



MEDICAID ADVISORY COMMITTEE (MAC)

May 9th, 2022

Virtual WebEx Meeting

10AM - 12PM



AGENDA

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

- I. Call to Order – Ann Lundy, Madam Chair**
- II. Roll Call of Committee Members – Melishia Bansa, Special Assistant to
Director of HFS**
- III. Introduction of HFS Staff – Melishia Bansa**
- IV. Review and Approval of Meeting Minutes – Ann Lundy, Madam Chair**

V. Healthcare & Family Services Executive Report

A. Innovations

- 1. Nursing Home Rate Reform**
- 2. Healthcare Transformation**
- 3. PHE Communication and Resources**

Presenter: Kelly Cunningham, Medicaid Director

- A. HFS' rate reform legislation, House Bill 246, passed the General Assembly unanimously on April 7, 2022 and is awaiting the Governor's signature.
 - 1. Key reform principles include increased funding tied to achieving evidence-based staffing levels (\$360 million); direct subsidies for a new CNA pay scale (\$85 million) and funding for demonstrated improvement on key quality measures (\$70 million.)
 - 2. Including federal matching funds, this bill allocates over \$700 million for the nursing facility industry through a combination of new revenues generated by simplifying and expanding the existing nursing home assessment tax and additional general revenue funds.

Presenter: Kelly Cunningham, Medicaid Director

3. Essential components of the legislation tie new funding to health equity, accountability, and transparency measures, including:
 - a. Heightened reporting requirements effective January 1, 2023 which will require disclosure of all individual nursing facility ownership interests and percentages,
 - b. The adoption of the federal Patient Driven Payment Model (PDPM) across five quarters beginning July 1, 2022. This case mix methodology is specifically designed to more accurately reflect the clinical care needs of the resident and to mitigate financial incentives related to “upcoding” a resident’s needs on paper without staff that need appropriately in order to receive a higher payment.

Presenter: Kelly Cunningham, Medicaid Director

- Further funding will address increased facility costs associated with labor shortages and wage increases (\$7 per day in the base rate), and a further adjustment for facilities serving an above-average percentage of Medicaid customers (\$4 per resident day.) These increases total \$202 million.

Presenter: Kimberly McCullough-Starks, Deputy Director

HTC Status Update:

- A. All collaborations are on track for implementation of their projects and are meeting their milestones.
- B. At this time, many are focused on hiring and onboarding specialists and community health workers, training, designing workflows, identifying data needs, acquiring information technology platforms to ensure interoperability and seamless information sharing, engaging community-based organizations to help them achieve their goals, and finalizing their metrics.
- C. On April 29, 2022, HFS convened a meeting of the subject matters experts/key leaders from the Healthcare Transformation Collaboratives and Managed Care Organizations to align the entities around the projects. There were 196 participants during the general session, and the managed care organizations met with each healthcare transformation collaborative individually to begin discussions about their project goals, data sharing, and ways in which the MCOs can support each of the projects.

Presenter: Kimberly McCullough-Starks, Deputy Director

HTC Project Highlights:



- Transform and redesign the healthcare delivery model to the residents of the Gage Park and West Elsdon neighborhoods.
- Renovating and expanding the healthcare facility at 55th and Pulaski previously occupied by Mercy Hospital
- Bring access to specialty care, advanced diagnostics, behavioral health enhanced services, and a Women Wellness Center featuring advanced obstetric and ultrasound capabilities to the community.
- Novel partnership with three Federally Qualified Health Centers (FQHC) in the State of Illinois, UI Mile Square Health Center, Alivio Medical Center, and Friend Health
- Phased capital development of facilities

