

# PUBLIC EDUCATION SUBCOMMITTEE (PUB ED)

November 21, 2024

VIRTUAL WebEx Meeting

1:00 PM – 3:00 PM



**HFS**

Illinois Department of  
Healthcare and Family Services



**HFS**

Illinois Department of  
Healthcare and Family Services

## OUR VISION FOR THE FUTURE

# We improve lives.

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

This is possible because:

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

We do this by:

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

Ensuring all staff and systems work together.

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

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

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

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

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

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

# Public Education Subcommittee Charter

**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.



# 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](mailto:jenna.king@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto: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](mailto:jenna.king@illinois.gov) and [Margaret.dunne@illinois.gov](mailto:Margaret.dunne@illinois.gov) with a copy to [Melisha.Bansa@Illinois.gov](mailto: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.

# Agenda

- I. Call to Order**
- II. General Meeting Operations and Communications**
- III. Roll Call of Subcommittee Members**
- IV. Introduction of HFS and State Agency Staff**
- V. Review and Approval of the Meeting Minutes**
- VI. Annual Public Forum: Continuity of Care/  
Administrative Simplification Demonstration  
Waiver Public Forum**

# Agenda

**VII. State Updates**

**VIII. Public Comments**

**IX. Additional Business: Old and New**

**X. HFS Announcements**

**XI. Concluding Directives and Wrap-Up**

**XII. Adjournment**





# Kate Yager, New Administrator of Division of Eligibility



## BIO

Kate Yager serves as the Administrator of the Division of Medical Eligibility for the Illinois Department of Healthcare and Family Services (HFS). Kate has more than 20 years of experience in public policy in various disciplines at the state and local levels in Illinois, New York, and Tennessee. Prior to joining HFS, Kate served as the Director of Medicaid for Chicago Public Schools, and on the board of directors for the National Alliance for Medicaid in Education (NAME) as an active member of the NAME governmental affairs committee. Previously, Kate served as the Deputy Chief of Policy in the Office of Mayor Rahm Emanuel, State Policy Director at Healthy Schools Campaign, and Director of Economic Research for the Tennessee Technology Development Corporation. Kate received her Master of Arts in Economics from the University of Missouri – Kansas City and Bachelor of Arts in Economics from the State University of New York – Binghamton. In her spare time, Kate enjoys biking along Lake Michigan and going on adventures with her dog Archie.



# New Staff Announcements

## HFS Promotions

- **Melishia Bansa** - Deputy Director for Community Outreach,
- **Monique Wantland** - Agency Procurement Officer

## New To HFS

- **Kate Yager** - Administrator of the Division of Eligibility
  - **Tracy Keen** has retired as Administrator of the Division of Eligibility
  - **Jacqueline Myers** Interim administrator since August.
- **Clare Fisher** - Lead, Medical Debt Relief
- **Melissa Kula** - HFS Media Relations Officer
- **Emma Watters Reardon**- Policy Director
- **Aileen Kim** -Deputy Chief of Staff

## Special Thanks For Years of Service to HFS

- **Terri Shawgo** – Former Director of Human Resources
  - **Ruth Ann Day** - New interim Deputy Director of Human Resources
- **Janene Brickey** Former Deputy Administrator for Long-Term Care in the Division of Medical Programs
  - **Sarah Myerscough-Mueller** – New Interim Deputy for Long Term Care
- **Katie Hill** – Former General Counsel at HFS
  - **Chris Gange** New interim General Counsel



# VI. Annual Public Forum: Continuity of Care & Administrative Simplification Demonstration





# Public Forum Outline

- **Purpose of the Forum:** Provide an overview of the forum's objectives and goals for engaging stakeholders in the discussion.
- **Overview of Continuity of Care & Administrative Simplification:** Present a brief summary of the demonstration's initiatives
- **Current Status of the Waiver:** Summarize key findings from the Demonstration Year 4, Quarter 2 report to give an update on the waiver's progress.
- **Public Comments & Feedback:** Open the floor for public comments, inviting feedback on the impact and effectiveness of the demonstration.
- **Looking Ahead:** Discuss future plans, initiatives, and ongoing efforts related to the Continuity of Care & Administrative Simplification waiver



# The Purpose of Public Forum

- **Meet CMS Requirements:** Fulfill post-award requirements by hosting an annual public forum.
- **Engage Stakeholders:** Gather input from customers, stakeholders, and the public on the program's impact.
- **Guide Future Improvements:** Use insights to inform enhancements that align with customers' needs and program goals.
- **Focus on MCO Automatic Re-enrollment & Waiving HPE Initiative:** Specifically address feedback on the effectiveness and impact of the MCO automatic re-enrollment initiative and the waiver of Hospital Presumptive Eligibility (HPE).

# Overview of the CoC Waiver

- HFS received approval from CMS for the Continuity of Care and Administrative Simplification 1115 demonstration waiver to further enhance health outcomes by promoting continuity of care and reducing administrative burdens within the Medicaid program.
- This 1115 waiver was approved on January 19, 2021, and the demonstration period is effective until December 31, 2025
- The following initiatives were included:
  - Manage care reinstatement when a Medicaid Beneficiary submits late REDE paperwork within 61- 90 days after REDE due date
  - Waiving the implementation of Hospital Presumptive Eligibility
  - Extending postpartum coverage to 12 months - *NOTE: this authority transitioned from 1115 waiver authority to SPA authority on 7/1/22*

# Summary of DY4Q2 Monitoring Report

Within the quarterly report, HFS reported the monthly MCO reinstatements between 61-90 days to show the impact of the managed care reinstatement initiative.

Month	Reinstatements into MCOs with Late Redetermination Paperwork Submitted Between 61-90 Days
April 2024	1,522
May 2024	998
June 2024	1,677

Due to the PHE Unwinding 30-day grace period:

- December 2023 cohort extended to January 2024- reinstatement days 61-90 were in April 2024
- January 2024 cohort extended to February 2024 -reinstatement days 61-90 were in May 2024
- February 2024 cohort extended to March 2024- reinstatement days 61-90 were in June 2024

# Summary of DY4Q2 Monitoring Report, Cont.

- Within the quarterly report, HFS reported on the Medicaid approval and denial rates, as well as application processing backlog and turnaround time

## Medicaid Approval and Denial Dates

	Medicaid Approvals	Medicaid Denials
24-Apr	40,670	56,073
24-May	36,975	50,823
24-Jun	30,699	41,359
<b>Total</b>	<b>108,344</b>	<b>148,255</b>
<b>Total Application received</b>	<b>256,599</b>	<b>256,599</b>
<b>Rate</b>	<b>42%</b>	<b>58%</b>

## Application Backlog and Turnaround Time

Application Processing by Month	Apr-24	May-24	Jun-24
<b>Apps On Hand (end of month)</b>	109,387	101,264	99,838
0-7 days	8,785	7,819	9,099
8-20 days	11,440	12,059	11,331
21-30 days	7,592	6,444	7,035
31-45 days	7,715	9,200	8,584
46-90 days	19,156	17,668	18,625
91-180 days	40,145	31,297	22,459
181+ days	14,554	16,777	22,705

- COVID-19 PHE unwinding has significantly impacted application processing at HFS and DHS. Adding HPE applications would have further increased the backlog. Waiving HPE has allowed the state to focus on processing full benefit applications, preventing duplication of the application process, reducing administrative burden, and improving the timeliness of determining Medicaid eligibility approvals and denials.





# Discussion Topics: MCO Automatic Re-Enrollment

- **Managed Care Automatic Re-enrollment Process:** Gathering feedback on the ease and effectiveness of the automatic re-enrollment process, particularly following a lapse in coverage.
- **Administrative and Eligibility Processes:** Observations on the simplicity and efficiency of Medicaid's administrative processes, including re-enrollment and eligibility determinations.
- **Communication and Outreach Effectiveness:** Input on the clarity, accessibility, and effectiveness of communications regarding the demonstration's benefits and procedures.



# Discussion Topics: Waiving HPE Initiative

- **Impact on Hospitals:** Gathering feedback from providers, hospitals, and stakeholders on:
  - Operational or service delivery challenges resulting from the waiving of HPE.
  - Positive outcomes or improvements experienced due to waiving of HPE.
  - Assessing the effects on hospitals' financial sustainability, especially those serving high numbers of uninsured patients.
  - Understanding how waiving HPE has impacted hospital administrative processes.
- **Customer Access & Equity Consideration:** Observe any potential disparities or barriers that have emerged due to the waiving of HPE.



# Looking Ahead

- Upcoming Reports to Watch For:
  - In December, HFS will submit the DY4Q3 report to CMS.
  - HFS' third-party evaluator is in the process of preparing the Interim Report, which is a post-approval requirement. This report is due in June 2025.



# VII. State Updates





# VII. A. Division of Medical Programs



HFS

Illinois Department of  
Healthcare and Family Services

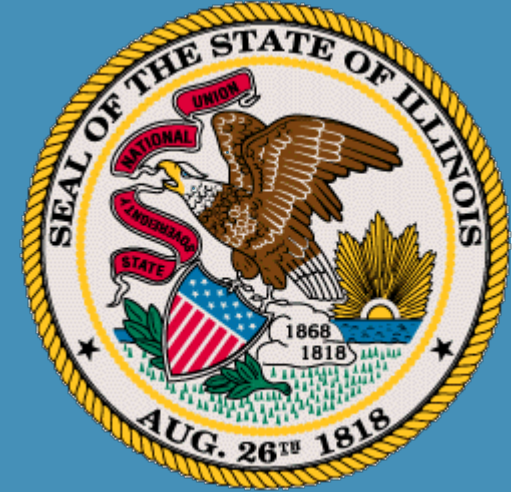


## **VII. A. Beacon Initiative**

**Presenter: Dana Weiner, Ph.D.  
Chief Officer for Children's Behavioral Health  
Transformation**



# BLUEPRINT FOR TRANSFORMATION: A PLAN TO IMPROVE ILLINOIS CHILDREN'S BEHAVIORAL HEALTH



## IMPLEMENTATION UPDATE

DANA WEINER, PH.D.

CHIEF OFFICER FOR CHILDREN'S BEHAVIORAL HEALTH  
TRANSFORMATION

# ILLINOIS CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION INITIATIVE (CBHTI)

- Established in 2022 to address rising youth mental health service needs
- Focuses on closing gaps in behavioral health services for children across Illinois.
- Brings together child-serving agencies to improve access and coordination of care.
- Enhances seamless and efficient services for families, helping create a more unified system of care.







