

# MEDICAID ADVISORY COMMITTEE (MAC)

May 2, 2025

Special Meeting | Virtual WebEx

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.



I.

# Call to Order

Presenter: Audrey Pennington, MAC Chair



HFS

Illinois Department of  
Healthcare and Family Services

## MAC Chair

### Audrey Pennington



As the Chief Operating Officer of Aunt Martha's Health & Wellness, Audrey Pennington is responsible for ensuring the efficiency and excellence of the organization's integrated model of health care, child welfare and community wellness services.

In addition to working with the President & CEO to advance Aunt Martha's mission, vision, core values and strategic priorities, she is responsible for the day-to-day operations of more than 30 locations, including 23 community health centers, and over 800 employees. Aunt Martha's operations generate more than \$70 million annually, reaching nearly 70,000 patients and clients from over 650 communities across Illinois.

With close to 30 years of health care, finance, and executive experience, Audrey's role at Aunt Martha's has continued to evolve to meet the leadership demands of a tightly integrated organization and the increasingly complex needs of its patients, clients, partners and employees. She coordinates the leadership teams of the agency's three operating groups, including direct oversight of all health care services, supporting operational and clinical excellence, and fostering strong working relationships across all levels of the organization as well as with key partners.

She is at the forefront of the movement to promote a value-based, integrated model of services that cares for the whole person – body, mind and spirit. She has played an integral role in the use of technology to advance the accessibility, integration and quality of care. Her commitment to quality and total dedication to caring for the underserved is part and parcel of the culture of teamwork and accountability that drives Aunt Martha's forward.

Audrey originally joined Aunt Martha's in 2001 as Controller, and has held several senior administrative positions, including Executive Vice President of Health Services, Interim-Chief Financial Officer and Director of Health Finance. She earned a Bachelor of Science in Business Administration from the University of Illinois.



HFS

Illinois Department of  
Healthcare and Family Services

# 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.



## Comments or questions during the meeting

# House Keeping

- 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 yourself during QA sections facilitated by chair.
- Please state your full name when asking a question or passing a motion.
- If you are a member of the general public and wish to make a comment, 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 Committee chair or any of the host or co-host.

## Meeting Basics

# House Keeping

- Please note, this meeting is being recorded.
- To ensure accurate records, please type your name and organization into the chat.
- If possible, members are asked to attend meetings with their camera's turned on. Please be sure to mute your audio except when speaking.
- Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback

## Meeting Basics

# House Keeping

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning has been provided for you today in the WebEx platform in several languages. Please email [Melishia.Bansa@Illinois.gov](mailto: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.
- Patience, please – many meeting attendees may be new to MAC proceedings.



# Summary of Agenda

**Presenter:**

**Audrey Pennington, MAC  
Chair**

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



**HFS**

Illinois Department of  
Healthcare and Family Services



II.

# Roll Call of Committee Members

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



**HFS**  
Illinois Department of  
Healthcare and Family Services

# Roll Call of MAC Members

**Amber Smock – Vice Chair**  
Access Living

**Audrey Pennington – Chair \***  
Aunt Martha's Health & Wellness

Brian Cloch  
Oak Street Health | Transitional Care Management

**Howard Peters III**  
HAP, Inc

**Kathy Chan \***  
Cook County Health

Kim Mercer-Schleider  
Illinois Council on Developmental Disabilities

Larry McCulley  
SIHF Healthcare

**Dan S. Lustig \***  
Haymarket Center

Flavia Lamberghini  
UIC Pediatric Dentistry Department | Apple Dental Care

**John J. Spears**  
Foster Parent

Kimberly A. Hefner  
Riverside School District 96 | Parent

Lettie Beatrice Hicks  
COFI | Parent

**Mary Cooley**  
Aetna Better Health of Illinois

**Arti Barnes - Ex-Officio Non-Voting Member \***  
Illinois Department of Public Health



III.

# Introduction and Announcements for HFS Staff

Presenter: Dana Kelly, HFS Chief Of Staff



**HFS**  
Illinois Department of  
Healthcare and Family Services

# New Staff Announcements

## New To HFS

- **Nancy Cao** – Director of Healthcare Transformation Collaboratives
- **Stephanie Snow** – HR Director

## Special Thanks For Years of Service to HFS

- **Kelly Cunningham**– (Our Incredible ) Medicaid Administrator

## Role Transitions

- **Laura Phelan** – Previous role –  
Deputy Director for New Initiatives

Starting July 1, 2025

**New** Medicaid Administrator



IV.

# Review and Approval of Meeting Minutes

Presenter: Audrey Pennington, MAC Chair





V.

# HFS Leadership Comments

Presenter: Elizabeth Whitehorn, HFS Director



HFS

Illinois Department of  
Healthcare and Family Services

HFS Director

## Elizabeth (Lizzy) Whitehorn

**Welcome To The MAC**



HFS Director Elizabeth Whitehorn was appointed by Gov. Pritzker to lead the agency, effective Jan. Director Whitehorn has worked at the intersection of policy, law and politics throughout her career, most recently serving as First Assistant Deputy Governor, managing the healthcare and human services agencies, including HFS.

In that role, the Director played a leading role in Illinois' response to the COVID-19 pandemic, spearheaded the Children's Behavioral Health Transformation Initiative and worked closely on the Pritzker administration's efforts to expand access to reproductive healthcare and to launch a state-based healthcare exchange.

Director Whitehorn previously served in Governor Pat Quinn's administration, she has worked on multiple campaigns, and she started her career with Chicago Public Schools.





# Federal CMS Innovation Center Cell and Gene Therapy (CGT) Access Model

- HFS was accepted into the federal Centers for Medicare & Medicaid Services (CMS) Innovation Center's [CGT Access Model](#).
- This Model tests whether the federal government negotiating outcomes-based agreements with drug manufacturers on behalf of states can lower costs to states and improve Medicaid customer access to CGTs.
- Illinois will begin participating in the Model on January 1, 2026 for both sickle cell CGTs included in the Model (Lyfgenia and Casgevy).
- Illinois Medicaid participation in the Model aligns with the [Advisory Council's December 2024 Report Recommendations](#) to HFS.



# Response from MAC Members





## VI. Healthcare & Family Services Executive Report

Presenter: Audrey Pennington, MAC Chair



**HFS**  
Illinois Department of  
Healthcare and Family Services



VI. 1.

# Federal Status of Medicaid Updates

Presenter: Elizabeth Whitehorn, Deputy Director, HFS Director



**HFS**  
Illinois Department of  
Healthcare and Family Services

Congressional Medicaid Reforms	Project 2025	Paragon Health Institute	Rep Study Committee FY25 Budget	House Budget Committee FY25-34 Budget	Other Think Tanks
Provider Taxes	*	*	*	*	*
State Directed Payments					*
Mandatory Work Requirements	*	*	*	*	*
FMAP Penalty for Undocumented Coverage					
Rescind/Reduce ACA Expansion	*	*	*	*	*
Set the Administrative FMAP at 50%					*
Eliminate the 50% FMAP Floor		*			*
DSH Reductions	*				*
Per Capita Caps	*	*	*	*	*

# Reform Provider Taxes

- States have flexibility in how they finance their share of Medicaid costs.
  - Almost all states use provider taxes, in which states can levy taxes and assessments on a wide range of provider types, including hospitals and nursing facilities, to fund the state share and garner federal match to put back into the Medicaid system.
- Congress has floated proposals to reduce the current safe harbor cap below 6%.
- Based on SFY 2025 provider assessments, Illinois would lose approximately **\$318 million** annually (net state share) if a 5% cap was instituted.



