

MEDICAID ADVISORY COMMITTEE (MAC)

May 12, 2023

VIRTUAL WebEx Meeting

10AM – 12PM



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.

Welcome To The MAC

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's Medical Programs including Medical Assistance, All Kids and FamilyCare pursuant to federal Medicaid requirements established at 42 CFR 431.12.

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 Melishia.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 committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute your self 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 MAC chair or any of the host or co-host.

House Keeping

Meeting basics Cont.

- If you are a presenter, please say “next slide” to alert our WebEx administrators to advance to the next slide of your presentation in today’s Deck
- 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 are provided for you today in the following two ways: on the WebEx platform and, we have a live captioner with us today providing captions via the multimedia feature also on the WebEx platform.
- Please email Melishia.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.
- Minutes of the prior meeting and other MAC reminders will be circulated to MAC committee members in advance of each session. Once approved, they will be posted to the website.
- Patience, please – many meeting attendees may be new to MAC proceedings.

Agenda

- I. Call to order**
- II. Roll call of MAC Committee Members**
- III. Introduction of HFS staff**
- IV. Review and Approval of Meeting Minutes**
- V. Special Bylaws Committee**
- V. Healthcare & Family Services Executive Report**
- VI. Community Integration Final Subcommittee Report**
- VII. Other Subcommittee Reports & Recommendations**
- VIII. Public Comments**
- IX. Additional Business: Old & New**
- X. Adjournment**

V. Special Bylaws Committee



V1. Special Bylaws Committee

- A. Review of Bylaws
- B. Discussion
- C. Vote



VI. Healthcare & Family Services Executive Report





VI.A. End of Public Health Emergency



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V1.A. End of Public Health Emergency

- **Informational Notice Released May 11, 2023 detailing Disaster SPA Services impacted by the End of the PHE**
- **Other policy impacts described in previous notices**
- **Appendix K Flexibilities in Place through 11-11-2023**
- **Telehealth Impact**

New: Ex Parte vs. Form B

June 2023

Type	Total	Percentage	Notes
Ex Parte	58,323	51%	<ul style="list-style-type: none">• Historic rate = Between 30% - 40%
Form B – response required	55,283	49%	<ul style="list-style-type: none">• Form B Reasons:<ul style="list-style-type: none">• Earned income exists on case and none was found in clearances• SSN not provided• AWVS income exceeds income limit• Case record has self employment• Unearned income on the case is not verifiable electronically

4 Ways To Complete redeterminations

- Online through ABE.Illinois.gov
- Must have Manage My Case (MMC)
- If rede is due – Renew button and electronic version of redetermination questions will appear in MMC.

- By Phone: Call the DHS Call Center 1-800-843-6154/ 1-866-324-5553 TTY prompts to select TBD
- Starting May 1, hours of operation, 8:00 AM – 6:30 PM, Monday through Friday except state holidays

Return the Renewal Notice by mail or fax to:

Central Scanning Office (not local office).
Return envelope is included in mailing

P.O. Box 19138
Springfield, IL 62763 or
Fax: 1-844-736-3563

- Return the form in person to Department of Human Services (DHS) office address on Notice.
- [Click here for list of Family Community Resource Centers](#)

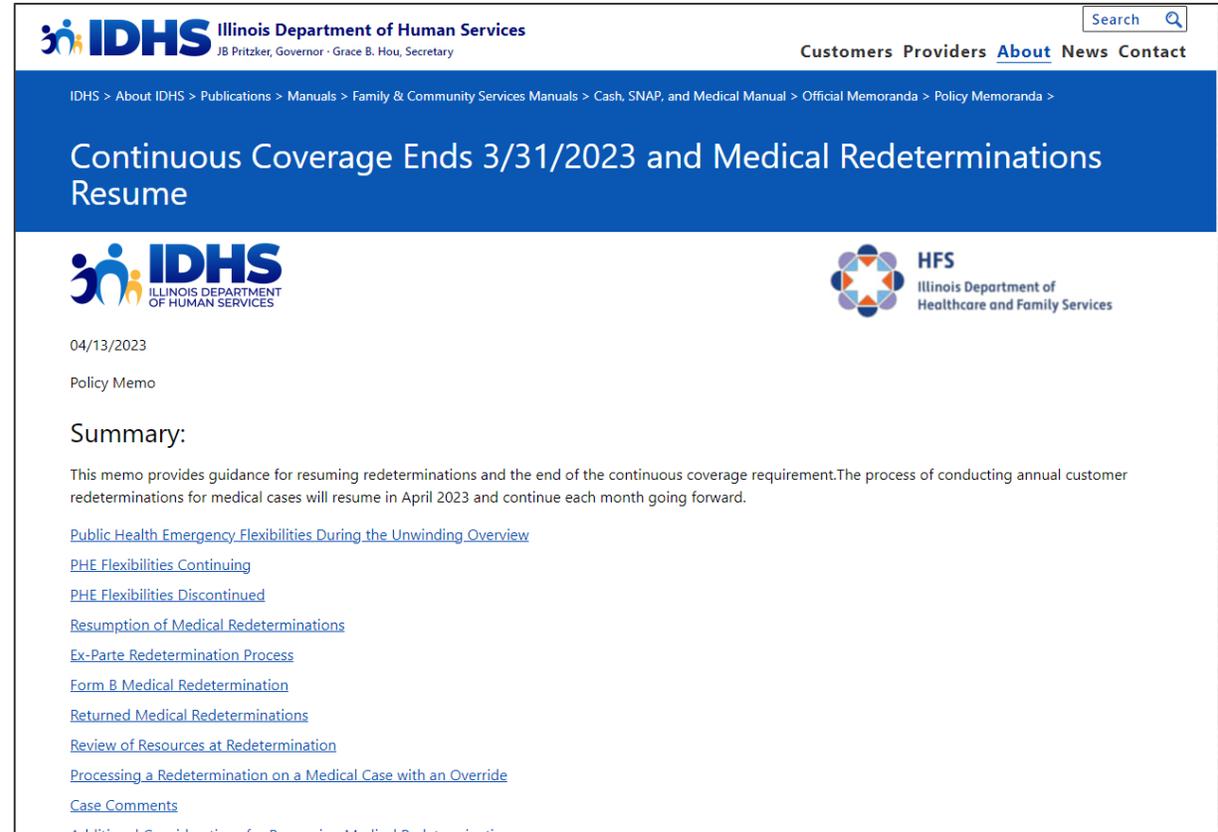
For free help completing and submitting the form refer members to a [Certified Application Assistant](#)



