

PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

November 14, 2025
VIRTUAL Webex Meeting
10:00 AM – 12:00 PM



HFS

Illinois Department of
Healthcare and Family Services



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Illinois Department of
Healthcare and Family Services

OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

▶ **We value our staff as our greatest asset.**

We do this by:

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

Ensuring all staff and systems work together.

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

Providing exceptional training programs that develop and support all employees.

▶ **We are always improving.**

We do this by:

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

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

▶ **We inspire public confidence.**

We do this by:

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

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

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.



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



Summary of Agenda

Presenter: Sherie Arriazola-Martinez, Public
Education Subcommittee Member



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-
August 22, 2025**
- VI. State Updates**
 - A. Division of Medical Programs**
 - B. Division of Eligibility Updates**
 - C. State-Based Marketplace**

Agenda

D. New Policy/ Modifications

E. Leadership Update

F. DHS

VII. Public Comments

VIII. Additional Business: Old and New

IX. HFS Announcements

X. Concluding Directives and Wrap-Up

XI. Adjournment

House Keeping

- Meeting basics:
 - 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, however, if you call in & need materials, please email jenna.king@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov as soon as safely possible.
 - 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.
- Comments or questions during the meeting:
 - 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.
 - If you are a member of the general public and wish to make a comment, please 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.

House Keeping

Meeting basics Cont.

- 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 will be provided. Please email jenna.king@illinois.gov and Margaret.dunne@illinois.gov with a copy to Melisha.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert us of challenges during a meeting.
- Patience, please – many subcommittee members and staff are new to MAC proceedings.
- Minutes of the prior meeting will be circulated to subcommittee members in advance of each session. Once approved, they will be posted to the website.

III. Roll Call of Subcommittee Members



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Pub Ed Subcommittee Members

***Tim Jackson, Designee for Nadeen Israel**
AIDS Foundation of Chicago

***Connie Schiele**
HST

***Kathy Chan**
Cook County Health

Chantel Bowen
SIU School of Medicine

***Sherie Arriazola Martinez**

***Michelle Herron, Designee for Nancy Aguirre**
Community and Residential Services

Brittany Ward
Lurie Children's Hospital

***Edith Avila Olea**
ICIRR

***Sue Vega**
Alivio Medical Center

IV. Introduction of HFS and State Agency Staff



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HFS Lead Admin Staff

Pub Ed Subcommittee

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

V. Review and Approval of the Meeting Minutes- August 22, 2025



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VI. State Updates



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VI. A. Division of Medical Programs





VI. A.1. HCI Procurement Update





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



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 4 health plans were awarded:
 - 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)
- These health plans are the only type of Medicare Advantage plan subject to regulatory oversight by the state.
- FIDE SNPs will be available in every county in the State of Illinois.

ELIGIBILITY

The eligibility criteria is not changing and will remain the same as MMAI



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Who Is Eligible for a FIDE SNP*

- To be eligible for a FIDE SNP, a member must be:
 - Receiving full Illinois Medicaid benefits and enrolled in either the Medicaid Aid to the Aged, Blind, and Disabled (AABD) or the FamilyCare category of assistance;
 - Age 21 and older at the time of enrollment;
 - Have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance);
 - Live in the service area; and
 - A United States Citizens or lawfully present in the United States.



Who is Not Eligible for a FIDE SNP*

- Members are not eligible to enroll in FIDE SNPs if they are:
 - Under the age of 21;
 - Receiving developmental disability institutional services or participating in the HCBS waiver for Adults with Developmental Disabilities;
 - In the Medicaid Spend-down population;
 - In the Illinois Medicaid Breast and Cervical Cancer program;
 - Enrolled in partial-benefit Medicaid programs; or
 - Receiving Comprehensive Third-Party Insurance.

ENROLLMENT



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FIDE SNP Enrollment

- Enrollment is voluntary, members can choose not to enroll/disenroll at any time.
- Brokers can enroll and obtain compensation for enrollment.
- The FIDE SNP enrolls or disenrolls members (not HFS).
- Open Enrollment Period:
 - Medicare Open Enrollment is a chance to review your current Medicare plans and compare all the 2025 health and prescription drug options
 - October 15 – December 7 of each year
 - Coverage starts January 1 of the next year



MMAI Members FIDE SNP Enrollment

- **For the remainder of 2025, all current MMAI members will remain in their MMAI plans** until December 31, 2025, unless they take action to disenroll themselves from the MMAI plans.
- Members of an MMAI plan offered by Aetna, Humana, Wellcare Meridian, & Molina
 - CMS will automatically **enroll these members in the Illinois FIDE SNP** offered by these companies with a start date of January 1, 2026.
 - These members do not need to take any action.
 - FIDE SNPs were required to send an **Annual Notice of Change** by September 30, 2025, informing them of this transition and their options to select other forms of coverage.



MMAI Members FIDE SNP Enrollment:

Members of the Blue Cross Blue Shield MMAI Plan

- These members can choose to enroll in one of the Illinois FIDE SNPs or other forms of coverage beginning October 15, 2025.
 - BCBS mailed **Notice of Non-Renewal letters on October 2, 2025**, notifying their members of this transition and their options to select other forms of coverage.
 - If these members do not make an active enrollment choice prior to December 31, 2025
 - CMS will automatically enroll them in **Original Medicare with a Medicare drug plan** for their Medicare benefits; and
 - For Medicaid, HFS will enroll LTSS customers in the BCBS HealthChoice IL MLTSS plan. Non-LTSS customers will be enrolled in Medicaid FFS.





Members not in MMAI

- **Members Not Enrolled in a MMAI Plan who are Eligible for FIDE SNP Enrollment** can enroll in any Illinois FIDE SNP or other forms of coverage beginning October 15, 2025.
 - Until 1/1/2026, the way a member receives their medical coverage will remain the same.
- Currently, **there is no passive enrollment into a FIDE SNP** for members newly eligible for FIDE SNPs. Newly eligible members will have to enroll themselves into a FIDE SNP. HFS expects to implement passive enrollment sometime in 2026.
- Passive enrollment for MMAI plans stopped April 2025.
- Choice enrollment into MMAI plans ended September 18, 2025.