# State Directed Payments

- Since 2017, states have been allowed to steer additional payments (state directed payments, or SDPs) to providers under Medicaid managed care to help the state achieve certain Medicaid goals.
  - Two types of SDPs: Supplemental and minimum fee schedule.
- Illinois first implemented SDPs in 2019 for hospitals.
- Today, Illinois has the following SDPs:

## Supplemental

- Hospital Assessment
- Transformation
- Safety Net OB
- Critical Access OB
- Integrated Care for Kids Grants
- Nursing Home Quality Star

## Minimum Fee Schedule

- U of I Average Commercial Rate payments
- Cook County Hospital enhanced payments at Medicare rates
- Critical Access Pharmacy dispensing fees



# State Directed Payments

- While proposal specifics are not clear, any change to SDPs will likely aim to reduce these types of payments.
- States have already noticed increased scrutiny from federal CMS staff on SDPs, particularly when base rates are proportionally low compared to the SDP.





# Mandatory Work Requirements

- These requirements mandate Medicaid customers prove they work or are involved in eligible activities in order to be eligible for benefits.
- Work requirements would likely apply to non-disabled Medicaid customers ages 19 – 64.
- Current estimates show that between **344,000 – 633,000** Medicaid customers would lose coverage in Illinois.



# Impact of Mandatory Work Requirements

- States that have imposed work requirements, like Arkansas, saw tens of thousands of eligible enrollees lose coverage. Arkansas demonstrates how administratively complex work requirements are.
  - Of those disenrolled in AR, 97% were compliant or had exemptions but still lost coverage. That is, they lost coverage for administrative reasons.
  - Among people who were not exempt from the requirement and did not report the required 80 hours of qualifying activities in a given month, almost 99% reported zero activities. That indicates many people didn't understand they were subject to the work-reporting requirement or were deterred by the difficulties of reporting.
- Implementing work requirements is costly to states.
  - Studies estimate it cost AR about \$26.1 million to implement.

# FMAP Penalty for Undocumented Coverage

- Federal CMS may attempt to impose an FMAP penalty on states with healthcare programs for adults who are undocumented.
- One proposal, for instance, would reduce the ACA expansion adult FMAP to 80% for states providing health coverage for undocumented people.



# Rescind/Reduce ACA Expansion

- The ACA expansion population includes enrollees who are single, childless, nondisabled adults under age 65 with incomes up to 138% of the federal poverty level (or \$21,597 for a household of one).
- The current federal match rate for the ACA expansion population is 90% (compared to 51% match for the traditional Medicaid population).
- “Trigger law”: To protect the fiscal health of the state and prevent an automatic increase in liability, Illinois law removes Medicaid eligibility for the ACA expansion population if the federal government reduces the level of federal match to anything under 90%.



# Impact of Rescind/Reduce Expansion

- Nearly **770,000 adult Illinoisans**, or roughly 23% of Medicaid recipients, would lose coverage as of the end of SFY24.
- Estimates show every **10% reduction** in the enhanced federal match for the adult expansion population would shift **\$815 million** in costs to the state.
- The costs for those who remain uninsured will be absorbed by healthcare providers, like hospitals, who will have to shoulder the cost of uncompensated care.
- If enhanced match goes away, the total cost to Illinois would be over **\$3.2 billion** to remain offering healthcare to ACA eligible adults.

# Set the Administrative Federal Match Rate at 50%

- States receive 50% federal match for most administrative costs.
- However, certain administrative costs may be matched at higher rates.
  - 75% FFP for:
    - Administrative expenses for Skilled Professional Medical Personnel and direct support staff.
    - Administrative expenses associated with medical and utilization reviews performed by approved Quality improvement organization and independent external review organization.
    - Administrative expenses for MMIS and IES in-house and private vendors.
    - Expenditures for early intervention translation and interpretation.
    - Expenditures related to preadmission screening and resident review activities.
  - 90% FFP for:
    - Administrative expenses for MMIS and IES in-house and private vendor.
    - Administration of family planning services.



# Eliminate the 50% FMAP Floor

- Currently, the minimum FMAP states can receive is 50% for medical services.
- Although IL's FMAP for FFY25 and FFY26 is above the 50% threshold, removing the floor could have impacts in FFY27 and beyond.
  - There are currently 10 states who would be impacted.
- HFS is working to model what these impacts could be for us.



# Implement DSH Reductions

- Disproportionate Share Hospital (DSH) payments are made to hospitals treating large numbers of low-income patients.
- Built on the premise that with fewer uninsured individuals there should be less need for Medicaid DSH payments, the ACA included a provision directing HHS to make aggregate reductions in Medicaid DSH allotments in FFY2014 - 2020.
  - Under current law, the DSH reductions are to occur from FFY2025 – 2027. The aggregate reductions to the Medicaid DSH allotments equal \$8 billion – nationwide – for each of those years.
- The Medicaid DSH reductions have been amended and delayed by more than a dozen laws since the ACA. If Congress allows the DSH reductions to take effect, Illinois' DSH allotment will be significantly reduced.





# Per Capita Caps

- **Per capita caps** - A fixed amount of money per Medicaid enrollee, essentially capping the federal funding per person in the program.
- Republicans have proposed replacing the current funding structure, where states are paid a specific percentage of the Medicaid program expenditures (FMAP).
- Even as costs of care increase, Illinois would be responsible for all remaining costs within Medicaid.
- Under a per capita cap set at FY25 estimated expenditures, initial estimates show that Illinois is projected to lose between **\$24 – \$39 billion** in federal funds from 2026 through 2034.
- A per capita cap ***will force Illinois to limit benefits*** for people with disabilities, seniors, pregnant women, and children.



# 1115 Waiver Status

- CMS issued a CMCS Informational bulletin (CIB) on 3/4/25 “rescinding guidance on HRSNs”.
  - CMS rescinded previously issued CIBs outlining parameters of the federal HRSN framework.
  - The 3/4/25 CIB did not rescind the 2021 CMS State Health Official (SHO) letter describing authority options for providing HRSN services.
  - **The 3/4/25 CIB did not rescind the approved Illinois Healthcare Transformation 1115 waiver.**
  - The email announcement included the following language: *“Rescinding this guidance does not negate existing approvals.”*
  - Illinois has approved Special Terms and Conditions (STCs), HRSN operational protocols and HRSN implementation Plan, that were not rescinded with the 3/4/25 memo.
- CMS issued a State Medicaid Director letter regarding 1115 authorities for Designated State Health Programs (DSHP) and Designate State Investment Programs (DSIP).
  - DSHP and DIP are **NOT** part of Illinois' Healthcare Transformation 1115 waiver.
- **HFS continues its operational planning to implement the approved 1115 waiver and will continue to closely monitor policy communications from CMS.**



# **VI. 1B**

## **Medicaid Awareness: Protect Medicaid Campaign**

# HFS campaign to fight federal cut proposals

In response to federal proposals to drastically cut Medicaid, HFS has been vocal about how this would affect the Illinois Medicaid program and our roughly 3.4 million customers across the state:

- Director Whitehorn op-ed in Crain's
- February 28 news conference with Gov. Pritzker and Congressional delegation
- March 5 legislative subject matter hearing testimony

## Commentary: More uninsured Illinoisans would be ruinous for the state

By Elizabeth M. Whitehorn

[Reprints](#) [Share](#)



Credit: Getty Images

### MORE LIKE THIS

What Illinois faces if congressional Republicans slash Medicaid

Impending expiration of federal tax credits could leave more Illinoisans uninsured

Harris Poll: Medical care a top concern for Cook County residents

February 24, 2025 05:46 AM

Imagine being cut off from your prenatal doctor's visits halfway through your pregnancy. Imagine having to choose between your child continuing therapy or buying groceries. Imagine forgoing a critical procedure to avoid out-of-pocket expenses that could become medical debt. These are the choices that millions of Americans will have to make if the Trump administration and congressional Republicans succeed in passing any Medicaid cuts.

