State Demonstrations Group

January 10, 2025

Kelly Cunningham
Medicaid Administrator
Illinois Department of Healthcare and Family Services
201 South Grand Ave. East
Springfield, IL 62763-0001

Dear Director Cunningham:

Illinois submitted a Health-Related Social Needs (HRSN) Implementation Plan on December 13, 2024, in accordance with special terms and conditions (STC), specifically STC 6.18. The Centers for Medicare and Medicaid Services is approving the Implementation Plan, as an attachment to the STCs for Illinois's section 1115 demonstration project entitled, "Illinois Healthcare Transformation" (Project No. 11-W-00316/5), effective through June 30, 2029. A copy of the approved attachment is enclosed and will be incorporated into the STCs as Attachment F.

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project.

We look forward to our continued partnership on the Illinois Healthcare Transformation section 1115 demonstration. If you have any questions, please contact your CMS project officer, Jonathan Morancy at Jonathan.Morancy@cms.hhs.gov.

Sincerely,

Angela D. Garner -S
Digitally signed by
Angela D. Garner -S
Date: 2025.01.10
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Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

cc: Courtenay Savage, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Attachment F
HRSN Implementation Plan

Strategic approach to implementing the policy
In accordance with Illinois' Section 1115 Special Terms and Condition (STC) 6.18, the Health-Related Social Needs (HRSN) Implementation Plan provides additional detail on the strategic approach to implementing the HRSN services, including timelines for meeting critical implementation stages and milestones. The plan includes key activities to implement the housing and nutrition interventions that are described and outlined in Attachment G.

In developing the implementation plan, HFS has taken the following approach:
- Leverage Illinois' managed care organization (MCO) network: MCOs have been and will continue to be involved in the planning of the HRSN delivery process and will play a key role in building the network of HRSN providers and ensuring beneficiaries have access to HRSN services based on eligibility criteria.
- Leverage health care providers, who will play a central role in identifying beneficiaries who may be eligible for services and helping connect them to needed services and community-based organizations (CBOs).
- Leverage and expand on the strong social service network in Illinois: through the demonstration initiative, HFS will build the capacity of CBOs to deliver nutrition and housing supports to Medicaid beneficiaries and expand resources to improve health outcomes. HFS will continue to solicit input from CBOs who have been providing many of the services approved under the 1115 waiver and ensure there are systems available for them to access Medicaid reimbursement.
- Centralize and standardize processes and systems where it reduces duplication of effort and increases efficiencies. As feasible and appropriate, HFS will build services so the approach is uniform across settings and MCO contracts.
- Procure vendor(s) that will provide centralized infrastructure and technology to streamline implementation and service coordination across providers and MCOs and lead to sustainability in programming.

Key Activities and Timeline
The following outlines the key HRSN implementation activities and timeline:
A. *Stakeholder Engagement (Began February 2024)*
   A key component of HFS' implementation planning is stakeholder engagement to ensure that services are delivered to meet the needs of beneficiaries and do not create unnecessary barriers in accessing services. This is an ongoing, iterative activity that will inform our planning at key milestones.

   To date, HFS has convened a number of workgroups through engagement with the following stakeholders to inform our HRSN protocols and implementation plan: MCOs, Provider Technical Workgroups with HRSN service providers/CBOs and healthcare providers, sister agencies, national and local associations (e.g., National Institute for Medical Respite Care, Corporation for Supportive Housing). As we roll out implementation, we will continue to engage with stakeholders and solicit input, including from CBOs currently delivering HRSN services, regional homeless Continua of Care, Food as Medicine partners, Medicaid beneficiaries, and individuals with lived experience. Further description of efforts with stakeholder workgroups is detailed in the *Key Partnerships* section of this plan.