Caseworker Readiness

Continuous Coverage Ends 3/31/2023 and Medical Redeterminations Resume

- In preparation HFS developed guidance for all HFS and DHS state caseworkers and leadership
- Is accompanied by Medical processing refresher training on a rolling basis to ensure accurate and timely processing of redeterminations



The screenshot shows the IDHS website page for the policy memo. The header includes the IDHS logo, the text 'Illinois Department of Human Services', and the names of the Governor and Secretary. Navigation links for 'Customers', 'Providers', 'About', 'News', and 'Contact' are present. A search bar is located in the top right corner. The breadcrumb trail reads: 'IDHS > About IDHS > Publications > Manuals > Family & Community Services Manuals > Cash, SNAP, and Medical Manual > Official Memoranda > Policy Memoranda >'. The main heading of the page is 'Continuous Coverage Ends 3/31/2023 and Medical Redeterminations Resume'. Below this, the IDHS logo and the HFS logo (Illinois Department of Healthcare and Family Services) are displayed. The date '04/13/2023' and the document type 'Policy Memo' are listed. A 'Summary:' section follows, stating that the memo provides guidance on resuming redeterminations and the end of the continuous coverage requirement. A list of links is provided at the bottom of the page, including: 'Public Health Emergency Flexibilities During the Unwinding Overview', 'PHE Flexibilities Continuing', 'PHE Flexibilities Discontinued', 'Resumption of Medical Redeterminations', 'Ex-Parte Redetermination Process', 'Form B Medical Redetermination', 'Returned Medical Redeterminations', 'Review of Resources at Redetermination', 'Processing a Redetermination on a Medical Case with an Override', 'Case Comments', and 'Additional Considerations for Processing Medical Redeterminations'.

PHE Eligibility Flexibilities

- PHE Flexibilities will continue through the unwinding to help eligible customers get and stay covered, including:
 - Accepting attestation when electronic verification is not available for income, incurred medical expenses, and insured status, but if possible, include “proof” with redetermination, especially of income – to avoid VCL.
 - Delay action on changes affecting eligibility until redetermination
 - Presumptive eligibility for MAGI adults at initial application
 - Increase frequency of Presumptive Eligibility (PE) for children and MAGI adults to up to two times in a calendar year.



A1. Public Education Subcommittee Update

- A. Last MAC Public Education Subcommittee meeting took place on 4/26/2023 ([agenda](#) and [slide deck](#) linked for ease of reference)

- B. Bulk of the meeting focused on the end of the PHE and preparing for the resuming of the Medicaid Redetermination process. Agenda topics and robust conversation focused on Eligibility Updates, including: Customer Service; Restarting Redeterminations; Customer Notifications; Special Populations; HFS Application Agents; and Communications and Outreach

A1. Public Education Subcommittee Update

C. Takeaways include:

1. Celebrating the increase of ex-parte (form A) redeterminations for the first month of data increasing to 51% (typically at 30%-40% pre-COVID)
2. Desire for continued sharing of both Medicaid Redeterminations process data (e.g. DHS call center data, redeterminations on hand, applications on hand, etc.) as well as outcome data (e.g. percentage of Redeterminations going through ex parte form A vs form B; reasons for cancellations; percentages of Medicaid recipients getting reinstated within the 90-day reinstatement period, etc.)
3. Desire for keeping open the feedback loop through the MAC Public Education Subcommittee meetings – for both the Subcommittee members and members of the public - for issues and trends being seen over the coming weeks and months as the Medicaid Redetermination process resumes

A1a. Communications| Outreach and Partnership Engagement



Updated HFS Website

The screenshot shows the homepage of the Illinois Department of Healthcare and Family Services (HFS). The header includes the HFS logo, the name of the Director (Theresa Eagleson), a language selection dropdown, and a search bar. The navigation menu contains links for Home, My Healthcare, Medical Providers, Child Support Services, HFS OIG, Info Center, and About Us. The main content area features a large banner with a photo of a woman and a child, and the text "Welcome to the Department of Healthcare and Family Services". Below the banner is a grid of eight service tiles, each with an icon and a title: "Manage My Healthcare Benefits", "Explore Child Support Services", "Establish Paternity in Illinois", "Healthcare Transformation Collaboratives", "Subscribe to Provider Notices", "Using Your Medical Card", "Medicaid Renewals Information Center", and "Report Fraud or Abuse".

The screenshot shows the "ABE Benefits" page on the HFS website. The header is identical to the homepage. The navigation menu includes a breadcrumb trail: "HFS > Medical Clients > ABE Benefits". The page content is divided into two columns. The left column, titled "Medical Clients", contains links for "Medical Clients Home", "Report Medicaid Change of Address Form", "Update Your Address Messaging Toolkit", "Continuous Coverage Frequently Asked Questions", and "Understanding the Renewal Process". The right column, titled "ABE Benefits", contains a paragraph about the state's Application for Benefits Eligibility (ABE) and a list of three steps: 1. Use the "Check if I Should Apply" button, 2. Use "Apply for Benefits" to submit an application, and 3. Use "Manage My Case (MMC)" to manage existing cases. Below the list, there is a paragraph about the ABE Appeals portal and a link to "ABE.Illinois.gov/abe/access/appeals". At the bottom, there is a paragraph about the ABE Customer Support Page and a link to "ABE Customer Support Page".

