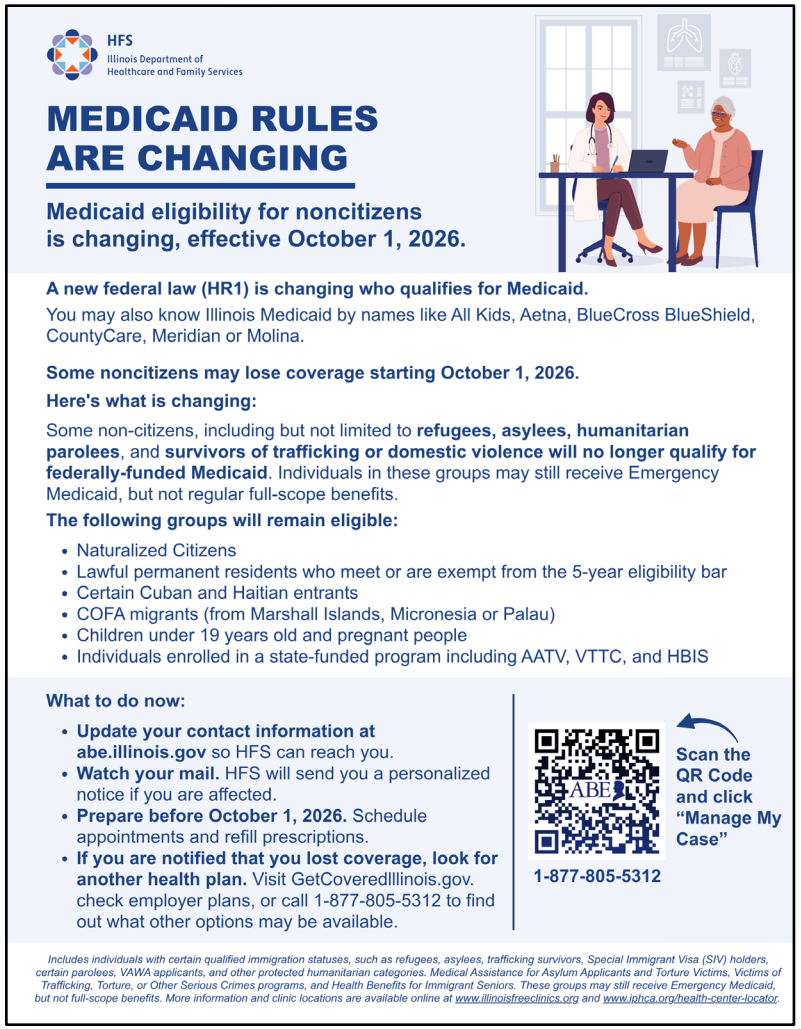


Page 2 of the letter includes information about **Emergency Medicaid** and access to care available at **Federally Qualified Health Centers (FQHCs)** or free & charitable clinics.

The letter also refers individuals to the **Illinois Coalition for Immigrant and Refugee Rights (ICIRR)** and their resources.



MEDICAID RULES ARE CHANGING

Medicaid eligibility for noncitizens is changing, effective October 1, 2026.

A new federal law (HR 1) is changing who qualifies for Medicaid. You may also know Illinois Medicaid by names like All Kids, Aetna, BlueCross BlueShield, CountyCare, Meridian or Molina.

Some non-citizens may lose coverage starting October 1, 2026.
Here's what is changing: Some non-citizens, including but not limited to **refugees, asylees, humanitarian parolees, and survivors of trafficking or domestic violence will no longer qualify for federally-funded Medicaid,** but may be eligible for state-funded programs. Individuals in these groups may still receive Emergency Medicaid, but not regular full-scope benefits.

The following groups will remain eligible:

- Naturalized Citizens
- Lawful permanent residents who meet or are exempt from the 5-year eligibility bar
- Certain Cuban and Haitian entrants
- COFA migrants (from Marshall Islands, Micronesia or Palau)
- Children under 19 years old and pregnant people
- Individuals enrolled in a state-funded program including AATV, VTTC, HBIS, State funded kidney/renal coverage and Violence Against Women Act (VAWA) petitioners

What to do now:

- **Update your contact information at abe.illinois.gov** so HFS can reach you.
- **Watch your mail.** HFS will send you a personalized notice if you are affected.
- **Prepare before October 1, 2026,** Schedule appointments and refill prescriptions.
- **If you are notified that you lost coverage, look for another health plan.** Visit GetCoveredIllinois.gov. check employer plans or call 1-877-805-5312 to find out what other options may be available.

*Includes individuals with certain qualified immigration statuses, such as refugees, asylees, trafficking survivors, Special Immigrant Visa (SIV) holders, certain parolees, VAWA applicants, and other protected humanitarian categories. Medical Assistance for Asylum Applicants and Torture Victims, Victims of Trafficking, Torture, or Other Serious Crimes programs, and Health Benefits for Immigrant Seniors. These groups may still receive **Emergency Medicaid**, but not full-scope benefits. More information and clinic locations are available online at www.illinoisfreeclinics.org and www.iphca.org/health-center-locator.*

SMS 1
Medicaid rules change Oct 1, 2026. Some non-citizens may lose coverage. Update your contact info at ABE.Illinois.gov. Watch your mail for a notice.

SMS 2
Medicaid update: Starting Oct 1, 2026, some non-citizens may no longer qualify. Many groups remain eligible, including citizens, certain permanent residents, COFA migrants, kids under 19, pregnant people, and AATV/VTTC/HBIS members. Update info at ABE.Illinois.gov.

SMS 3
If you are a refugee, asylee, parolee, or survivor of trafficking or DV, Medicaid changes on Oct 1, 2026, may affect you. HFS will mail notices—keep your address current at ABE.Illinois.gov.

TEXT MESSAGES

Get Covered Illinois Marketplace – Upcoming HR1 Changes for the Noncitizen Population

- Effective January 1, 2027 - Lawfully present noncitizens who are losing Medicaid eligibility as of October 1, 2026 due to HR1, are also no longer eligible for premium tax credits in the Get Covered Illinois Marketplace.
- Due to loss of Medicaid, these customers qualify for a Special Enrollment Period (SEP) in the Get Covered Illinois Marketplace. Their account will be automatically transferred to Get Covered Illinois, who will send them information to claim their account.
  - Please note – due to the 3-month difference in effective dates between Medicaid and Marketplace HR1 changes, these noncitizens can still access a Get Covered Illinois plan with premium tax credits for October, November and December 2026.
  - Premium tax credits for these customers will end January 1, 2027. They are still eligible for a full priced plan.