B. *Procurement of Essential Vendors (January 2025-December 2026)*
The state intends to procure one or more vendors necessary to implement and deliver HRSN services that may include the following functionality:
1. Third Party Administrator (TPA) and/or other contractors as needed to support developing a network of HRSN providers and submitting claims for services. Key activities for the TPA may include:
   - Building a network of HRSN service providers
   - Providing support and technical assistance (TA) to HRSN service providers
   - Accepting referrals from other state agencies, providers, CBOs, and other entities for individuals who may be eligible to receive HRSN services.
   - Conducting and documenting eligibility determination and service authorization
   - Referring eligible beneficiary to an appropriate HRSN service provider
   - Accepting invoices and/or claims from HRSN providers and verifying invoices and/or claims are payable.
   - Facilitating payment to HRSN providers
   - Collecting data from HRSN providers and submitting data to HFS for monitoring, reporting and claiming
   Other activities may be developed as we further outline the requirements.
2. Community Information Exchange for HRSN Service Delivery: The state will evaluate and assess the need to procure a centralized Community Information Exchange (CIE) vendor to support screening, referral and coordination of care, including data sharing amongst partners, for Medicaid beneficiaries. Key functionality may include:
   - Collecting and documenting HRSN screening information
   - Closed loop referral system including status of referral and service delivery
   - Shared care plans that documents services beneficiaries are accessing across provider types
   - Exchanging data with other established systems

C. *Community Capacity Building (July 2025 – June 2027)*
One of the key factors to successful implementation of HRSN services within a Medicaid system is building the capacity and systems to support the HRSN service providers, i.e., community-based organizations (CBOs). This will occur through a two-pronged infrastructure approach: centralized and de-centralized. As described, HFS will invest in a centralized system to administer HRSN services. In addition, the state will support HRSN services providers through training and technical assistance (T/TA) and capacity building infrastructure grants, contingent on state funding appropriations. Infrastructure funding grants are intended to be front loaded in SFY26 and SFY27 (July 2025 – June 2027). In particular, the state intends to provide the following:
1. Outreach and education to providers interested in delivering HRSN services under the waiver demonstration so they are aware about process for becoming Medicaid providers;
2. T/TA and support to providers interested in becoming Medicaid providers in collaboration with the University of Illinois' Medicaid Technical Assistance Center and other partners;
3. Capacity building/infrastructure funding (contingent on state-appropriated funding) in the areas of technology, workforce development/training, development of business or operational practices, and outreach and education.

D. *Phased Implementation of HRSN Services (July 2024 – June 2027)*

There are two key factors that will impact the timing and roll-out of HRSN services: (1) the ability to update HFS, MCO, and other state systems in order to document, report and bill HRSN services, and (2) the procuring, contracting and implementation of a vendor to assist in the administration of HRSN services. Therefore, the state intends to phase-in services. Our approach includes:

1. Starting in January 2025, HFS will begin working with Illinois sister agencies already funding waiver eligible programs to determine approaches to supplement current state grant funding to a Medicaid reimbursement model to support HRSN service providers. HFS has already begun these conversations to identify programs that are not federally funded and meet requirements of the 1115 waiver.

2. By July 2025, identify existing housing services that are state grant funded and not currently billed through Medicaid that can be brought under waiver authority to test and build Medicaid infrastructure and systems for the 1115 HRSN waiver services. This may include:
   a. Housing supports without room and board
      i. Pre-tenancy navigation services
      ii. Housing transition and navigation services
      iii. Tenancy and sustaining services and individualized case management to assist individuals in maintaining housing stability
   b. Short-term pre-procedure, and/or post-hospitalization housing with room and board)

3. No sooner than October 2025, the following services will be implemented for providers who are able to provide required data and billing information to the MCOs. Beginning in July 2025, HFS will offer training and technical assistance to providers who want to begin billing HRSN services.
   a. Housing interventions
      i. Items listed above under D2
      ii. One-time transition and moving costs
      iii. Short-term post-transition housing for up to six months
      iv. Medically necessary home remediations
      v. Home/environmental accessibility modifications
   b. Nutrition interventions
      i. Case management services for access to food/nutrition
      ii. Nutrition counseling and instruction
      iii. Home delivered meals
      iv. Medically tailored meals
      v. Pantry stocking/grocery provisions
      vi. Nutrition prescriptions

   Once HFS builds the centralized infrastructure to support HRSN service providers as outlined above, we expect that more providers will be able to claim for HRSN benefits under the 1115 waiver starting in 2027.