Since its inception in 1965, Medicaid has become a vital part of America's health care landscape, currently covering 72 million low-income Americans. This translates to a single adult who earns up to \$21,597 per year. For a family of four, adults qualify at an

**FORUM**  
CRAIN'S



### Most Popular

- 1 Spotlight back on Northwestern's president amid Trump administration jabs
- 2 Trump readies orders targeting sanctuary cities, police reforms
- 3 In legal fight over disputed artwork, Art Institute dealt a big blow
- 4 Mansion featured in 'Empire' TV show sells after 12 years, \$9.4 million in price cuts
- 5 Bears confront their Soldier Field landlord as they scope out Arlington Park move



# April Medicaid Awareness Month social media campaign

**HFS** Illinois Department of Healthcare and Family Services  
Published by Sprout Social  
- April 17 at 4:26 PM · 🌐

Losing Medicaid isn't just about coverage—it's about tough choices. Without it, many face medical debt or must skip essentials like food or rent. The stress alone can harm health. #MedicaidMatters #HealthEquity <https://bit.ly/4ihY9l8>

**MEDICAID  
AWARENESS  
MONTH**

For many, losing Medicaid coverage would lead to financial strain and additional health issues.



**HFS** Illinois Department of Healthcare and Family Services  
Published by Sprout Social  
- Yesterday at 1:26 PM · 🌐

Natalie gave birth to a premature baby boy when she was 32 weeks pregnant. Her baby spent time in the NICU due to complications, including trouble with feeding. Due to the baby's extended stay in the NICU, Natalie was not able to work and was at risk of losing her apartment. Natalie worried she would not have a place to bring her baby home and shared her situation with her MCO Care Coordinator, who sprang into action.

Natalie was referred to Legal Aid Chicago, signed up to receive nutritional support and money for groceries, and received follow-up support for all the appointments for her and her baby. With the help of Legal Aid Chicago and other eviction prevention resources, Natalie and her landlord came to an agreement for her to stay in the apartment while she looked for a new place to live. Thanks to the support Natalie received from her MCO Care Coordinator to maintain stable housing, she is happy to report that she secured a part-time job and is on track with the rent at her new apartment.



**HFS** Illinois Department of Healthcare and Family Services  
3,014 followers  
2w · 🌐

For the past 60 years, Illinois has provided critical healthcare coverage to Illinoisans, serving as a leader in implementing programs to increase quality and accessibility within the Medicaid program. Read more: <https://bit.ly/42nP2Ln>.

*Celebrating 60 Years*  
**MEDICAID**  
*Milestone*



Stephanie A. Snow, Esq., CIGI and 24 others

5 reposts



Like

Comment

Repost



**HFS**  
Illinois Department of  
Healthcare and Family Services

**Presenter: Jamie Munks, Director of Communications**

# Medicaid Awareness Month social media engagement

Total Number of Posts	48
Post Impressions	182% increase
Post Engagement	289% increase
Audience Growth	3.5% increase
Post Link Clicks	152% increase

# Next steps

HFS is developing a toolkit to help stakeholders amplify these messages to advocate against federal Medicaid cuts. Watch out for our May stakeholder newsletter. [Subscribe!](#)



HFS Director Lizzy Whitehorn speaks at a news conference on Feb. 28 in Chicago to advocate against federal Medicaid cuts.



# **VI. 2**

## **Budget Update**





# FY25 Accomplishments

- **Medical Debt Relief:** Launched the first statewide medical debt buyback program, which has relieved \$345 million in medical debt for nearly 270,000 Illinoisans.
- **Advisory Council on Financing and Access to Sickle Cell Disease Treatment and Other High-Cost Drugs and Treatment:** Convened advisory council to develop comprehensive recommendations for financing and increasing access to lifesaving high-cost, emerging drugs and therapies for Medicaid customers.
- **Certified Community Behavioral Health Centers:** Illinois was selected to participate in the new federal demonstration model, expanding access to integrated mental health and substance use treatment services, allowing HFS to invest ~\$150 million more in the behavioral health system.
- **Redetermination Success During Unwinding:** After the PHE unwinding, 78% of Illinois Medicaid customers retained their coverage due to HFS retention efforts.



# FY25 Accomplishments

- **1115 Healthcare Transformation Demonstration Waiver:** HFS received federal approval for the waiver that allows new Medicaid coverage of health-related social needs and pre-release services for individuals leaving carceral settings.
- **Implementation of State-Based Marketplace:** HFS continues to partner with DOI to build the infrastructure to support the Illinois State-Based Marketplace.
- **Healthcare Transformation Capital Investment Grant Program:** HFS and CDB awarded 13 organizations a combined \$200 million to support capital projects to address health-related social needs and reduce health disparities in historically underserved communities.
- **Maternal Health:** HFS implemented new coverage for perinatal doula and lactation consultant services; Illinois was also selected to participate in the federal Transforming Maternal Health Model to develop an integrated approach to care from pregnancy through postpartum.
- **Implementation of TANF Passthrough:** Since July 2024, all child support collected on behalf of Illinois' low-income families with children who are either current or former TANF recipients is now passed through to the receiving parent.

# HFS All Funds Budget

## ALL FUNDS (\$ MILLIONS)

TOTAL BY PROGRAM	FY25 Appropriation with Supplemental	FY26 Request	\$ Change
Medical Assistance	\$40,764.4	\$44,501.8	\$3737.5
Child Support Services	\$329.8	\$318.8	(\$11.0)
Administration	\$365.6	\$411.9	\$46.4
Cost Recoveries	\$33.1	\$32.9	(\$0.1)
Office of the Inspector General	\$35.1	\$36.5	\$1.4
<b>TOTAL</b>	<b>\$41,527.8</b>	<b>\$45,302.0</b>	<b>\$3,774.2</b>

# HFS General Revenue Fund Budget

GENERAL REVENUE FUND (\$ MILLIONS)			
TOTAL BY PROGRAM	FY25 Appropriation with Supplemental	FY26 Request	\$ Change
Medical Assistance	\$9,054.6	\$9,190.1	\$135.5
Child Support Services	\$83.8	\$71.8	(\$12.0)
Administration	\$60.8	\$89.4	\$28.6
Office of the Inspector General	\$7.0	\$7.2	\$0.3
<b>TOTAL</b>	<b>\$9,206.2</b>	<b>\$9,358.6</b>	<b>\$152.4</b>



# FY26 Budget Highlights

**FY26 Appropriation +9.09% over FY25 with Supplemental**

## **Growth Drivers:**

- Medicaid enrollees remaining after the pandemic Continuous Medicaid Coverage Requirement unwinding have resulted in higher acuity enrollee population;
- Double digit pharmacy cost increase;
- Annualization of FY25 legislative additions;
- Enrollment and service utilization increases.