Access *for* the Community *in* the Community

Presenter: Kimberly McCullough-Starks, Deputy Director

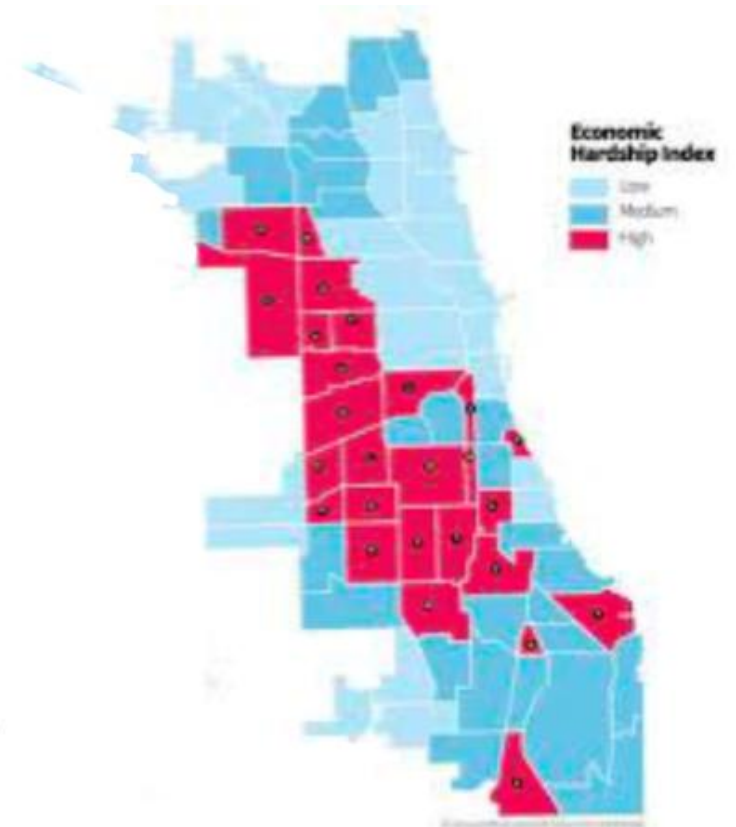
Grand Opening Scheduled For:

May 20, 2022

55TH & PULASKI HEALTH COLLABORATIVE

- Demographics and community needs
 - West Elsdon and Gage Park
 - 45,562 residents
 - 18.6% low-income or in poverty
 - 25.7% uninsured or carry public insurance
 - 96.4% identify as a racial or ethnic minority
 - 70% speak a language other than English
 - Disease Incidence
 - **Higher rates** of diabetes, heart disease, obesity, cancer, and pre- and perinatal mortality than state and national averages

Location: 5525 S. Pulaski Rd. Chicago IL, 60629
Built in 1997 by Mercy Hospital and Medical Center
Occupied by Mercy until June 2021



West Side Health Equity Collaborative

DEEPEN, BROADEN AND ELEVATE
EQUITY WORK

APRIL 2022

EQUITY-DRIVEN HEALTHCARE TRANSFORMATION



West Side Health Equity Collaborative: Care Model

- HFS Transformation Grant: 10 West Side Zip codes, 17 million in first year, 67 million over 3 years
- The collaborative will focus on **Medicaid insured and medically uninsured** patients residing in one of the following Chicago West Side zip codes and with one or more of the following medical and behavioral health conditions
- WSHEC’s innovative approach leverages the Medical Home Network’s proven model of embedding strategic coordinated care efforts at existing primary care provider sites within target communities

West Chicago Zip Codes

- 60608
- 60612
- 60622
- 60623
- 60624
- 60634
- 60639
- 60642
- 60644
- 60651

Austin, Belmont Cragin, West Garfield/Douglas Park, East Garfield, North Lawndale, Little Village, Pilsen, Humboldt Park, West Town, Near West Side, Lower West Side, Lower West Side

Medical Conditions

- Severe Mental Illness (SMI)
- Substance Use Disorder (SUD)
- Mild to Moderate Depression
- Adverse Childhood Experience
- Hypertension (HTN)
- Diabetes Mellitus (DM)



West Side Health Equity Collaborative: Partners



Community Health Centers

- Access Community Health Network
- AHS Family Health Center
- Alivio
- Aunt Martha's
- Chicago Family
- Erie*
- Esperanza
- Friend Health
- Heartland
- Lawndale Christian
- Near North
- PrimeCare



Hospital Systems

- Ann & Robert H. Lurie Children's Hospital of Chicago
- Cook County Health
- Humboldt Park Health
- The Loretto Hospital
- Rush University Medical Center
- Sinai Chicago



Community Mental Health Centers

- Bobby E. Wright Comprehensive Behavioral Health Center
- Habilitative Systems
- Rincon Family Services
- Healthcare Alternative Systems (H.A.S.)