Plan for establishing and/or improving data sharing and partnerships
HFS will build upon existing processes to assure data sharing among healthcare, community-based social service providers and MCOs and to maximize coordination and delivery of HRSN services. There are various innovative efforts occurring within Illinois CBO networks that are attempting to address data

sharing needs to better expedite service access and coordination through improving referral processes. This work is addressing the challenges that CBOs face with maintaining multiple record keeping systems due to various funding streams. HFS recognizes that the current landscape of HRSN providers includes enrolled Medicaid providers as well as community-based social services agencies new to Medicaid. . HFS will leverage existing strategies and develop additional mechanisms to address data sharing needs and will work with the MCOs and Provider Technical workgroups to further define infrastructure that must be created to successfully share screening data, eligibility status, services, and care plans.

A. Approach

As mentioned above, HFS's goal is to ensure that beneficiaries can access HRSN services through multiple entry points while also reducing duplication of effort and increasing efficiencies. As such, the state wants to leverage existing systems and build new centralized systems, as appropriate, where providers have access to the information they need to connect beneficiaries to services and deliver care.

HFS is going to engage in the following approach to share data among the partners, including MCOs, HRSN providers/CBOs and medical providers.

1. Leverage Existing Data Sharing Capacity.
   MCOs are contractually obligated to maintain a secure Provider web portal where all contracted providers have access, which includes population health, quality, utilization, eligibility verification, prior authorization, and claims information for PCP Enrollee populations.
   a. HFS will work with the MCO and Provider Technical workgroups to identify additional HRSN data elements to be included in the portal. Additional elements may include z codes, housing status, food insecurity screening, and other indicators.
   b. MCOs will make necessary system edits to their provider portals.
   c. Upon execution of data use agreements (DUA), enrolled HRSN providers will receive training and technical assistance on accessing the provider portal.
2. Evaluate and Plan for a Centralized Data Sharing System
   a. HFS will conduct landscape assessment of data sharing functionality for purposes of investigating how to build upon and/or utilize existing strategies and infrastructure and to identify additional data sharing infrastructure needs.
   b. HFS intends to procure a centralized TPA/CIE/Closed Loop Referral vendor(s) to support operations and data sharing among providers.
   c. HFS intends for HRSN screening results to be shared among the healthcare, social service and MCO providers serving beneficiaries. HFS will work with MCO and Provider Technical workgroups to outline how beneficiaries will be initially screened and identified for HRSN services and how this information will be shared with the MCO and other providers. HFS' approach is to ensure there is "no wrong door" to entry into services. Therefore, eligible beneficiaries may be initially screened by a health care provider, CBO HRSN service provider or MCO, and that information should be available to others to reduce duplication of effort.
3. Allow for Data Sharing between Systems. HFS will identify existing data sharing processes, explore additional Data Matching opportunities, and identify other innovative practices to inform coordination of HRSN services and pursue how data can be shared between systems. For example:
   a. HFS will engage with the homeless Continua of Care (CoC) in Illinois and participate in the statewide CoC to learn about specific infrastructure barriers to data sharing and to develop solutions. Additionally, HFS will explore opportunities to leverage the regional

Homeless Management Information Systems (HMIS) and potential to export this information into a large-scale data sharing platform.

    b. HFS will work with Illinois nutrition/food support providers such as regional food banks, Food as Medicine partners, health systems to explore opportunity for data sharing.

B. Reporting on HRSN-Related Data

The state will require all HRSN partners, including HRSN providers, health care providers and MCOs, to maintain and report on key data elements related to HRSN service delivery. Data will be stratified by key demographic subpopulations, for example, sex, age, race/ethnicity, primary language. The state, in collaboration with partners, will be required to track and report on the following key data elements, at a minimum:

1. Number of beneficiaries who have been screened positive or identified as having a need for HRSN services
2. Number of beneficiaries currently authorized and referred to receive an HRSN service (by service intervention)
3. Number of members denied for HRSN services
4. Number of members who have received an HRSN service (by service intervention)
5. Data to support evaluation of HRSN program (TBD by evaluation design)
6. Other data required by the state and STCs

Partners may be required to modify existing methods to track the information above or develop new strategies to meet these requirements and will receive training on what data needs to be collected.