How to enroll in a FIDE SNP



Visit [Medicare.gov](https://www.Medicare.gov)



Call the health plan or
visit their website.



Call 1-800-MEDICARE
(1-800-633-4227). TTY
users can call 1-877-
486-2048.



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Presenter: Keshonna Lones, Bureau Chief, Managed Care

Resources



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Resources

- **Medicare Resources:**

- Medicare.gov Special Needs Plans: [Special Needs Plans \(SNP\) | Medicare](#).
- Centers for Medicare & Medicaid Services: [Dual Eligible Special Needs Plans \(D-SNPs\) Background Information](#)
- [Medicare & You Handbook](#)

- **HFS Website:**

- Detailed Information on FIDE SNPs: [FULLY INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLANS IN ILLINOIS](#)
- FIDE SNP Benefits Information: [Comparing MMAI, FIDE SNP, & Medicare Advantage Plans](#)
- FIDE SNP Enrollment Information: [How To Enroll in a FIDE SNP](#)
- Ending of MMAI: [Medicare-Medicaid Alignment Initiative | HFS](#)

- **Questions:** HFS.DSNPIquiries@Illinois.gov

Questions?





VI. B. Division of Eligibility Updates





VI. B. 1. Medical Applications



Medical Applications

Data as of 10/31/25

Run Date: 11/04/2025 09:11

All Offices

Applications - # Medical Apps*

Application Processing by Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Apps Received (during month)	82,016	94,283	121,248	109,969	78,340	79,397	79,355	72,873	70,698	77,315	76,437	75,398	66,912
Apps Processed (during month)	83,145	75,771	89,370	105,657	90,199	112,573	102,559	82,444	76,518	83,296	79,792	74,188	71,849
Adjustment Factor	1,283	860	2,234	3,764	6,064	3,226	3,551	2,853	3,174	3,627	3,734	3,859	6,105
Apps On Hand (end of month)	99,520	118,892	153,004	161,080	155,285	125,335	105,682	98,964	96,318	93,964	94,343	99,412	100,580
<i>Apps On Hand over 45 days (end of month)</i>	<i>65,505</i>	<i>70,809</i>	<i>86,091</i>	<i>111,067</i>	<i>115,853</i>	<i>94,369</i>	<i>76,982</i>	<i>73,844</i>	<i>70,349</i>	<i>67,072</i>	<i>66,401</i>	<i>69,894</i>	<i>73,502</i>
Net Change in Apps On Hand (Total)	154	19,372	34,112	8,076	-5,795	-29,950	-19,653	-6,718	-2,646	-2,354	379	5,069	1,168
Net Change in Apps On Hand (Over 45 days)	5,263	5,304	15,282	24,976	4,786	-21,484	-17,387	-3,138	-3,495	-3,277	-671	3,493	3,608



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Presenter: Jacqueline Myers, Bureau Chief, Eligibility Integrity



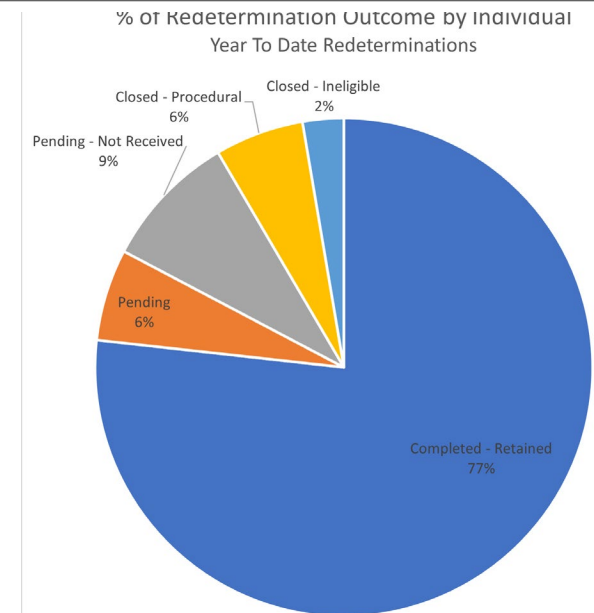
VI. B. 2. Medical Redeterminations



Redes by Status

Redetermination Status by Individual - October 2025													
Row Labels	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Grand Total
Completed - Retained	225,858	214,748	182,921	171,293	158,472	147,499							1,100,791
Pending	10,731	12,499	15,898	24,613	20,654	1,074							85,469
Pending - Not Received				1	43,700	83,102							126,803
Closed - Procedural	19,278	19,068	23,843	20,138	414	167							82,908
Closed - Ineligible	9,715	9,196	9,392	6,957	2,553	488							38,301
Grand Total	265,582	255,511	232,054	223,002	225,793	232,330	0	0	0	0	0	0	1,434,272

Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Closed - Procedural	Failed to respond to redetermination or failed to provide supporting information
Closed - Ineligible	Over income, refused to provide information, deceased, left the home, moved out of the state, customer request to withdraw/close case



Redeterminations Received During Reconsideration Period (90 Days)

Late Reconsideration Request Responses 2025-2026													
Days Late/Outcome	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Grand Total
CLOSED - INELIGIBLE	1,882	1,511	1,606	617	0	0	0	0	0	0	0	0	5,616
Responded within 1-30 Days	1,098	925	1,021	181									3,225
Responded within 31-60 Days	137	93	0	0									230
Responded within 61-90 Days	40	0	0	0									40
Other	607	493	585	436									2,121
CLOSED – PROCEDURAL (VCL)	17,842	17,755	22,485	19,184	0	0	0	0	0	0	0	0	77,266
Responded within 1-30 Days	402	395	581	172									1,550
Responded within 31-60 Days	210	218	0	0									428
Responded within 61-90 Days	225	0	0	0									225
No Response	17,005	17,142	21,904	19,012									75,063
COMPLETED - RETAINED	13,018	10,744	10,540	1,887	0	0	0	0	0	0	0	0	36,189
Responded within 1-30 Days	10,279	8,809	9,530	1,605									30,223
Responded within 31-60 Days	912	711	0	0									1,623
Responded within 61-90 Days	410	0	0	0									410
Other	1,417	1,224	1,010	282									3,933
PENDING	1,291	1,588	2,402	1,664	0	0	0	0	0	0	0	0	6,945
Responded within 1-30 Days	990	1,299	2,388	1,654									6,331
Responded within 31-60 Days	183	279	0	0									462
Responded within 61-90 Days	112	0	0	0									112
Other	6	10	14	10									40
Grand Total	34,033	31,598	37,033	23,352	0	0	0	0	0	0	0	0	126,016