# KEY TRANSFORMATION PRIORITIES

01

**SIMPLIFY:** Absorb complexity behind the scenes to ease family experience of seeking services.

02

**SPEED:** Leverage technology to improve efficiency and transparency.

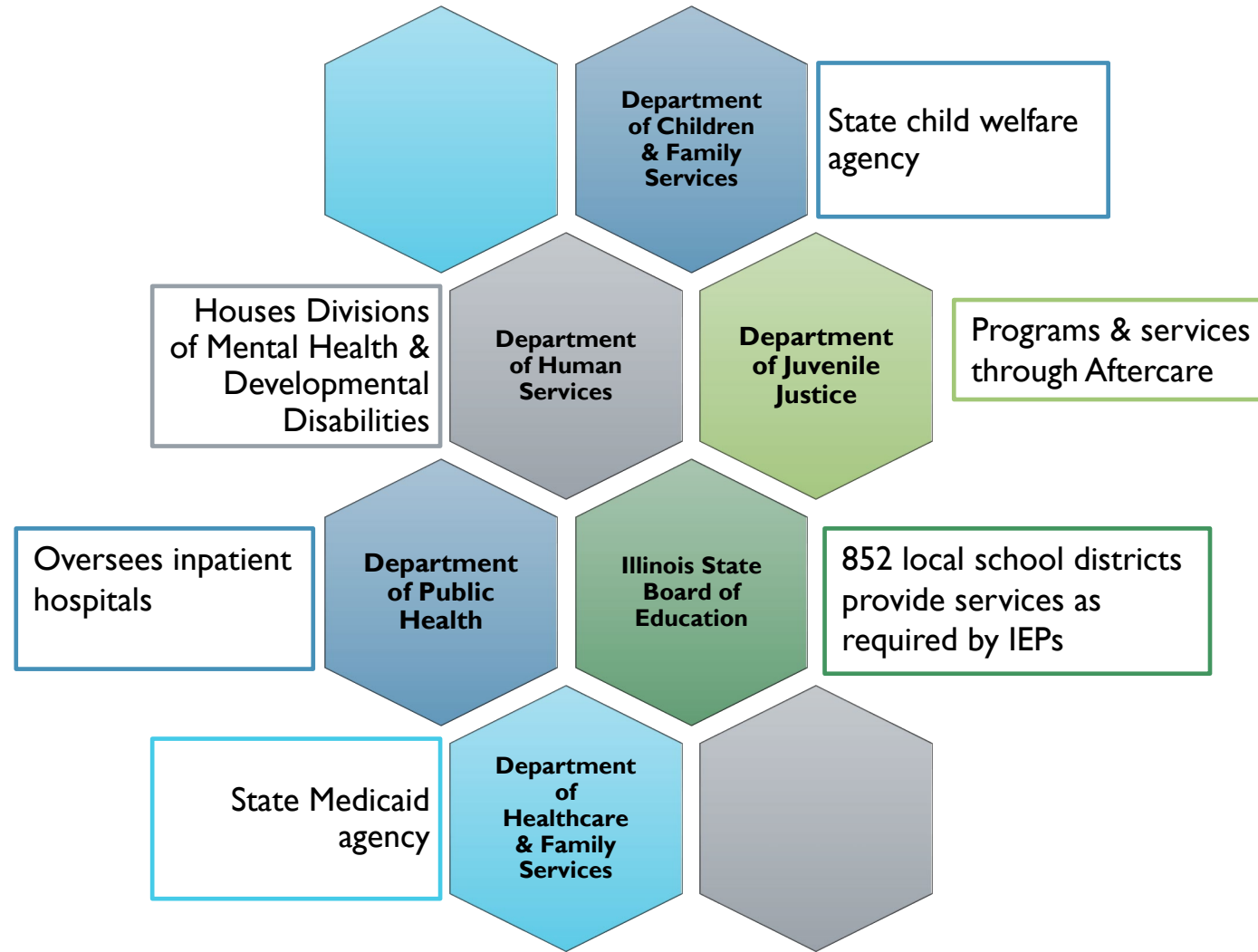
03

**LISTEN:** Elevate the voices of consumers by engaging parent leadership and youth participation.

04

**WORK TOGETHER:** Continue to support creative collaboration between public system partners.

# ILLINOIS CHILDREN'S BEHAVIORAL HEALTH CARE SYSTEM – SIX CHILD-SERVING AGENCIES



# TWELVE RECOMMENDATIONS TO ADDRESS IDENTIFIED BARRIERS

## Centralize & Streamline

1. Develop Care Portal as centralized resource for families seeking services for children with significant and complex needs.
2. Improve coordination of service delivery.
3. Centralize oversight of residential beds.
4. Implement resource referral technology.

## Adjust Capacity

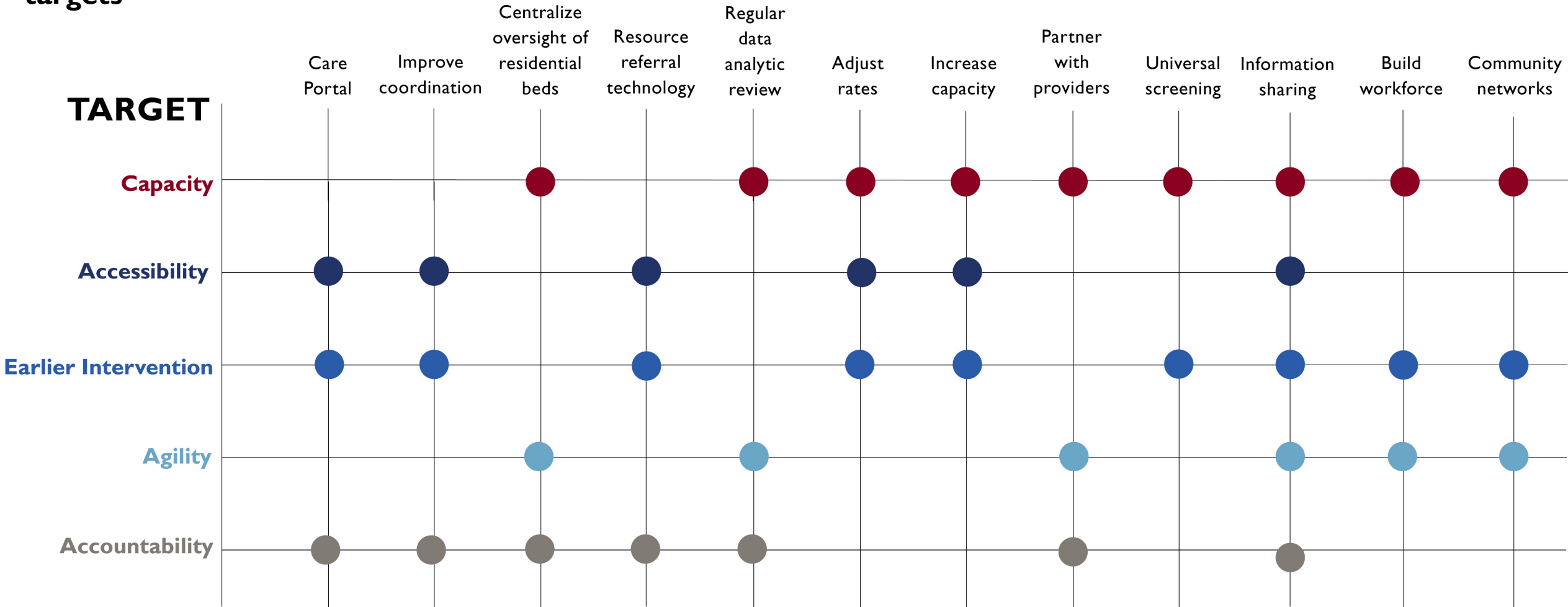
5. Conduct regular data analytic review to inform capacity adjustments.
6. Adjust rates, including standardizing rates for similar services.
7. Increase capacity by expanding eligibility and developing new service types.
8. Partner with providers in a standard protocol.

## Intervene Earlier

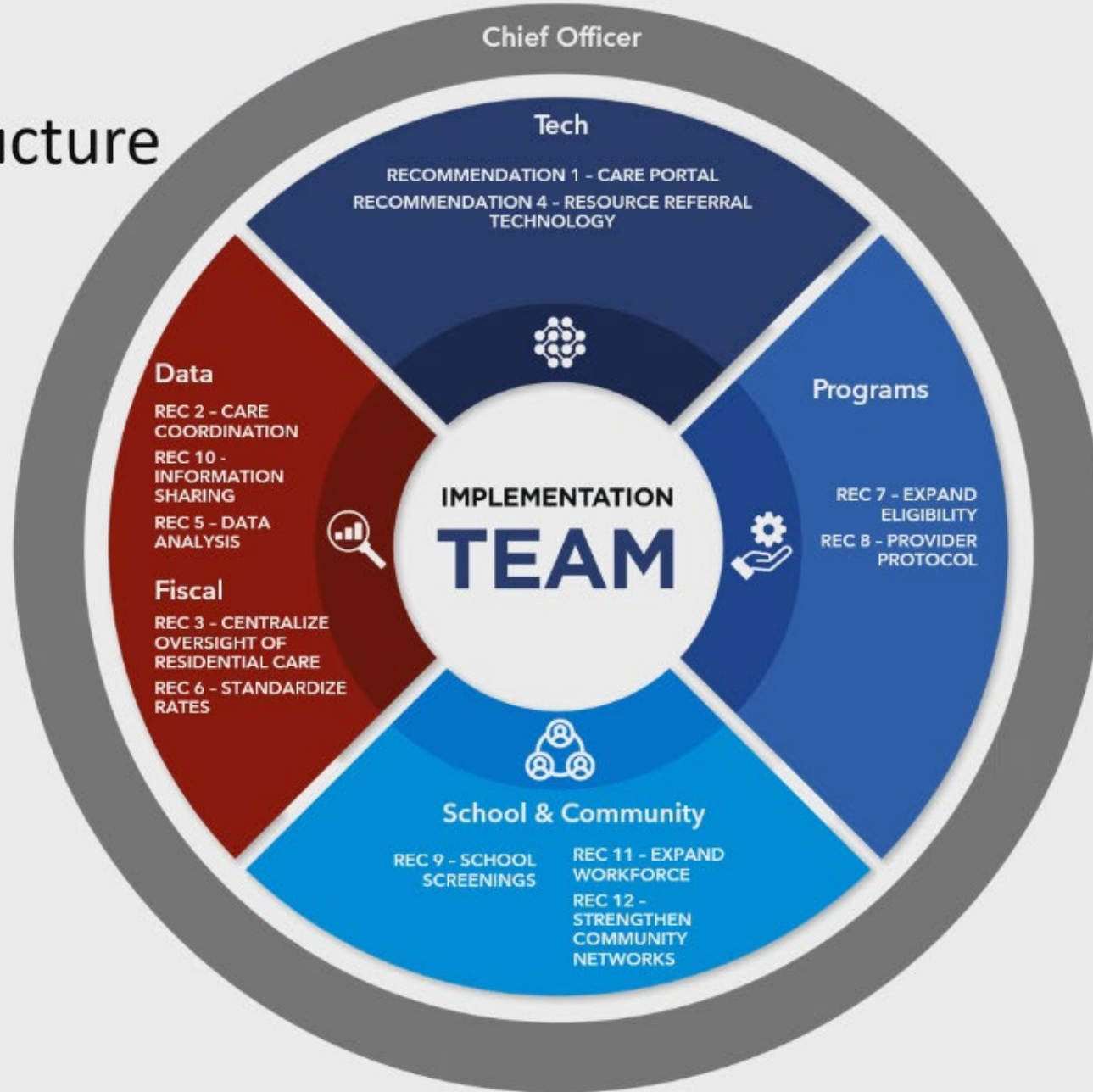
9. Offer universal screening in education and pediatrics.
10. Facilitate information sharing across agencies.
11. Build workforce using paraprofessionals and other roles.
12. Fortify community networks by investing in local communities and parent leadership.