C. Data Sharing Agreements

MCOs will be expected to enter into DUA with HRSN providers that complete the Department's requirements for HRSN provider enrollment. If the Department procures a TPA, MCOs and providers will be expected to enter into a DUA with the vendor. In consultation with the HFS Privacy Officer, sister agencies, MCOs, and provider stakeholder workgroups, the state will develop a unified approach to data sharing and consent.

Information about key partnerships

Early in the planning process of the state's 1115 demonstration extension, HFS completed a landscape scan of HRSN providers in Illinois. This effort was accomplished through a survey and focus groups targeting housing and food providers. These results informed the Department's ongoing approach to stakeholder engagement. HFS is partnering with providers and community-based organizations throughout the state that are focused on addressing HRSNs. These partnerships include state and national associations, other state agencies, the state's Office to Prevent and End Homelessness, health systems, managed care organizations, food banks, social service providers, and advocacy organizations. HFS has provided information about the Healthcare Transformation 1115 Demonstration to these organizations and other stakeholders throughout the development and planning period. HFS will continue to communicate and gather feedback through the planning and implementation phases of this demonstration.

HFS currently convenes several workgroups for purposes of HRSN service delivery planning:

- *State Agency Workgroup* – HFS meets monthly with state agencies administering HRSN related programs. This workgroup provides an opportunity to gather information and feedback, identify operational needs and assure cross-agency collaboration. Additional planning activities and discussion occurs with individual state agencies between workgroup meetings.

- *HRSN Provider Technical Workgroups* – comprised of HRSN providers, HFS is working with three separate workgroups addressing the following services: medical respite, housing supports, food/nutrition services. These workgroups consist of participants representing various sectors and regions of Illinois and include social service and healthcare providers, some of which are current enrolled Medicaid providers and many who are not. To date, workgroups have provided feedback on the state's approach to screening members for HRSN services, service descriptions and risk factors.
- *MCO Workgroup* – The managed care delivery system is a significant component of HRSN service delivery planning. HFS is working with its contracted MCOs and the Illinois Association of Medicaid Health Plans (IAMHP) for purposes of operational planning.
- *Persons with Lived Experience* – HFS plans to develop mechanisms to assure that beneficiaries and other persons with lived experience are provided the opportunity to inform HRSN service planning. By June 2025, HFS will convene listening sessions or a member advisory group to gather input.

Throughout ongoing planning phases and implementation, HFS will continue collaborating with these workgroups and other identified partners to inform operations, including but not limited to informing provider enrollment, technical assistance opportunities, MCO-HRSN provider engagement and network building. In addition to existing partnerships, HFS plans to provide opportunities for additional stakeholder feedback. The Department is particularly interested in learning from beneficiaries and people with lived experience to inform operations planning. As soon as Quarter 2 of CY2025, HFS will conduct listening sessions to gather feedback from members.

Capacity Building: HFS recognizes the need for infrastructure and capacity building, especially for community-based providers of HRSN services that do not bill Medicaid today. HFS capacity building plans include the following:
- *Stakeholder Engagement*: HFS plans to engage with key stakeholders to inform plans for community-based provider capacity building, including the systems and functionality needed to support administrative operations.
- *Provider Training and Technical Assistance*: The Medicaid Technical Assistance Center (MTAC) is an HFS – University of Illinois system partnership. MTAC conducts a variety of support activities, including provider training and provider enrollment support. HFS will leverage MTAC's existing trainers and learning management system to offer training to HRSN providers. Training and technical assistance will be available as soon as June 2025.
- *Capacity Building Infrastructure Grants*: no later than October 2025[1], HFS will issue a Request for Applications intended for community organizations and partners interested in delivering the new HRSN benefits. Awards are intended to support community organizations in building out infrastructure and operations to support HRSN service delivery within Illinois' Medicaid managed care system.
- *Procurement of Essential Vendors:* as described in Illinois' *Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning and Provider Qualifications for HRSN Services Protocol,* the state may procure a vendor[2] to support operations and administrative functions of HRSN service delivery.

