



MEDICAID ADVISORY COMMITTEE (MAC)

Nov 19th, 2021

Virtual WebEx Meeting

10AM - 12PM



AGENDA

- I. Call to Order**
- II. Roll Call of Committee Members**
- III. Introduction of HFS Staff**
- IV. Review of Justification for Postponing Nov 5th MAC Meeting**
- V. Review and Approval of the Aug 6th MAC Meeting Minutes**
- VI. Public Comments**
- VII. Healthcare & Family Services Executive Report**
- VIII. Nominating Committee Report**
- IX. Subcommittee Reports**
- X. New Business/Announcements**
- XI. Old Business**
- XII. Adjournment**

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- II. Roll Call of Committee Members**
- III. Introduction of HFS Staff**
- IV. Review of Justification for
Postponing Nov 5th MAC Meeting**

**V. Review and Approval of
Aug 6, 2021, Meeting Minutes**

VI. Public Comment(s)

- A. Lila Elman, MD FAAP ~ 4 Kids Pediatrics**
- B. Ms. Rosa Mercedes Rosa**
- C. Valerie Bollini ~ Rueda Pediatrics**

VII. Healthcare & Family Services Executive Report

A. Healthcare Transformation

B. Nursing Home Rate Reform and Process

C. Managed Care Program Updates

D. Enrollment, Eligibility & Redetermination



HEALTHCARE TRANSFORMATION UPDATE

**Presenter: Kimberly McCullough-Starks,
Deputy Director for Community Engagement**

Healthcare Transformation Collaboratives Update

Healthcare Transformation (noun)

'health-care trans-for-ma-tion'

a person-centered, integrated, equitable, and thorough or dramatic change in the delivery of healthcare at a community level

Why Healthcare Transformation Collaboratives?

Representative Camille Y. Lilly

78th District (Northern Illinois)



Senator Omar Aquino

2nd District (Northern Illinois)



**The status quo is
not bringing the
results people
want or deserve**



THE CURRENT LACK OF...

- Access to care (due to logistic, economic, cultural, and healthcare literacy barriers)
- Stability in the critical healthcare delivery system
- Coordinated, cross-agency focus on Social Determinants of Health

LEADS TO...

- Inconvenient, inconsistent, expense-ridden care that's often not culturally competent
- Care that does not focus on Chronic Disease management
- Care that doesn't fit people's lives

RESULTING IN...

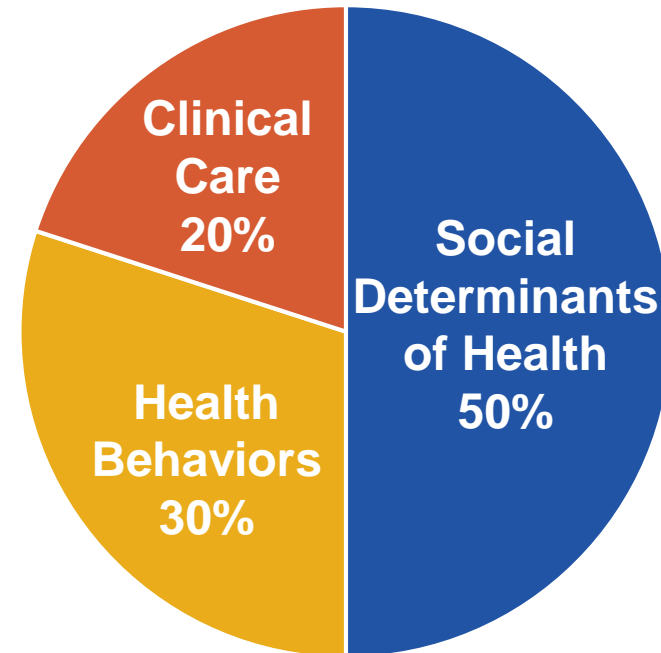
- **Poor health outcomes.**

Social determinants account for 50% of health outcomes



Clinical care accounts for no more than 20% of a person's health and individual health behaviors, no more than 30%¹.