**No “silver bullet” – all targets require multiple strategies, and all strategies hit multiple targets**

## RECOMMENDATIONS



# Implementation Governance Structure



# IMPLEMENTATION HIGHLIGHTS

- BEACON Care Portal – now live!
- Continuing to staff cases collaboratively across 5 agencies to expedite placement and services, with oversight from Director of Operations and participation from DMH team.
- Collaboration with ISBE on the readiness tool based on landscape scan findings – now underway!
- Collaboration with DCFS to engage Judges on new interagency processes and the importance of leveraging all prevention and stabilization resources without DCFS involvement.
- Collaboration with HFS and IDPH on strategies to strengthen community networks.
- Collaboration with HFS on procurement of Resource Referral Tool (RRT) to maximize Medicaid claiming for build and license.
- Provider capacity reporting tool launched to capture residential capacity and staffing shortages statewide.
- Leverage private foundation (ICHF) to develop Family-Run Organizations.
- Collaborating with DMH/DHS to develop pilot for in-home behavioral health aides for youth with autism spectrum disorder and behavioral health needs.



# REC #1 – BEACON LAUNCH

**Phase I (August 15)** – go live; release for interagency team’s case management of Friday crisis call cases



**Phase II (October 1)** – provisional release for system partners, potentially to include

- Hospitals, legislators, attorneys, state agency staff
- School personnel
- Agency staff in a particular region (DCFS Central region)



**Phase III (January)** – public release





# Welcome to BEACON

*(Behavioral Health Care and Ongoing Navigation)*

BEACON is a centralized resource for Illinois youth and families seeking services for behavioral health needs. It's common for young people to struggle with behavioral and/or mental health challenges. Please know you are not alone, and neither is your child. We are here to help. If you would like to learn more about the Transformation Initiative, please visit <https://www.dhs.state.il.us/?item=161800>

## What can BEACON provide?

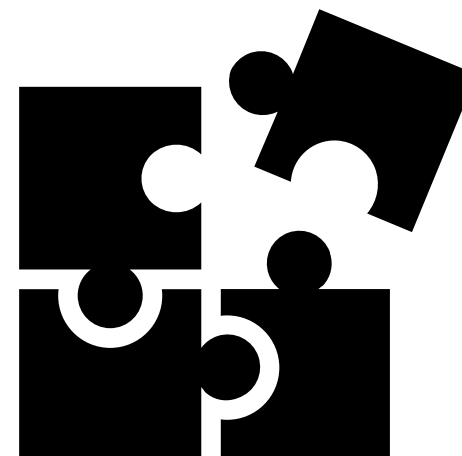
### **i** Information

BEACON gives you information about behavioral health services focused on your child's needs. Learn which community-based resources are available near you and state-funded programs your child may be eligible for.

Listed services include community mental health centers and other

## BEACON IS JUST ONE PIECE OF THE PUZZLE

- BEACON connects families with helpers and allows everyone to see what is available for youth.
- Many other improvements are underway, including:
  - statewide resource referral tool
  - additional capacity for services to reduce wait times
  - community networks
  - behavioral health workforce expansion
- *BEACON does not* provide diagnostic assessment, prescribe services, or make appointments at this time.



## WHY WAS BEACON CREATED?

- To help families easily find and connect to the right services in one simple place.
- To use technology to streamline communication and reduce delays.
- To provide tools for tracking progress and maintaining communication.
- To create a shared platform for agencies to work together seamlessly.



## BEACON: A ROUTING APPLICATION

- **Centralized Service Portal:** BEACON connects families to the right services through a single website.
- **Service Matching:** Helps families find services based on youth needs and characteristics.
- **Coordination:** Allows state agencies with consent to share data, track cases, and collaborate in real-time to provide holistic care.
- **Family Features:** Offers families the ability to create accounts, manage important documents, and connect to agency representatives and navigators for help.



# ACCESSING BEACON

Crisis Help English Parent/Guardian Login

## Welcome to BEACON

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What can BEACON provide?

- Information**  
BEACON gives you information about behavioral health services focused on your child's needs. Learn which community-based resources are available near you and state-funded programs your child may be eligible for.  
Listed services include community mental health centers and other programs. To find individual mental health therapists and counselors, please contact your insurance provider or managed care organization to find providers in your insurance network.
- Assistance**  
We are here to help. BEACON will connect you to our team to find the services that are right for you.
- Login**  
If you are a Parent/Guardian, we recommend you log in or create an account prior to getting started in order to track your progress.

Are you a returning user? [Parent/Guardian Login](#) **GET STARTED**

- **Website URL:** Access the portal at <https://beacon.illinois.gov>
- **Create an Account:** Recommended for parents/guardians to track requests and save progress.
- **Anonymous Use:** Option to use without creating an account, though tracking is not available.
- **Crisis Resources:** Immediate access to crisis services, including 24/7 support like the 988 Suicide & Crisis Lifeline.

# Opportunities for engagement



Access the Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children



# Questions?





# VII. B. Division of Eligibility Updates



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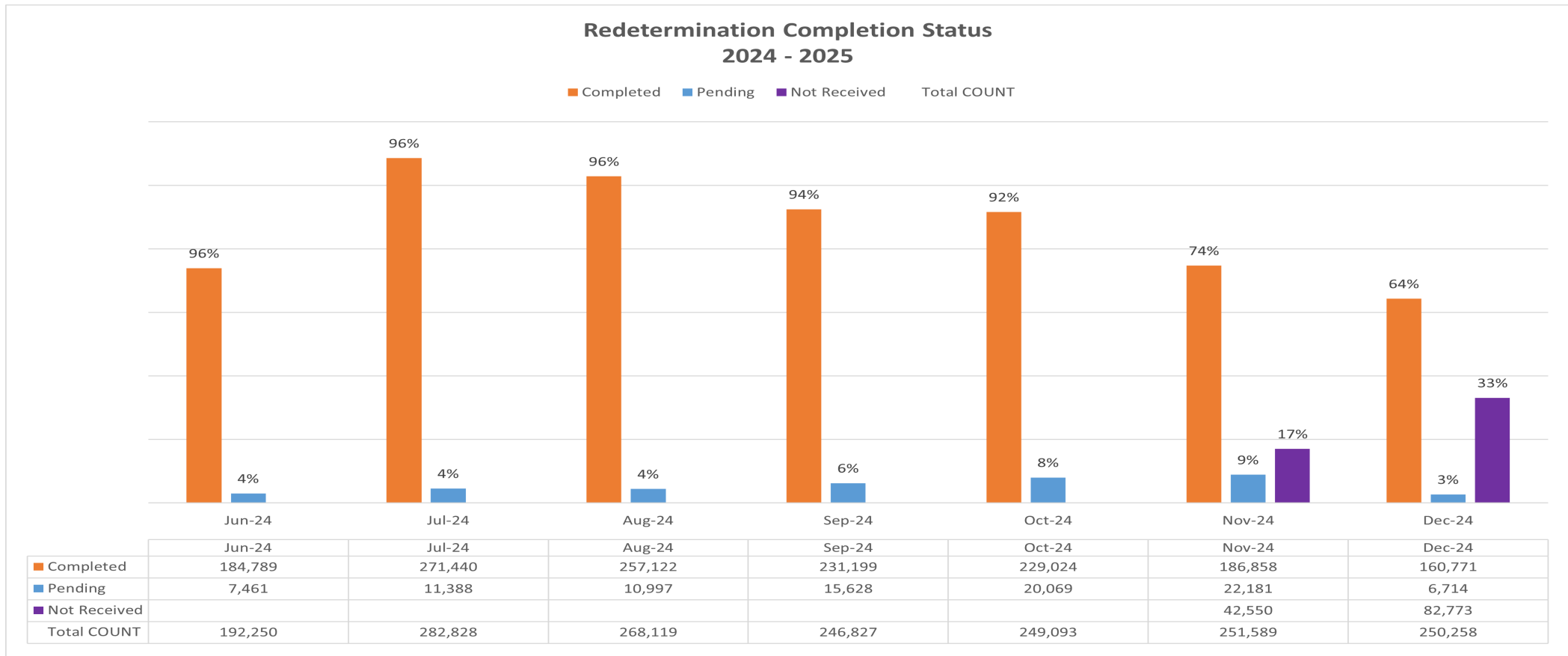