Redes By County

Recipient Outcome by County – October 2025														
Row Labels	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING			ALL OUTCOMES	
	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		Total COUNT	% ROW TOTAL
Adams	39	4%		68	7%		794	82%		64	7%		965	100%
Alexander	6	4%		13	8%		130	85%					153	100%
Bond	17	6%		18	7%		206	79%	21	8%			262	100%
Boone	21	3%		81	11%		574	75%	92	12%			768	100%
Brown							55	82%	6	9%			67	100%
Bureau	12	3%		30	7%		338	81%	37	9%			417	100%
Calhoun				6	12%		33	66%	9	18%			50	100%
Carroll							147	81%	27	15%			182	100%
Cass				31	14%		155	68%	36	16%			227	100%
Champaign	75	3%		230	9%	1,902	75%	322	13%				2,529	100%
Christian	19	5%		40	10%	313	75%	44	11%				416	100%
Clark	15	5%		19	7%	235	84%	11	4%				280	100%
Clay				13	6%	193	85%	17	7%				228	100%
Clinton	25	7%		34	10%	278	81%	6	2%				343	100%
Coles	36	4%		56	7%	667	82%	56	7%				815	100%
Cook	2,565	3%		7,947	9%	66,401	76%	10,548	12%				87,461	100%
Crawford				15	5%	228	81%	33	12%				281	100%
Cumberland	8	6%		7	6%	100	79%	11	9%				126	100%
De Witt	7	4%		17	9%	156	82%	11	6%				191	100%
DeKalb	44	4%		104	9%	905	75%	155	13%				1,208	100%
Douglas	10	4%		25	11%	174	75%	22	10%				231	100%
DuPage	272	3%		984	10%	6,692	70%	1,610	17%				9,558	100%
Edgar	7	2%		23	7%	273	82%	28	8%				331	100%
Edwards				6	6%	87	84%	8	8%				104	100%
Effingham	21	6%		31	8%	298	81%	18	5%				368	100%
Fayette	22	7%		22	7%	273	85%						321	100%
Ford				8	5%	132	81%	18	11%				163	100%
Franklin	27	4%		51	7%	588	83%	43	6%				709	100%
Fulton	25	6%		52	12%	332	77%	22	5%				431	100%
Gallatin				8	9%	72	84%						86	100%
Greene				7	4%	149	87%	11	6%				172	100%
Grundy	14	3%		48	9%	437	78%	58	10%				557	100%
Hamilton				13	11%	97	84%						115	100%
Hancock	16	7%		18	8%	166	77%	16	7%				216	100%
Hardin				6	8%	61	77%	8	10%				79	100%
Henderson						58	88%						66	100%
Henry	25	4%		25	4%	502	88%	18	3%				570	100%
Homeless	153	2%		774	11%	5,519	79%	502	7%				6,948	100%
Iroquois	14	4%		32	9%	283	76%	41	11%				370	100%
Jackson	29	3%		64	7%	734	81%	75	8%				902	100%
Jasper						74	80%	15	16%				93	100%
Jefferson	14	2%		70	11%	498	77%	68	10%				650	100%
Jersey	12	6%		18	8%	173	80%	12	6%				215	100%
Jo Daviess				10	5%	155	76%	37	18%				204	100%
Johnson				10	9%	90	77%	13	11%				117	100%

Redes By County (continued)

Recipient Outcome by County – October 2025 Cont.														
	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING			ALL OUTCOMES	
Row Labels	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		Total COUNT	% ROW TOTAL
Kane	267	4%		737	11%		4,690	70%		979	15%		6,673	100%
Kankakee	39	2%		142	8%		1,422	80%		184	10%		1,787	100%
Kendall	24	2%		131	10%		928	73%		197	15%		1,280	100%
Knox	25	3%		72	10%		595	82%		35	5%		727	100%
La Salle	35	2%		114	7%		1,248	79%		181	11%		1,578	100%
Lake	243	3%		796	10%		5,877	71%		1,358	16%		8,274	100%
Lawrence	9	4%		20	8%		197	83%		11	5%		237	100%
Lee	13	3%		22	5%		364	80%		54	12%		453	100%
Livingston	10	2%		39	9%		349	80%		38	9%		436	100%
Logan	18	5%		37	10%		298	81%		16	4%		369	100%
Macon	59	3%		148	8%		1,482	82%		129	7%		1,818	100%
Macoupin	20	3%		41	6%		488	76%		93	14%		642	100%
Madison	101	3%		352	10%		2,773	78%		308	9%		3,534	100%
Marion	42	5%		46	6%		675	86%		21	3%		784	100%
Marshall	10	8%		11	8%		105	79%		7	5%		133	100%
Mason	8	3%		19	8%		206	86%		6	3%		239	100%
Massac	21	7%		29	10%		238	81%		7	2%		295	100%
McDonough	11	3%		21	6%		311	84%		29	8%		372	100%
McHenry	84	3%		316	10%		2,143	68%		589	19%		3,132	100%
McLean	43	3%		131	8%		1,263	77%		203	12%		1,640	100%
Menard				12	7%		144	89%					162	100%
Mercer	11	7%		10	6%		129	81%		9	6%		159	100%
Monroe				6	4%		119	77%		24	16%		154	100%
Montgomery	19	4%		37	8%		388	84%		16	3%		460	100%
Morgan	30	5%		46	8%		439	79%		39	7%		554	100%
Moultrie	10	7%		17	12%		108	76%		7	5%		142	100%
Ogle	20	3%		58	9%		508	75%		94	14%		680	100%
Out of Illinois	76	29%		7	3%		176	67%					261	100%
Peoria	70	2%		258	8%		2,460	79%		308	10%		3,096	100%
Perry	11	4%		23	9%		198	76%		30	11%		262	100%
Piatt	10	6%		18	10%		142	79%		9	5%		179	100%
Pike	8	4%		11	5%		168	84%		14	7%		201	100%
Pope				6	8%		61	85%					72	100%
Pulaski				7	7%		88	86%					102	100%
Putnam							39	91%					43	100%
Randolph	12	4%		27	8%		273	81%		25	7%		337	100%
Richland				20	8%		211	81%		24	9%		260	100%
Rock Island	45	2%		182	8%		1,711	80%		209	10%		2,147	100%
Saline	21	4%		32	6%		493	87%		22	4%		568	100%
Sangamon	94	3%		217	8%		2,226	80%		243	9%		2,780	100%
Schuyler				7	9%		61	76%		11	14%		80	100%
Scott							53	85%		7	11%		62	100%
Shelby	13	5%		21	9%		199	81%		12	5%		245	100%
St. Clair	131	3%		326	8%		3,334	82%		265	7%		4,056	100%
Stark				10	14%		56	81%					69	100%