Key Eligibility Changes Overview

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.

What is Work Requirements (W/R) Compliance?

Having income of $580 per month is sufficient to meet the work requirement.

OR

Individuals can complete any or a combination of these activities to reach 80 hours per month:

- **Employment** = Working, includes self-employment, unpaid work, and in-kind work
- **Community service** = Volunteering as part of a structured program
- **Work program participation** = Participating in an approved work program, like Job Ready Illinois
- **Enrollment in an educational program** = Enrollment in a higher education or a career or technical education program.
  - NOTE: At least half-time enrollment as defined by the institution alone is sufficient to meet the work requirement.

Work Requirements: 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
- 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

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:

- 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.

Illinois Update: Illinois will provide retroactive coverage for all populations for 2 months, beginning 1/01/2027.

Implementation Update

June 1 Work Requirements IFR

- The IFR contains some notable changes from the plain language of HR1, for example:
  - Limiting states' ability to accept 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 updates to our systems and processes to address the IFR requirements.

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."

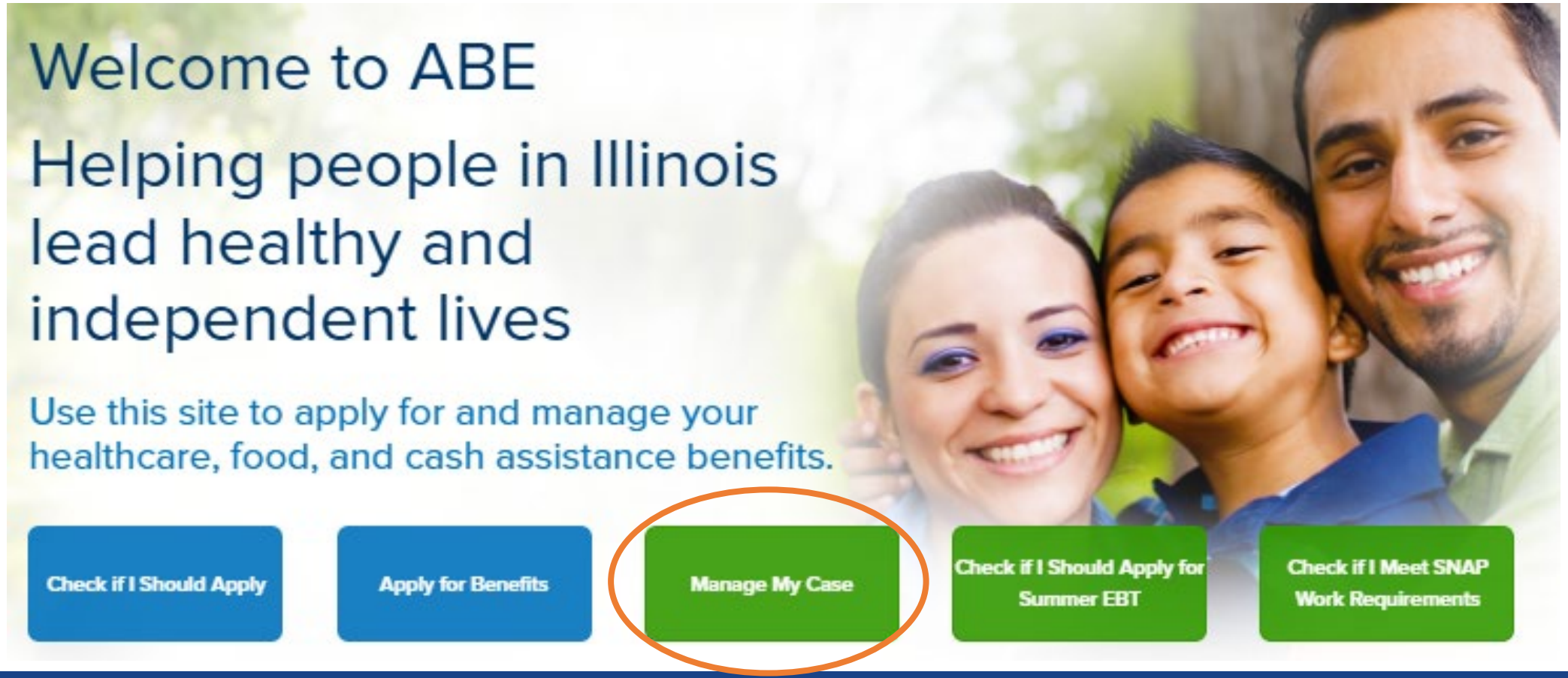
Takeaway: In many cases, **a diagnosis alone will not be sufficient** to meet the standard for a medical frailty exemption, and **additional information will be needed**. This may be gathered from data available to HFS or may require additional documentation from customers.

Illinois Status on Medical Frailty

- New guidance released by CMS defined three tiers of medical frailty codes:
  - Tier 1: Diagnoses that alone are sufficient to be considered medically frail
  - Tier 2: Diagnoses alone does NOT indicate significant impairment to work, but states can identify impairment when combined with other diagnoses or utilization (i.e., CPT codes, HCPCS codes, etc.)
  - Tier 3: Insufficient evidence OR no data for Tier 1 and Tier 2
- For Tier 3, an individual in Illinois will need to attest to their health condition on their application, redetermination forms, the screener, the soon to be available exemption request form, or in Manage My Case.
- Illinois is considering several approaches to medical frailty code lists, including lists developed by other states and academic experts.

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.