Community-based Organizations

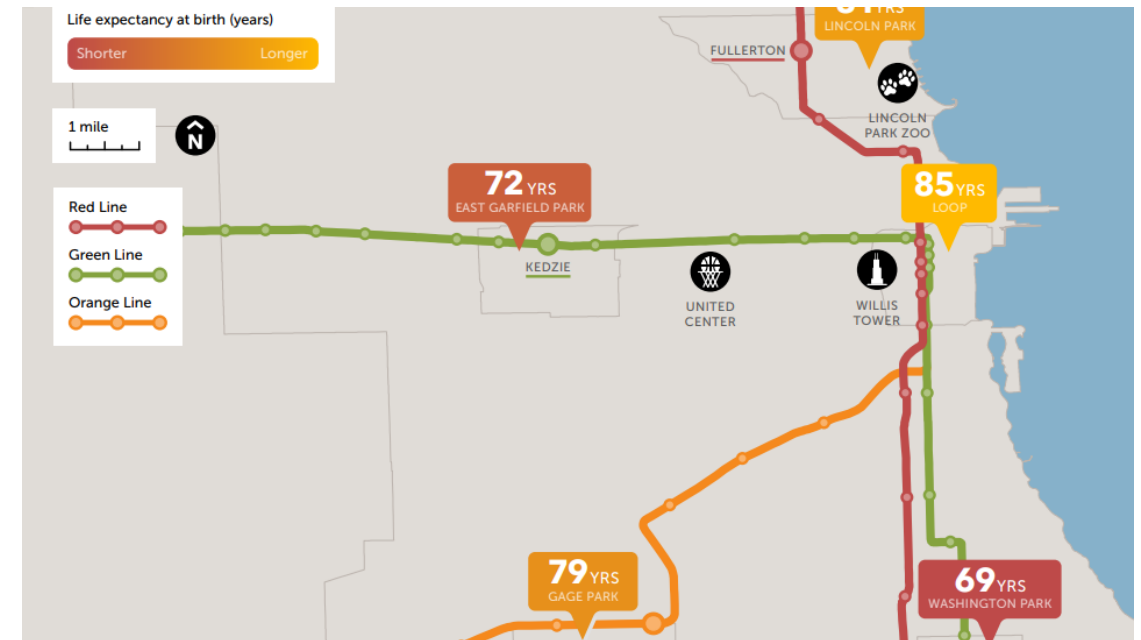
- Bethel New Life
- Breakthrough
- Equal Hope
- Fathers Who Care
- Gads Hill Center
- Healthy Hood
- North Lawndale Employment Network
- Puerto Rican Cultural Center
- Spanish Coalition for Housing
- Thresholds
- United for Better Living
- Westside Health Authority
- YogaCare*
- Universidad Popular*



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: The Need

- A baby born today in the Loop is likely to live to be 82 years old.
- But in West Garfield Park, the life expectancy is just 70 years.
- These disparities reinforce the fact that where you live, work and play can influence how long you live.



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: The Need

Voice of our Community

Help. Real help is needed. I have healthcare. But I am not getting help.

The doctor tells you that you have to lose five pounds. But doesn't tell you how. You go to the internet, and you don't know what diet is right for you! A lot of misinformation.

Access to mental health. To feel safe and not discriminated.

Doctors don't have time to treat and see their patients.

They don't talk to me to understand.

Voice of our Leaders

My hope is that this collaborative creates a care system that disrupts and reinvents the way care is delivered for people on the Westside.

We can look at everything from a race and health equity lens.