A full 50% of health can be attributed to social determinants of health, the broad term that includes social, economic, and environmental factors.



- Economic stability
- Education
- Housing
- Transportation
- Food security
- Social support networks
- Environmental quality

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

Representative LaToya Greenwood

114th District (Southern Illinois)



Senator David Koehler

46th District (Central Illinois)

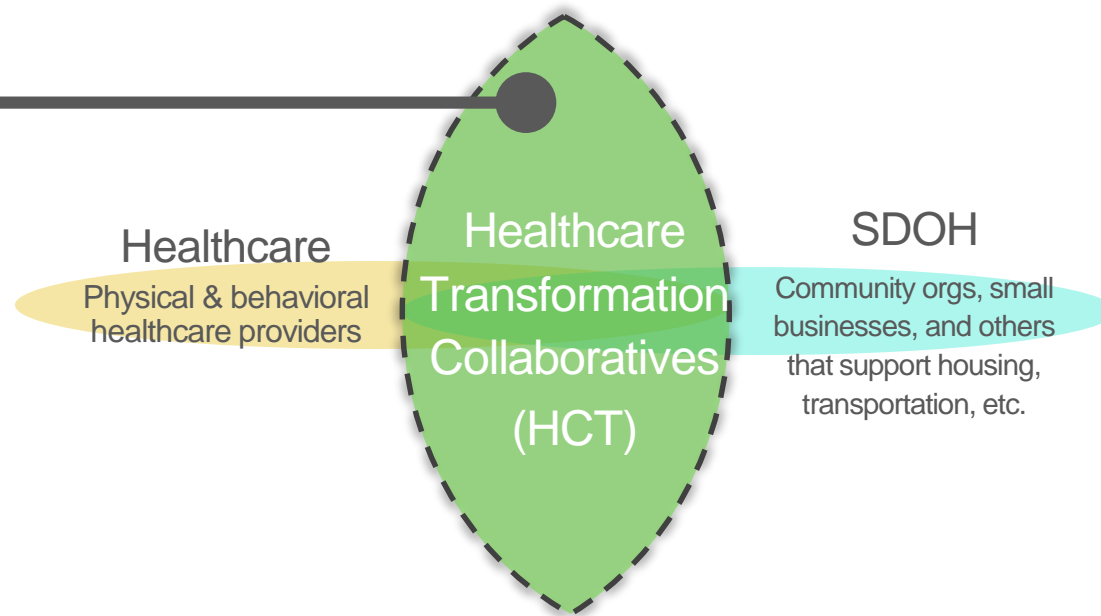


**People's health needs cannot be addressed
by healthcare systems alone.**

To change the status quo, HFS is seeking Healthcare Transformation Collaboratives to provide for peoples physical, mental and social needs