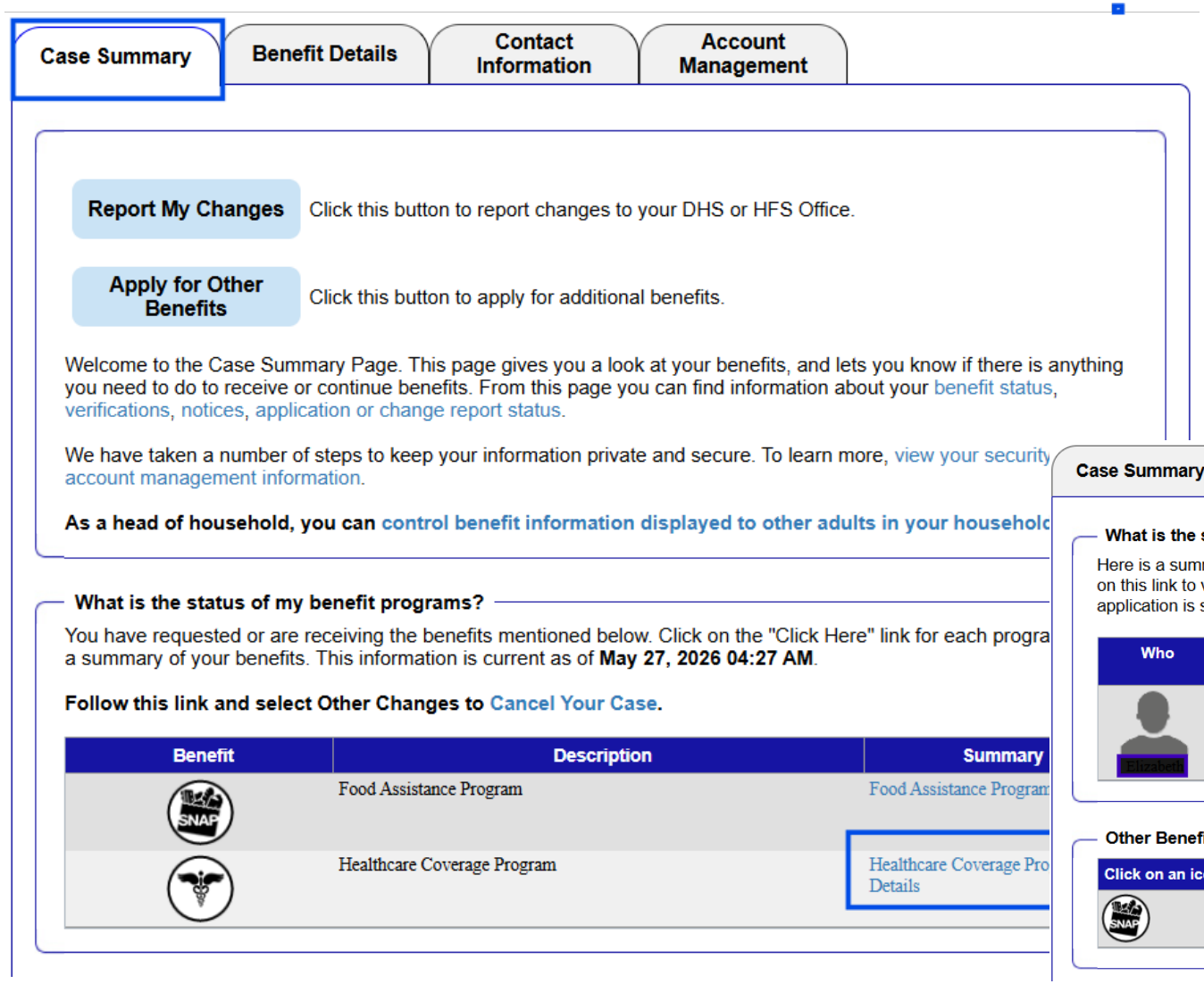
Finding Medical Coverage Group Category

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

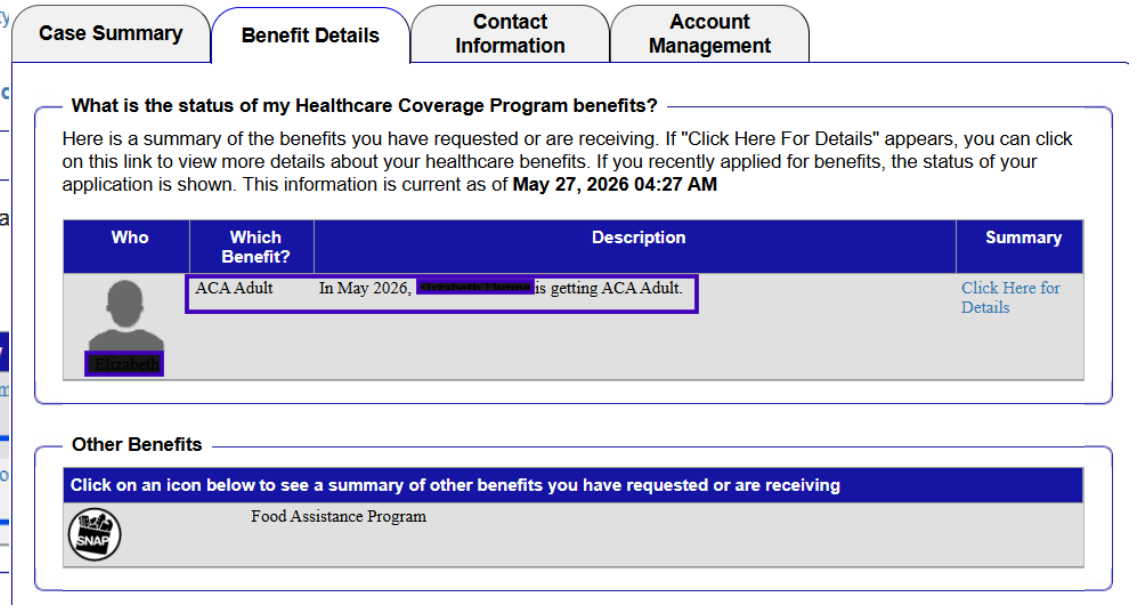
- Notices:
  - Mail from the State including Notice of Decision, Redetermination paperwork, or processing of a change.
  - ABE Manage My Case – last 12 months of Notices are available