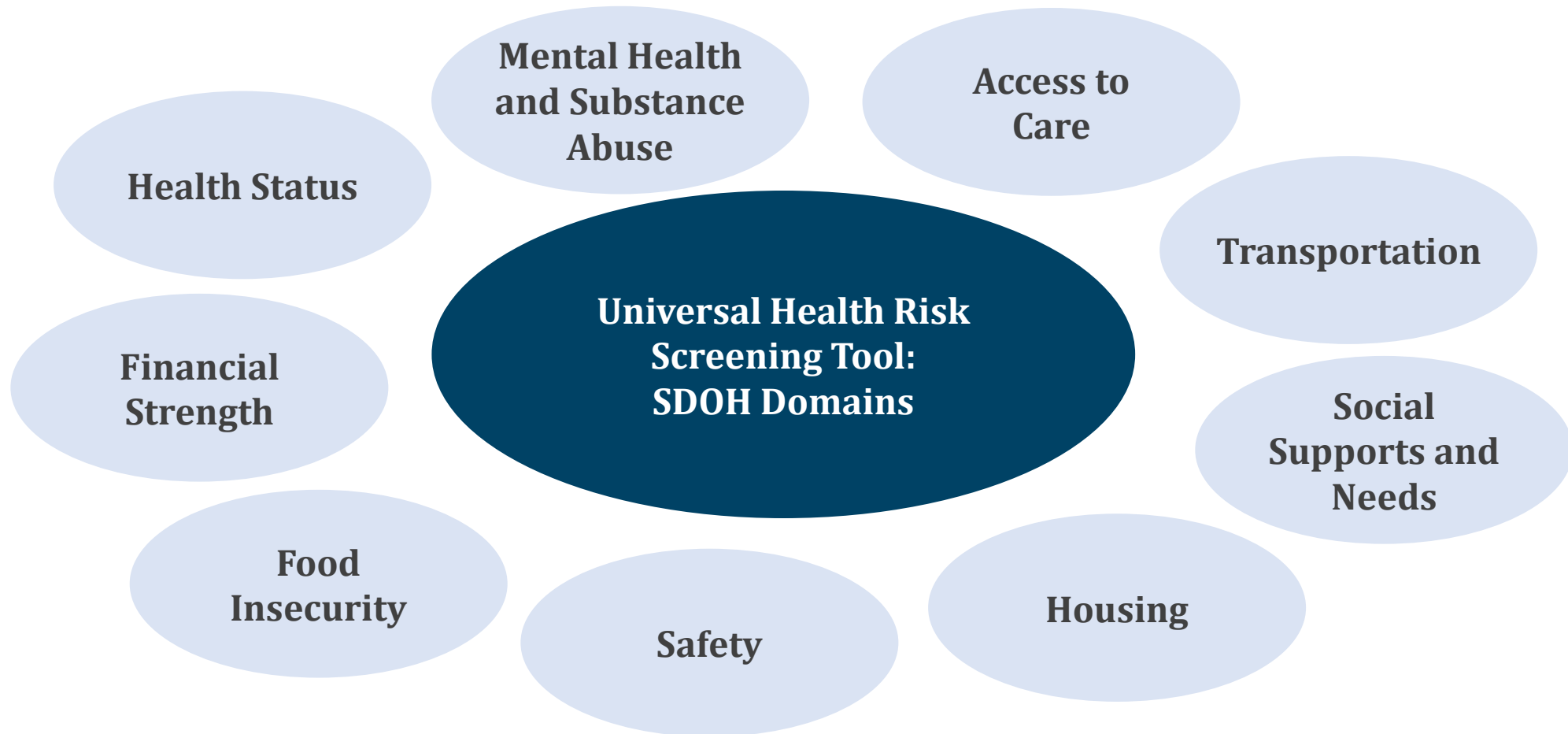
It's been a long time since I've seen this level of involvement and commitment from health care providers and different institutions that desire impactful change.

Empowering people to take better control of their care by addressing non-clinical issues that prevent people from self managing their own care.



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: Achieving Health Equity by Screening & Addressing Social Needs



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: Care Model

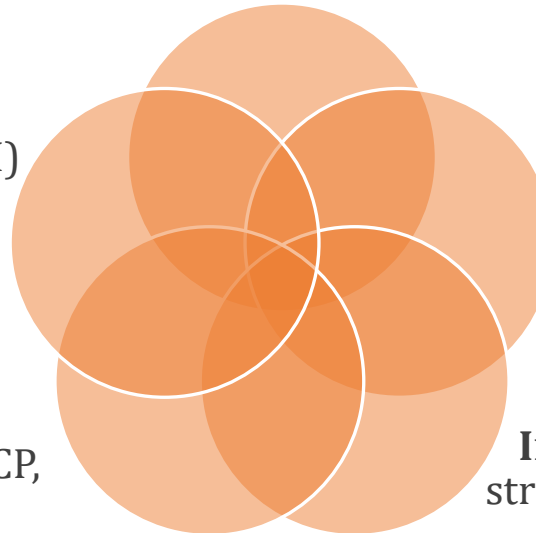
Integrated delivery system across hospital systems, community health centers, community mental health centers, community-based organizations

Screening and referrals to address **Social Determinants of Health (SDOH)**

Disease management support for hypertension, diabetes, depression and adverse childhood experiences

Identification and enrollment at the PCP, BH provider, ED and community level

Intensive care management for individuals struggling with mental health and substance use



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: Workforce Development

Engine to Build Equitable Workforce

Medical Home Care Coordinators/CHWs

- Housed in Medical Home
- Focus on Diabetes, Hypertension, Adverse Child Experience, and Depression Management

Community Based Organization CHWs

- Housed at Community Based organizations
- Focus on program recruitment, enrollment, coordinating with Medical Home and addressing SDOH

BH Care Managers

- Housed at Community Mental Health Centers
- Focus on Intensive Community Case Management for patients with individual struggling with mental health and substance use

Peer Support Specialists

- Housed at Community Mental Health Centers
- Focus on Intensive Community Case Management for individual struggling with mental health and substance use

Emergency Department Navigators

- Housed at key West side hospitals, 2 in each ED
- Focus on Screening and referring patients to WSHCC programming