Updated HFS Website

The Same

- Branding
- Structure
- Content

Different

- Simplified URL
(www2.illinois.gov/hfs to hfs.illinois.gov)
- Mobile-friendly
- ADA compliant

The screenshot displays the Illinois Department of Healthcare and Family Services (HFS) website. The header includes the Illinois state logo, the HFS logo, the name of the director (Theresa Eagleson), a language selection dropdown, and a search bar. The main navigation menu contains links for Home, My Healthcare, Medical Providers, Child Support Services, HFS OIG, Info Center, and About Us. The breadcrumb trail indicates the current page is 'HFS > Medical Clients > ABE Benefits'. The left sidebar lists 'Medical Clients' with sub-links: Medical Clients Home, Report Medicaid Change of Address Form, Update Your Address Messaging Toolkit, Continuous Coverage Frequently Asked Questions, and Understanding the Renewal Process. The main content area is titled 'ABE Benefits' and contains introductory text, a numbered list of steps for applying for benefits, and information about the ABE Appeals portal.

ILLINOIS.gov

AGENCIES SERVICES

HFS
Illinois Department of
Healthcare and Family Services

Theresa Eagleson, Director

Select Language

Search

Home My Healthcare Medical Providers Child Support Services HFS OIG Info Center About Us

HFS > Medical Clients > ABE Benefits

Medical Clients

- Medical Clients Home
- Report Medicaid Change of Address Form
- Update Your Address Messaging Toolkit
- Continuous Coverage Frequently Asked Questions
- Understanding the Renewal Process

ABE Benefits

The State of Illinois' Application for Benefits Eligibility (ABE) now has features to help you manage your benefits and appeals online, anytime.

The Application for Benefits Eligibility (ABE) at ABE.Illinois.gov is the State of Illinois' Official website for applying for and managing Medical, SNAP and Cash benefits.

1. Use the **Check if I Should Apply** button to answer a few questions and find out if you are likely to be eligible for benefits
2. Use **Apply for Benefits** to submit an application for benefits and upload supporting documents
3. If you have an existing case or submitted an application, use **Manage My Case (MMC)** to do things like check the status of that application, view benefit details, report a change, renew benefits, upload documents, and link to the online appeals portal.

The ABE Appeals portal allows a customer to appeal a benefit decision at ABE.Illinois.gov/abe/access/appeals

This includes appealing a benefit decision made by a Managed Care Organization (MCO) by requesting a State Fair Hearing.

Visit the [ABE Customer Support Page](#) for a complete list of resources including an ABE User Guide, ABE Appeals Guide, instructions on setting up Manage My Case, Answers to Frequently Asked Questions, and more.



Texting Campaign Update

HFS/DHS Text Messaging

Text Deployment Date/Timing	Message Copy
60 days before REDE due date	Your IL Medicaid renewal will mail in 30 days. Click Manage My Case at abe.illinois.gov to verify your address and set up your account so you can renew online.
37 days before REDE due date	Your IL Medicaid renewal notice will mail in 7 days. Click Manage My Case at abe.illinois.gov to link your case to your online account so you can renew online.
2 weeks before REDE due date	IDHS/HFS Reminder; Redetermination due First day of REDE Due Date Month Manage your benefits http://dhs.illinois.gov/?item=138311
1 week before REDE due date	IDHS/HFS Reminder: Redetermination due First Day of REDE Due Date Month. Manage your benefits http://dhs.illinois.gov/?item=138311
3rd day of month after REDE due date	IDHS/HFS Reminder: Redetermination overdue. Submit by Cutoff Date to keep getting benefits. Manage your benefits http://dhs.illinois.gov/?item=138311

MCO Text Messaging

Text Deployment Date/Timing	Message Copy
60 days before REDE due date	Your IL Medicaid renewal will mail in 30 days. Click Manage My Case at abe.illinois.gov to verify your address and set up your account so you can renew online.
37 days before REDE due date	Your IL Medicaid renewal notice will be mailed in 7 days. Click Manage My Case at abe.illinois.gov to link your case to your online account so you can renew online.
25 Days before REDE due date, renewal button now visible to customers in ABE MMC	Your IL Medicaid renewal is ready online! You must renew within 30 days to keep your benefits. Visit abe.illinois.gov today and click Manage My Case to begin.
3 days post-cutoff and not received	Your IL Medicaid benefits end [01/01/0000]. Redetermination not submitted. Need Medicaid? Click Manage My Case at abe.illinois.gov , submit redetermination ASAP
After closure due to nonresponse	Your IL Medicaid ended. You may be eligible for reinstatement! Go to abe.illinois.gov , click renew button, complete the questions, and submit redetermination.
After closure due to ineligibility	Your IL Medicaid ended. You are no longer eligible. Visit getcovered.illinois.gov , medicare.gov or your job, ask about special enrollment period for coverage.



Ready to Renew Update

Unwinding Communication: Phase 2, Ready to Renew!

Illinois Medicaid
Renewals
Information Center
medicaid.illinois.gov

The screenshot shows the Illinois Department of Healthcare and Family Services (HFS) website. The header includes the state logo, HFS name, and navigation links for 'AGENCIES' and 'SERVICES'. A search bar is present with the text 'Theresa Eagleson, Director' and 'Select Language'. The main navigation bar contains links for 'Home', 'My Healthcare', 'Medical Providers', 'Child Support Services', 'HFS OIG', 'Info Center', and 'About Us'. The breadcrumb trail reads 'HFS > Medical Clients > Report Medicaid Chang...'. The left sidebar lists several links: 'Medical Clients', 'Three-Part Webinar Series: Training for the End of...', 'Ready to Renew Messaging Toolkit', 'Report Medicaid Change of Address', 'Ready to Renew Frequently Asked Questions', 'Understanding the Renewal Process', and 'Unwinding Operational Plan - Coming Soon'. The main content area features a large heading 'Illinois Medicaid Renewals Information Center' followed by a sub-heading 'Resuming Medicaid Renewals'. Below this, a paragraph explains that starting May 2023, Medicaid customers must renew their coverage. A second sub-heading 'Unwinding the Public Health Emergency' is followed by a paragraph about federal government changes. A 'Resources' section lists a 'Ready to Renew messaging toolkit' with a sub-point: 'If you work with Medicaid customers, we urge you to use this toolkit to help them get ready to...'.