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

MMC: Case Summary Tab

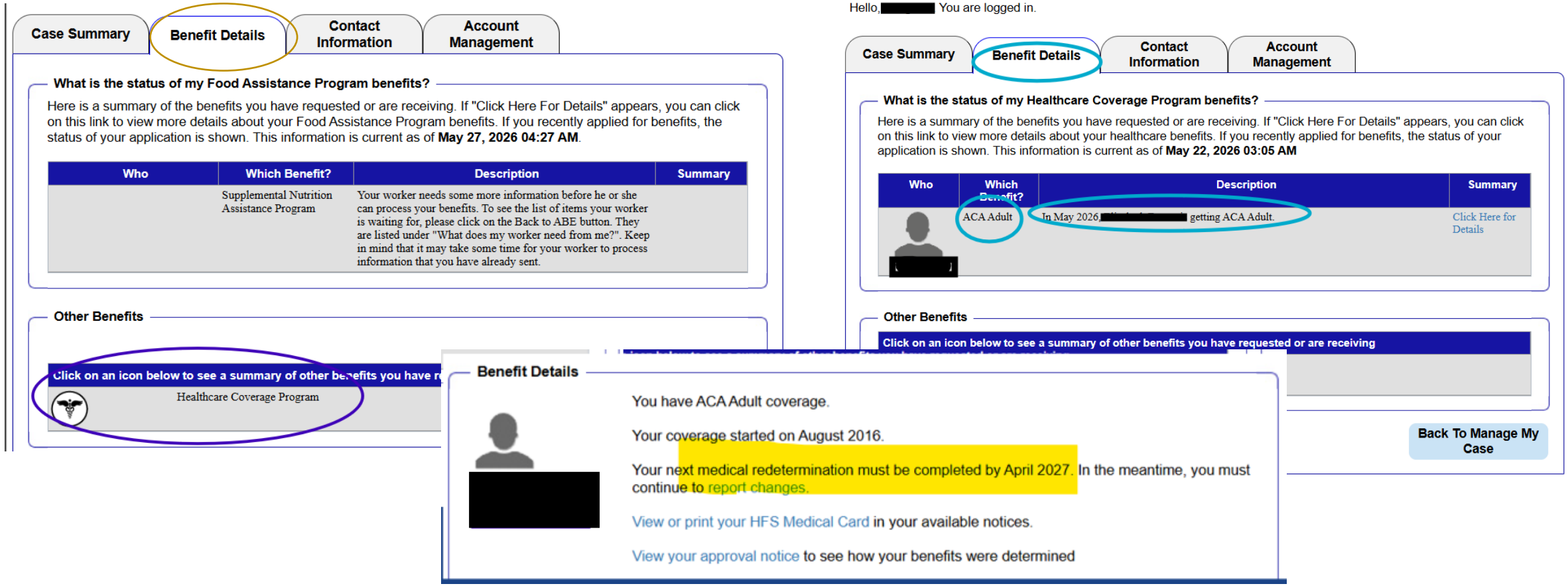


From Case Summary landing page in MMC, navigate to middle of page, **What is the status of my benefits programs?** Click on Healthcare Coverage Program Details in blue ink. This will take you to the Benefit Details page.



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]	[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

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 Timeline

HFS
Illinois Department of Healthcare and Family Services

H.R. 1 Phase 1 Toolkit

Early 2026: Awareness & Preparation

- Changes to Medicaid are coming in late 2026 and 2027
- Please update your contact information
- Illinois will provide advance notice

Mid-2026: Broad Public Awareness

- Some adults will be impacted
- Many Medicaid customers will be exempt
- Advance notifications will **only go out to impacted customers**

Fall 2026: Targeted 90-Day Notices

- Individualized notices sent to impacted customers only
- Clear instructions, deadlines, and help options

January 2027 and Beyond: Go-Live & Reinforcement

- Reminders and ongoing support
- Focus on preventing avoidable coverage loss

Communications Plan

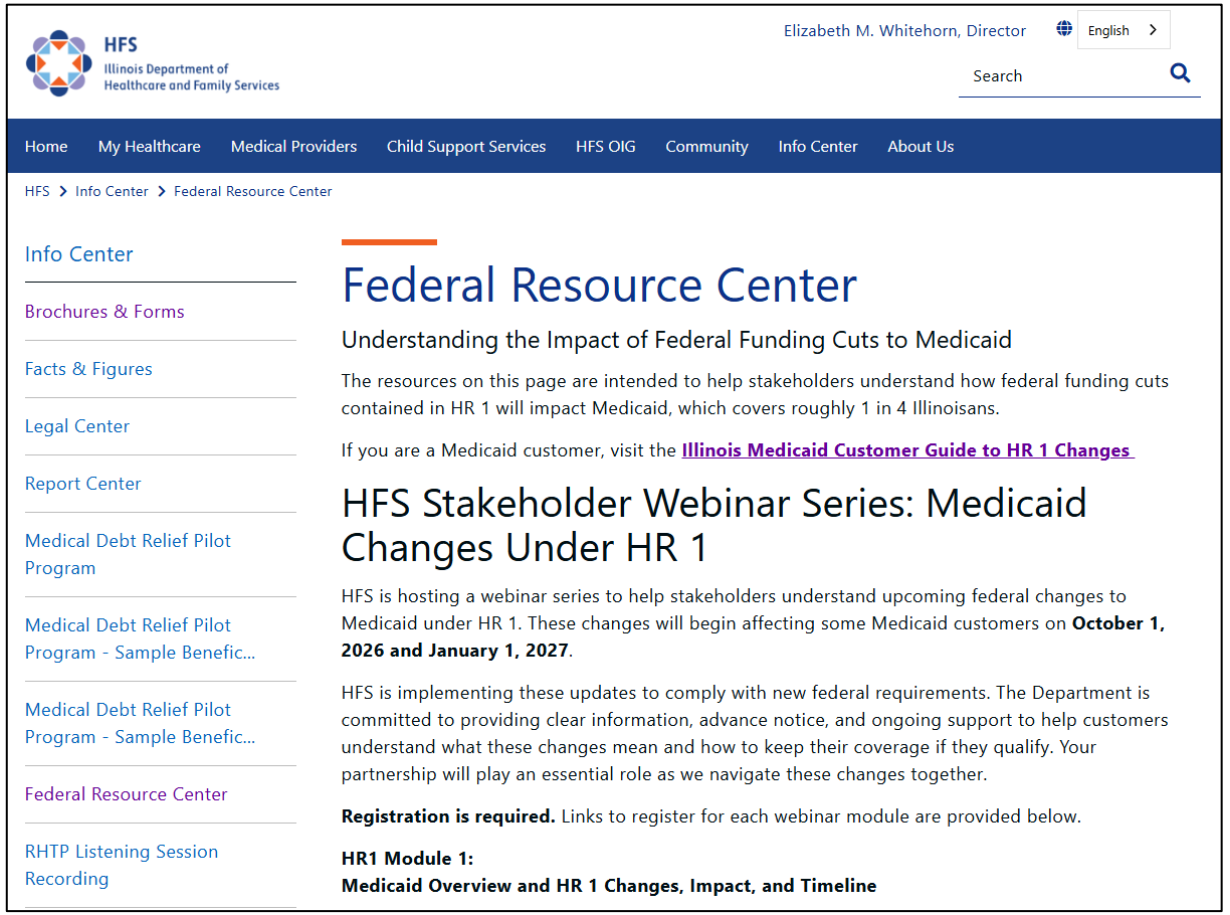
Key audience	What we are doing
Partners	• Stand up and lead **new forums** • Share updates on HR1 efforts in **existing forums** • Engage **partners directly** • **Leverage legislative affairs** to engage with General Assembly / legislative stakeholders • Create and distribute **partner toolkits**
Public	• **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