## **VII. B. 1**

# **Redetermination Updates and Data**

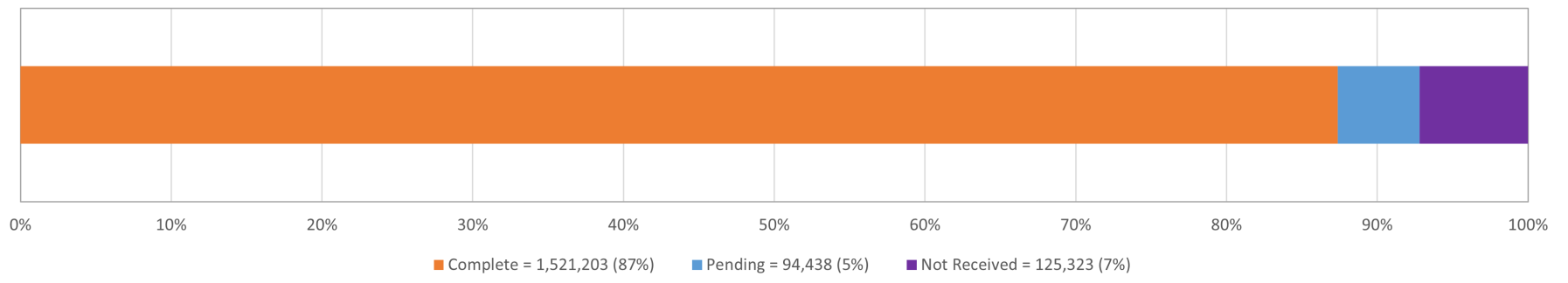


# Overview of the work to be done



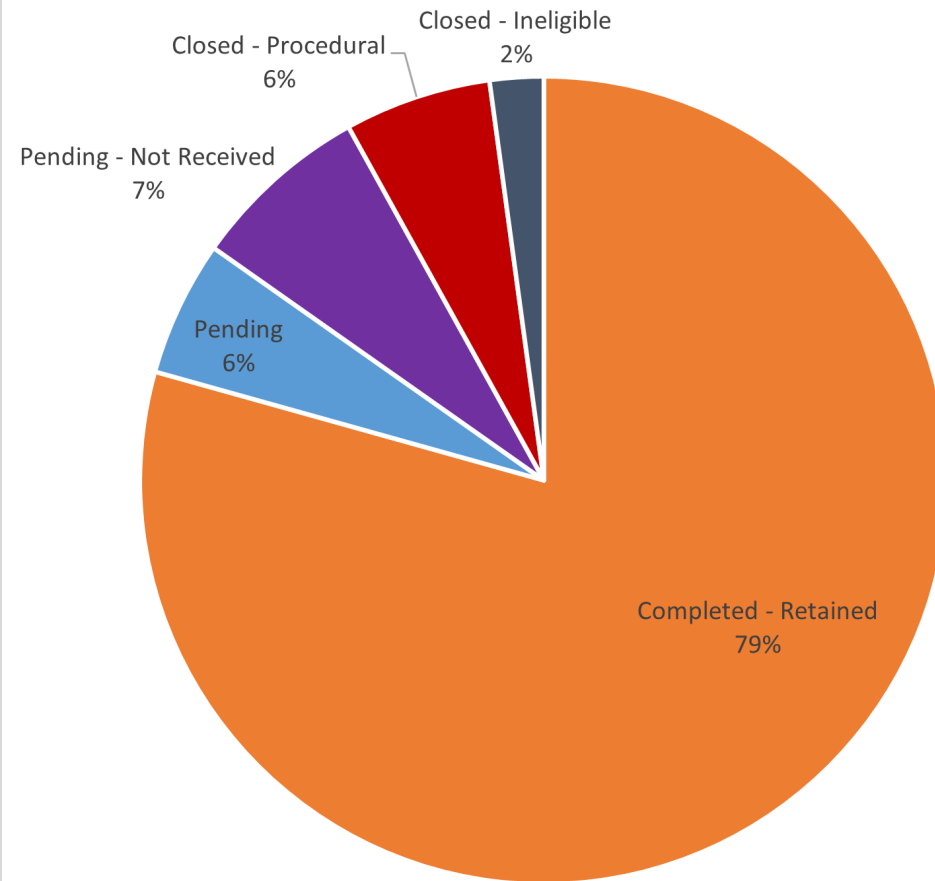


### Redetermination Completion Summary as of 11/14/2024



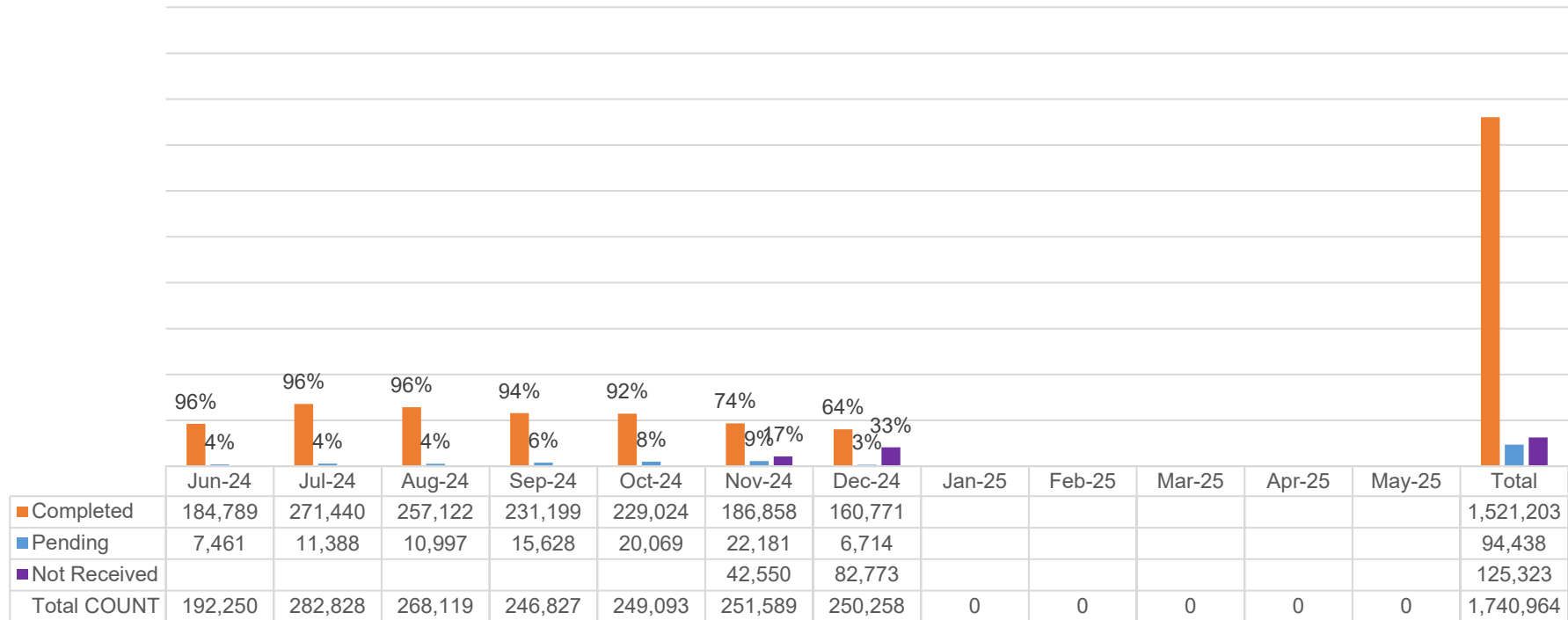


### % of Redetermination Outcome by Individual Year To Date | 24-25



## Redetermination Completion Status 2024 - 2025

■ Completed   
 ■ Pending   
 ■ Not Received   
 Total COUNT





# Accomplishments

- Retained 78% of individuals renewed during the unwinding
- Ex-Parte renewal rate is staying above ~65%
  - This is due to several strategies employed during the unwinding, including:
    - Allowing \$0 income households to be considered for ex-parte (currently approved through 06/2025)
    - Addition of the Asset Verification System to the ex-parte decision – which means more AABD customers are eligible for ex-parte.
    - And the change required by CMS to determine ex-parte by individual rather than by case.

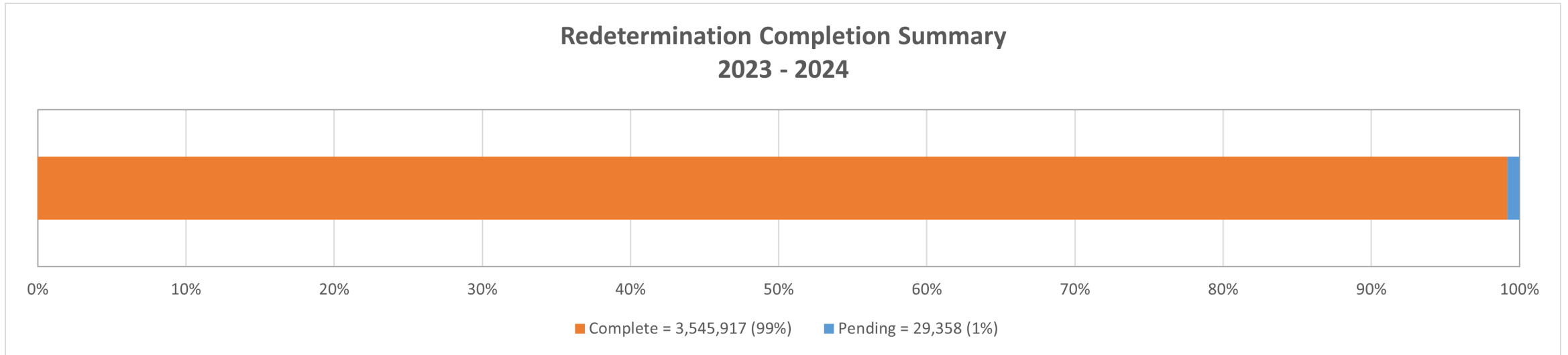
# Status of the PHE Unwinding

Illinois is among the leading states in the country with a retention rate of 78 percent, one of the highest in the entire nation.

Redetermination Status by Individual   FY 2023 - 2024													
Row Labels	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Grand Total
Completed - Retained	169,008	281,089	275,306	231,230	239,109	215,555	224,462	161,567	273,586	263,024	217,304	237,469	2,788,709
Pending	22	38	617	752	784	851	1,134	1,065	2,693	3,149	5,120	13,133	29,358
Closed - Procedural	17,152	41,702	34,384	32,162	32,842	37,741	36,170	27,032	60,779	48,902	47,996	50,267	467,129
Closed - Ineligible	14,811	30,673	26,373	22,750	24,500	21,381	21,646	17,335	36,282	27,528	23,448	23,352	290,079
<b>Grand Total</b>	<b>200,993</b>	<b>353,502</b>	<b>336,680</b>	<b>286,894</b>	<b>297,235</b>	<b>275,528</b>	<b>283,412</b>	<b>206,999</b>	<b>373,340</b>	<b>342,603</b>	<b>293,868</b>	<b>324,221</b>	<b>3,575,275</b>

Status Type	Status Type Defined
Completed - Retained	Approved (Medical Benefits Continue)
Pending	Redetermination is received, but not yet processed
Pending - Not Received	The Pending - Not Received in the May 2024 represents the number of individuals extended to August 31, 2024.
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