## **Medical Programs Investments**

- Psychiatric residential treatment facilities: **\$27.7 million**
- Certified Community Behavioral Health Centers: **\$191.8 million**
- Pathways to Success: **\$132.8 million**
- 1115 Healthcare Transformation Waiver: **\$4 million**
- Program of All Inclusive Care for the Elderly (PACE): **\$12.2 million**
- Fully Integrated dual eligible special needs plan (FIDE-SNP): **\$27.5 million**

## **Health Benefits for Immigrant Seniors**

- \$110 million General Revenue Fund investment in HBIS, sunset of HBIA




# HFS FY26 Goals

- Continue to **hold MCOs accountable for providing high quality healthcare** by monitoring and incentivizing quality outcomes for customers, partnering on innovations that address health-related social needs and promote health equity, removing unnecessary barriers to care and preventing exploitative practices of contracting entities, including PBMs.
- Ensure all Illinoisans have access to the healthcare services they are eligible for by reducing customer barriers to enrollment, leveraging flexibilities to increase retention and implementing recommendations from the **Advisory Council on Financing and Access to Sickle Cell Disease Treatment and Other High-Cost Drugs and Treatments**.
- Advance a **whole-person approach to maternal health** that addresses the physical and mental health and social needs experienced during pregnancy and after by leveraging new provider types and payment models that drive quality and innovation.



# HFS FY26 Goals

- Build on the success of the **Medical Debt Relief Program** to relieve more medical debt for Illinoisans.
- Lay the critical groundwork necessary for the long-term success of HFS' 1115 **Healthcare Transformation Waiver** by building and strengthening technical systems, partnering with community-based agencies to prepare for needed infrastructure and piloting service models.
- **Expand access to integrated behavioral health services** by continuing to grow innovative models including CCBHCs, Pathways to Success and Psychiatric Residential Treatment Centers.
- Ensure Illinois families who rely on child support services receive timely and high-quality support by maintaining the highest performance standard for **parentage establishment, current support collected, and customer assistance wait times.**



# **VI. 3**

## **Legislative Update**





# HFS Office of Legislative Affairs Update

## Important General Assembly Deadlines:

- ~~January 24 — LRB deadline~~
- ~~February 7 — HB & SB intro deadline~~
- ~~February 19 — Gov Budget Address~~
- ~~March 21 — Committee Bill Deadline for both chambers~~
- ~~April 11 — HB & SB 3rd Readings~~
- ~~April 16 — Senate HHS Approp Hearing, RE: HFS Budget~~
- ~~April 24 — House HHS Approp Hearing, RE: HFS Budget~~
- May 9 — Opposite Chamber bill Committee Deadline
- May 23 — SB 3rd Reading
- May 31 — Adjournment

# HFS Legislative Initiatives

- Strengthening Maternal and Reproductive Health (HB2423/SB2437)
- Strengthening Child Support



# **VI. 4**

## **Provider Revalidation**



# Revalidation Progress

- Sixth Cycle ended April 30<sup>th</sup>
- Through March 2025:
  - All providers - 31,617 revalidations submitted = 66% completion rate
  - Active Providers\* - 19,987 revalidations submitted = 86% completion rate
- Disenrolled providers are completing revalidation with a gap in eligibility
- HFS continues outreach through email, social media, monthly town halls and provider organizations.
- Cycles Continue Through February 2026

\* Providers who have billed within the previous twelve months.



# **VI. 5 Eligibility**





# Redetermination Update

Presenter: Jacqueline Myers, BEI Bureau Chief



**HFS**  
Illinois Department of  
Healthcare and Family Services

# Medical Applications

## Application Backlog Report:

Application Processing by Month	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Apps Received (during month)	82,016	94,283	121,248	109,969	78,340	79,397
Apps Processed (during month)	83,145	75,771	89,370	105,657	90,199	112,573
Adjustment Factor	1,283	860	2,234	3,764	6,064	3,226
Apps On Hand (end of month)	99,520	118,892	153,004	161,080	155,285	125,335
<i>Apps On Hand over 45 days (end of month)</i>	<i>65,505</i>	<i>70,809</i>	<i>86,091</i>	<i>111,067</i>	<i>115,853</i>	<i>94,369</i>
Net Change in Apps On Hand (Total)	154	19,372	34,112	8,076	-5,795	-29,950
Net Change in Apps On Hand (Over 45 days)	5,263	5,304	15,282	24,976	4,786	-21,484

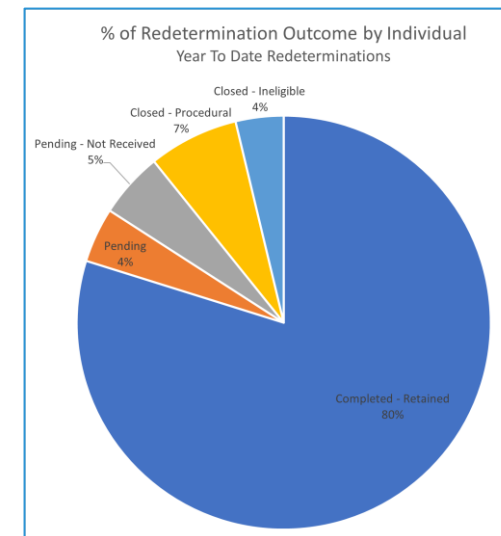
1

# Redes by Status

Redetermination Status by Individual - March 2025

Row Labels	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
Completed - Retained	250,792	237,843	213,579	209,838	212,941	208,226	147,149	212,299	209,903	158,524	145,131		2,206,225
Pending	6,063	4,939	6,650	6,733	7,242	8,416	7,913	20,850	24,177	23,573	1,787		118,343
Pending - Not Received										47,049	94,146		141,195
Closed - Procedural	17,546	17,580	18,960	21,680	21,152	23,602	19,035	22,774	31,561	503	123		194,516
Closed - Ineligible	8,427	7,757	7,638	10,842	10,254	10,014	8,601	17,844	15,984	5,321	754		103,436
<b>Grand Total</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>182,698</b>	<b>273,767</b>	<b>281,625</b>	<b>234,970</b>	<b>241,941</b>		<b>2,763,715</b>

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





# Redeterminations Received During Reconsideration Period (90 Days)

Late Reconsideration Request Responses - 23/24													
Days Late/Outcome	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Grand Total
<b>CLOSED - INELIGIBLE</b>	<b>2,259</b>	<b>2,591</b>	<b>2,434</b>	<b>2,988</b>	<b>2,642</b>	<b>2,748</b>	<b>1,979</b>	<b>2,031</b>	<b>1,632</b>				<b>21,304</b>
Responded within 1-30 Days	1,124	1,211	1,139	1,530	1,259	1,405	1,011	907	426				10,012
Responded within 31-60 Days	168	230	196	227	261	181	112	18					1,393
Responded within 61-90 Days	112	98	116	130	93	84	8						641
Other	855	1,052	983	1,101	1,029	1,078	848	1,106	1,206				9,258
<b>CLOSED – PROCEDURAL (VCL)</b>	<b>16,100</b>	<b>16,203</b>	<b>17,708</b>	<b>19,993</b>	<b>19,668</b>	<b>22,040</b>	<b>17,895</b>	<b>21,177</b>	<b>30,350</b>				<b>181,134</b>
Responded within 1-30 Days	439	424	420	651	640	687	543	663	294				4,761
Responded within 31-60 Days	129	178	170	276	270	281	303	86					1,693
Responded within 61-90 Days	144	147	189	299	183	316	55						1,333
No Response	15,388	15,454	16,929	18,767	18,575	20,756	16,994	20,428	30,056				173,347
<b>COMPLETED - RETAINED</b>	<b>14,173</b>	<b>13,410</b>	<b>12,391</b>	<b>12,409</b>	<b>11,800</b>	<b>15,184</b>	<b>9,650</b>	<b>7,667</b>	<b>4,478</b>				<b>101,162</b>
Responded within 1-30 Days	9,206	8,137	7,630	7,766	7,630	10,033	7,227	6,582	3,823				68,034
Responded within 31-60 Days	1,178	1,247	1,151	1,136	1,356	1,237	928	121					8,354
Responded within 61-90 Days	714	575	687	728	548	662	63						3,977
Other	3,075	3,451	2,923	2,779	2,266	3,252	1,432	964	655				20,797
<b>PENDING</b>	<b>618</b>	<b>632</b>	<b>689</b>	<b>830</b>	<b>947</b>	<b>1,238</b>	<b>1,362</b>	<b>2,286</b>	<b>2,572</b>				<b>11,174</b>
Responded within 1-30 Days	463	481	510	596	682	863	1,002	2,149	2,534				9,280
Responded within 31-60 Days	87	90	114	147	171	200	303	88					1,200
Responded within 61-90 Days	59	59	59	80	86	170	36						549
Other	9	2	6	7	8	5	21	49	38				145
<b>Grand Total</b>	<b>33,150</b>	<b>32,836</b>	<b>33,222</b>	<b>36,220</b>	<b>35,057</b>	<b>41,210</b>	<b>30,886</b>	<b>33,161</b>	<b>39,032</b>				<b>314,774</b>