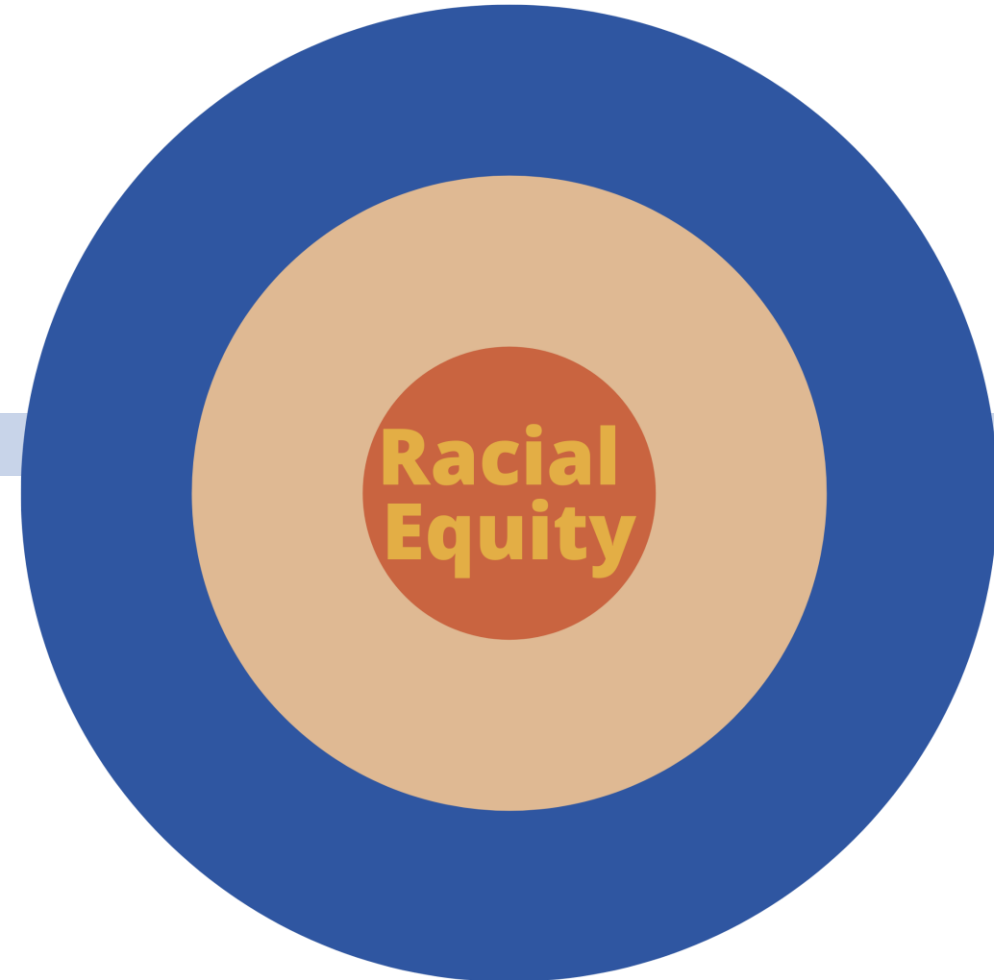
HFS is seeking to fund Healthcare Transformation Collaboratives: Cross-provider partnerships working together in a coordinated fashion in Illinois communities to care for people’s physical, mental and social needs in order to transform health outcomes and reduce racial inequities.



How do Healthcare Transformation Collaboratives Prioritize Racial Equity?



- By catalyzing structural solutions to systemic problems
- By realigning resources to support and drive equity-centric transformational projects



Racial Equity Impact Assessment



Purpose:

- Enable systematic examination of differential racial and ethnic impacts

Goals:

- Minimize unanticipated adverse consequences
- Prevent (re)production of institutional racism and
- identify new ways to remedy long-standing inequities

Modified from Race Forward:

Keleher, T. Racial Equity Impact Assessment. Applied Research Center. 2009.
<https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>

Defining Key Terms



Health Equity

Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography, or any other social barrier/factor.

Racial Equity (in health)

Advancing health equity means **dismantling the systemic racism** that underlies differences in the opportunity to be healthy, including addressing social and economic barriers to positive health outcomes. Since we have never had a truly equitable health care system, progress toward the goal of health equity is often benchmarked by measuring reductions in health disparities.

Everette, T. D., Sathasivam, D., & Siegel, K. Health Equity Language Guide for State Officials. August, 2021. <https://www.shvs.org/resource/health-equity-language-guide-for-state-officials>

Defining Key Terms



Health Disparities:

Avoidable differences in health outcomes experienced by people with one characteristic (race, gender, sexual orientation) as compared to the socially dominant group (e.g., white, male, cis-gender, heterosexual, etc.). Measuring disparities can help benchmark progress towards equity.

Health Inequities:

Differences that are unfair and unjust without comparison to another group. An equity frame connects the dots between disparate outcomes and the disparities in power and privilege in which they are rooted. Focusing on disparities can lead to the assumption that one group's behavior, intelligence, or genetics are the cause of any differences. Focusing on inequities draws attention to the root causes of these differences.