Redes By County (continued)

Recipient Outcome by County – October 2025 Cont.													
Row Labels	CLOSED - INELIGIBLE			CLOSED - PROCEDURAL			COMPLETED - RETAINED			PENDING		ALL OUTCOMES	
	COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL		COUNT	% ROW TOTAL	Total COUNT	% ROW TOTAL
Stephenson	22	3%		67	9%		588	77%		91	12%	768	100%
Tazewell	71	5%		106	7%		1,292	84%		60	4%	1,529	100%
Union	7	3%		15	6%		216	83%		23	9%	261	100%
Unknown	924	3%		2,799	9%		23,695	78%		2,777	9%	30,195	100%
Vermilion	61	4%		132	8%		1,396	81%		145	8%	1,734	100%
Wabash	6	4%					127	86%		9	6%	147	100%
Warren	15	6%		12	5%		220	85%		12	5%	259	100%
Washington				13	9%		122	82%		13	9%	149	100%
Wayne	10	5%		25	12%		143	68%		33	16%	211	100%
White	8	3%		21	9%		208	87%				239	100%
Whiteside	34	4%		44	5%		674	80%		93	11%	845	100%
Will	280	4%		659	9%		6,051	79%		676	9%	7,666	100%
Williamson	47	5%		95	10%		757	76%		96	10%	995	100%
Winnebago	171	3%		491	9%		4,391	78%		556	10%	5,609	100%
Woodford	9	3%		25	8%		250	79%		32	10%	316	100%
Grand Total	6,957	3%		20,138	9%		171,293	77%		24,614	11%	223,002	100%



Redes by Language

Language by Response - October 2025						
Primary Language	RESPONDED		DID NOT RESPOND		TOTAL	
	COUNT	COLUMN %	COUNT	COLUMN %	COUNT	COLUMN %
English	184,520	91%	16,058	84%	200,578	90%
Spanish	14,169	7%	2,629	14%	16,798	8%
Other Primary Language	5,128	3%	498	3%	5,626	3%
Grand Total	203,817	100%	19,185	100%	223,002	100%





Appeals and Adjudication Timeline – Upcoming Data

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



Questions?





VI. B. 3. Family Planning



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	1657
Stand-Alone Application	2,427
Opt-In Application	19,760
Current Total Enrollment	23844

Data run 11/04/2025

Questions?





VI. C. State-Base Marketplace



Get Covered Illinois Launched November 1

- Open enrollment started Saturday, November 1 and marks Get Covered Illinois' inaugural open enrollment launch as a state-based marketplace.
- This year, Get Covered Illinois is focused on scaling up support. Read the press release [here](#).
- Website traffic data indicates customers are successfully accessing the application and support resources.
- Customer service representatives are assisting callers with questions on topics ranging from account claiming to premiums and eligibility.
- Navigators held well-attended enrollment events over the weekend of November 1.
- Open enrollment ends January 15.





Changes for 2026: Premium Increases

- Congress has not extended the enhanced premium tax credits that are set to expire at the end of this year.
- In 2026, Get Covered Illinois customers will pay on average 78% more per month for coverage.
- There will still be tax credits available, but the amount will be less generous, and fewer people will qualify.
- Read more about premium increases on our [Cost Changes for Get Covered Illinois Customers](#) page.



What this means for Illinois

Illinoisans, on average, will see a 78% increase in their monthly premium

2025 Statewide Average

\$260

2026 Statewide Average

\$464

Illinois' Most Populous Counties

	2025 Average	2026 Average	Difference
Cook	\$ 226.46	\$ 440.97	95%
DuPage	\$ 317.48	\$ 544.43	71%
Lake	\$ 350.72	\$ 514.34	47%
Will	\$ 307.66	\$ 561.56	83%
Kane	\$ 296.07	\$ 490.21	66%



HFS

Illinois Department of
Healthcare and Family Services

Presenter: Stephani Becker, Deputy Administrator State Based Marketplace



Some Parts of the State will be Hit Harder

Southern rural communities will see much higher increases.

	2025 Average	2026 Average	Difference
Effingham	\$185.22	\$1,029.41	456%
Jackson	\$122.41	\$458.40	274%
Crawford	\$170.31	\$517.86	204%
Union	\$ 161.98	\$449.63	178%
Johnson	\$190.64	\$502.45	164%





Many Factors Determine Healthcare Costs

We encourage people to do their research

There may be options through alternative levels or by reviewing total plan out-of-pocket costs

Monthly premiums for 60-year-old couple earning \$52,875 annually

County	PTC Benchmark Silver Plan	Lowest Cost Bronze Plan
Champaign	\$ 382.14	\$ 7.94
Cook	\$ 380.38	\$ 3.69
Peoria	\$ 380.24	\$ 6.08
Saint Clair	\$ 403.52	\$ 3.76
Sangamon	\$ 480.74	\$ 7.94



Changes for 2026:

Some Insurers no Longer Offering Coverage on the Marketplace

- The number of insurers on the Illinois Marketplace decreased from 11 (in 2025) to 7 for 2026 coverage.
 - Health Alliance, Aetna CVS Health, and Quartz will no longer have plans available in the marketplace starting January 1, 2026.
 - Cigna will not be offering plans on the marketplace to Cook County residents. Cigna will continue to offer plans throughout the state.
- Impacted customers' coverage will remain the same through 2025; in 2026, impacted customers will be renewed into a similar plan with a new insurer.
 - We are encouraging customers to shop and compare options to ensure they have a plan that fits their needs and budget.
- Learn more about what plans are changing on Get Covered Illinois' [2026 plan changes](#) page.