## **VI. 5A HBIA/S**



# HBIA Program Sunset

- The Health Benefits for Immigrant Adults (HBIA) program, which currently serves eligible individuals aged 42 to 64, will be ending effective July 1, 2025.
- The last day of medical coverage through HBIA will be June 30, 2025.
- The Health Benefits for Immigrant Seniors (HBIS) program, which serves qualifying individuals aged 65 and over, will not be changing. If a current HBIA enrollee turns 65 before the final day of HBIA coverage on June 30, 2025, they will automatically be enrolled in the HBIS program, as long as they meet the eligibility criteria for the program.
- Due to State Fiscal Year 2026 budgetary constraints, the state had to make the difficult decision to use the limited funding available to continue coverage for eligible noncitizens aged 65+ only.



# Available Resources

- Individuals who are currently enrolled in HBIA may continue to have access to care through hospital financial assistance programs and primary and preventative care at Federally Qualified Health Centers (FQHC) and free and charitable clinics that serve uninsured and underinsured people regardless of their immigration status and ability to pay.
- More information and clinic locations are available online at <https://www.illinoisfreeclinics.org> and <https://iphca.org/health-center-locator>.



# Emergency Services

- Individuals who are currently enrolled in HBIA will continue to have access to Emergency Medical for Noncitizens. This is a federally matchable Medicaid eligibility group that provides time-limited coverage for emergency services to individuals who are not eligible for other Medicaid eligibility categories solely due to their immigration status.
- The application pathways for Emergency Medical for Noncitizens are the same as other Medicaid coverage: online through [ABE.illinois.gov](https://abe.illinois.gov), by calling the DHS ABE Call Center, or in person at a local DHS office.
- Hospitals may also apply for coverage on behalf of a customer.
- Application Agents and Navigators can also support the application process.



# Customer Communications

- HBIA enrollees were notified about the loss of coverage via mail on April 1, 2025, 90 days in advance of when coverage will terminate on June 30, 2025.
  - A Provider Notice was issued to providers on April 1, 2025.
- A small number of impacted customers who may be eligible for Marketplace coverage will receive a special second notice in the beginning of May, outlining how they can enroll in a Marketplace plan and potentially qualify for financial help.
- A final closure notice will be mailed on June 15th, two weeks in advance of the July 1st coverage termination date.



# Additional Resources

- Illinois Department of Healthcare and Family Services website  
<https://hfs.illinois.gov/medicalclients/healthbenefitsforimmigrants/healthbenefitsforimmigrantadults.html>
  - 1-pager
  - Q&A
  - Customer Notice
  - Provider Notice
  - FQHCs and Free Clinics
  - Emergency Medical for Noncitizens
  - Additional Immigrant Resources
- HFS Customer Service: 1-877-805-5312



# HBIA/S Public Hearing Special Eligibility Groups Hearing May 9, 2025 | 11AM CT via WebEx

- ILLINOIS REGISTER DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
NOTICE OF PUBLIC HEARING ON PROPOSED RULE
- Illinois Department of Healthcare and Family Services website
- **Please register at the following link:**  
<https://hfs.illinois.gov/info/legal/publicnotices.html> or  
<https://illinois.webex.com/weblink/register/r5a78290bb96199c28296e377f36ce5cb>
- **Meeting Number:** 2864 107 5912 **Password:** HBIA
- **Please email your request to speak or provide public comment in writing to**  
**[HFS.Rules@illinois.gov](mailto:HFS.Rules@illinois.gov)**





## **VI. 5B**

# **Eligibility 1115 Waiver Public Comment Period**



# Continuity of Care & Administrative Simplification 1115 Waiver

- The current Continuity of Care & Administrative Simplification 1115 waiver expires December 31, 2025. It includes:
  - Reinstatement into former MCO after submission of late redetermination paperwork within 90 days
  - Waiver of Hospital Presumptive Eligibility (HPE)
- HFS currently anticipates opening a 30-day state public comment period in late May on a proposed extension and amendment request.
- Public hearings will be held in Springfield and Chicago and videoconference will be available.
- More details are forthcoming in the public notice.