Everette, T. D., Sathasivam, D., & Siegel, K. Health Equity Language Guide for State Officials. August, 2021. <https://www.shvs.org/resource/health-equity-language-guide-for-state-officials>

Defining Key Terms



Disproportionate Impact

Overrepresentation or underrepresentation of a specific group as compared to the group's share (percentage) of the total population. This is another way of talking about injustice or inequity without comparing one group to another and should be used when a group is experiencing conditions, events, outcomes, or situations at higher or lower rates than expected when accounting for population size.

Areas of Racial Equity Assessment Impact in HTC Application



Go to [HTC.Illinois.Gov](https://www.htc.illinois.gov) > **Application Information** for more application resources, including information and resources on the racial equity impact assessment.

Strong Responses:



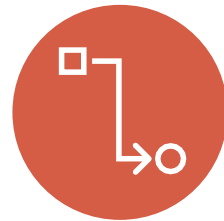
Comprehensive



Data-informed

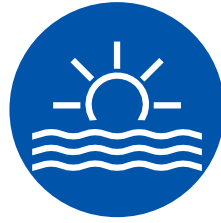


Evidence-based

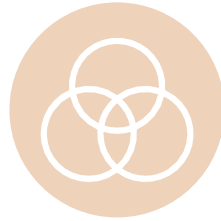


Connect the dots

Strong Responses:



Consider multiple horizons



Detail stakeholder engagement



Address accountability and transparency mechanisms



Capacity to evaluate equity

Successful Applications from the Spring Round

Chicago North Side Collaborative

A proposal to mitigate barriers to care and increase health equity among the communities it serves.

[Read More](#)

Collaborative Bridges

A plan to improve behavioral health and other health outcomes and reduce health care costs by creating an unprecedented continuity of care between hospital and community.

[Read More](#)

East St. Louis Health Transformation Partnership

A proposal to affect large scale realignment of the health delivery system and improve the life circumstances of those living in the East St. Louis Metro Area.

[Read More](#)

Integrated Hub

A collaborative to increase quality of care for adult Medicaid beneficiaries with behavioral health, substance use disorder, and physical health needs.

[Read More](#)

Medicaid Innovation Collaborative

Addressing systemic obstacles and technology gaps that individuals and families face in accessing quality health care.

[Read More](#)

The Prison Emergency Early Release Response (PEERR) Network

A model approach to care coordination and social determinants of health for men and women released from incarceration returning to Cook County.

[Read More](#)

South Side Healthy Community Organization

A collaborative driven by community input and dedicated to fundamentally advancing health care access and better health outcomes for Chicago's South Side residents.

[Read More](#)

TARGET Health

A collaboration with an 'all-in' approach to improve access to a wide range of healthcare services and improve the health and wellness of individuals and the entire community.

[Read More](#)

West Side Health Equity Collaborative

A plan to increase convenient access to culturally responsive healthcare, supporting the unique and changing socio-economic needs of individuals and families.

[Read More](#)

Click on the cards above or go to [HTC.Illinois.Gov](https://www.htc.illinois.gov) to review these successful applications.

Spring Awardees' Application Experience



Donna Thompson, CEO, Access Community Health Network West Side Health Equity Collaboration (WSHEC)

Collaborators: Access Community Health Network, Bobby E. Wright Comprehensive Behavioral Health Center, Cook County Health, Habilitative Systems, Humboldt Park Health, Loretto Hospital, Lurie Children's Hospital, Rush University Medical Center, Sinai Chicago and West Side United



Larry McCulley, CEO, Touchette Regional Hospital East St. Louis Transformation Collaborative

Collaborators: Touchette Regional Hospital, SIHF Healthcare, SIU School of Medicine, SLUCare Physician Group, Hoyleton Youth & Family Services, Centene, Memorial Medical Group, ConferMED Weitzman Institute, Washington Univ., Comprehensive Behavioral Health Center, Healthier Together, St. Clair Co. Sheriff's Office and EMS, Southwestern Ill. Community College, St. Clair Co. Housing Authority, Zade LLC, and Metropolitan Housing Development Corp.