# PHE Unwinding Redetermination Data



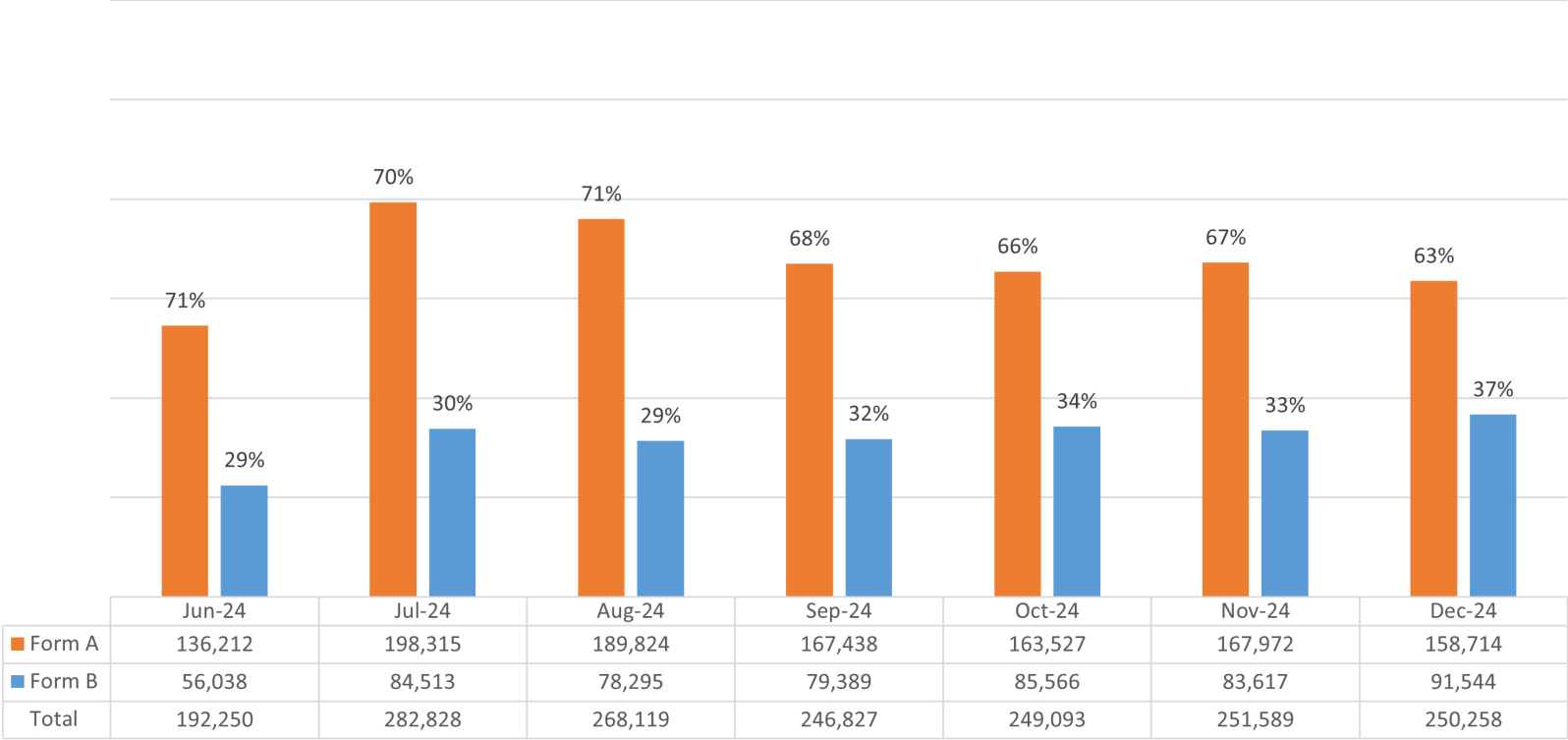
PHE Unwinding Period ( June 2023- May 2024)

[Report Center](#)



# Redetermination Completion Status Outside of PHE Unwinding

Redetermination Type by Individual:  
Form A vs. Form B (24-25)



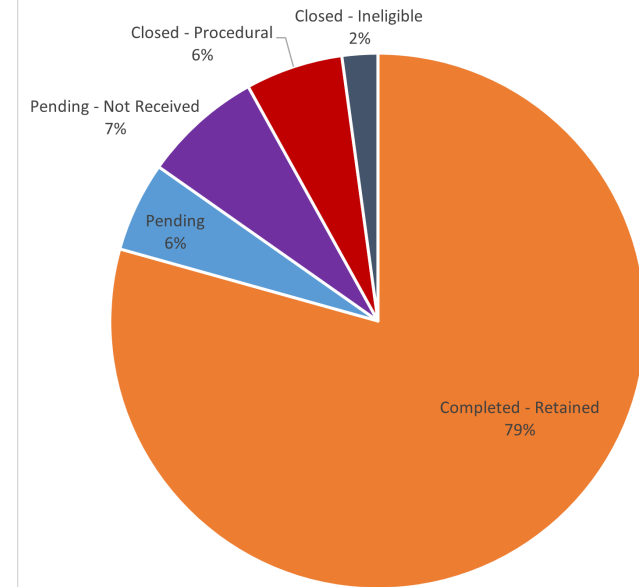
# Redetermination by Status

Redetermination Status by Individual As of November 14, 2024													
Row Labels	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Grand Total
Completed - Retained	168,467	244,724	230,166	202,337	192,577	182,817	160,136						1,381,224
Pending	7,461	11,388	10,997	15,628	20,069	22,181	6,714						94,438
Pending - Not Received						42,550	82,773						125,323
Closed - Procedural	9,384	19,574	20,492	23,027	29,603	288	53						102,421
Closed - Ineligible	6,938	7,142	6,464	5,835	6,844	3,753	582						37,558
<b>Grand Total</b>	<b>192,250</b>	<b>282,828</b>	<b>268,119</b>	<b>246,827</b>	<b>249,093</b>	<b>251,589</b>	<b>250,258</b>	-	-	-	-	-	<b>1,740,964</b>

year to Date | 24-25

Individual

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



# By County

Recipient Outcome by County - November 2024												
County	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		PENDING - Not Received		Total COUNT	
	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %		
Adams	20	2.03%			763	77.46%	54	5.48%	148	15.03%	985	100.00%
Alexander					132	81.48%			23	14.20%	162	100.00%
Bond					160	78.82%	16	7.88%	26	12.81%	203	100.00%
Boone	14	1.82%			569	73.80%	71	9.21%	115	14.92%	771	100.00%
Brown					53	76.81%	8	11.59%	6	8.70%	69	100.00%
Bureau					308	71.96%	42	9.81%	76	17.76%	428	100.00%
Calhoun					79	77.45%	8	7.84%	14	13.73%	102	100.00%
Carroll	7	3.07%			173	75.88%	18	7.89%	30	13.16%	228	100.00%
Cass					201	74.44%	17	6.30%	47	17.41%	270	100.00%
Champaign	38	1.28%			2,153	72.54%	277	9.33%	495	16.68%	2,968	100.00%
Christian					378	76.21%	50	10.08%	63	12.70%	496	100.00%
Clark	9	3.27%			214	77.82%	13	4.73%	39	14.18%	275	100.00%
Clay					135	68.53%	23	11.68%	37	18.78%	197	100.00%
Clinton	10	2.92%			254	74.27%	14	4.09%	64	18.71%	342	100.00%
Colles	12	1.43%			668	79.43%	28	3.33%	132	15.70%	841	100.00%
Cook	1,521	1.48%	102	0.10%	74,014	72.26%	9,541	9.31%	17,256	16.85%	102,434	100.00%
Crawford					228	71.92%	45	14.20%	43	13.56%	317	100.00%
Cumberland					107	78.10%	6	4.38%	22	16.06%	137	100.00%
De Witt					185	76.13%	10	4.12%	42	17.28%	243	100.00%
DeKalb	18	1.17%			1,120	72.49%	138	8.93%	267	17.28%	1,545	100.00%
Douglas					218	78.70%	11	3.97%	41	14.80%	277	100.00%
DuPage	175	1.71%	6	0.06%	6,924	67.51%	1,198	11.68%	1,953	19.04%	10,256	100.00%
Edgar	7	2.49%			210	74.73%	17	6.05%	45	16.01%	281	100.00%
Edwards					80	68.97%	16	13.79%	17	14.66%	116	100.00%
Effingham	6	1.38%			330	76.04%	20	4.61%	77	17.74%	434	100.00%
Fayette	9	2.44%			278	75.34%	11	2.98%	70	18.97%	369	100.00%
Ford					172	76.79%	21	9.38%	29	12.95%	224	100.00%
Franklin	14	1.69%			626	75.70%	39	4.72%	148	17.90%	827	100.00%
Fulton	10	1.89%			378	71.46%	52	9.83%	88	16.64%	529	100.00%
Gallatin					72	75.79%			19	20.00%	95	100.00%
Greene					144	75.39%	10	5.24%	33	17.28%	191	100.00%
Grundy	11	1.75%			445	70.86%	66	10.51%	106	16.88%	628	100.00%
Hamilton					71	78.02%			14	15.38%	91	100.00%
Hancock					178	76.72%	11	4.74%	38	16.38%	232	100.00%
Hardin					70	87.50%			6	7.50%	80	100.00%
Henderson					60	65.22%			28	30.43%	92	100.00%
Henry	11	1.79%			449	73.25%	55	8.97%	98	15.99%	613	100.00%
Homeless	60	0.77%	10	0.13%	5,517	70.63%	446	5.71%	1,778	22.76%	7,811	100.00%
Iroquois	6	1.33%			345	76.50%	32	7.10%	66	14.63%	451	100.00%
Jackson	11	1.06%			750	72.18%	80	7.70%	196	18.86%	1,039	100.00%
Jasper					65	65.66%	11	11.11%	21	21.21%	99	100.00%
Jefferson	14	1.98%			506	71.47%	68	9.60%	120	16.95%	708	100.00%
Jersey					232	72.73%	25	7.84%	57	17.87%	319	100.00%
Jo Daviess					126	67.38%	25	13.37%	31	16.58%	187	100.00%
Johnson					142	84.02%	10	5.92%	16	9.47%	169	100.00%