Reaching Medicaid Customers

HFS	MCOs and Partners	In Development for HFS
<ul style="list-style-type: none">• Social (Organic)• News Media• ABE• Texts/Emails/Robocalls• TV/Radio PSAs• Website• IVRs• Paid Media• Grassroots/Institutional Outreach	<ul style="list-style-type: none">• Grassroots/Institutional Outreach• Social: Organic & Paid• IVRs• Emails• Texts• Phone Calls• Events• Push Notifications• Portals	<ul style="list-style-type: none">• Salesforce Marketing Cloud<ul style="list-style-type: none">- Email- Text

Paid Campaign: Timeline

5/15 - 5/19: Campaign Digital Trafficking

5/15 - 5/29: Campaign Out of Home (OOH)

Week of 5/15: Grassroots Outreach Emails

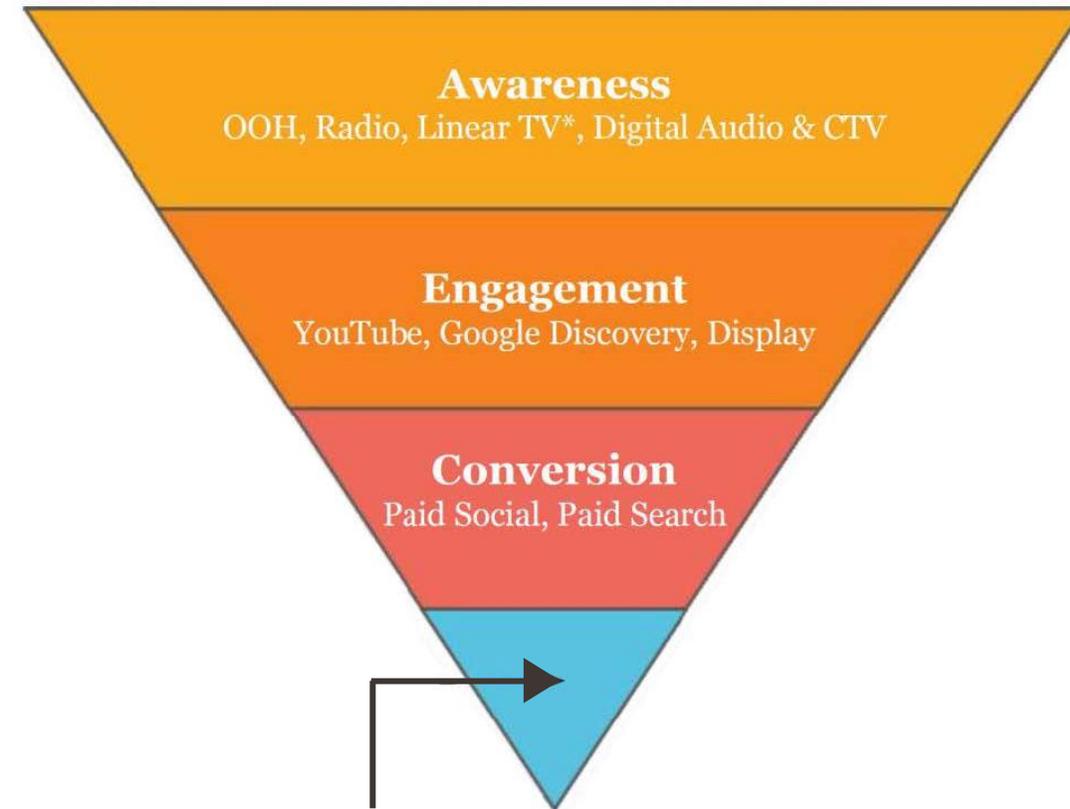
Week of 5/22: DIGITAL CAMPAIGN LIVE

Week of 6/1: OOH CAMPAIGN LIVE



Media Buy Plan

Product	Allocation	Reach (est.)
Out-Of-Home (e.g. billboards, transit)	Flat \$750k	TBD
Radio broadcast	Flat \$250k	TBD
OTT/CTV (Digital TV and video)	8.00%	5,400,000
OTT/CTV (Broadcast and cable inventory)	8.00%	5,400,000
Programmatic Audio (podcasts, online radio)	1.50%	1,350,000
Music Streaming (Spotify, Pandora)	2.50%	TBD
Contextual Native Display (in-app or web native)	2.00%	5,400,000
Programmatic Display (banner ads)	1.50%	5,400,000
Programmatic Video (automatic auction video ads)	2.50%	3,857,143
Geofence Display + Venue Replay (location-based targeting)	2.00%	3,600,000
Geofence Video + Venue Replay (location-based targeting)	4.00%	4,320,000
Video Sequencing (tracked video sequencing)	9.00%	19,440,000
Google Discovery Ads (across Google products)	14.00%	37,800,000
Facebook/Instagram	15.00%	28,928,571
TikTok	10.00%	21,600,000
Paid Search	20.00%	3,600,000
Total	100.00%	146,095,714



**HFS-DHS owned medium for renewal:
abe.Illinois.gov/Manage My Case**

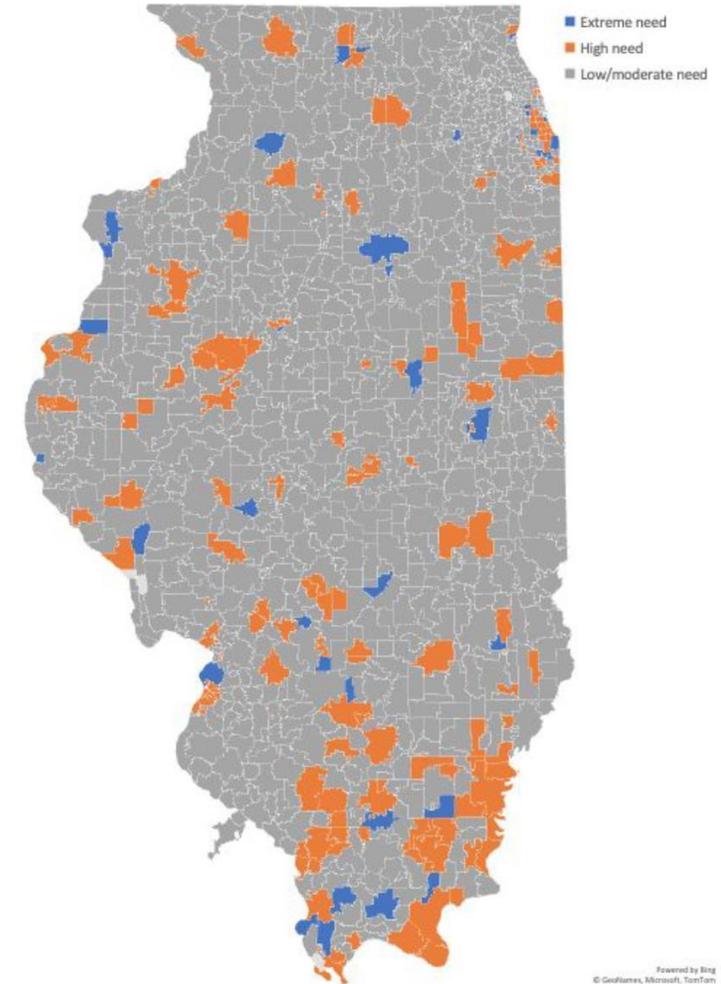
Priority Targeting

Starting Point:

- Overspend on Spanish-language media and advertisements
- Prioritize high vulnerability counties and zip codes

As the year progresses:

- Use IES data to refine targeting of groups/areas lagging in returns





HFS Outreach Events and Trainings



Outreach Events

[HFS Speaker's Bureau: Community Events Participation Request Form](#)

For All Entries:

- This Form is for Internal and External utilization.
- Please submit all request 15 business days prior to the date of your event or training.
- All submissions will be reviewed by the HFS Outreach Team.
- Note: HFS's Confirmation of Participation is based on staff capacity and available resources.

A. Speaker's Bureau: HFS Community Events Participation Request Form

1. Applicants are able to request HFS to participate in upcoming in-person community events:
 - Eligibility, Child Support, HealthChoice IL -MCOs, etc.
2. Applicants can request trainings or presentations:
 - Medicaid Address Update, Ready to Renew Messaging Toolkit, Manage My Case, Etc.
3. [Link: HFS Community Events Participation Request Form](#)



HFS Community Events Participation Request Form:

This form is to support the efforts of HFS staff participation in community events and trainings for the purposes of HFS Community Engagement. Please note: all requests should be submitted at least 15 business days prior to the date of your event.

* Required

Event Details:

1. Date of the Event: *

Please input date (M/d/yyyy)



2. Time of Event: *

Enter your answer

3. Name of the Event: *

Enter your answer

REDE Community Events

Use our outreach materials and messaging to talk to Medicaid customers about redeterminations



VI.B. Innovations & Equity



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B1. Transformation of Existing Behavioral Health Waiver





Post-Award Comment Period: Behavioral Health Transformation Section 1115 Waiver



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BACKGROUND

- Illinois received approval for its 1115 Behavioral Health Transformation Waiver in 2018
- In the fifth year of implementation (July 1, 2022 – June 30, 2023)
- 10 pilot programs received approval
- Purpose was to test how the provision of additional opioid use disorder/substance use disorder (OUD/SUD) services informed efforts in transforming the behavioral health system in Illinois



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GOALS

- Increased rates of identification, initiation, and engagement in treatment
- Increased adherence to and retention in treatment
- Reductions in overdose deaths, particularly those due to opioids
- Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services
- Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate
- Improved access to care for physical health and behavioral health conditions among beneficiaries



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PILOTS

- **Residential and Inpatient Treatment for Individuals with Substance Use Disorder (SUD) Pilot** – Services to individuals who were short-term residents in facilities that meet the definition of an institution for mental diseases (IMD).
- **Clinically Managed Withdrawal Management Services Pilot** – Services such as intake, observation, medication services, and discharge services.
- **SUD Case Management Pilot** – Services to assist individuals with accessing needed medical, social, educational, and other services.
- **Peer Recovery Support Services Pilot** – Services that provide counseling support to help prevent relapse and promote recovery.
- **Crisis Intervention Services Pilot** – Services to support stabilization, rapid recovery, and discharge of the individual experiencing psychiatric crisis.



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PILOTS - CONTINUED

- **Evidence-Based Home Visiting Services Pilot** – Postpartum home visiting services and child home visits, to postpartum mothers who gave birth to a baby born with withdrawal symptoms and Medicaid eligible children up to 5 years old who were born with withdrawal symptoms.
- **Assistance in Community Integration Services Pilot** – Pre-tenancy supports and tenancy sustaining services.
- **Supported Employment Services Pilot** – Person-centered planning process to support employment.
- **Intensive In-Home Services Pilot** – Face-to-face, time-limited, focused intervention targeted to support and stabilize a child/youth in their home or home-like setting.
- **Respite Services Pilot** – Time-limited respite care to families experiencing stressful situations, including avoiding a crisis or escalation within the home.



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PROGRESS

- Experienced start-up and implementation challenges, including COVID-19
- Four pilots were implemented in 2019:

Pilot	Status
Residential and Inpatient Treatment for Individuals with SUD	Through 2022, ~11,000 individuals served.
Clinically Managed Withdrawal Management Services	Through 2022, ~70 individuals served
SUD Case Management	Through 2022, ~3,000 individuals served.
Peer Recovery Support Services	Through 2022, ~200 individuals served. Of note, Public Act 102-1037 (305 ILCS 5/5-5.05f) directed HFS to seek approval from CMS for this service to be covered under the medical assistance program.





PROGRESS - CONTINUED

- Two pilots transitioned to a state plan amendment, part of the Pathways to Success Program:
 - Intensive In-Home Services
 - Respite Services
- Three pilots are anticipated to transition to a state plan amendment:
 - Peer Recovery Support Services
 - Crisis Intervention Services
 - Evidence-Based Home Visiting Services



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NEXT STEPS

- Current waiver expires June 30, 2023
- Submitting request to extend and amend
- Public Notice published in Illinois Register May 12, 2023
- Public Comment Period: May 12, 2023 through June 12, 2023
- The draft waiver extension and related materials are posted on the 1115 Demonstration Waiver Home page located on the HFS website:
<https://hfs.illinois.gov/medicalproviders/cc/1115demonstrationwaiverhome.html>



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PUBLIC HEARINGS

Friday, May 19, 2023

1:00 pm – 3:00 pm CDT

Held at the following location:

Illinois Department of
Transportation

Hanley Building Conference
Center – Auditorium

2300 S. Dirksen Parkway
Springfield, IL 62764

Monday, May 22, 2023

10:00 am – 12:00 pm CDT

Held at the following location:

University of Illinois Chicago -
College of Pharmacy

833 South Wood Street -
Room 134-1

Chicago, IL 60612

Thursday, May 25, 2023

10:00 am – 12:00 pm CDT

Held via WebEx

Register at the following link:

[https://urldefense.com/v3/_https://illinois.webex.com/weblink/register/rd11246f9d640a2caabbf0cf3c3881cae_!!NwMct28-Ww!!97i859gWFmrwgGqYf-rhGZh2cTUS-xtK8z0S6d-P5Yeuj0aBI0fyo9Kqd53PSij6oMI6IPPwqayEB0vZz1W2sgPt1aClplmg\\$](https://urldefense.com/v3/_https://illinois.webex.com/weblink/register/rd11246f9d640a2caabbf0cf3c3881cae_!!NwMct28-Ww!!97i859gWFmrwgGqYf-rhGZh2cTUS-xtK8z0S6d-P5Yeuj0aBI0fyo9Kqd53PSij6oMI6IPPwqayEB0vZz1W2sgPt1aClplmg$)



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PUBLIC COMMENT

- Any interested party may direct comments, data, views, or arguments concerning this proposal. Comments not provided at the hearing must be submitted and received by June 12, 2023, through one of the following methods:
 - Email to HFS.BBPC@Illinois.gov; or
 - Mail to:
Kelly Cunningham
Medicaid Administrator
Division of Medical Programs
Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763



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B2. Health Equity and Quality Care Subcommittee Update

A. Discussion on Telehealth

B. Report out by MCOs on how they gather and analyze Social and Structural Determinants of Health

1. Interventions implemented to address the issues identified





VI.C. Program Updates



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C1. Reproductive Healthcare



C1. Reproductive Healthcare

A. Medicaid Family Planning Program Implementation

- Program launched November 30, 2022 and has 2,435 enrollees.
- SPAs are pending federal CMS approval.
- HFS has received the public comments for the family planning program eligibility and coverage administrative rules.
- HFS and IDPH continue to meet regularly to coordinate family planning programs.

B. Reproductive Health 1115 Waiver Concept Paper

- HFS submitted a concept paper to federal CMS that proposes infrastructure grants for reproductive health providers and CBOs.
- A concept paper is the first step in the 1115 waiver process and allows CMS to provide technical assistance prior to the state moving forward.

C2. Health Benefits For Immigrants Adults



C3. Other Administrative Comments or Updates

Brief Preview of 1115 Transformation Waiver Application





1115 Transformation Waiver

HFS is seeking an extension of the existing Behavioral Health Transformation waiver and proposing to amend it with an expanded scope.

Continuing four of the original pilot programs: *Residential and Inpatient Treatment for SUD (IMD), SUD Case Management, Assistance in Community Integration (housing supports), Supported Employment*

Transferring five of the original pilots under State Plan or other authorities, and concluding the Clinically Managed Withdrawal Management pilot

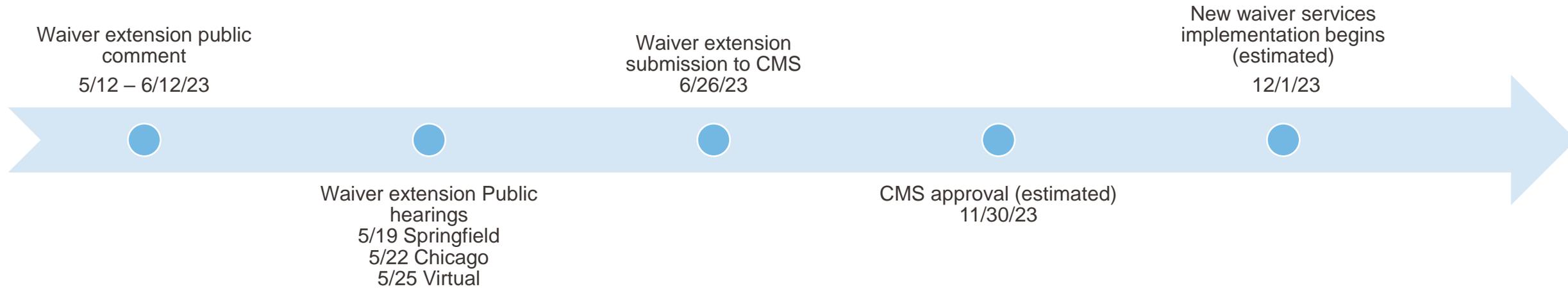
Adding an expansive package of benefits to address Health Related Social Needs benefits

1115 Transformation Waiver – HRSN Benefits



- Eligibility for specific benefits tied to clinical and social criteria consistent with federal CMS guidance and other states' approved waivers
- HFS is taking a broad and inclusive approach to eligibility for HRSN benefits

Collaboration and Engagement



Public Comment: May 12 – June 12, 2023; Materials available

<https://hfs.illinois.gov/medicalproviders/cc/1115demonstrationwaiverhome.html>

Implementation planning (post-application submission) will include engagement with providers and external stakeholders to inform implementation design.



VII. Community Integration Final Subcommittee Report





Community Integration Final Subcommittee Report

A. Recommendation Themes and Key Points | Febraury 16, 2023



Refresher: What Are the Nine Illinois 1915(c) Waivers?

1. Children and Young Adults with Developmental Disabilities-Support Waiver
2. Children and Young Adults with Developmental Disabilities-Residential Waiver
3. People who are Medically Fragile, Technology Dependent
4. Persons with Disabilities
5. Persons with Brain Injuries (BI)
6. Adults with Developmental Disabilities
7. Persons who are Elderly
8. Persons with HIV or AIDS
9. Supportive Living Program

*Illinois Medicaid also covers a range of community mental health programs.