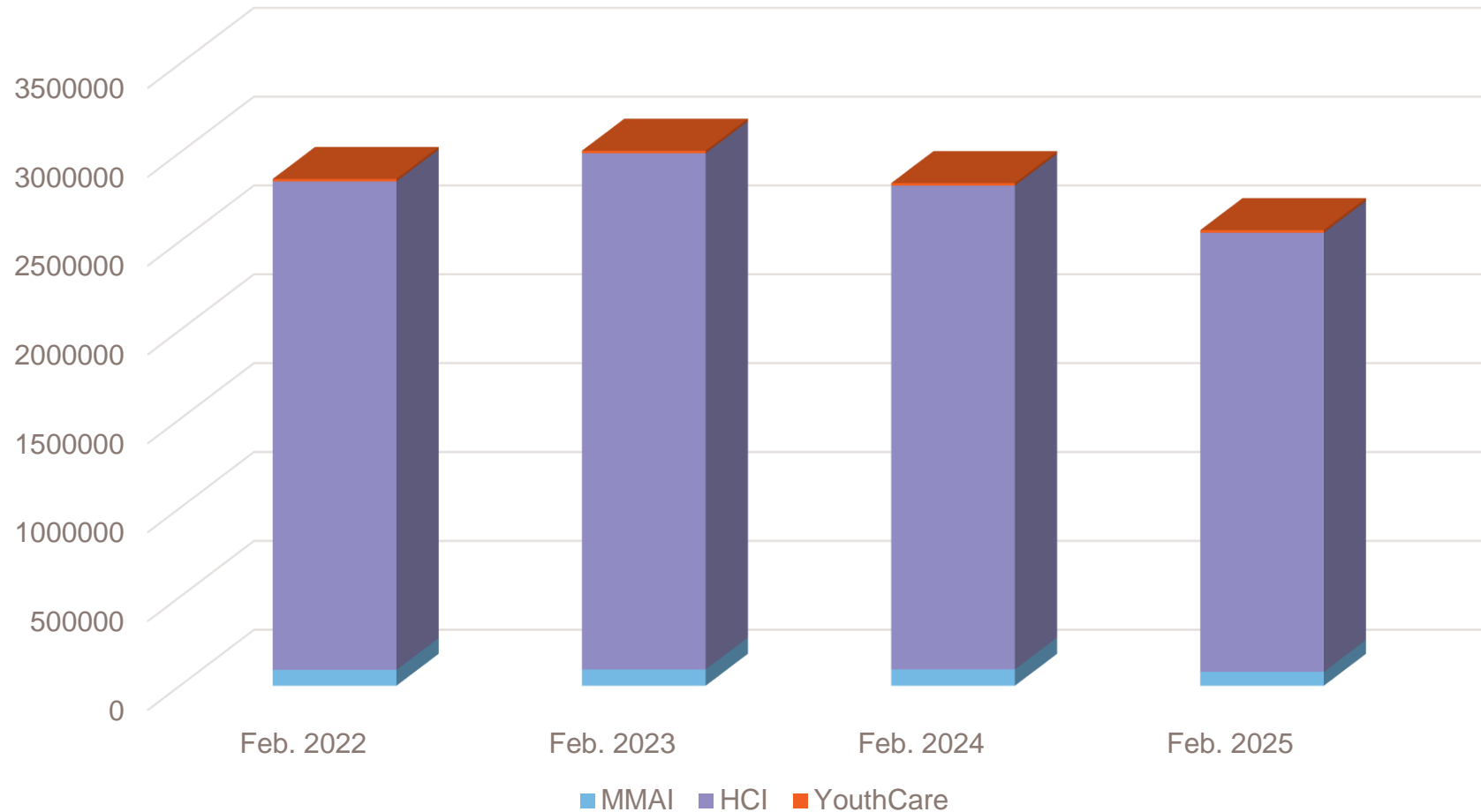


# **VI. 6**

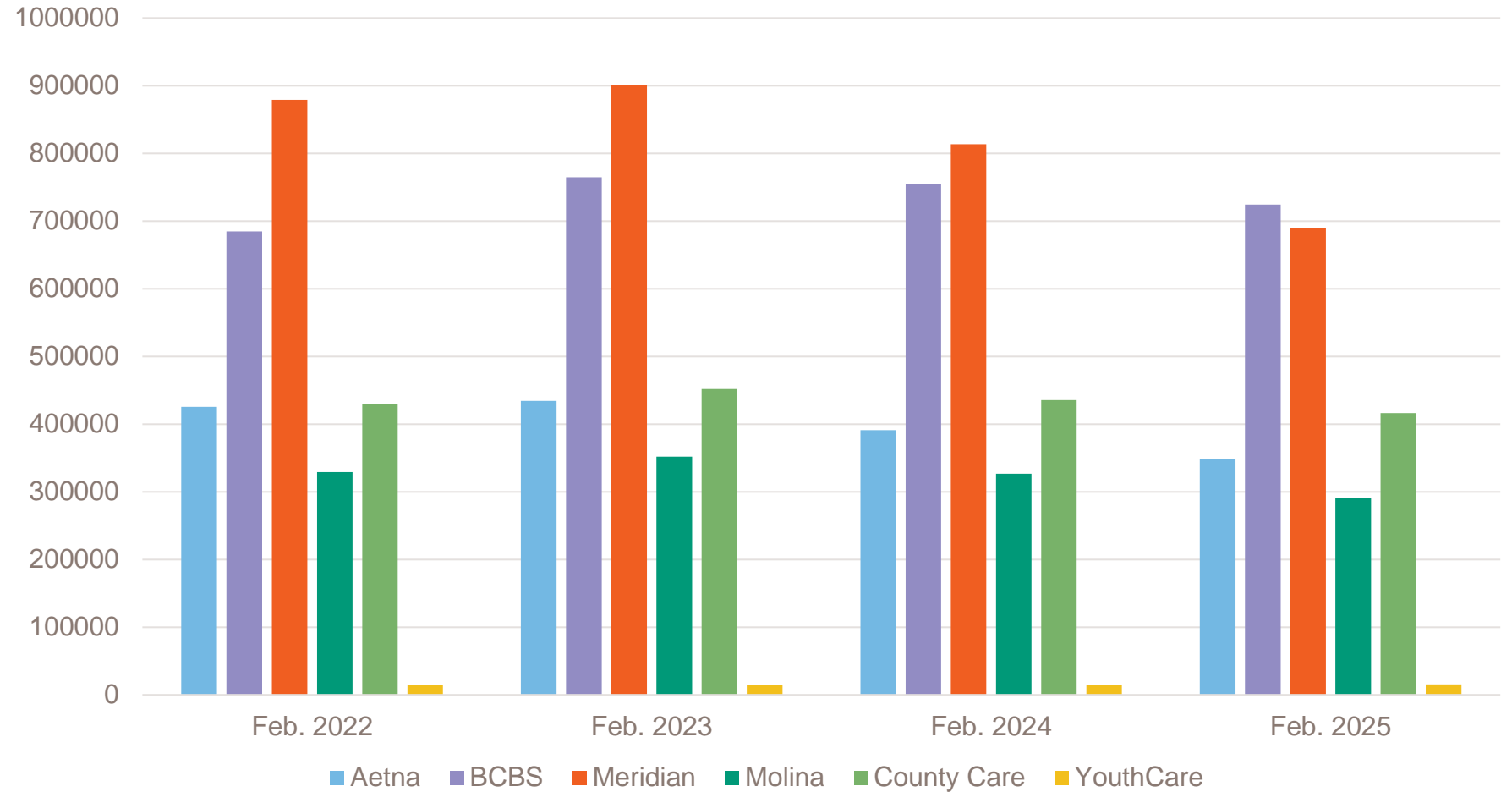
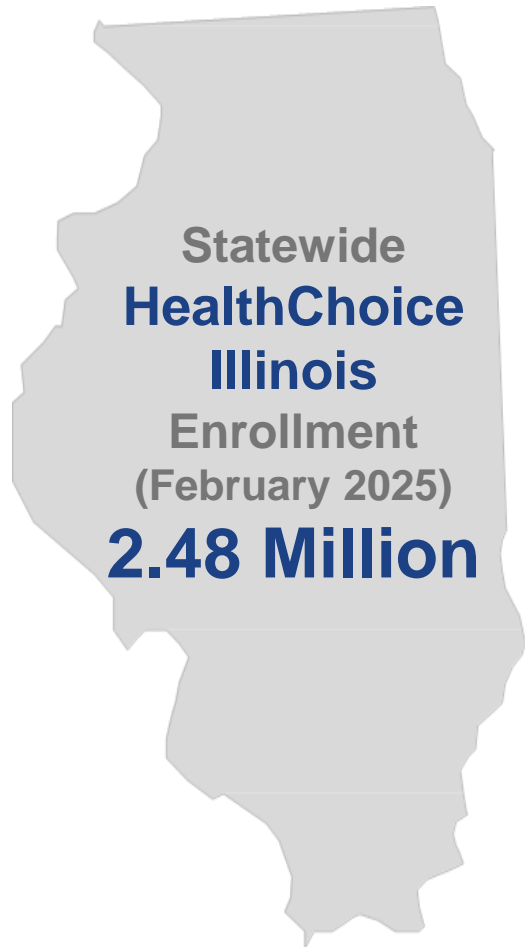
## **Other Administrative Updates**