# By County

Recipient Outcome by County - November 2024												
County	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		PENDING - Not Received		Total COUNT	
	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %		
Kane	127	1.76%	18	0.25%	5,025	69.51%	805	11.14%	1,254	17.35%	7,229	100.00%
Kankakee	24	1.17%			1,613	78.95%	126	6.17%	277	13.56%	2,043	100.00%
Kendall	20	1.40%			1,016	71.05%	149	10.42%	244	17.06%	1,430	100.00%
Knox	13	1.48%			696	79.00%	57	6.47%	113	12.83%	881	100.00%
La Salle	27	1.52%			1,283	72.08%	189	10.62%	279	15.67%	1,780	100.00%
Lake	144	1.49%			6,771	70.06%	1,201	12.43%	1,545	15.99%	9,664	100.00%
Lawrence					185	69.55%	35	13.16%	43	16.17%	266	100.00%
Lee	6	1.40%			311	72.33%	49	11.40%	63	14.65%	430	100.00%
Livingston	8	1.80%			317	71.40%	38	8.56%	81	18.24%	444	100.00%
Logan	13	3.04%			317	74.24%	23	5.39%	74	17.33%	427	100.00%
Macon	41	1.89%			1,577	72.81%	142	6.56%	402	18.56%	2,166	100.00%
Macoupin	7	1.02%			522	75.87%	69	10.03%	89	12.94%	688	100.00%
Madison	47	1.17%			2,990	74.53%	325	8.10%	646	16.10%	4,012	100.00%
Marion	31	3.84%			622	76.98%	31	3.84%	120	14.85%	808	100.00%
Marshall					95	79.17%	6	5.00%	18	15.00%	120	100.00%
Mason					194	77.60%	8	3.20%	45	18.00%	250	100.00%
Massac	9	3.45%			193	73.95%	13	4.98%	46	17.62%	261	100.00%
McDonough	15	3.69%			330	81.28%	12	2.96%	48	11.82%	406	100.00%
McHenry	44	1.22%	7	0.19%	2,407	66.82%	456	12.66%	688	19.10%	3,602	100.00%
McLean	32	1.62%			1,471	74.26%	180	9.09%	294	14.84%	1,981	100.00%
Menard					99	79.84%	8	6.45%	14	11.29%	124	100.00%
Mercer					162	77.88%	13	6.25%	28	13.46%	208	100.00%
Monroe					131	69.68%	16	8.51%	37	19.68%	188	100.00%
Montgomery	9	2.09%			329	76.33%	23	5.34%	69	16.01%	431	100.00%
Morgan	13	2.09%			473	76.05%	30	4.82%	101	16.24%	622	100.00%
Moultrie					129	66.15%	13	6.67%	45	23.08%	195	100.00%
Ogle	8	1.07%			550	73.53%	92	12.30%	98	13.10%	748	100.00%
Out of Illinois	49	25.39%			133	68.91%			9	4.66%	193	100.00%
Peoria	35	0.96%			2,692	74.10%	277	7.62%	627	17.26%	3,633	100.00%
Perry	6	1.90%			231	73.10%	23	7.28%	55	17.41%	316	100.00%
Piatt					105	71.43%	10	6.80%	30	20.41%	147	100.00%
Pike	7	2.49%			219	77.94%	18	6.41%	36	12.81%	281	100.00%
Pope					34	75.56%			8	17.78%	45	100.00%
Pulaski					100	84.03%			18	15.13%	119	100.00%
Putnam					28	82.35%					34	100.00%
Randolph					329	81.44%	20	4.95%	50	12.38%	404	100.00%
Richland	9	2.76%			226	69.33%	27	8.28%	64	19.63%	326	100.00%
Rock Island	19	0.78%			1,865	76.88%	181	7.46%	361	14.88%	2,426	100.00%
Saline	9	1.74%			401	77.56%	29	5.61%	78	15.09%	517	100.00%
Sangamon	50	1.71%			2,224	75.98%	183	6.25%	469	16.02%	2,927	100.00%
Schuyler					61	58.65%	19	18.27%	22	21.15%	104	100.00%
Scott					40	75.47%			10	18.87%	53	100.00%
Shelby					187	74.50%	13	5.18%	45	17.93%	251	100.00%
St. Clair	87	2.02%			3,345	77.81%	154	3.58%	709	16.49%	4,299	100.00%
Stark					55	74.32%	8	10.81%	10	13.51%	74	100.00%

# By County

Recipient Outcome by County - November 2024												
County	CLOSED - INELIGIBLE		CLOSED - PROCEDURAL		COMPLETED - RETAINED		PENDING		PENDING - Not Received		Total COUNT	
	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %	COUNT	ROW %		
Stephenson					556	72.49%	73	9.52%	132	17.21%	767	100.00%
Tazewell	25	1.42%			1,287	73.04%	160	9.08%	288	16.35%	1,762	100.00%
Union					237	69.91%	37	10.91%	61	17.99%	339	100.00%
Vermilion	23	1.31%			1,366	77.70%	109	6.20%	258	14.68%	1,758	100.00%
Wabash					125	71.02%	19	10.80%	27	15.34%	176	100.00%
Warren					227	79.65%	13	4.56%	41	14.39%	285	100.00%
Washington					111	74.50%	16	10.74%	21	14.09%	149	100.00%
Wayne					166	69.17%	39	16.25%	32	13.33%	240	100.00%
White					176	75.54%	25	10.73%	32	13.73%	233	100.00%
Whiteside	7	0.80%			659	75.57%	81	9.29%	125	14.33%	872	100.00%
Will	134	1.55%			6,086	70.48%	942	10.91%	1,468	17.00%	8,635	100.00%
Williamson	22	1.71%			932	72.30%	119	9.23%	216	16.76%	1,289	100.00%
Winnebago	67	1.09%			4,650	75.59%	534	8.68%	896	14.56%	6,152	100.00%
Woodford					190	71.70%	32	12.08%	40	15.09%	265	100.00%
(blank)	456	1.43%	50	0.16%	23,684	74.05%	2,286	7.15%	5,507	17.22%	31,983	100.00%
<b>Grand Total</b>	<b>3,753</b>	<b>1.49%</b>	<b>288</b>	<b>0.11%</b>	<b>182,817</b>	<b>72.66%</b>	<b>22,181</b>	<b>8.82%</b>	<b>42,550</b>	<b>16.91%</b>	<b>251,589</b>	<b>100.00%</b>



# Languages Spoken




Language by Response - November 2024						
Row Labels	PENDING - Not Received		RESPONDED		Total	
	COUNT	COLUMN %	COUNT	COLUMN %	COUNT	COLUMN %
English	35,825	84.20%	188,790	90.31%	224,615	89.28%
Spanish	5,561	13.07%	15,253	7.30%	20,814	8.27%
Ukrainian	319	0.75%	629	0.30%	948	0.38%
Arabic	88	0.21%	636	0.30%	724	0.29%
Polish	62	0.15%	493	0.24%	555	0.22%
Unknown	115	0.27%	413	0.20%	528	0.21%
Russian	167	0.39%	336	0.16%	503	0.20%
Other category not specified	80	0.19%	357	0.17%	437	0.17%
Chinese - Mandarin	27	0.06%	404	0.19%	431	0.17%
Chinese - Cantonese	22	0.05%	284	0.14%	306	0.12%
Gujarati	54	0.13%	225	0.11%	279	0.11%
Urdu	17	0.04%	217	0.10%	234	0.09%
Korean	25	0.06%	206	0.10%	231	0.09%
Vietnamese	16	0.04%	175	0.08%	191	0.08%
Hindi	14	0.03%	117	0.06%	131	0.05%
Farsi	11	0.03%	81	0.04%	92	0.04%
French	27	0.06%	60	0.03%	87	0.03%
Swahili	12	0.03%	48	0.02%	60	0.02%
Haitian Creole	32	0.08%	28	0.01%	60	0.02%
Romanian	10	0.02%	39	0.02%	49	0.02%
Albanian	4	0.01%	37	0.02%	41	0.02%
Bosnian	1	0.00%	28	0.01%	29	0.01%
Serbian	8	0.02%	21	0.01%	29	0.01%
African French	7	0.02%	21	0.01%	28	0.01%
Tagalog	3	0.01%	24	0.01%	27	0.01%
Turkish	11	0.03%	11	0.01%	22	0.01%
Lithuanian	5	0.01%	14	0.01%	19	0.01%
Uzbek	3	0.01%	14	0.01%	17	0.01%
Khmer	2	0.00%	13	0.01%	15	0.01%
Thai	3	0.01%	11	0.01%	14	0.01%
Portuguese	12	0.03%	2	0.00%	14	0.01%
Amharic		0.00%	8	0.00%	8	0.00%
Greek		0.00%	7	0.00%	7	0.00%
Bengali	1	0.00%	6	0.00%	7	0.00%
Sign Language	1	0.00%	5	0.00%	6	0.00%
Somali	1	0.00%	3	0.00%	4	0.00%
Armenian	1	0.00%	3	0.00%	4	0.00%
Laotian	1	0.00%	3	0.00%	4	0.00%
Tigrinya	1	0.00%	2	0.00%	3	0.00%
Japanese		0.00%	3	0.00%	3	0.00%
Hungarian		0.00%	3	0.00%	3	0.00%
Punjabi	1	0.00%	2	0.00%	3	0.00%
Kurdish		0.00%	2	0.00%	2	0.00%
German		0.00%	1	0.00%	1	0.00%
Taiwanese		0.00%	1	0.00%	1	0.00%
Czech		0.00%	1	0.00%	1	0.00%
Croatian		0.00%	1	0.00%	1	0.00%
Italian		0.00%	1	0.00%	1	0.00%
<b>Grand Total</b>	<b>42,550</b>	<b>100.00%</b>	<b>209,039</b>	<b>100.00%</b>	<b>251,589</b>	<b>100.00%</b>



# Address Updates

2024

Date	Medicaid Address Changes	Phone Call Address Chg Req	Total
01/01/2024 - 01/31/2024	2,484	1,157	3,641
02/01/2024 - 02/28/2024	2,023	848	2,871
03/01/2024 - 03/31/2024	2,268	773	3,041
04/01/2024 - 04/30/2024	2,368	789	789
05/01/2024 - 05/31/2024	1,996	694	694
06/01/2024 - 06/30/2024	1,526	658	658
07/01/2024 - 07/31/2024	1,869	670	670
08/01/2024 - 08/31/2024	1,399	627	627
09/01/2024 - 09/30/2024	1,439	680	2,119
10/01/2024 - 10/31/2024	1,843	653	653
<i>Grand Total:</i>	<i>8,214</i>	<i>7,549</i>	<i>15,763</i>

-  Medicaid address changes received via website.
-  Medicaid address changes received via phone call.
-  Total address changes received via web and phone call each month.



# Questions?







## VI. C. Language Access



# New language Choices for Notices Coming in 2025

- To reduce language barriers and effectively reach diverse populations, Polish, Ukrainian, and Mandarin translations will be added to notices. This enhancement will enable the Illinois IES system to generate notices in these additional languages, functioning similarly to the current English and Spanish notices.
- When completing a new application for benefits in ABE, when completing the Contact Information screen, the user will be able to select their 'Written Language' or Spoken Language' preferences. These fields will include all spoken languages in addition to Polish, Mandarin and Ukrainian.
- The written language preference selected will dictate the language of the notice that will be generated. The help text icon will display text indicating that if the notice is not available in the written language selected, notices will be sent in English. The user will navigate through the workflow and submit the application.



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# Questions?



# VII. D. Family Planning



# Family Planning Program Update

- Per Public Act 103-0786, signed by the Governor on 08/07/2024, minors are allowed to sign their own Family Planning Program application without parental signature. This is for both Presumptive Eligibility Applications and ongoing Family Planning Program coverage.
- This information has been shared with our MPE/FPPE Program providers and a policy update will be shared with DHS and HFS Caseworkers.
- This change does not require changes to the ABE module so was immediately effective on the date of passage.

# Questions?



# VII. E. 643 Voter Registration



## Pre IES-Change

### Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

---

Your Signature

---

Today's Date

### Voter's Registration Information

If you want to register to vote, fill out the attached Illinois Voter Registration Application SBE (R-19) and give it to your DHS office or your local election official. For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 (for TTY). For information online, see [www.dhs.state.il.us](http://www.dhs.state.il.us) or [www.elections.il.gov/](http://www.elections.il.gov/).