Our Subcommittee's Charge

- Focus on **systemic** level issues
- “ ... advise the Medicaid Advisory Committee on short- and long-term recommendations to increase the number of seniors and persons with all types of disabilities receiving services in community settings. The subcommittee, comprised of a diverse group of stakeholders including Medicaid customers, will identify systemic barriers to achieving greater community integration, and will review, discuss, and develop recommendations on strategies to ensure that long-term services and supports in the community are accessible and equitable. These strategies will be informed by established evidence-based practices, federal funding opportunities and programmatic requirements, and the practical realities of Illinois's medical programs.”





Looking Across the Nine 1915(c) HCBS Waivers By Race



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Race Across All Waivers by Percentage

White participants: 42.9%

Black participants: 33.8%

Asian participants: 9%,

Hispanic/Latino participants: 7%

American Indian/Alaska Native participants: 0.2%

Hawaiian Native/Pacific Islander participants: 0.03%

7.6% either did not answer the racial/ethnic demographic question, or the data is unknown.



	American Indian/ Alaska Native	Asian	Black	Hawaiian Native/ Other Pacific Islander	White	Hispanic/ Latino	No Answer/ Unknown	Total Medicaid HCBS Participants
Aging	216	13,527	33,653	30	36,566	7,711	6,115	97,818
Brain Injury	7	70	1,521	1	857	185	157	2,798
HIV/AIDS	2	4	779	0	235	79	39	1,138
Physical Disability	72	733	13,144	11	11,087	1,971	1,968	28,986
Supportive Living	11	76	2,051	4	6,084	261	651	9,138
DD Adult	21	450	4,627	3	14,732	1,404	1,770	23,007
DD Childrens Support	0	3	12	0	54	8	55	132
DD Children's Residential	0	27	64	1	268	32	437	829
MFTD	7	88	475	0	1441	281	1434	2292
Total by race/ethnicity	336	14,978	56,326	50	71,324	11,932	12,626	166,138

Based on raw data provided by the Illinois Department of Health and Family Services, February 9, 2023.



MAC Community Integration Subcommittee Recommendations



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1. Reaching and Supporting Unserved/Underserved Groups

- A. Re-evaluate HCBS eligibility standards
- B. Improve the effectiveness of the State's public education about HCBS
- C. Increase mental health services available under all HCBS waivers
- D. Make successful youth transition a priority
- E. Identify opportunities for increased interagency collaboration
- F. Empower providers through investment



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2. Removing Accessibility Barriers in Medicaid HCBS

- A. Initiate a formal interagency assessment of the current state of online and in-person accessibility barriers for applicants/users of HCBS
- B. Build disability accessibility requirements into HCBS contracts with providers; improve language clarity and communication accessibility for those who rely on HCBS
- C. Investigate and resolve disability-related barriers within online benefits accounts
- D. Expand state personnel capacity to assist disabled waiver holders with navigating the system





3. Improving HCBS Administration and Service Array

- A. Improve any time delays to accessing HCBS
- B. Breaking down waiver service silos that result in undeserving people with multiple needs
- C. Increasing flexibilities to address individual needs/self-determination
- D. Increase dialogue with the Governor's Office of Management and Budget to support the importance and overall cost savings inherent in good HCBS outcomes
- E. Investigate how to phase in the ending of income- or asset-based service caps, as well as the purpose and structure of service cost maximums
- F. Continue interagency and contractor coordination to accelerate compliance with *Ligas, Williams and Colbert*
- G. Evaluate the effectiveness of managed care coordination in relation to HCBS
- H. Continue to grow a state agency staff culture of support for community integration



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4. Strengthening the HCBS Workforce

- A. Recruit and onboard new HCBS workers
- B. Stabilize and build resilience within the current HCBS workforce (quality mentoring/supervision, good pay, COLAs, health insurance, nurse training specific to home care, incentives for hard-to-staff areas and hard-to-fill shifts)
- C. Support the revamping of HCBS work as a meaningful, important career track profession



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For HCBS Participants, A Healthy HCBS Workforce Economy Looks Like...

- A. Reliable staff available at the hours needed, including on weekends and in the early mornings and evenings
- B. Backup staff available if the regular staff are sick or fail to show
- C. Ease of processing timecards and reliable on-time payments for workers
- D. The right staff for the right situation: there is particularly a shortage of home nurses for those who need higher levels of in-home support
- E. HCBS workers who can not only help someone in the home, but also in the community
- F. Common-sense supports such as helping someone organize their meds
- G. Being able to get support staff a person needs regardless of HCBS participant age





Addressing the Housing Crisis in HCBS

- A. We recognize that Medicaid is not allowed to directly pay for housing
- B. Yet, we feel there are opportunities for Medicaid to support housing stability for HCBS waiver participants
- C. Given that the stakeholder landscape is split between waiver holders and providers/developers, we created two areas of recommendations to address the separate needs



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Supporting Housing for Medicaid HCBS Participants

- A. Partner with sister state agencies to determine the need for additional housing subsidies
- B. Support public education on how to access and keep housing
- C. Advance efforts to keep the housing process simple and affordable/free for waiver holders
- D. Gain an understanding of housing disparities/discrimination facing waiver participants
- E. Establish housing support as a program service
- F. Fill in gaps for people who cannot currently access housing because their disability diagnosis does not match service eligibility
- G. Increase investment in home modifications
- H. Identify and streamline catch-22 situations in the housing process
- I. Support people in keeping more of their Social Security monthly income in housing situations where services are bundled in



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Supporting Housing Providers and Developers

- A. Create a statewide plan to advance housing for HCBS participants
- B. Revamp the Statewide Referral Network (SRN) and increase innovation with the SRN as a base for outreach
- C. Explore potential flexibilities in housing options
- D. Grow/invest in housing service provider networks
- E. Improve case management where HCBS participants need housing support
- F. Work with Illinois reentry leaders to identify/develop housing opportunities for Medicaid-eligible people with disabilities and seniors returning from incarceration
- G. Pursue a 1115 waiver that would allow the state to pay for housing



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Fostering Employment and Economic Security

- A. Aim for seamless support for HCBS recipients who rely on services from multiple state agencies or divisions
- B. Expand Medicaid waiver-funded employment support/transition programs
- C. Raise Medicaid HCBS income and asset limits, where applicable
- D. Raise or eliminate the \$35,000/year income cap for workers who need the Health Benefits for Workers with Disabilities program
- E. Phase out subminimum wage employment statewide
- F. Ensure flexibility of Medicaid HCBS waiver eligibility for participants who are seeing rising wages due to minimum wage increases
- G. Assess Medicaid spenddown impact in terms of economic destabilization for individuals and their families



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Recommendations for the MAC and HFS

- A. Consider establishing a permanent standing subcommittee to address Medicaid HCBS waiver matters;
- B. Alternatively, recommend that the State establish a permanent stand-alone advisory committee on Medicaid HCBS waiver work;
- C. Request that the State commission a survey using “person terms” rather than “provider terms” to gather additional input on ways to strengthen or innovate within Illinois Medicaid HCBS.