Presenter: Jamie Munks, Director of Communications

Federal Resource Center

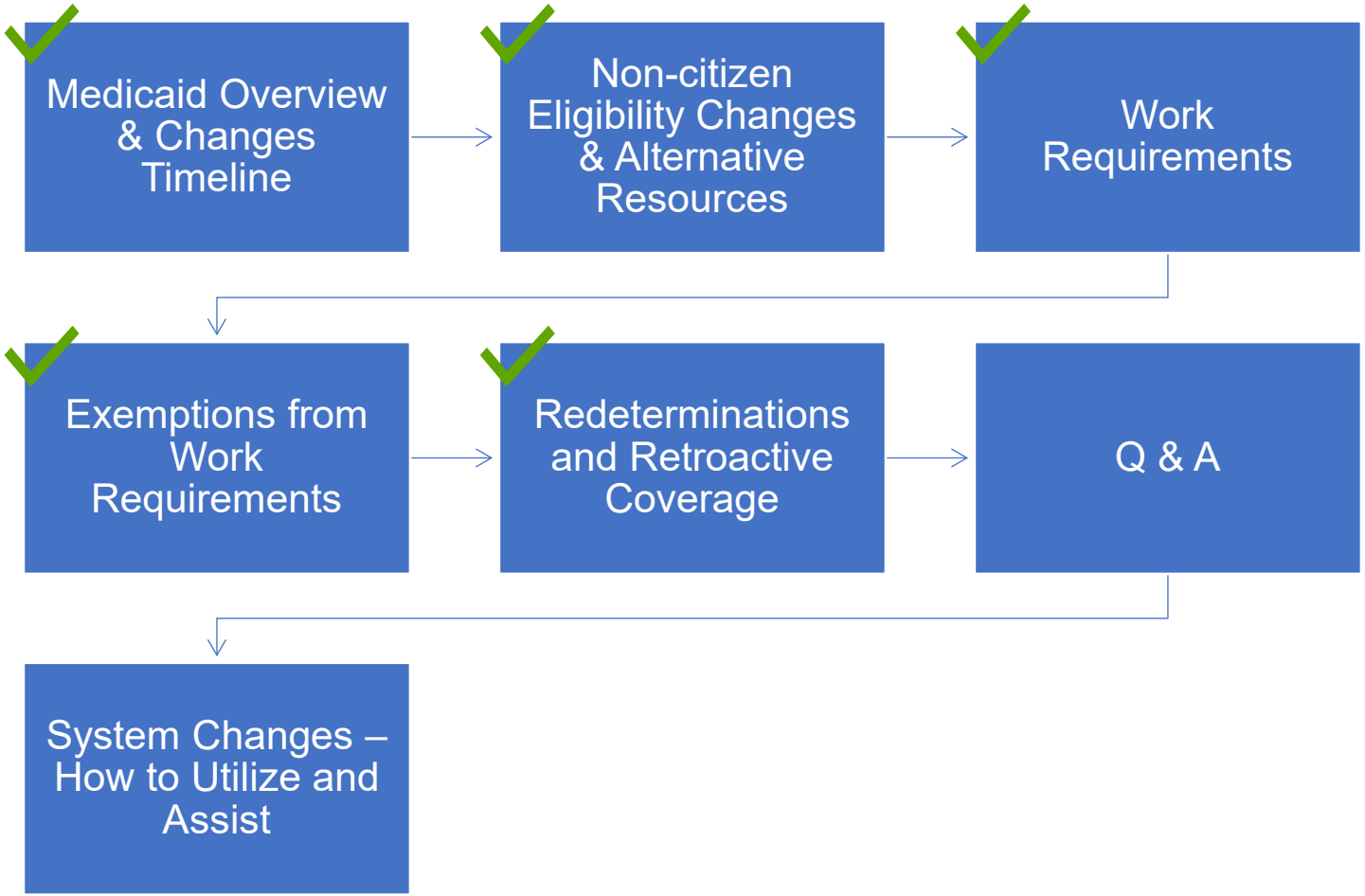
On the Federal Resource Center, you can:

- Register for public webinars
- Find slides and recordings of previous public webinars
- Find the Phase 1 & 2 H.R. 1 toolkit
- Find the Non-Citizen toolkit
- Find HR 1 FAQs



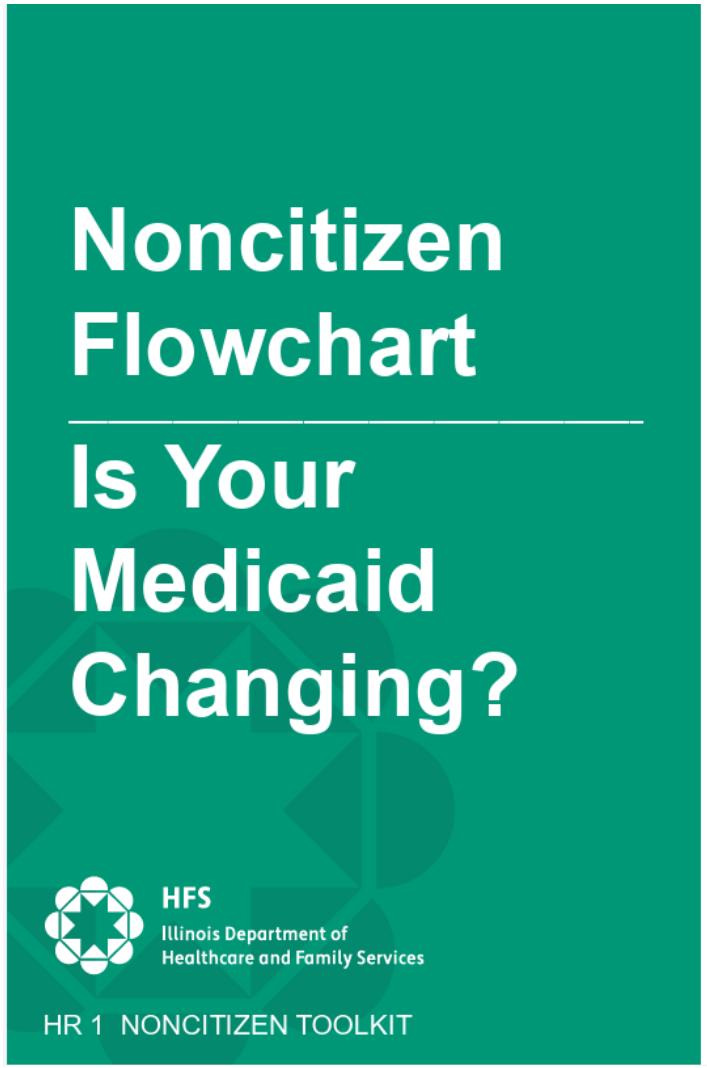
Presenter: Jamie Munks, Director of Communications