## Post IES-Change

### Read and sign below:

- I understand that officials in charge of my health benefits may check all information on this form.
- I understand they may check my information electronically. If they ask for my help checking information, I must cooperate.
- I understand that anyone who knowingly lies or provides untrue information, or arranges for someone to knowingly lie or provide untrue information, or intentionally misuses the health benefits card issued by the State of Illinois, may be committing a crime which can be prosecuted or punished under federal law, state law, or both.
- If the Illinois Department of Healthcare and Family Services pays medical bills for me, the State of Illinois may collect my medical support payments instead of me.
- I am signing this form under the penalty of perjury. That means the information I have provided on this renewal form is true to the best of my knowledge, and I may be punished under law if I provide false or untrue information.

---

Your Signature

---

Today's Date

### Voter's Registration Information

If you or a family member are a U.S. citizen age 18 or older and would like to register to vote, you can fill out the attached Illinois Voter Registration Application SBE (R-19) and give it to your DHS office or your local election official. DO NOT fill out the Voter Registration information if you are not a US citizen. For help filling out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 (for TTY). For information online, see [www.dhs.state.il.us](http://www.dhs.state.il.us) or [www.elections.il.gov/](http://www.elections.il.gov/). NOTE: You must be a U.S. citizen and at least 18 years of age to register to vote. Becoming a U.S. Citizen: If you're interested in becoming a U.S. citizen, the New Americans Initiative partner organizations can assist you. To find the nearest organization with this program, consult the Illinois Department of Human Services (IDHS) list of Community Service Agencies Serving Immigrants: <https://www.dhs.state.il.us/page.aspx?item=117419>. Immigration and Citizenship Information: For general inquiries about your immigration status and citizenship, please visit the U.S. Citizenship and Immigration Services (USCIS) website: <https://www.uscis.gov/>.



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# VII. F. Policy Updates





# New Policy/ Policy Modifications 4/2024 - 10/2024

- [Equity and Racial Justice Act – 10/03/2024](#)
- [Manual Release #24.26 Medical Redetermination Updates](#)
- [Manual Release #24.15 Affording Survival Guaranteed Income Pilot \(state.il.us\)t – 07/15/2024](#)
- [Policy Memo - Public Emergency Unwind Ending - Changes for Medical Programs – 05/30/2024](#)
- [Manual Release #24.12 Health Benefits for Immigrant Adults \(HBIA\) and Health Benefits for Immigrant Seniors \(HBIS\), 04/18/2024](#)
- [Policy Memo - Verifications Required for Victims of Trafficking, Torture, or Other Serious Crimes \(VTTC\) Assistance Programs – Clarification, 4/2/2024](#)

# VII. G. Program Enrollment



# Applications and Redeterminations

Type	Total	Notes
New Applications	65,505	<ul style="list-style-type: none"> <li>Total reflects statewide applications</li> <li>Older than 45 days</li> </ul>
Redeterminations	68,423	<ul style="list-style-type: none"> <li>On hand</li> </ul>

- Data for the month of October 2024

Current Family Planning Enrollment	
Presumptive Eligibility	823
Standalone	1,081
Opt-in	14,393
Total	16,297

- Data for the month of November 12, 2024

# VII. H. State-Based Marketplace



# Marketplace Open Enrollment Began November 1st

- Illinois is officially operating as a State-Based Marketplace on the Federal Platform (SBM-FP).
  - With this change, Illinois took on additional consumer assistance responsibilities, including awarding Navigator grants.
  - Consumers will continue to use Healthcare.gov as the Marketplace enrollment platform for the 2025 Plan Year.
- Illinois will transition to a full State-based Marketplace and an Illinois enrollment platform beginning with the Plan Year 2026.
  - An SBM will allow better and more seamless coordination between the Marketplace and Medicaid.



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# Illinois Navigator Grantees

- HFS and DOI announced the award of \$6.5 million to 5 Navigator Grantee Organizations with 59 sub-grantees on September 30.
  - With these grants, Navigator coverage extends across the state, covering all 102 counties.
  - 239 Navigators are available to educate and assist Illinois applicants and that number continues to grow.
- Navigators are trained to help customers find and apply for Medicaid and Marketplace health insurance coverage.
- The Get Covered Illinois Navigator Program is particularly focused on serving individuals who would have difficulty enrolling without the help of a Navigator.

**Federacion de Clubes  
Mochoacanos en  
Illinois**



**Illinois Primary Health  
Care Association**



**Rincon Family Services**



**Sinai Community  
Institute**



**Springfield Urban  
League, Inc.**





# Languages Available Through Navigators

The following languages are available through Illinois Navigators. Free translation services are also available.

- Amharic
- Arabic
- Bosnian
- Burmese
- English
- Filipino
- French
- Ga
- Gujarati
- Haitian Creole
- Hausa
- Hindi
- Mandarin
- Puerto Rican
- Spanish
- Urdu



# How Customers Can Find Navigators

The image shows a screenshot of the GetCoveredIllinois website. The top navigation bar includes the Illinois state logo and the text 'ILLINOIS.gov'. Below this is the 'GetCoveredIllinois' logo with the tagline 'The Official Health Marketplace'. A secondary navigation bar contains links for 'Home', 'Open Enrollment', 'Special Enrollment', 'News and Events', 'Resources', 'About Us', and 'Get Free Help'. The 'Get Free Help' link is circled in orange. To the right, a larger screenshot shows the 'FIND LOCAL HELP' section. It features a location pin icon over a map of Illinois, the heading 'FIND LOCAL HELP', and the text: 'Need help with your health insurance application? Enter your ZIP code below to find appointments with local application assisters.' Below this is a form with a 'Enter your ZIP code' input field, two dropdown menus for '25 miles away' and 'Any Language', and a 'SEARCH FOR HELP' button. At the bottom of this section, it says 'Brought to you by YOUNG & INVINCIBLES' and includes links for 'Questions?', 'Privacy Policy', 'Terms of Service', and 'Report a Problem'.

Through the [GetCoveredIllinois](#) Connector, customers can find assistance using their Zip code, miles able to travel, and by requesting their preferred language.

# VII. I. Okta Transition Updates



# What is Multi-factor Authentication?

- Multi-factor means "two or more factors."
- This means you must take two steps instead of one to log into a system.
- The second factor or step is another way to make sure that you are the person signing in to the system.
- MFA helps to prevent fraudulent use of your private information to access state programs and benefits.
  - Examples of MFA:
    - When a user logs in with their password and is also required to enter a six-digit code that is sent to their home phone or mobile device.
    - Other phone applications like Google Authenticator or Okta can be used
    - In ABE a user can also choose a Question as their security method

# Why the Change to ILogin for Customers?

- Improved protection of private information
- Easier account and password recovery
- Consistency across multiple state systems
- Compliance with National Institute of Standards and Technology (NIST) Guidelines as required by federal CMS



# Launch of ILogin and ILPartner

- Sept 27, 2024,
- Successful transition
- Working with some Providers and customers to further assist – our Provider Portal support staff have been busy!
- Safari/iPhone issue for Apply for Benefits without an Account – problem identified and remediated.
- Working on a Guide for the “Apply for Benefits without an Account”



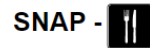
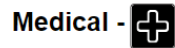
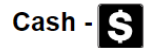
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# No Account Application

## Apply For Benefits

### Request for Cash Assistance - Medical Assistance - Supplemental Nutrition Assistance Program (SNAP)



- You have the right to submit your application with only Name, Address and Signature.
- You may avoid delays in processing your applications by filling out as much information as possible.
- The date we receive your application is your application date which affects the date your benefits will start. If the application is filed on the last day of business (not a business day), benefits will start on the first business day after the date of the application.
- NOTE:** Please do not move within AE

#### Approved Representative

You can choose an Approved Representative by completing and signing this section. An approved representative means you give permission for this person (1) to sign your application for you, (2) to receive official information about this application, and (3) to act for you on all matters with this agency.

It is not necessary to be an Approved Representative to help someone complete this application to apply for benefits.

If you have an approved representative, complete the following:

Approved Representative First Name:

Approved Representative Last Name:

Organization Name:  ID # if applicable:

Address:  Apartment Number:

City:  State:  Zip Code:  County:

I am giving this person above permission to act as an Approved Representative on my behalf.

First Name:  Middle Initial:  Last Name:

#### Applicant Information

\* First Name:

Former Name, if any:

Present Address:

\* Address:

#### Fraud Penalty Affidavit

Before you will be able to complete the online application, you must read the following Penalty Affidavit and provide certification of your understanding and acceptance.

I understand that the information on this form is subject to verification by federal, state, and local officials. If I intentionally give false or misleading information, I may be subject to criminal or civil prosecution.

I also understand that I may be prosecuted for fraud, be required to repay the amount wrongfully received and/or be disqualified from program participation. I understand I may be asked to show proof of any information I have given.

By checking this box you are certifying that you have read, understand and accept the penalty statement above.

[Report fraud for Cash, SNAP & Healthcare Coverage](#)

#### Electronic Attestation

I have agreed to submit this application by electronic means. By signing this application electronically, I declare under penalties of perjury that my answers are correct and complete to the best of any knowledge and belief. I also declare the following:

- I understand the questions and statements on this application.
- I have read and understand my Rights and Responsibilities in the box above.
- I understand that I am submitting this application electronically.
- I understand that I am submitting this application electronically.

#### Final Steps - Read Entire Page!

Congratulations, your application was successfully submitted!  
Here are your next steps:

Your Application Tracking Number is : **AS1Lc2ubdNob28J**  
Write down your application number or print your application for your records.

By checking this box, you are certifying that you have read, understand and accept the penalty statement above.

\* First Name:



You will also need to talk with a worker by phone or in person if required by the department.

Full Application PDF: [Print My Application](#)



#### What to Expect Next

You can also contact the DHS Help Line at 1-800-843-6154 if you have a question or need to report new information like a change in address.

Print a copy of our "What's Next Guide". This will give you helpful information while you wait for your application to be processed.

[Print What's Next Guide](#)

#### Illinois Voter Registration

- If you or a family member are a U.S. citizen age 18 or older and would like to register to vote, fill out one of the below forms and give it to your DHS office or your local election official.
  - [English Illinois Voter Registration Application SBE R-19 \(PDF\)](#)
  - [Spanish Illinois Voter Registration Application SBE R-19 \(PDF\)](#)
- For help filling it out or for translation services, contact your DHS Family Community Resource Center. You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553 (for TTY). For information online, see [www.dhs.state.il.us](http://www.dhs.state.il.us) or [www.elections.il.gov](http://www.elections.il.gov).