Changes for 2026: Changes to Coverage for Immigrants

- Deferred Action for Childhood Arrivals (DACA) recipients are no longer eligible for marketplace health or dental insurance. The federal government ended their coverage on August 31, 2025.
- The federal government is also making coverage for some Illinoisians less affordable by restricting access to subsidies for certain lawfully present immigrants.



HR 1 Impact on Marketplace Plans for Low Income Lawfully Present Immigrants

- Previously, low income lawfully present immigrants who were ineligible for Medicaid due to their immigration status could enroll in Marketplace plans with Premium Tax Credits (PTCs)
 - See Blue Box for immigrants in this category
- NEW THIS YEAR - This option is eliminated under HR1 - effective plan year 2026.
- These lawfully present low income immigrants (< 100% FPL/ \$15,650 per year) can choose to enroll in a Marketplace plan without PTCs but many are expected to go uninsured because the absence of financial assistance will make coverage prohibitively expensive.

Many lawfully present immigrants are excluded from Medicaid, such as:

- ☐ Green card holders, in 5 year waiting period
- ☐ People granted or who have an application pending for Temporary Protected Status (TPS)
- ☐ People granted parole for less than one year
- ☐ People granted relief under the Convention Against Torture (CAF)
- ☐ Applicants for asylum
- ☐ U-visa holders
- ☐ People with nonimmigrant visas
- ☐ People with Special Immigrant Juvenile status
- ☐ Recipients of deferred action, and others who are living in the United States with the permission of the government.



Changes for 2026: What Should Impacted Customers Do?

- All Get Covered Illinois customers should log into their Get Covered Illinois accounts during open enrollment and make sure their information is up to date.
- Contact Get Covered Illinois if:
 - It has been more than 5 years since they got their lawfully present status
 - Their immigration status or household income has changed
- Review all plan options available on Get Covered Illinois.
 - If re-enrolled with no subsidies (due to changes in eligibility for 2026) must cancel plan by December 31st.
- Check with their employer to see if they have coverage options.
- Reach out to a Get Covered Illinois-certified broker or navigator for help at no cost:
GetCoveredIllinois.gov/LocalHelp



Search



English ▼

Get started ▼

Plans and costs ▼

Get help ▼

Call us 1-866-311-1119

Log in

Enroll

Home > Get help > Free local help



Free local help

If you need assistance understanding your health coverage options through the Get Covered Illinois marketplace, you can contact a navigator or broker. They provide free, unbiased services year-round to help you and your family.

What is a Get Covered Illinois-Certified Broker?

Insurance brokers are able to help you enroll in a health plan through Get Covered Illinois and apply for financial help. They can make specific recommendations about which plan you should enroll in.

Find a broker

What is a Get Covered Illinois Navigator?

Navigators are trained professionals who assist you with finding health insurance options through Get Covered Illinois. This includes helping you complete eligibility and enrollment forms.

Find a navigator



Customers

If you are a customer, you can talk with a Customer Service Representative.

[Go to Help Center >](#)



HFS

Illinois Department of
Healthcare and Family Services

Questions?





VI. D. New Policy/Modification





New Policy/ Policy Modifications

8/12/2025- 11/07/2025

- [IDHS: MR #25.34 Qualified Medicare Beneficiary Hospital Insurance Benefit Premium](#) (Published 10/1/25)
- [IDHS: MR #25.35: Family Planning Application Signature Update](#) (Published 10/1/25)
- [IDHS: MR #25.36 Children Receiving Supplemental Security Income](#) (Published 10/1/25)
- [IDHS: MR #25.40 Health Benefits for Immigrant Adults \(HBIA\) Sunset](#) (Published 10/27/25)

Questions?



VI. E. Leadership Updates



1.A.

HR 1 & Medicaid

Presenter: Emma Watters Reardon, Policy Director



HFS
Illinois Department of
Healthcare and Family Services

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 SDPs at 100% Medicare payment rates	July 4, 2025
Rural Health Transformation Program	Application due November 5, 2025; awards decided December 31, 2025
Narrow the definition of "qualified aliens"	October 1, 2026
6-month eligibility redeterminations for ACA adults	January 1, 2027
Work requirements	January 1, 2027 (January 1, 2029, with good faith effort determination)
Phase-down provider hold harmless threshold	October 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

Impact of HR 1 on Medicaid Customers

- **Projected Losses:**
 - Internal estimates show that between **270,000 and 500,000 Illinoisans** will lose Medicaid coverage due to the new federal work requirements. That means close to **15% of our current customers** could lose coverage.
 - States that have imposed work requirements, such as Arkansas and Georgia, saw tens of thousands of eligible enrollees lose coverage. Of those disenrolled in Arkansas, **97% were compliant or had exemptions, but still lost coverage.**



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.



Eligibility Changes



Implementation Planning for HR 1

Eligibility

- Eligibility-related changes, particularly work requirements and 6-month redeterminations, require immense resources, time, and stakeholder coordination.
- Our multifaceted strategy towards optimizing implementation of these changes includes:
 - Maximize policy flexibilities to ensure as few customers as possible lose coverage due to new eligibility requirements.
 - Leverage information technology (IT) to maximize automation, streamlining applications and redeterminations, exempting eligible individuals seamlessly, and optimizing our customer interface so it is easy to navigate and maintain compliance.
 - Develop a robust communications plan that leverages community partnerships to assist customers and grows existing education and training resources to help customers satisfy requirements.
 - Build state staff capacity to address new requirements, IT implementation and enrollment.



Implementation Planning for HR 1

Eligibility: Maximize Policy Flexibilities & Leverage IT

- HFS is developing policies and procedures for the application process, exemption and compliance verification processes, and renewal process that will maximize exemptions and reduce the burden on customers.
- HFS is focusing on how to maximize automated eligibility processes and exploring AI for eligibility verification purposes.
- HFS is assessing what platforms and products exist, how we can leverage technology to make this process as easy as possible for customers and for the state on the administrative side, and how we can procure these platforms quickly.