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[1] Subject to State of Illinois appropriation
[2] subject to State of Illinois appropriation

Plans for IT infrastructure that will support HRSN-related data exchange, including development and implementation of data systems necessary to support program implementation, monitoring and evaluation.

    A. **Existing IT Infrastructure.** HFS will ensure appropriate updates to existing IT infrastructure to support and promote the successful delivery and monitoring of HRSN services. Specifically:

        1. HFS is updating state eligibility systems to reflect eligible HRSN populations and services as well as updates to the Medicaid Management Information System (MMIS) to appropriately support encounter information for payment and claims processing.

        2. HFS is updating the provider enrollment system to accommodate new HRSN provider types.

        3. In 2023, the Illinois General Assembly amended state statute granting authority to HFS to administer the Illinois Health and Human Services Innovation Incubator (HHSi2) project, funded through enhanced Medicaid administrative matching funds. This initiative is identifying and addressing opportunities to share data between state agencies. HFS will identify opportunities under HHSi2 to enable data exchanges between various data systems and state agencies to make sure that HRSN services are coordinated with other state programs and services.

    B. **Infrastructure to Support HRSN-related Services.** As outlined above, HFS intends to procure a vendor(s) to support the delivery and coordination of care for HRSN-related services. During the first half of 2025, HFS will further define the requirements for this system which may include:

        • Collecting and documenting HRSN screening information

        • Closed loop referral system including status of referral and service delivery

        • Shared care plans that documents services beneficiaries are accessing across provider types

    C. **Infrastructure for Invoicing for HRSN Services Delivered**. HRSN providers will be required to send invoices or claims for the delivery of authorized HRSN services to either a third-party administrator (TPA) or an MCO, based on the provider contracting and set-up. The particular process and roadmap for how this will occur is still being defined but may occur as follows:

        1. If the MCO, the MCO will be responsible for processing the invoice or claim and issuing payment to the HRSN provider. The MCO will generate an encounter for the service provided and send encounter data to the state.

        2. If the TPA, the TPA will be responsible for processing the invoice or claim and issuing payment to the HRSN provider. The TPA will submit encounter data to HFS.

    D. **Monitoring and Oversight**. HFS is developing a plan to make sure that data is available to monitor the program as well as report on outcomes. HFS will require HRSN partners to document a minimum set of data elements so that the state can collect data on services delivered, appropriately claim, and measure the impact of the services. The specific data elements and system(s) for collecting the data will be identified as part of the monitoring protocol due by June 2025.

Plan for tracking and improving the share of Medicaid beneficiaries in IL who are eligible and enrolled in SNAP, WIC, TANF, and federal and state housing assistance programs

In Illinois, the Illinois Department of Human Services (IDHS) manages the Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) program and Temporary Assistance for Needy Families (TANF). Individuals and families are able to apply for Medicaid, SNAP, and TANF benefits using one statewide application. Applications may be submitted online through the Application for Benefits Eligibility (ABE) system, via phone by calling 1-800-843-6154, in person at a IDHS Family

Community Resource Center (FCRC) or via mail or fax by completing a paper application. Many community-based organizations offer education and assistance with state benefits applications by utilizing healthcare navigators or other assister personnel. When applying online, applicants must select which benefits they are requesting. If a member does not select benefits, eligibility caseworkers are required to review eligibility for all programs. To apply for WIC in Illinois, an individual or family member can schedule an appointment with a local WIC office, often located at local health departments, community health centers or other community agencies.