HR1 Public Education Webinars: May to November 2026



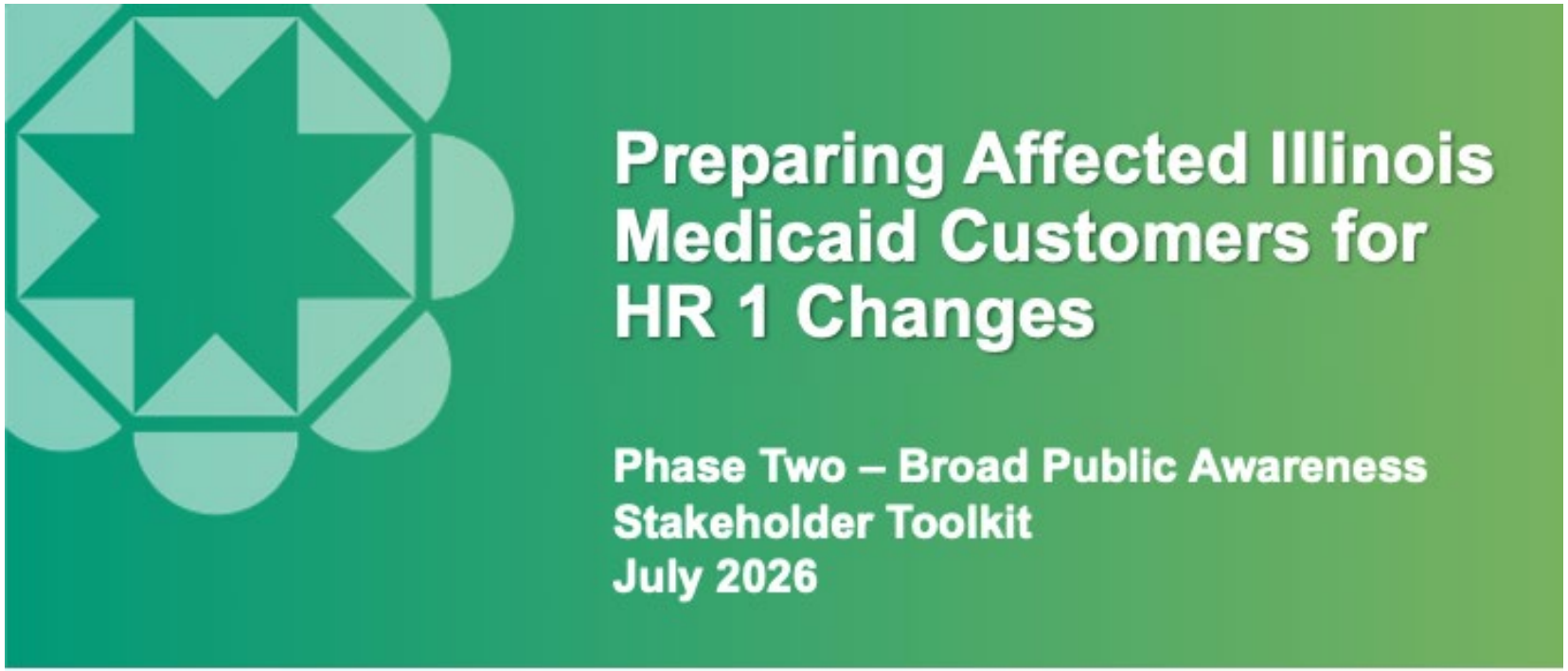
Register for Webinars at the Federal Resource Center page.

Non-Citizen Eligibility Toolkit



Presenter: Jamie Munks, Director of Communications

Phase Two Toolkit



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Presenter: Jamie Munks, Director of Communications

Illinois Medicaid Customer Guide

HFS
Illinois Department of Healthcare and Family Services

Presenter: Jamie Munks, Director of Communications

Questions?

VI. B. Division of Medical Programs

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

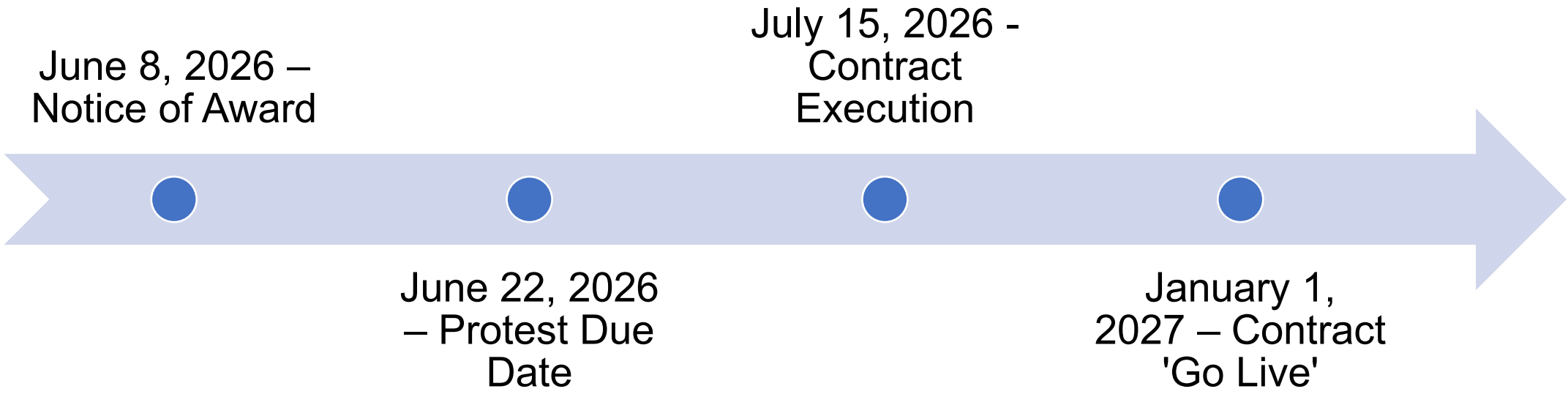
VI. B.1. HCI Procurement Update

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

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.