How to Apply for HTC Funding

Application Steps



- 1 Complete the pre-registration steps
 - Get Illinois.gov public credentials
 - Register the lead entity in sam.gov
 - Register intended Amplifund users in the Illinois GATA Grantee Portal

See the Get Ready to Apply guide for more information
- 2 Review the HTC application Instruction Guide and consider this *required* reading
- 3 Complete the application process in the HTC Amplifund online portal

All these resources, including the link to the Amplifund application, can be found at [HTC.Illinois.Gov > Application Information](#).

Application Form Progression



Core Project Information

- 1. Participating Entities
- 2. Detailed Project Description
- 3. Governance
- 4. Racial Equity Impact Assessment



Project Rationale

- 5. Community Input
- 6. Data Support



Project Impacts

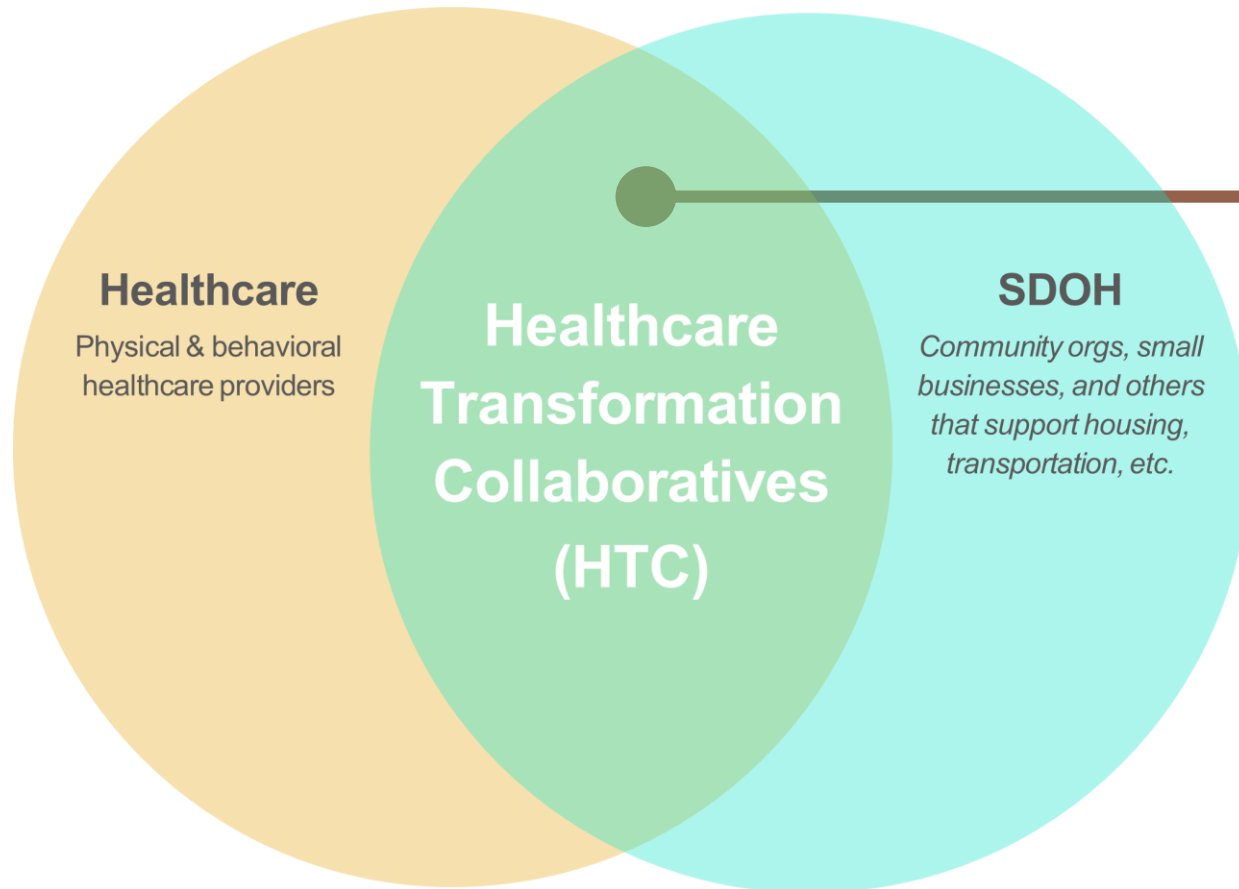
- 7. Health Equity and Outcomes
- 8. Access to Care
- 9. Social Determinants of Health
- 10. Care Integration and Coordination
- 11. Minority Participation
- 12. Jobs
- 13. Quality Metrics