While HFS and IDHS administer these programs separately, the two agencies coordinate and collaborate closely on policy implementation and programming enhancements for the Integrated Eligibility System (IES). The launch of the HRSN initiative provides the opportunity for more close coordination between the state agencies to maximize enrollment in federal and state programs. Through these partnerships, the state will identify opportunities to ensure eligible individuals are seamlessly enrolled in other federal and state programs for which they are eligible—including SNAP and WIC. Opportunities may include:

- *Expand access to the IES Benefits Eligibility API (Application Programming Interface).* IDHS recently created a secure, web service portal referred to as the IES Benefits Eligibility API. This portal allows entities who have entered into agreements with IDHS to verify enrollment in SNAP or TANF for purposes of determining eligibility for other benefits assistance programs. Accessing this portal requires documented consent from the individual seeking benefits assistance. HFS and IDHS will explore how to expand access to this portal to HRSN providers.
- *Medicaid members not receiving SNAP.* HFS will work with IDHS to conduct an analysis of Medicaid members who are not receiving SNAP but fall within the SNAP income eligibility thresholds.
- *Communications.* IDHS maintains the functionality of sending text messages to members who consent to messaging. This could be an option to alert members of the availability of additional benefits.

The HHSi2 team is currently engaging with sister state agencies to identify opportunities for data sharing. Early priorities for data matching and sharing through this project include WIC and housing stability programs.

HFS will continue to identify opportunities that connect to the design and implementation work for this demonstration. A key element of HRSN service design is establishing requirements for MCOs, HRSN providers and others, that support the goal of connecting members to SNAP, WIC and/or other federal and state programs for which they are eligible.

Implementation timeline and evaluation considerations impacted by the timeline, such as staged rollout, that can facilitate robust evaluation designs.

HFS is outlining a timeline for covering HRSN services through coordination with operations, policy, finance, and IT subject matter experts (SMEs) to implement a phased in approach. Implementing a complex program with provider types that are atypical to the Medicaid enterprise requires a significant amount of effort. Many of the SMEs that are key to operationalizing these services are also working on other new initiatives in Illinois, such as the Certified Community Behavioral Health Center demonstration. There are other dependencies to the timeline, such as state budget timeline, scope and timing of vendor procurement, and MCO contracting process. HFS will determine the approach for a phased rollout of HRSN services based on geography, service type, or other factors. The state will

prepare its evaluation design to accommodate a phased in approach. For example, the state intends to collect data on service delivery and expenditures through claims and specify a frequency for the state's pulling of HRSN claims through MMIS. This approach minimizes administrative burden for providers, as HFS does not wish to create redundant reporting requirements. Over time, the state intends to procure a TPA to streamline administration and expand the number of participating service providers. The TPA will streamline data collection and assure the quality of claims data submissions to MCOs, particularly for providers who do not have experience or capacity to submit Medicaid claims.

Key tasks/milestones of the following implementation plan have been identified in the attached **Appendix A**.

Information as required per STC 6.14 (HRSN Rate Methodologies)
Per CMS, this will be submitted to CMS as a separate deliverable.

Information as required per STC 6.15 (Maintenance of Effort)
Per CMS, this has been submitted to CMS as a separate deliverable.

Information as required per STC 6.16 (partnerships with state and local entities to assist beneficiaries in obtaining available non-Medicaid funded housing and nutrition supports upon conclusion of temporary benefits.

HFS will build upon its existing collaborations with sister state agencies and local entities to assure beneficiaries are connected to additional benefits and services for which they qualify. Connection to a member's MCO Care Coordinator will play an important role in this step. MCO Care Coordinators will be responsible for assuring that a member is connected to a local resource to assist with connection to other benefits. Illinois has a number of formal and informal networks of entities that provide beneficiary assistance in accessing public benefits or other programs. These networks include but are not limited to ACA navigators, HFS Application Agents, SNAP Outreach Teams, community health workers. Such networks strengthened after the initial rollout of the Affordable Care Act and Medicaid expansion in 2014, when the state implemented a consumer assistance program. This work continues today among community health centers, local health departments, food banks, community-based organizations and other entities serving Medicaid beneficiaries who utilize Navigators, Certified Application Counselors, Community Health Workers, HFS Application Agents or other assisters to assist beneficiaries with applications or case status. It is common practice in Illinois for assisters to connect beneficiaries with other benefits either through direct application assistance or referral to organizations that assist with those applications.