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# Questions on No Account Application

- **Where does the Application go?**
  - The Applications will be sorted by address and zip code and dropped into the appropriate office Caseworker queue as if it were a regular paper application.
- **Is there tracking?**
  - Yes, though not a “T” Number as what is given for a standard ABE application.
  - The number will start with AS, for example AS75aae5a323saa.
  - Lookup will be easier by name, Dob, etc.
- **Will it be handled as quickly as other ABE submissions?**
  - Yes, same rules will apply!
- **Can an MMC account be created if we use this application?**
  - Yes, an ABE Account using ILogin can always be created later, and account information can be linked in MMC.



# No Account Applications

- 9149 “Apply without an Account” Applications have been submitted since Go Live

10/26/2024-10/27/2024	62
10/28/2024	193
10/29/2024	293
10/30/2024	258
10/31/2024	294
11/1/2024	275
11/2/2024-11/3/2024	143
11/4/2024	300
11/5/2024	262
11/6/2024	370
11/7/2024	307
11/8/2024	264
11/9/2024-11/10/2024	125
11/11/2024	198
11/12/2024	345
11/13/2024	308

09/28/2024 - 09/29/2024	109
9/30/2024	238
10/1/2024	361
10/2/2024	288
10/3/2024	246
10/4/2024	226
10/05/2024-10/06/2024	117
10/7/2024	271
10/8/2024	299
10/9/2024	289
10/10/2024	244
10/11/2024	175
10/12/2024-10/14/2024	125
10/15/2024	264
10/16/2024	254
10/17/2024	203
10/18/2024	211
10/19/2024-10/20/2024	71
10/21/2024	230
10/22/2024	289
10/23/2024	240
10/24/2024	222
10/25/2024	180



## ILogin and ABE Profile – Medicaid Customer Information

- Toolkit has launched in English and Spanish.
- Other languages will be added.

# Your ILogin & ABE User Account

## CREATE. CONNECT. CHOOSE.

# ILogin

Creating an ILogin Account and ABE Profile is a 3-step process: **Create, Connect, and Choose**. This is an improved process that requires Multi-factor Authentication (MFA). It is more secure and protects your private information while also offering an easier way to change passwords.

### CREATE your ILogin:

1. From the **ABE Homepage**, select the **Apply for Benefits** or the **Manage My Case** button in the middle of the page.
2. Select **Create an ILOGIN Account** I do not have an ILogin account with state of Illinois and press **Next**. If you do not want to create an email account, you can still click the “**Apply for Benefits without an Account**” link or apply in person, by paper or by phone.
3. Complete the **ILogin** account creation.
  - Enter your **Email** and **Name** and choose a **Password** and press **Sign Up**.
  - Verify with email and return to ILogin
  - Choose the security option that works best for you. Mobile or home phone, security question, or another phone application.



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# Additional Helpful Links:

[Creating an ILogin & ABE User Account](#)

[ILogin Questions & Answers for ABE Customers](#)

[IDHS: ABE Customer Support \(state.il.us\)](#)

[ILogin Help Desk](#)

After the transition [ILogin Help Desk](#) will be your access support for any login issues.

An updated guide to ABE Manage My Case (MMC) will be available on the LTSS and HFS Application Agent pages soon!



# Submitting a Ticket for ILPartner or ILogin Account Assistance

- Include required information and short description of problem – do NOT include SSNs, passwords, or any other private information in your ticket!

## Requestor Information

Name \*

e.g. First Last

E-Mail \*

Phone \*

XXX-XXX-XXXX

Ext.

## Problem Details

Issue \*



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## VII. J. New Icons on the HFS Website



# New Icons on Medical Clients Home Screen

A grid of 12 icons arranged in three rows and four columns. The icons are: 1. All Kids (person icon), 2. Moms and Babies Website (stroller icon), 3. FamilyCare (person with stethoscope icon), 4. Supportive Living Program (apartment building icon), 5. Health Benefits for Workers with Disabilities (wheelchair icon), 6. VeteransCare (hospital icon), 7. State Renal Dialysis Program (dialysis machine icon), 8. Managed Care Program (stethoscope icon), 9. Medical Transportation (Non-Emergency) (bus icon), 10. Behavioral Health (classical building icon), 11. ILogin and ABE Profile – Medicaid Customer Information (apple icon, circled in orange), 12. HIPAA Information (bell icon).

Healthy Lives Tips

Cash, SNAP and Medical Manual

Dental Information

Family Planning

HFS Application Agents list



Get Help With Your Application



## VII. K. Provider Revalidation





- Regular, federally-mandated provider revalidation has resumed requiring that state Medicaid programs revalidate all actively enrolled Medicaid providers at least every five years.
- The revalidation cycle:
  - Occurs for a new group of providers each month
  - Is based upon the provider enrollment date.
    - A provider's revalidation due date can be found on the basic information page of their enrollment.



# Notification

- **Currently enrolled Medicaid providers** will receive two email notifications regarding their Revalidation due date. The first notice will be distributed 90 calendar days prior to the Revalidation Cycle end date and the second notice will be distributed 30 calendar days prior to the Revalidation Cycle end date. For example, the first group of notifications began on September 3, 2024 and are due November 30, 2024.
- Notices are emailed to the email addresses listed on the Basic Information step of the IMPACT enrollment application. Providers with multiple service locations *must revalidate the enrollment of each service location* and will receive notification for each service location separately.
- **Note:** Providers should NOT attempt to revalidate until they receive an email notification.







# Directions on Completion

- An explanation on how to complete the process will be given to providers with their notices. The process includes reviewing their current enrollment information and updating as needed.
- Failure to revalidate will terminate providers from the Medicaid Program, meaning:
  - All payments will cease for any services provided beginning the day after the revalidation due date.
  - It is imperative revalidation is completed timely as retroactive reinstatements are not allowed, in accordance with federal regulations.
  - A provider may seek be revalidated after the due date, but if approved, payments can only date back to the new enrollment date. This would cause a gap in enrollment and eligibility for payment.

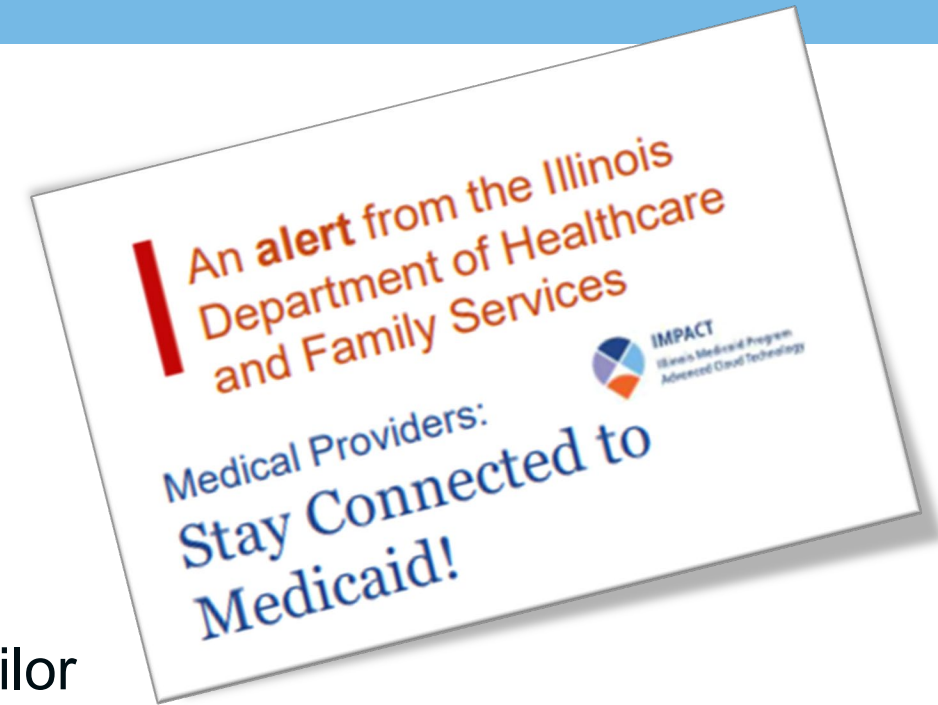
# Resources for Providers

- Step by step instructions and a Frequently Asked Questions document are available on the [Impact Website](#) to assist providers.
- If providers need further assistance in completing revalidation, Provider Enrollment call center staff are available Monday – Friday 8:30 am – 5:00 p.m. at 877-782-5565.



# How can YOU help?

- **Share the Message with Medicaid Providers!**
- Participate in the “Stay Connected” campaign, a comprehensive effort to keep Medicaid providers enrolled. Below you will find materials you can tailor and include in communications to your networks.
- Distribute them online, in emails and mailings, at conventions and conferences, during regular calls and meetings and any other touch points in the coming months.



## Stakeholder Toolkit with:

- ✓ Key Messages
- ✓ Text/Social Media Templates
- ✓ One-pager / Flyer
- ✓ Palm Card/Envelope Stuffer
- ✓ Email/Letter Templates
- ✓ Newsletter Article Template



# Summary Stats (as of 11/15/24)

- **Cycle 1 (Sep '24 thru Nov '24)**

Total Providers in Cycle: 9060

- Not started by Provider: 3798 (42%)
- Started by Provider: 342 (4%)
- Submitted by Provider: 1086 (12%)
- Approved by State: 3834 (42%)
- Due Date: Nov. 30th, 2024

- **Cycle 2 (Oct '24 thru Dec '24)**

Total Providers in Cycle: 11428

- Not started by Provider: 7372 (65%)
- Started by Provider: 251 (2%)
- Submitted by Provider: 1663 (15%)
- Approved by State: 2142 (18%)
- Due Date: Dec. 31, 2024

- **Cycle 3 (Nov '24 thru Jan '25)**

Total Providers in Cycle: 9240

- Not started by Provider: 6494 (70%)
- Started by Provider: 429 (5%)
- Submitted by Provider: 1954 (21%)
- Approved by State: 363 (4%)
- Due Date: January 31, 2025



# VIII. Public Comments



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# No Public Comments



# IX. Additional Business: Old and New



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# X. Items for Future Discussion

## Items For Future Discussion



# Questions?





# XI. HFS Announcements



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# A. 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 \(illinois.gov\)](#)

# B. Updates to 2025 Meeting Schedule

## Tentative Meeting Months

- January
- April
- August
- November



# C. Announcements

- 1. Reminder for Committee Members to complete the OneNet Training by 12/13/2024**



# C. Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

1. Security Awareness Training 2024
2. Diversity, Equity, Inclusion and Accessibility Training 2024
3. LGBTQIA+ Equity and Inclusion 2024
4. Ethics Training Program for State Employees and Appointees 2024
5. Harassment and Discrimination Prevention Training 2024
6. HIPAA & Privacy Training 2024

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 December 13, 2024. If anyone has any issues logging into OneNet, please email [HFS.BureauofTraining@Illinois.gov](mailto:HFS.BureauofTraining@Illinois.gov).



# XII. Concluding Directives and Wrap UP



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# XIII. Adjournment



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