West Side Health Equity Collaborative: Equity-Driven Healthcare Transformation

Building Community Assets

Equity-Focused Opportunity

- In addition to Medicaid recipients, targeting over 50,000 uninsured residents
- \$6.1 mil dollars over 3 years to address Social Determinants of Health
- \$4 mil over 3 years to address supportive housing

Workforce development opportunity

- Adding over 200 new jobs targeting residents within the westside zip codes
- Created a Patient Stipend and Recruitment Program
- Offering scholarship opportunities for CHW workforce to advance along the career ladder
- Career pathway coaching and support for career advancement
- Providing people with lived experiences (SMI and SUD) with recovery coach certification to employ as a peer support specialist

Economic development opportunity

- Close the economic opportunity gap for small businesses and Community Based Organizations many of which are local economic engines
- \$5.5 mil dollars for BEP vendors (Minority and Women owned businesses)
- \$2.5 mil dollars to grassroots organizations that are minority-governed and social and health equity focused



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: Equity Accountability Framework

- Provides structure and drives transformation within our delivery systems
- Commits the organization to holistically advancing equity
- Uses grassroots inclusiveness
- Creates criteria for decisions or actions
- Includes transparent disclosure of outcomes and progress
- Monitors and evaluates process to ensure equity efforts are implemented effectively and equitably



Deepen, Broaden and Elevate equity work

West Side Health Equity Collaborative: Key Accomplishments to Date

Established 501C3 status and maintain a robust governance structure of **15 committees and workgroups** involving collaborative stakeholders.

Onboarded **35 organizations** to the collaborative, in process with 5 more organizations.

Designed clinical intervention for patients with depression, diabetes, hypertension, serious mental health, substance use, and children who have experienced trauma.

Hired 38 CHWs across partner organizations.

Developed and **conducted three 2-week training orientations** for all new staff with overwhelmingly positive feedback from attendees.

Developed and **launched a technology platform** where care team members can identify, assess, track, and collaborate on patients across all partner entities.



Thank You

Misty Drake, AM

Co-Executive Director

Westside Health Equity Collaborative

Vice President of Client Services & Growth

Medical Home Network

mdrake@mhnchicago.org

Leana Lopez, AM LCSW

Co-Executive Director

Westside Health Equity Collaborative

Sr. Director of Program Services and Administration

Medical Home Network

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Presenter: Evan Fazio, Communications Director

- Address update campaign

Visit www2.Illinois.gov/HFS/Address | Call 1-877-805-5312 |

Report Medicaid Change of Address

HFS > Medical Clients > Report Medicaid Change of Address

Medicaid Address Update

Medicaid members! Don't risk losing your health insurance. We need your best address to send you paperwork about keeping your Medicaid health insurance. Update your address today!

You can complete the change of address form or call the Bureau of All Kids for free at 1-877-805-5312 and select Option 8 to report an address change. For TTY, call 1-877-204-1012.

Medicaid Change of Address Form

* indicates required field

Name *	<input type="text"/>
Date of Birth * (MM/DD/YYYY)	<input type="text"/>
Old Address *	<input type="text"/>
Old City *	<input type="text"/>
Old State *	<input type="text"/>
Old Zip *	<input type="text"/>
Old Phone	<input type="text"/>
New Address *	<input type="text"/>

Medical Clients

- Medical Clients Home
- Change Your Medicaid Address
- Medicaid Program Income Standards
- Cash, SNAP, & Medical Manual
- Healthy Lives Tips

Need Assistance?

- Report a Webpage Problem

Presenter: Evan Fazio, Communications Director

- Address Update Campaign - toolkit

[HFS > Medical Providers > Address Update Messaging Toolkit](#)

<https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>

- Translated in 13 languages

The screenshot shows the HFS website's "Address Update Messaging Toolkit" page. The header includes the HFS logo, navigation links (MY HEALTHCARE, MEDICAL PROVIDERS, CHILD SUPPORT SERVICES, HFS OIG, INFO CENTER, ABOUT US), a language selector, and a search bar. The main content area is titled "Address Update Messaging Toolkit" and contains the following sections:

- Messaging Toolkit for Phase 1 of the End of the Public Health Emergency**
Phase 1: Update your information
- General messaging for MCOs, HFS and state agencies, healthcare providers, advocacy organizations and community partners. Please distribute multiple times via all available channels (email, text, flyers, social media, etc.).
- Phase 1 Global Messages**
Medicaid members! Don't risk losing your health insurance. Update your address with Illinois Medicaid.
Illinois Medicaid needs to send you paperwork. To keep your health insurance, use an address where mail can always reach you.
Updating your address is easy, fast and free. Call 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address. If you use a TTY, call 1-877-204-1012.
- Template Messages**
Please distribute these messages through all available channels. Repetition is key! For best results, please send messages at least three to seven times.
- Social**
Medicaid members! Don't risk losing your health insurance. Update your mailing address with Illinois Medicaid! Free at 877-805-5312 from 7:45am–4:30pm or visit www2.illinois.gov/hfs/address