HFS intends to utilize the existing Interagency Taskforce on Homelessness and the Community Advisory Council on Homelessness which are all facilitated by the Illinois Office to Prevent and End Homelessness. These groups include leaders across different State agencies and community organizations to help address the broad challenges of homelessness. HFS will also leverage the existing Social Services Advisory Committee, coordinated by the Illinois Department of Human Services, to engage with organizations and systems addressing food insecurity. Seeing this as an existing infrastructure opportunity, HFS will continue to leverage its participation by engaging these groups in developing workflows as well as facilitating ad hoc focus groups to explore opportunities to streamline benefit access and referral to additional resources.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-Mar 27	Apr–Jun 27
Program Development																										
Continued internal and external stakeholder feedback	▨																									
Finalize eligibility coding, service definitions and staffing (medical respite, housing, nutrition)	▨																									
Draft program workflows and protocols, including screening, authorization and referral for services		▨	▨																							
Internal and external stakeholder feedback on protocols		▨	▨	▨																						
Milestone: Finalize protocols to start building technical specs					▮																					
TPA/Billing Hub/CIE Vendor																										
Gather stakeholder feedback for TPA/CIE	▨	▨	▨																							
Requirements gathering and RFP development	▨	▨	▨	▨	▨	▨																				
Vendor RFP and Selection							▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨		
Milestone: RFP complete for publication													▮													
Milestone: Vendor(s) selected																				▮						
Milestone: Vendor contract(s) signed																								▮		
Vendor Implementation																									▨	▨

[3] Blue shading = task/process; red shading = milestone

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-Mar 27	Apr – Jun 27
Milestone: TPA implementation complete **(tentative)**																										■
Milestone: CIE implementation complete **(tentative)**																										■
Rate Development																										
Initial development of rates and stakeholder engagement	�ці	░	░	░	░	░	░	░																		
Finalize rates									░	░	░															
Develop billing process for HRSN service providers and implement rates									░	░	░															
Milestone: HRSN service providers are able to submit invoices/claims and be paid												■														
Provider Enrollment																										
Determine HRSN provider qualifications, education, credentials, training requirements	░	░	░	░																						
Develop rules for new provider types, categories of service				░	░	░	░																			
Set-up new provider types in IMPACT and in MMIS								░	░																	
Milestone: Providers can begin enrolling in IMPACT										■																
Milestone: Providers can begin billing for HRSN services													■													
Provider Capacity Infrastructure Building																										

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-Mar 27	Apr – Jun 27
Continue to receive input and feedback from potential HRSN service providers/CBOs about T/TA and capacity building needs	▓	▓	▓																							
Develop T/TA approach with the Medicaid Technical Assistance Center (MTAC) to develop technical assistance for new provider types				▓	▓	▓																				
Conduct initial outreach to new service providers				▓	▓	▓																				
Milestone: Begin delivering initial provider education and technical assistance							▇																			
Ongoing provider training and technical assistance							▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓								
Develop provider capacity infrastructure building grant opportunities							▓	▓	▓																	
Milestone: Release RFP for funding, pending state funding appropriations										▇																
Milestone: Award first round of capacity building funding, pending availability of funding													▇													
Milestone: Award second round of capacity building funding, pending availability of funding																						▇				
Monitoring and Evaluation																										
Develop monitoring protocol	▓	▓	▓	▓	▓	▓																				
Milestone: Submit monitoring protocol to CMS						▇																				
Develop evaluation design	▓	▓	▓	▓	▓	▓	▓	▓																		

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-Mar 27	Apr-Jun 27
	▓	▓	▓	▓	▓	▓	▓	▓																		
Milestone: Submit evaluation design to CMS								🟥																		
Train providers on proper data collection in order to claim and evaluate services													▓													
Milestone: HRSN budget neutrality tracking and reporting set-up (members and dollars)													🟥													
Managed Care/Policy Development																										
Continue stakeholder engagement with MCOs	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓											
Determine role and requirements for MCOs, including billing and reporting		▓	▓	▓																						
Determine non-risk payment rate, approach and process										▓	▓	▓														
Initiate contract amendment process										▓	▓	▓	▓													
Set-up program oversight							▓	▓	▓																	
Milestone: MCOs update provider portals to include HRSN data elements													🟥													
Milestone: Approval of MCO contract amendment													🟥													
Work with MCOs to update provider billing guide							▓	▓	▓	▓	▓	▓														
Create HRSN provider toolkit							▓	▓	▓	▓	▓	▓														
Milestone: Approval of HRSN Managed Care policies														🟥												
Milestone: Approve MCOs outreach and marketing plan													🟥													