Implementation Planning for HR 1

Eligibility: Communications

- Building on lessons learned from the Public Health Emergency (PHE) unwinding, HFS plans to employ a comprehensive, multi-modal, and cross-sector communications strategy.
- To date, HFS has: 1) Co-hosted a Town Hall with DHS on HR 1 impacts; 2) Created a Federal Resource webpage with FAQs and other materials, and 3) Engaged in countless one-on-one conversations with stakeholders both in and outside state government.
- HFS is in the early stages of developing a long-term communications plan with DHS, GO, and other state partners, which will leverage CBOs, MCOs and other partners to communicate with customers and help ensure they are prepared for the new requirements.



Implementation Planning for HR 1

Eligibility: Building Capacity

- HFS is collaborating closely with the GO, DHS and other agencies to build an operational plan that leverages existing efforts to implement SNAP work requirements and contemplates additional processing needs for case workers resulting from HR 1 changes to both Medicaid and SNAP.
- Staffing and support needs include strategic project management, IT expertise and additional caseworkers to adequately implement work requirements and other eligibility changes.
- HFS' multifaceted strategy towards optimizing implementation of these changes includes maximizing automation, optimizing the customer technical interface, and growing state education and training resources to help customers satisfy new requirements.



Implementation Planning for HR 1

Financing

- Medicaid financing changes related to provider taxes and state directed payments (SDPs) will necessitate changes to hospital SDPs and the hospital, nursing home, and managed care organization (MCO) taxes.
 1. Reduce the hospital SDPs
 2. Restructure the nursing home and MCO taxes to come into compliance with new uniformity requirements
 3. Phase down the hospital and MCO taxes to meet the new hold harmless threshold
- HFS will pursue legislation, pending further guidance from federal CMS.

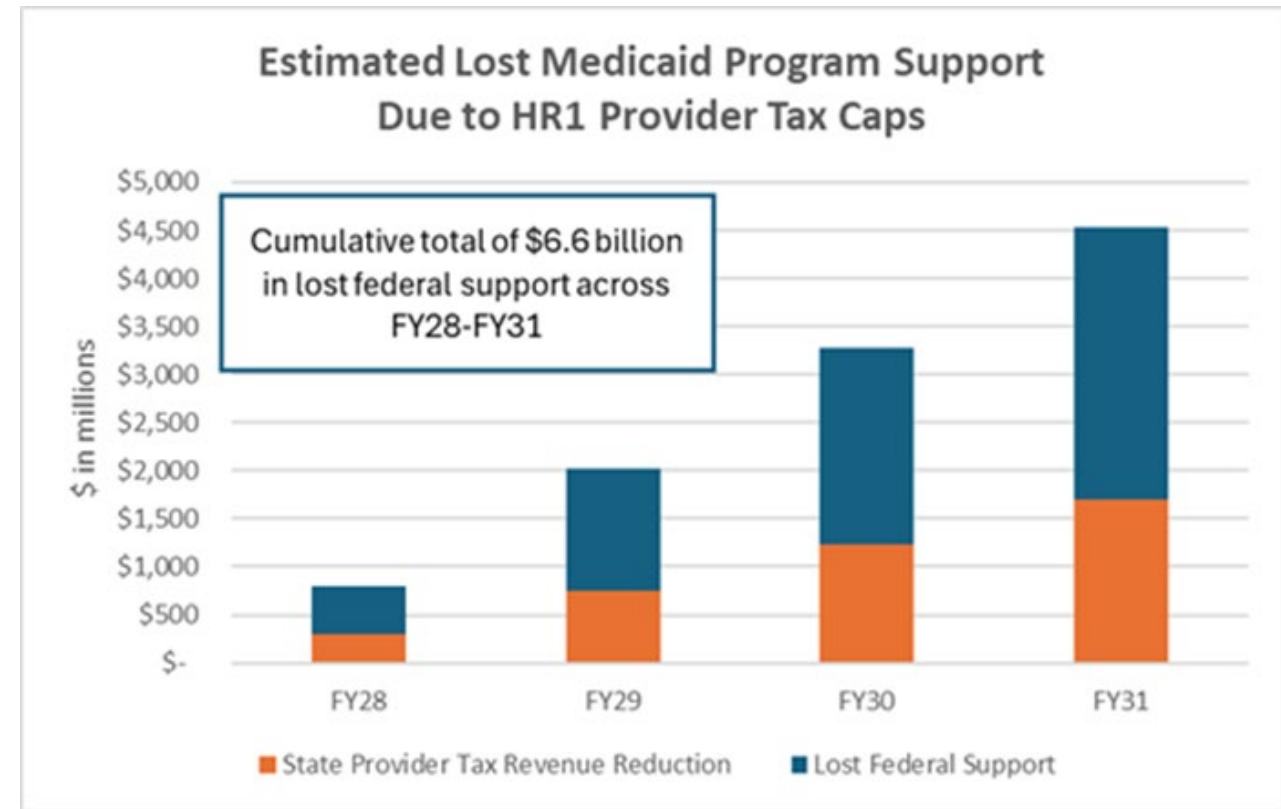


Financing Changes

Implementation Planning for HR 1

Financing Changes

1. Expansion states must phase down their taxes from **6% to 3.5%** of net patient revenues starting October 1, 2027.
2. Modifies the criteria for a provider tax to be deemed “generally redistributive,” effective upon enactment with a transition period TBD.
3. Existing SDPs must be phased down to 100% of Medicare payment levels (for expansion states) starting January 1, 2028.
 - Requires Illinois to reduce hospital SDPs by **\$3.4 billion** over funding reduction period.





Implementation Planning for HR 1

Financing

- Medicaid financing changes related to provider taxes and state directed payments (SDPs) will necessitate changes to hospital SDPs and the hospital, nursing home, and managed care organization (MCO) taxes.
 1. Reduce the hospital SDPs
 2. Restructure the nursing home and MCO taxes to come into compliance with new uniformity requirements
 3. Phase down the hospital and MCO taxes to meet the new hold harmless threshold
- HFS will pursue legislation, pending further guidance from federal CMS.