On the right side of the page, there is a list of language options for the toolkit:

- Arabic - IL Medicaid Address Update Messaging Toolkit
- Chinese - IL Medicaid Address Update Messaging Toolkit
- English - IL Medicaid Address Update Messaging Toolkit
- German - IL Medicaid Address Update Messaging Toolkit
- Greek - IL Medicaid Address Update Messaging Toolkit
- Gujarati - IL Medicaid Address Update Messaging Toolkit
- Hindi - IL Medicaid Address Update Messaging Toolkit
- Korean - IL Medicaid Address Update Messaging Toolkit
- Mandarin - IL Medicaid Address Update Messaging Toolkit
- Polish - IL Medicaid Address Update Messaging Toolkit
- Spanish - IL Medicaid Address Update Messaging Toolkit
- Tagalog - IL Medicaid Address Update Messaging Toolkit
- Urdu - IL Medicaid Address Update Messaging Toolkit

DO YOU GET HEALTH INSURANCE THROUGH MEDICAID?

Don't risk losing your health insurance. To keep your insurance, Illinois Medicaid needs to be able to send you paperwork. Give them an address where mail can always reach you.

UPDATING YOUR ADDRESS IS EASY, FAST AND FREE!

CALL 877.805.5312 OR TTY: 877.204.1012
MON-FRI 7:45AM - 4:30PM

WWW2.ILLINOIS.GOV/HFS/ADDRESS

iHFS logo and Illinois Department of Healthcare and Family Services seal.

¡MIEMBRO DE MEDICAID!

Actualizar su dirección es fácil, rápido y gratis

LLAME AL 877.805.5312 O TTY: 877.204.1012
LU-VI, DE 7:45 A. M. A 4:30 P. M.

WWW2.ILLINOIS.GOV/HFS/ADDRESS

NO CORRA EL RIESGO DE PERDER SU SEGURO MÉDICO

iHFS logo and Illinois Department of Healthcare and Family Services seal.

Presenter: Evan Fazio, Communications Director

- **Address Update Campaign - Partners in Outreach**
 - **Managed Care Organizations**
 - **Sister State Agencies**
 - **Department of Public Health**
 - **Department of Human Services**
 - **Department on Aging**
 - **State Board of Education**
 - **Department of Veterans' Affairs**
 - **Department of Insurance**
 - **State and local elected officials**
 - **Providers and Provider Networks**
 - **Advocacy and Community-Based Organizations**
 - **YOU**



V. Healthcare & Family Services Executive Report (Contd.)

B. Program Updates

- 1. Budget and Legislative Updates**
- 2. HealthChoice Illinois Metrics**
- 3. Eligibility Metrics**



PROGRAM UPDATES: FY23 ENACTED BUDGET

Presenter: Jaime Tripp, Supervisor of Medical Budgeting, Division of Finance

Total Budget: **\$34.1 billion** All Funds - **\$8.2 billion** General Funds

Program Investments

- Nursing Home Rate Reform **(Over \$700m)**
- Workforce Development **(\$180m)**
- Behavioral Health
 - Pathways **(\$150m total)**
 - Rebuild Mental Health Workforce Act **(160m)**
- Strengthening HCBS w/ 10% Enhanced Match
- Medicaid Technical Assistance Center **(\$1m)**

Guiding Principles

- Committed to people maintaining healthcare coverage, honoring our current commitments, and building for the future
- Commitment to Equity
 - PACE, Healthcare Transformation, BC Healthcare Pillar
- Prepare for a seamless unwinding of the Public Health Emergency
 - Navigators

Additions to the Intro. Budget

- ARPA: Ambulance, Nursing Facilities, and Illinois Hospitals **(\$335m)**
- Hospital Assessment Tax Holiday **(\$240m)**
- Medical coverage for noncitizens ages 42 to 54 Project **(\$60m)**
- SMHRF Payments **(\$14.9m)**
- Mental Health School Wellness Checks **(\$5m)**

Presenter: Patrick Hostert & Dani Mendez – Legislative Liaisons

A. Legislative Session ended April 8

B. Major Bills passed:

I. Medicaid Omnibus – HB 4343 (Harris)

- a) Expands Medicaid coverage to acupuncture services, midwife services;
- b) Increases rates for prenatal/postpartum & dental services;
- c) Expands medical coverage to non-citizens ages 42-54