# Managed Care Update

## Statewide Managed Care Enrollment Trends February 2022 – February 2025

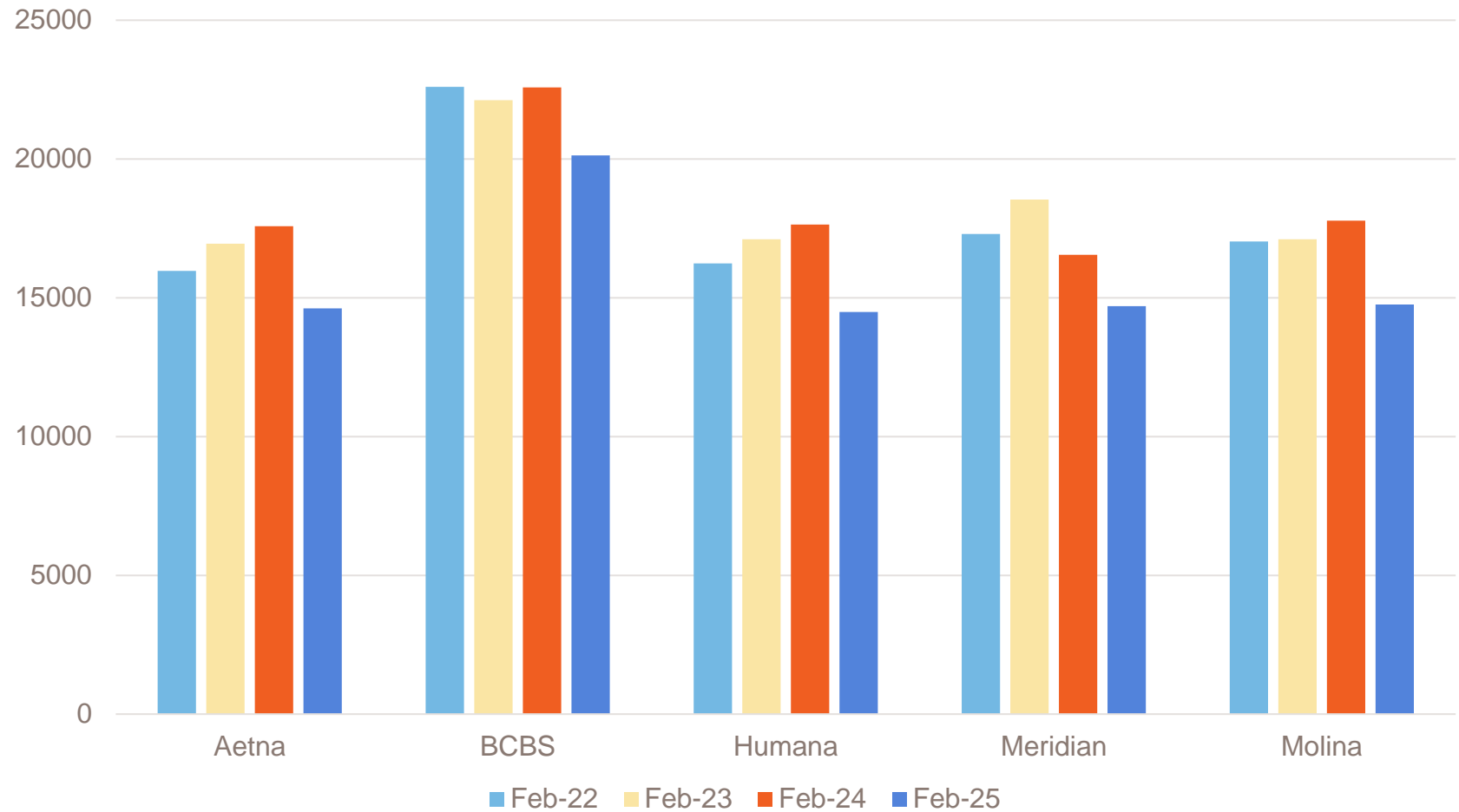


# Managed Care Enrollment Trends - HCI



# Managed Care Enrollment Trends - MMAI

Statewide  
Medicare/Medicaid  
Alignment  
Initiative  
Enrollment  
(February 2025)  
**78,696**





## **VI. 6A DSNP**



# Dual Eligible Special Needs Plan - Awards

**What is DSNP:** Dual Eligible Special Needs Plans (DSNPs) enroll individuals who are entitled to both Medicare (title XVIII) and medical assistance from a state plan under Medicaid (title XIX). Illinois is transitioning its Medicare-Medicaid Alignment Initiative (MMAI) program to a fully integrated DSNP model, which must be approved by CMS. A DSNP combines multiple coverages and coordinates Medicare and Medicaid benefits to make them easily accessible for people who have both.

**Awardees:**

- Aetna Better Health Premier Plan MMAI, Inc.
- Molina Healthcare of Illinois
- Humana Benefit Plan of Illinois, Inc.
- Meridian Health Plan of Illinois

**Total Award:** \$12 Billion

**Timeline:** Go live on January 1, 2026 through December 31, 2029, with extensions of up to five years and six months.





## **VI. 6B**

# **Annual Report & Other Reports**



# FY 2024 Annual Report

Medical Assistance Programs  
April 01, 2025

JB Pritzker, Governor  
Elizabeth M Whitehorn, HFS Director

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/fy2024hfsannualreport.pdf>



**HFS**  
Illinois Department of  
Healthcare and Family Services



**HFS**  
Illinois Department of  
Healthcare and Family Services





VII.

# Subcommittee Reports & Recommendations

Presenter: Audrey Pennington, MAC Chair



**HFS**  
Illinois Department of  
Healthcare and Family Services



VII. A.

## Autism Workgroup

Presenter: Melishia Bansa, HFS Deputy Director,  
Community Outreach Boards and Commissions  
and  
Aileen Kim, HFS Deputy Chief of Staff



**HFS**  
Illinois Department of  
Healthcare and Family Services

# Autism Workgroup

- A. Autism Working Group Meeting – April 14, 2025 | 1:00 – 2:30 pm**
- B. Discussion on Barriers Faced By Providers – Dentistry**
  - 1. Presenter James D. Benz DDS, Chair and DPR Program Director, Advocate IL Masonic Medical Center  
Department of Dentistry**
    - a) Department of Dentistry Overview**
    - b) Program History and Affiliations**
    - c) Departmental Programs – Highlighted - Special Patient Dental Care – Developmentally Disabled patients**
      - a) 55-year history, great regional and national reputation**
        - Provide treatment for persons with developmental disabilities, of all ages, many of which have significant accompanying medical compromises
        - Patients they treat through the program include those that have been diagnosed with an intellectual disability, autism spectrum disorder, cerebral palsy, seizure disorder, Down Syndrome, or other genetic/metabolic syndromes and disorders
- C. Overview of Medicaid Provider Enrollment – Tony Kolbeck, Bureau Chief of Provider Enrollment Services, Division of Medical Programs**



**HFS**

Illinois Department of  
Healthcare and Family Services



VII. **B.**

## Community Integration with Health Equity and Quality Care Subcommittee

Presenter: Co-Chair(s) Howard Peters, Amber Smock



**HFS**  
Illinois Department of  
Healthcare and Family Services

## B. Community Integration, Health Equity and Quality Care Subcommittee

### New Charter

The Community Integration, Health Equity, and Quality Care Subcommittee is established to advise the Illinois Medicaid Advisory Committee concerning strategies to improve Illinois Medicaid customer outcomes by ensuring that populations covered under Healthcare and Family Services' Medical Assistance Program have efficient, cost effective, and timely access to equitable, quality medical care and community services that meet their needs without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status and by developing recommendations on strategies to ensure that high quality long-term services and supports in the community are accessible and equitable for all seniors and persons with all types of disabilities. The subcommittee, comprised of a diverse group of stakeholders, will identify systemic barriers and propose solutions to achieving both greater community integration, and equitable high quality health care. These strategies will be informed by established evidence-based practices, stakeholder input, federal funding opportunities and programmatic requirements, and the practical realities of Illinois's medical programs, including waiver services.