Looking Ahead

- Rural Health Transformation Program
 - The bill establishes a \$50 billion fund for rural healthcare.
 - States had to apply by November 5, 2025. CMS is required to approve or deny applications by December 31, 2025.
- H.R. 1 Implementation
 - Back to our guiding principles
 - Partnering closely across state agencies and with external stakeholders
 - Building additional staff capacity
 - Robust communication to customers



Questions?





VI. F. DHS



SNAP Federal Impacts on Illinois

ABAWDS, Exemptions, and Time Limited Benefits

The **Supplemental Nutrition Assistance Program** (SNAP) (formerly Food Stamps) **helps low-income people and families buy the food they need for good health.**

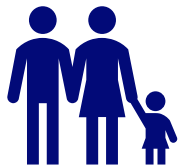


Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.



Eligibility is determined based on:

- income and expenses
- the number of persons who live and eat together



Households may be eligible for benefits with gross incomes less than **165% of the Federal Poverty Level (FPL)** or less than 200% FPL if the household includes elderly or disabled members* (above the federal minimum of 130%).



- **\$4.7B in SNAP benefits** issued to Illinoisans, annually:
- **~1.0M households**
- **~1.9M people**
- This includes **44,217 Veterans**¹
- Notably:
 - **37%** SNAP households have **older adults**¹
 - **45%** SNAP households have **children**¹
 - **44%** SNAP households have a person with a **disability**¹



~340K
ILLINOISANS

Changes in SNAP policies could **directly impact more than ~340K Illinoisans who may no longer be eligible for SNAP benefits** due to work requirements and eligibility changes.



\$1B
ILLINOIS
INDUSTRIES

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



\$7.2B
ECONOMIC
IMPACT

Threatens \$7.2B in positive economic impact for IL.



~1.7M
ILLINOISANS

Compounded impact on over 1.7 million Illinoisians who rely on both SNAP and Medicaid.

H.R. 1 – the "Big Beautiful Bill"

Key Provisions

- Expands work requirements for Illinoisians, including veterans, youth out of care, and the unhoused
- Changes SNAP eligibility for non-citizens
- Requires states to cover a portion of the SNAP program based on the state's Payment Error Rate (PER) – threatening the longevity of the program in Illinois

Impact

- Over 340,000 Illinoisians at risk of losing benefits
- A price tag of potentially over \$800M for the state beginning in October 2027
- Changes in state-level policies for documentation and re-determination in order to mitigate PER impacts.

Impacts to Able Bodied Adults Without Dependents (ABAWDs)

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.**



Impact of ABAWD Work Requirement

Expanded ABAWD Population & Illinoisans at Risk

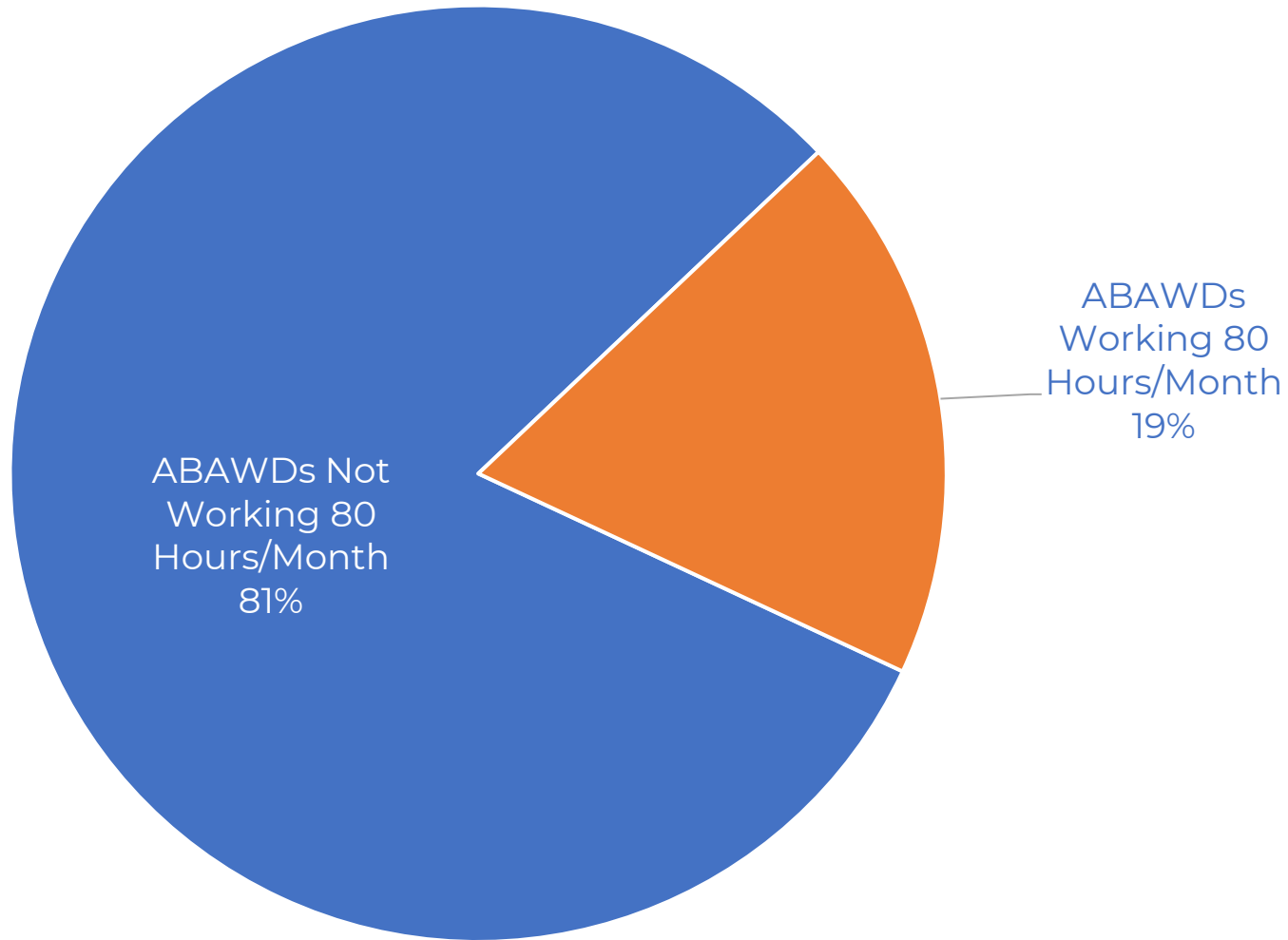


- The expanded definition increases Illinois' ABAWD population from **~189,000 to ~446,000**.
- Based on historical trends, **~340,000 ABAWDs** are at risk of losing SNAP benefits.
- Of those at risk, **45%** are likely to lose eligibility after the 3-month time limit.
- Approximately **23,000 Illinoisans** who are **unhoused, veterans, or youth aging out of foster care** will lose their current exemptions—facing elevated food insecurity risk.