II. Hospital Assessment Extension & Redesign – HB 1950 (Harris)

- a) Extends HAP to 2026 and maintains existing tax structure;
- b) Adds a new category of small government-run hospitals (excluding CCH & Uofl);
- c) Provides a floor to the SN fixed pool

III. Nursing Home Rate Reform – HB 246 (Moeller)

IV. Budget Bill – HB 900 (Welch)

V. Budget Implementation Bill – HB 4700 (Harris)

Presenter: Keshonna Lones, Bureau of Managed Care

- A. Total managed care membership as of February 2022 was 2,851,321 which was a 6,336 increase over December 2021**
- B. Membership breakdown is 2,762,183 in HealthChoice and 89,138 in MMAI**
- C. Title XXI children are moving to Title XIX effective July 1, 2022 and subject to CMS approval which is expected. There are approximately 70,000 children impacted.**
- D. The department will transfer these children to Medicaid Managed care by in 3 enrollment waves expected to be completed by November 1, 2022.**

Presenter: Tracy Keen, Division of Eligibility

A. Application and Renewal Data

- As of April 30th, 2022 we had 2,571 medical Applications on Hand over 45 days old
- As of April 30th, 2022 there were 3,332 Renewals on Hand
- As of the end of March 2022, 11,089 ever enrolled in Immigrant Seniors (65+), \$106 million in claims
- 788 individuals ever enrolled in Health Benefits for Immigrant Adults (55-64).
- 44,690 cases determined eligible for ex-parte renewals (27%) completed using electronic data sources.

B. End of Public Health Emergency (PHE) Planning

- The PHE end date is still uncertain, currently extended to July 15th, 2022.
- HFS continues to be actively engaged in discussions with federal CMS and other states regarding end of PHE requirements.

C. Upcoming

- Family Planning implementation – Late 2022

VI. Subcommittee Reports

A. Community Integration

B. Health Equity and Quality

C. Public Education Subcommittee

D. NB Stakeholder

Chair: Amber Smock, Director of Advocacy, Access Living

A. Continuing meetings every other month

B. Summer: will begin solidifying recommendations that will be finalized at our November meeting

C. Most recent meeting: May 5, 2022

Core topics: community mental health services, immigration HCBS services, Money Follows the Person

D. Next meeting: July 7, 2022 | Time 3-5 pm

E. Public written and oral comment strongly encouraged!

Presenter: Howard Peters, Subcommittee Chair

A. The HE&Q Subcommittee met over the past few months and heard from several stakeholder organizations, interested parties and HFS executives on the matter. Presenters included the following:

1. John Bomher, Senior Vice President and Counsel, Government Relations and Policy at Illinois Health and Hospital Association
2. Tim Egan, President & CEO, The New Roseland Community Hospital on behalf of the Association of Safety-Net Community Hospitals (ASNCH)
3. Cristal Gary, Chief Advocacy Officer, AMITA Health
4. Dr. Lisa Green, CEO, Family Christian Health Center
5. Anne Igoe, Vice President and Director for Health Systems, SEIU Healthcare IL/IN
6. Dan Jenkins, Deputy Administrator of Rates and Finance, Illinois Department of Healthcare & Family Services (HFS)
7. Amber Kirchhoff, Director, Public Policy & Governmental Affairs, Illinois Primary Health Care Association (IPHCA)
8. Barbara Martin, CEO, West Suburban Medical Center
9. Ben Winick, Chief of Staff, Illinois Department of Healthcare & Family Services (HFS)

Throughout our discussions we found common themes and key concepts supporting the creation of such a designation. To that end, we developed a set of criteria for Safety Net Hospitals that wish to opt-in to become designated as a Community Safety Net Hospital.

Presenter: Howard Peters, Subcommittee Chair

Criteria Considerations for Opting to be a Community Safety Net Hospital

1. The **governing board must have community representation** and include members with the requisite skills to provide oversight of the organization with input from the Department of Healthcare & Family Services. Governing board must be comprised of a minimum of 51% community members that could include patients or users.
2. The State shall have input into the **selection and performance assessment of the senior leadership team** for the organization charged with executing on the priorities. The selection and performance assessment of the senior leadership team shall be based on the agreed upon criteria that incorporates the requisite skills required to carry-out the responsibilities of the team. Performance assessments shall occur on an annual basis.
3. The hospital must create an **advocacy council for community input**. The role of the advocacy council shall not be fiduciary, nor shall it have oversight responsibilities of the organization, but shall primarily focus on promoting the institution and actions for equity in health outcomes.