HFS

Illinois Department of  
Healthcare and Family Services

## B. Community Integration, Health Equity and Quality Care Subcommittee

### New Charter Cont.

#### ***This subcommittee shall:***

1. Identify and review evidence-based practices and programs that can improve customer care, population health outcomes by addressing strategies supporting the social determinants of health.
2. Examine barriers that impact customer access to care and utilization of health care and waiver services, and recommend strategies to mitigate these barriers.
3. Recommend improvements to quality metrics and indicators.
4. Assess streamlined approaches to identifying gaps in the delivery of services to Medicaid Customers.
5. Identify methods that can be modified or adapted to strengthen continuity of care.
6. Develop data informed recommendations to improve program implementation and evaluation metrics.
7. Recommend methods to improve provider participation and network adequacy.
8. Review and provide recommendations on how the Department can mitigate health disparities and the impact on communities disproportionately affected by COVID-19.
9. Review and make recommendations to increase the number of seniors and persons with all types of disabilities receiving services in a community setting, as well as to improve the administration and service array in Illinois waiver programs.
10. Consider and make recommendations on the definition of a "community" safety-net designation of certain hospitals.
11. Make recommendations on the establishment of a regional partnership to bring additional specialty services to communities.
12. Review and make recommendations to address equity and healthcare transformation.
13. Review and make recommendations to address housing barriers for Medicaid customers, providers, and developers



**HFS**

Illinois Department of  
Healthcare and Family Services





VII.C.

## NB Stakeholder Subcommittee Update

Presenter: Regina Crider, NB Subcommittee Chair



## C. NB Subcommittee

- Public Implementation Reporting Available on the HFS Website: <https://hfs.illinois.gov/medicalproviders/behavioral/pathways/quarterlyimplementationupdates.html>
- Subcommittee meetings conducted on February 24 and March 24, 2025
- New Subcommittee Members received orientation to the N.B. Consent Decree and the N.B Subcommittee
- HFS provided an overview on the Quality Assurance (QA) Plan at February meeting
- HFS received feedback on a DRAFT of the QA Plan at the March meeting
- HFS is incorporating N.B. Subcommittee members' feedback into the DRAFT QA Plan before finalization
- Next N.B. Subcommittee meeting is on April 28, 2025



VII.D.

## Public Education Subcommittee

Presenter: Nadeen Israel, Public Education Chair



**HFS**  
Illinois Department of  
Healthcare and Family Services

## Public Education Subcommittee

- A. Met for the first time in 2025 on 4/18/2025, 10am – 12pm
- B. Heard updates from the Department on Medical Programs, Eligibility – including data on Medicaid Applications & Redeterminations, and Family Planning
- C. Also heard updates on the transition to a State-Based Marketplace and the sunseting of the HBIA program (as of June 30, 2025)
- D. Subcommittee shared desire to go back to the practice of the Subcommittee having the opportunity to review member notices and other member facing public materials prior to the Department finalizing them
- E. For the next meeting, the Subcommittee asked for more in-depth updates regarding the 1115 Waiver implementation and the impact and potential impact of actions at the federal level (Congress and Trump Administration) on IL's Medicaid program, most importantly Illinoisans on Medicaid who rely on this program for their healthcare and well being
- F. Next MAC Public Education Subcommittee Meeting is 6/27/2025, 10am – 12pm (virtual only)



**HFS**

Illinois Department of  
Healthcare and Family Services



VIII.

# Public Comments

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



**HFS**  
Illinois Department of  
Healthcare and Family Services

# Public Comments

Name	Title	Org	Comment
NONE			



IX.

# Additional Business: Old & New

Presenter: Audrey Pennington, MAC Chair



**HFS**  
Illinois Department of  
Healthcare and Family Services



IX. **A.**

## Items for Future Discussion

Presenter: Audrey Pennington, MAC Chair







IX. **B.**

## HFS Announcements

Presenter: Dana Kelly, HFS Chief of Staff  
And

Melishia Bansa, HFS Deputy Director, Community Outreach  
Boards and Commissions



**HFS**  
Illinois Department of  
Healthcare and Family Services

# Breakthrough Therapies for Veteran Suicide Prevention Program Advisory Council

**The Council shall advise the Department on the rules and clinical infrastructure necessary to support clinical access to and training for medication-assisted United States Food and Drug Administration breakthrough therapies for veteran suicide prevention.**

**A. First Meeting – February 28, 2025 | 1-2:00 P.M.**

1. Introductions of Advisory Council Members, Review the Purpose of the Council, Review Status of Breakthrough Therapy Access, Review and Approval of Bylaws, Nomination of Chair
2. Discussion: What Future Points, Oversight Areas, and Data Should be Explored to Advance the Goals of the Advisory Council

**B. Second Meeting – April 25, 2025 | 1-2:30**

1. Process for Identifying Individuals with Lived Experience
2. Process for Initiating Breakthrough Therapy Interventions
  - a. Regulatory Status, Procurement Potential, Legislative Options

# Background

- Federal CMS finalized the Ensuring Access to Medicaid Services rule (the “Access Rule”) in April 2024, which, broadly, requires states to:



Create and support a Beneficiary Advisory Council (BAC) composed solely of current and former Medicaid enrollees, their family members, and paid and unpaid caregivers.



Create a Medicaid Advisory Committee (MAC), comprising a diverse array of stakeholders, including members drawn from the BAC.



HFS

Illinois Department of  
Healthcare and Family Services



# Access Rule – MAC & BAC

1. **The Director must select members for the MAC for a term of length determined by the state, which may not be followed immediately by a consecutive term for the same member, on a rotating and continuous basis.**
  - A. The start of current MAC members' most recent term will be considered the start of the 3-year term appointment. They will not be eligible to serve a consecutive term, but they can serve again after a one-term break.
2. **Requires States to establish and operate a Beneficiary Advisory Council (BAC), effective July 2025.**
  - A. July 9, 2025 through July 9, 2026: 10% of MAC members must also be members of the BAC.
  - B. July 10, 2026 through July 9, 2027: 20% of MAC members must also be members of the BAC.
  - C. Thereafter: 25% of MAC members must also be members of the BAC.
2. **The MAC must submit an annual report to the State with review from the BAC, effective July 2026.**

Source: [Federal Register: Medicaid Program: Ensuring Access to Medicaid Services](#)



**HFS**

Illinois Department of  
Healthcare and Family Services

## Boards and Commissions

[Advisory Council on  
Financing and Access to  
Sickle...](#)

[Child Support Advisory  
Commitee](#)

[Child Welfare Medicaid  
Managed Care](#)

# Boards and Commissions

The HFS Boards and Commissions oversee and advise Illinois' elected officials, state agencies and organizations on a wide range of issues that affect the public welfare.

These boards and commissions also play a vital role in promoting efficient, effective, and honest government.

This listing below makes it easy for you to learn more about HFS Boards and Commissions and their membership.

## Listing of HFS Boards and Commissions

---

# MAC and Subcommittees E-mail Notification Request

You may choose to be notified when new information has been posted for the Medicaid Advisory Committee and its Subcommittees.

Fill in your E-mail address below and you will receive an E-mail with a link to view whenever something new has been posted.

E-mail address:

# MAC & Subcommittee Resources

1. **To receive MAC 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 \(illinois.gov\)](#)

# Mandatory Ethics Trainings Reminder Email

All appointees must complete the following trainings on OneNet:

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

You can access the trainings at the following link: <http://onenet.illinois.gov/mytraining>

Please complete the trainings through OneNet by November 1, 2024. If anyone has any issues logging into OneNet, please email [HFS.BureauofTraining@Illinois.gov](mailto:HFS.BureauofTraining@Illinois.gov)





# MAC & Subcommittee Resources

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

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

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

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



XII.

# Adjournment

Presenter: Audrey Pennington, MAC Chair



**HFS**  
Illinois Department of  
Healthcare and Family Services