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Now, and Going Forward

- A. We find it critical to acknowledge that the State of Illinois is already actively dealing with plans to address at least some of the above-recommended areas.
- B. Our current environment already includes planning efforts such as for a new Money Follows the Person program, as well as efforts to increase funding in areas of needed HCBS investment.
- C. Ultimately, our collective goal should be for Medicaid HCBS to be available and easily accessible for those who need it.



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VIII. Other Subcommittee Reports & Recommendations





V.C. NB Stakeholder Subcommittee Update



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NB Stakeholder Subcommittee Update

A. Pathways to Success Update

1. Number of Youth Referrals: 1,191
2. 21 CCSOs accepting Referrals

B. PATH continues to offer training to providers

C. Continuing provider outreach/work with MCOs to build provider network

D. N.B. Subcommittee Work – Working updating Behavioral Health/Pathways to Success Website and develop additional communication for customers

IX. Public Comments



Update:

A. Amber Kirchhoff, MA

Director, Public Policy + Government Affairs
Illinois Primary Health Care Association

B. Dawn V. Gay, MBA-HCM

Executive Director, CareAdvisors
Fellow, IOMC

C. Robin Lavender (She, Her, Hers) – Read by Ms. Bansa

Client Access Coordinator
DuPage County Health Department

X. Additional Business: Old & New





A. Items for Future Discussion



B. HFS Announcements



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B1. MAC Membership Questionnaire

Medicaid Advisory Committee (MAC)

HFS > About Us > Boards and Commissions > Medicaid Advisory Committee (MAC)

The Medicaid Advisory Committee (MAC) advises the Department of Healthcare and Family Services with respect to policy and planning related to the health and medical services provided under the department's [Medical Programs](#) including Medical Assistance, [All Kids](#) and [FamilyCare](#) pursuant to federal Medicaid requirements established at 42 CFR 431.12.

- [Medicaid Advisory Committee Opportunities \(pdf\)](#)

Medicaid Advisory Committee (MAC)
MAC Home
Overview
Members
Bylaws

Step 1



Medicaid Advisory Committee Opportunities

The Medicaid Advisory Committee (MAC) is seeking candidates interested in advising the Illinois Department of Healthcare & Family Services (HFS) on its Medical Assistance Program.

The MAC was created to advise HFS about health and medical care services under the Medical Assistance Program pursuant to the requirements of 42 CFR 431.12 with respect to policy and planning involved in the provision of medical assistance.

The MAC shall have the opportunity to advise on policy development and program administration, including furthering the participation of recipient members in the agency program pursuant to 42 CFR Section 431.12(e).

Vision Statement: The Medicaid Advisory Committee shall ensure that populations covered under HFS' Medical Assistance Programs have timely access to high quality medical care delivered in a cost-efficient manner that meets customer needs regardless of sex, race/ethnicity, primary language, geography, age, disability or other socioeconomic factors.

Please see descriptions of subcommittees under the MAC:

Community Integration Subcommittee: Established to advise the Medicaid Advisory Committee on short- and long-term recommendations to increase the number of seniors and persons with all types of disabilities receiving services in community settings. The subcommittee, comprised of a diverse group of stake holders including Medicaid customer and will identify systemic barriers to achieving greater community integration and will review, discuss, and develop recommendations on strategies to ensure that long-term services and supports in the community are accessible and equitable. These strategies will be informed by established evidence-based practices, federal funding opportunities, programmatic requirements, and the practical realities of Illinois' medical programs. **(This subcommittee is no longer accepting application submissions.)**

Health Equity & Quality Subcommittee: Established to advise the Medicaid Advisory Committee concerning strategies to improve customer outcomes by ensuring that populations covered under HFS' Medical Assistance program have efficient, cost effective, and timely access to quality care that meets their need without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status.

Public Education Subcommittee: 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 including, but not limited to, All Kids, FamilyCare, Aid to the Aged, Blind, or Disabled (AABD) medical.

N.B. Stakeholder Subcommittee: On January 16, 2018, United States District Judge Jorge L. Alonso approved the terms of the N.B. Consent Decree, which was agreed to by the state of Illinois and the Plaintiffs. The purpose of the Consent Decree is to design and implement a systemic approach through which all Medicaid-eligible children under the age of 21 in the State of Illinois, with reasonable promptness, will be provided the Medicaid-authorized, medically necessary intensive home and community-based services, including residential services, that are needed to correct or ameliorate their mental health or behavior disorder. The Stakeholder Subcommittee will be asked to provide feedback and input on specific aspects of the Implementation Plan, as requested by HFS.

To apply for consideration:

- Interested parties must complete the required questionnaire [HERE](#) for consideration.
- If you need further information, please contact [Melishia Bansa@Illinois.gov](mailto:Melishia.Bansa@Illinois.gov).

Step 2



Medicaid Advisory Committee (MAC) & Subcommittee Application

Request for Membership Application

* Required

Please provide your contact information.

1. Name (Last, First, Middle Initial) *

2. Employer (If you are working in a paid position; list all if more than one.) *

Step 3

B.2. MAC Resources

A. To receive MAC email notifications regarding public meeting notices, sign up for our MAC and Subcommittee Listserv:

1. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
2. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

B.3. Social Media

A. The Illinois Department of Healthcare and Family Services (HFS) utilizes a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on:

1. Twitter: <https://twitter.com/ILDHFS>
2. Facebook: <https://www.facebook.com/ILDHFS>
3. LinkedIn: <https://www.linkedin.com/company/ildhfs/>

for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

XI. Adjournment

THANK YOU