Project Timeline and Budget

- 14. Milestones
- 15. Budget
- 16. Sustainability

Participating Entities



The goal of this form is to understand the partners in your collaboration.

HFS is seeking applications that represent cross-provider collaboration between entities who come together to care for people's physical, behavioral and social needs in coordinated way at the community-level.

Example Collaboration Partners

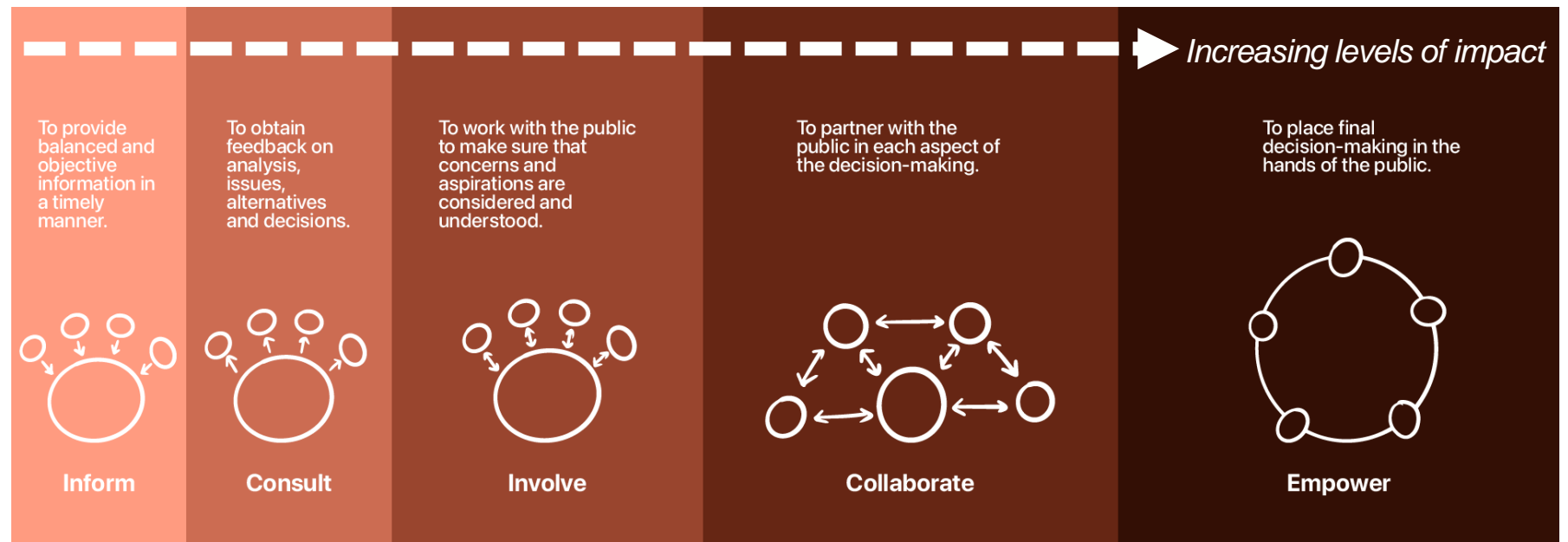


All collaborations must include a registered Illinois Medicaid Provider that is eligible to bill for Medicaid services.