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

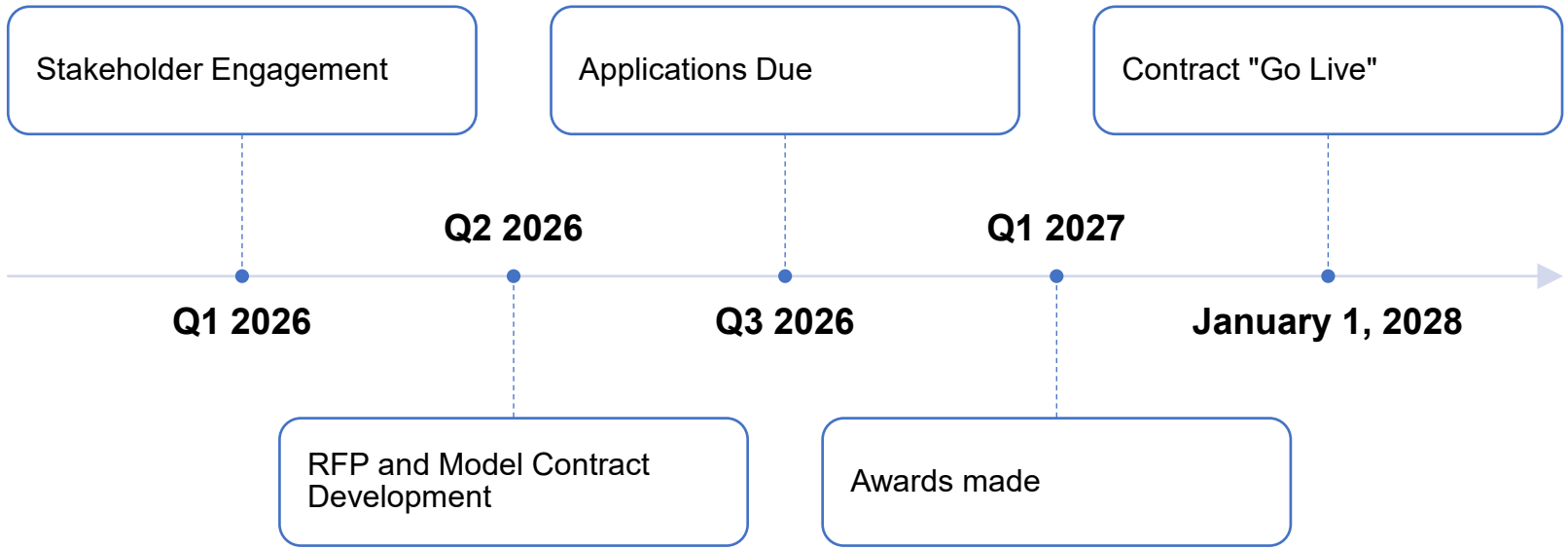
VI. B.2. Specialty Managed Care Plan for Youth in Care and Former Youth in Care (Currently *YouthCare*)

Presenter: Sarah Sugar, Special Assistant for Managed Care, Division of Medical Programs

Overview of YouthCare Re-Procurement

YouthCare is a specialized MCO designed to support **current and former youth in care,** operated by HFS in coordination with the Department of Children and Family Services (DCFS).

It provides medical, behavioral health, dental, vision, and pharmacy coverage, as well as certain specialty services, for current and former youth in care aged birth through 21.



Questions?

VI. C. Division of Eligibility Updates

VI. C. 1. Medical Applications

Presenter:Jacqueline Myers, Bureau Chief, Eligibility Integrity, Division of Eligibility

Medical Applications

Data as of 08/31/26

Run Date: 09/02/2026 12:09

All Offices

Applications - # Medical Apps*

Application Processing by Month	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Apps Received (during month)	76,437	75,398	66,912	66,275	88,291	92,971	73,208	79,827	78,567	70,368	75,871	80,064	87,977
Apps Processed (during month)	79,792	74,188	71,849	59,103	79,170	90,897	75,614	90,465	83,707	81,431	80,549	89,442	89,612
Adjustment Factor	3,734	3,859	6,105	2,650	2,816	4,014	3,151	4,935	5,702	4,206	5,512	5,047	2,234
Apps On Hand (end of month)	94,343	99,412	100,580	110,402	122,339	128,427	129,172	123,469	124,031	117,174	118,008	113,677	114,276
Apps On Hand (end of month)	94,343	99,412	100,580	110,402	122,339	128,427	129,172	123,469	124,031	117,174	118,008	113,677	114,276
Apps On Hand over 45 days (end of month)	*66,401*	*69,894*	*73,502*	*79,557*	*84,268*	*89,631*	*90,186*	*88,211*	*88,358*	*87,427*	*86,597*	*80,826*	*78,429*
Net Change in Apps On Hand (Total)	379	5,069	1,168	9,822	11,937	6,088	745	-5,703	562	-6,857	834	-4,331	599
Net Change in Apps On Hand (Over 45 days)	-671	3,493	3,608	6,055	4,711	5,363	555	-1,975	147	-931	-830	-5,771	-2,397