Presenter: Howard Peters, Subcommittee Chair

Criteria Considerations for Opting to be a Community Safety Net Hospital

4. The hospital must provide or **create systematic arrangements for physical and behavioral health services**, including follow up care linkages to higher levels of care and to a patient's primary medical care or health home, commensurate with the needs of the patient and the community.
5. The hospital must have **a targeted, equity-focused approach and a plan with metrics** (reviewed by the Health Equity & Quality Subcommittee and approved by the Department) to address significant health disparities and service gaps. It must also partner with other organizations, including managed care organizations, federally qualified health centers, community-based organizations, community mental health centers, to address social and structural determinants of health in the community.
6. The hospital must **partner with other well-resourced hospitals or physician groups to ensure sustainable access to services** to address health disparities in the community.
7. All **capital improvement** requests for the hospital buildings or clinical settings must be **in alignment with the HFS approved service delivery model** (See number 5 above).

Presenter: Kathy Chan, Subcommittee Chair

A. Summary of February 17 meeting – [approved minutes posted online](#)

- Discussion of HFS messaging to prepare for end of Public Health Emergency
 - [Messaging toolkit focused on updating addresses now online](#)
- HFS provided updates on medical programs, pending applications, ex-parte redeterminations processed, Health Benefits for Immigrant Seniors

B. Summary of April 21 meeting

- Medical programs update:
 - Home and Community Based Services spending plan will be resubmitted to CMS in mid-May as CMS recently changed how they track this information
 - Family Planning State Plan Amendment – To allow uninsured individuals with income 208% FPL + 5% income disregard to qualify for a limited family planning benefits package. HFS needs to show CMS that the presumptive eligibility portal will be operational. Still on track to start later this year

Presenter: Kathy Chan, Subcommittee Chair

- HFS eligibility updates:
 - Health Benefits for Immigrant Adults (HBIA) enrollment now available for low-income adults 55 – 64 years. Coverage for 42-54 year olds was authorized in FY2023 state budget, with expected go live date for this group July 1, 2022. HFS intends to issue a provider notice with further guidance
 - Metrics on pending applications, redes, and address changes were shared
 - Update on HFS Application Agents (formerly All Kids Application Agents)
 - Planning for End of Public Health Emergency (PHE)
 - Federal PHE extended to mid-July
 - HFS shared flexibilities they are asking permission to have in place beyond PHE: ex-parte for \$0 income households, 30% reasonable income compatibility, accepting recent address changes from MCOs, using SNAP income for Medicaid redes

Presenter: Kathy Chan, Subcommittee Chair

- **A special meeting of the subcommittee is scheduled for May 26, 10am-noon to allow for further discussion on how to ensure that eligible individuals keep their coverage**
- Request from committee members for update from HFS on supportive housing services pilot for a future meeting
- Additional subcommittee meetings: June 16, August 18, October 20, December 15, all 10am-noon

Presenter: Kristine Herman, Subcommittee Chair

- A. Subcommittee established to offer the Department feedback regarding the implementation of the Pathways to Success program in accordance with NB Consent Decree Implementation Plan.
 - 1. Subcommittee includes family members with lived-experience, providers and trades.
 - 2. Pathways Services include: Care Coordination Services (High Fidelity Wraparound/Intensive Care Coordination); Intensive Home-Based; Family Peer Support; Respite; Therapeutic Mentoring; Individual Support Services and Therapeutic Support Services

Presenter: Kristine Herman, Subcommittee Chair

3. Subcommittee has provided input regarding public messaging for Intensive Home-Based services.
4. Subcommittee currently providing detailed feedback regarding current program design from customer and family perspective to identify areas of strengths and areas to rework to ensure customers are able to access services quickly and effectively.
5. The Department will continue obtaining feedback from the Subcommittee throughout implementation of the program.
6. Timeline for implementation will be established once CMS approval for the program has been obtained.

VII. Public Comment(s):

- A. Elizabeth Durkin
Manager of Health Care Education and Counseling
AgeOptions**

VIII. Additional Business: Old & New

- A. Items for future discussion**
- B. HFS Announcements**

Presenter: Melishia Bansa, Special Assistant to Director

A. To Receive MAC Email Notifications Regarding Public Meeting Notices, sign up for our MAC and Subcommittee Listserv at the following links:

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

Presenter: Melishia Bansa, Special Assistant to Director

Follow us on social media!

The Illinois Department of Healthcare and Family Services (HFS) recently launched a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on [Facebook](#), [Twitter](#), and [LinkedIn](#) 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!

IX. Adjournment



THANK YOU!