Economic Ripple Effect



- If at-risk ABAWDs (single-person households receiving ~\$208/month) lose benefits, Illinois communities could experience an estimated **\$110 million in lost economic activity each month**.



- In Illinois, approximately 20% of the total SNAP population are identified as ABAWDs.
- Under the new ABAWD definition, only 19% of individuals are currently meeting the work requirement.
- Illinois was one of only [six \(6\) States and Territories](#) that was under a statewide time limit waiver that ended on November 2.
- Starting December 1, time limited benefits are limited to three months, unless exempt or meeting the work requirement.

- Experiencing **instability** and managing **immediate crises**.
- Higher rates of **homelessness and mental and physical limitations** that may not qualify as a full disability but impact the ability to work 80 hours a month.
- Often **disconnected from the workforce** or **working in low-paid jobs** with unpredictable hours that don't offer benefits like paid sick leave.
- **Lack of consistent mailing address and less responsive** to traditional means of communication, such as phone, email, and regular mail than other SNAP recipients.
- **Rural participants** have even less access to job opportunities, training programs, transportation, and broadband internet access.

*The ABAWD time limit substantially reduces SNAP participation and does not increase employment or earnings ***

**Source: Urban Institute Report: [The Impact of SNAP ABAWD Time Limit Reinstatement in Nine States](#), June 2021

*ABAWD characteristics may shift with the OBBBA addition of individuals in households with school-age children and 55-64 year-olds.

Return of the Time Limit – What to Know

- **Effective Date:**
Time limit return in Illinois on December 1, 2025.
- **Who's Affected:**
Adults 18–64 without dependents under age 14 in their SNAP household.
- **What's Changing:**
Illinois' current waiver will expire in November— meaning the 3-month time limit will start applying again for ABAWDs who aren't meeting work requirements or exempt.
- **What's ahead:**
 - Local offices will screen for exemptions before applying the time limit
 - Impacted customers will be informed about the change and how they can maintain eligibility
- **For Providers:**
 - Support customers who qualify for exemptions through completing the necessary steps to stay eligible.
 - Connect non-exempt individuals to work programs like SNAP E&T, JTED, WIOA, and other federal, state, and local programs to help them meet the work requirement. **IDHS is working on tools to help ABAWDs find qualifying programs in their area.*

- 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**.
- In Illinois, the 3-year period began 1/1/24 and ends 12/31/26. Illinois's waiver of the ABAWD time limit ends November 2.



- 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.

Preparing for the Return of the ABAWD Time Limit

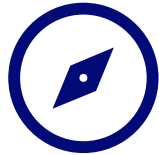
- 1. Educate and engage participants and community partners** on all exemption pathways (e.g., physical and mental barriers to work) and ways to meet with work requirement through a comprehensive communications and outreach plan and trainings for community partners.
- 2. Expand our voluntary SNAP Employment and Training (E&T) program** to help ABAWDs meet the work requirement and ensure statewide coverage. SNAP E&T will remain voluntary.
- 3. Leverage our existing workforce system** (outside of SNAP E&T) and provider network to help ABAWDs meet the work requirement.

Our efforts to support ABAWDs with the return of the time limit will be leveraged as a foundation for implementing Medicaid work requirements.

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

Exceptions from the Work Requirement

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

Exemptions from SNAP Work Requirements*

Not working because of a physical or mental health reason.	Already working at least 30 hours a week.	Earning \$217.50 or more per week.	Meeting work requirements of another program (TANF or unemployment compensation).	Taking care of a child younger than age 6 or someone who needs help caring for themselves.
Going to school, college, or training program at least half time.	Participating regularly in a drug or alcohol addiction treatment program.	Exempt from work provisions.	Younger than age 18, or age 64 or older.	Parent or other member of the SNAP household with a child under 14 years of age.
Pregnant.		Indian, Urban Indian, California Indian, and other Indians who are eligible for Indian Health Services.	Residing in a waived (exempt) county	

**This includes exemptions from the work provisions and work requirement.*

Meeting the Work Requirement

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**

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
- Not pregnant
- Not already exempt from work provisions
- Not covered by time limit waiver or discretionary exemption

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.

Other Changes Underway – Strategies to reduce the State's Payment Error Rate (PER)

- Requiring proof of shelter costs
- Require proof of medical expenses
- Return to 6-month re-determinations

Questions?



VII. Public Comments



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No public comments

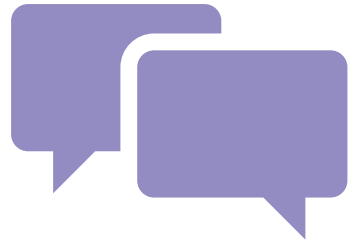
VIII. Additional Business: Old and New



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Additional Business: Old & New



Items for future discussion?



HFS announcements?

**Presenter: Sherie Arriazola-Martinez, Public
Education Subcommittee Member**



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

Meeting Dates will be posted soon



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**Presenter: Melishia Bansa, Deputy Director, Community
Outreach**

|Boards and Commissions

Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

- 1 Security Awareness Training 2025
- 2 Diversity, Equity, Inclusion and Accessibility Training 2025
- 3 LGBTQIA+ Equity and Inclusion 2025
- 4 Ethics Training Program for State Employees and Appointees 2025
- 5 Harassment and Discrimination Prevention Training 2025
- 6 HIPAA & Privacy Training 2025

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, 2025. 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 \(illinois.gov\)](#)



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Outreach

Presenter: Melishia Bansa, Deputy Director, Community

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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



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XI. Adjournment



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