VI. C. 2. Medical Redeterminations

Presenter: Jacqueline Myers, Deputy Administrator, Data and Systems

Medical Redeterminations

Data as of 08/31/26

Run Date: 09/04/2026 12:09

All Offices

Redes - # Medical Redes*

Rede Processing by Month	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Redes Received (during month)	33,252	28,798	28,673	22,575	25,569	29,977	30,428	33,532	29,173	24,886	30,780	34,928	29,298
Redes Processed (during month)	36,915	30,796	31,040	24,749	28,476	28,992	30,396	39,690	35,089	30,770	36,004	41,462	39,637
Approved	27,770	23,060	23,286	18,777	21,187	21,951	23,267	30,900	26,248	24,510	29,044	30,674	30,885
Cancelled	9,145	7,736	7,754	5,972	7,289	7,041	7,129	8,790	8,841	6,260	6,960	10,788	8,752
Cancelled - Ineligible	6,529	5,596	5,676	4,420	5,175	5,330	5,505	6,496	6,518	4,317	4,814	7,190	6,175
Cancelled - VCL No Reponse	1,753	1,282	1,319	1,002	1,063	1,098	1,123	1,389	1,452	1,165	1,453	2,397	1,376
Cancelled - Other	863	858	759	550	1,051	613	501	905	871	778	693	1,201	1,201
Adjustment Factor	3,272	3,702	2,175	2,024	3,473	2,735	2,691	743	1,801	841	1,341	-212	1,904
Redes On Hand (end of month)	**74,998**	**76,702**	**76,510**	**76,360**	**76,926**	**80,646**	**83,369**	**77,954**	**73,839**	**68,796**	**64,913**	**58,167**	**49,732**
Net Change in Redes On Hand	-391	1,704	-192	-150	566	3,720	2,723	-5,415	-4,115	-5,043	-3,883	-6,746	-8,435

Appeals and Adjudication Timeline – Upcoming Data

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

Questions?

VI. C. 3. 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	56,959

Current Open Enrollment by type of Application	# of Customers
Presumptive Eligibility	4921
Stand-Alone Application	4186
Opt-In Application	92120
Current Total Enrollment	101147

Data run 9/01/2026

VI. C. 4. Manage My Case

Presenter: Margaret Dunne, Program Analyst, Division of Eligibility

ABE Manage My Case Activities

Type of Activity	2024	2025	2026
Mid Point Report	116,336	122,685	31,983
Pregnancy Reported	43,206	33,633	29,877
Renew My Benefits	139,836	131,497	133,601
Report of Changes	97,122	102,084	80,123

Mid-Point Reports submitted every 6 months for SNAP recipients
Renew My Benefits allows customers to renew any benefit that is due for renewal
Report Changes allows the customer to update the state on any household changes, e.g. Income, bills, household members

Upcoming Changes to Manage My Case (MMC)

- Security upgrades will result in changes to ABE MMC starting October 30, 2026.
- Each household may have one (1) ABE Manage My Case account. The designated head of the household can create and use the account.
- Cases with multiple ABE MMC accounts will have older inactive accounts disabled and the most recent active account retained.
    - Households with multiple existing accounts will receive an informational letter explaining the update and options to request reactivation.
- Approved Representatives (AR) will also be able to create accounts in their name and link to a case for which they are authorized.
    - AR MMC account credentials must exactly match the AR request Form 2998.

Upcoming Changes to ABE ID Proofing

- By 1/1/2027, we must update Experian Identity Proofing in ABE Apply for Benefits and ABE Manage My Case to comply with new federal security requirements.
- High-level options for electronic ID Proofing will remain unchanged
  - Illinois Secretary of State (SOS) will remain the first option customers can choose.
  - Experian will remain an additional option for customers unable to verify using SOS.
- Experian's method of ID proofing will change from Knowledge Based Authentication (KBA) to a Risk Based Alternative (RBA).
  - KBA today asks questions about the customer's history (e.g. old addresses)
  - In 2027 RBA will use the customer's current information, including name, SSN, birthdate, email, phone number and IP Adress for a combined score to verify identity.
    - Note: Phone number will be a mandatory field for Experian

Questions?

VI. D. New Policy/Modification

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

New Policy / Policy Modifications
6/1/2026- 8/30/2026

- IDHS: MR #26.13 Medical Updates to Asylum Applicants and Torture Victims (AATV) and Victims of Trafficking, Torture or Other Serious Crimes (VTTC) (Published 6/1/26)
  - Incorporation of VTTC state-funded medical programs into AATV.

- IDHS: H.R.1 Noncitizen Medicaid Changes (Published 7/14/26) and IDHS: H.R. 1 Noncitizen Notice of Closure (Published 8/17/26)
  - Informational memos about notices sent to noncitizen populations about upcoming HR1 changes effective 10/1/2026.

- IDHS: Get Covered Illinois - State Based Marketplace Coverage (Published 7/22/26)
  - Formalization of Medicaid / Marketplace coordination policy.

- IDHS: MR #26.24 Former Foster Care Update (Published 8/21/26)
  - Procedural update to FFC application processing to increase automation

Questions?

VI. F. DHS

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

IDHS Policy Updates

- Families Receiving Emergency Support for Hunger (FRESH)

Families Receiving Emergency Support for Hunger (FRESH)

What is FRESH?

- A $400 cash supplement for households who have members who have lost benefits due to work requirements

Who is Eligible?

- Households with members who lost SNAP benefits due to new work requirements (and did not regain them)
- Households can receive one payment per individual who has lost benefits – if the individual regains and loses benefits again, they will not receive another payment for that household member.

How to Receive the Benefit:

- No application is required.
- Payment deposited onto the household's Illinois Link card
- Eligible households will receive a notice alerting them of eligibility for the payment

Timeline:

- For benefits lost after May 1, 2026 and before August 1, 2026: Payment by August 1, 2026
- After August 2026 through June 2027: Payments issued after the 16th of the month in which SNAP was lost (while funds last)

Other Notes:

- If the household needs a new Link card: visit www.EBTedge.com or call 1-800-678-LINK (5465)

Questions?

VI. General Public Comments

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Public Comments: None.

VII. Additional Business: Old and New

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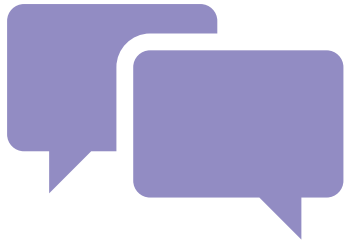
Additional Business: Old & New



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

- Ex Parte Data: Form A and B data/ number
- The number of active Medicaid enrollees with MMC accounts and whether usage data can be broken out by ZIP code.

VIII. HFS Announcements

HFS
Illinois Department of
Healthcare and Family Services

Updates to 2026 Meeting Schedule

- 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!

Interested in becoming a Pub Ed Subcommittee Member

Learn More: [MAC- Public Education Subcommittee]

Description	Apply Here
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 (HFS) medical programs including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical.	**Rolling Applications Begin:** **Next Round 2026** **APPLY HERE**

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

IX. Concluding Directives and Wrap UP

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X. Adjournment

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