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-Mar 27	Apr – Jun 27
IT Setup/System Enhancements																										
Outline system requirements (provider types, services, billing, reporting)	■	■	■	■	■	■																				
Develop and update systems, including payment rates to MCOs							■	■	■	■																
System Testing											■	■	■													
Milestone: System meets requirements for go-live													■(red)													

Maintenance of Effort (MOE) Plan

In accordance with STC 6.15, Illinois will maintain a baseline level of state funding for ongoing social services related to housing transition supports and nutrition supports for the duration of the demonstration, not including one time or non-recurring funding. The following describes the state's plan outlining how baseline spending will be determined for these services throughout the state, and commitments to reporting and monitoring, as detailed within STCs 6.15 and 11.6.

1. **Determining Baseline Spending**
   HFS will collaborate with partners and fiscal offices, including state agencies and the Illinois Governor's Office of Management and Budget (GOMB), to develop a process to review existing state authorities and expenditures covering housing transition supports and nutrition supports for Medicaid beneficiaries. Additionally, the state will determine the state fiscal year that the baseline will be established. Once the baseline year is determined and the process is developed, HFS, along with its partners, will identify the recurring state funds appropriated for ongoing social services related to housing transition supports and nutrition supports for Medicaid beneficiaries. Once all applicable recurring state funds have been identified, HFS will calculate the baseline. HFS has been working with these partners in implementation planning efforts and does not anticipate any challenges to determining baseline spending.

2. **Maintaining Baseline Spending**
   HFS will continue to engage with partners through ongoing communication and collaboration to monitor state expenditures for housing transition supports and nutrition supports for Medicaid beneficiaries. Each partner involved will understand the services provided through the 1115 HRSN initiative and will help ensure that demonstration expenditures do not supplant existing efforts. HFS will convene state agencies to conduct annual projection and semi-annual expenditure-monitoring exercises. Additionally, information regarding the state's MOE will be included in the annual monitoring report.

Illinois compiled a baseline level of state funding for ongoing social services related to the categories of housing transition supports and nutrition supports comparable to the programs and for populations authorized under Illinois' 1115 Demonstration for the Maintenance of Effort (MOE) as required under STC 6.15. Illinois worked with state government partners to compile State Fiscal Year (SFY) 2023-24 data on estimated State spending for these services. Programs were included in the baseline if:

1. The services are similar to or the same as the housing transition and nutrition supports and are for populations comparable to those authorized under Illinois' 1115 Demonstration;
2. The services are partially or fully funded by Illinois State; and
3. Funding is ongoing, as opposed to time-limited investments.

IL HFS will work with state government partners following this same process to annually report on the MOE requirement in the Annual Monitoring Reports described in STCs 6.15 and 11.6.

PROGRAM	SFY 23-24 (estimated)	
Housing		
IDoA - Emergency Senior Services Funds (ESS)	$	5,000,000
DHS - SUPR Permanent Supportive Housing	$	9,000,000
DHS - MH Rent Subsidies - Williams and Colbert	$	40,372,612
DHS - Housing MI Supportive	$	21,604,900
DHS - Housing First	$	2,499,842
DHS - House Navigators Emergency Room Pilot (Home Illinois)	$	1,000,000
DHS - Supportive Housing	$	16,490,100
DHS - Homeless Youth Services	$	8,403,100
Total Housing Supports	**$**	**104,370,554**
Nutrition		
IDoA - Home Delivered Meals	$	40,000,000
Total Housing Supports	**$**	**40,000,000**
Total Maintenance of Effort Baseline	**$**	**144,370,554**