Community Input

Community input is a key proposal requirement. HFS is seeking applicants who meaningfully engaged community members in the design of their projects.

To truly transform health, citizens need to be involved in transformation in a meaningful way. The more people and communities are engaged in collaboration efforts, the more impact they will have.



Data Support

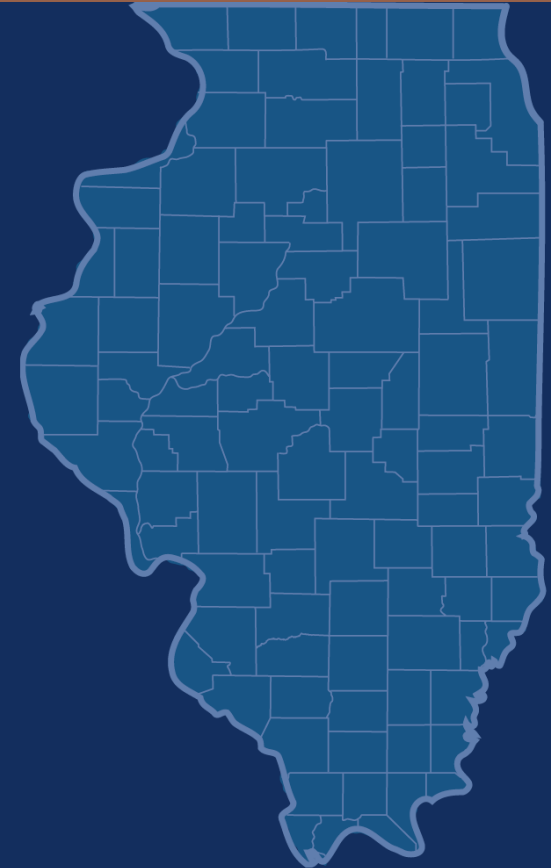


HFS is looking for applications that are data-driven.

Data reports are available for the following Illinois communities:

- Chicago-South Side
- Chicago-West Side
- East St. Louis Metropolitan Area
- South Cook County
- West Cook County

Go to [HTC.Illinois.Gov](https://htc.illinois.gov) > [Data Support and Resources](#) to download reports and note that additional areas are being targeted for data analysis.



Transformation Data &
Community Needs Report

Health Equity and Outcomes



Proposed projects should reduce health inequities and improve outcomes and, given this, applications should identify:

- The specific health disparities targeted by the proposal
- Causes of these disparities
- The activities in the project that will address the disparities
- The logic by which the proposed activities will have the intended outcomes

Access to Care



HFS is seeking projects that improve health outcomes and reduce inequities by addressing these challenges related to access to care.

Applicants should use this form to describe how and why their projects will increase access to preventative, primary or specialty care in communities.

Social Determinants of Health



HFS is seeking projects that improve health outcomes and reduce inequities by addressing the social determinants of health.

Applicants should use this form to describe how and why their projects will address specific social determinants of health, why this solution will work to reduce the impact of social determinants of health and how success will be measured.

Care Integration and Coordination



HFS is seeking projects that improve health outcomes and reduce inequities by providing physical, behavioral and social care in an integrated and coordinated way.

Applicants should use this form to describe how and why the proposed project will improve the integration, efficiency and coordination of care between different types of providers and different levels of care.

Minority Participation



As mentioned in the Racial Equity section, HFS is seeking minority participation in the execution of the project.

Applicants should use this form to provide detail on minority entities that either partners in the collaboration or are subcontractors on the project.

“Minority entities” are those certified by the Illinois Business Enterprise Program (BEP) certified or are not-for-profit entities majorly controlled and managed by minorities.

Jobs



Proposed projects should bolster or maintain jobs in the community and, given this, applications should:

- Show a significant analysis of the proposed project's impact on employment
- And impact on employment should include job creation, workforce development and mitigation of any negative impacts on current employment levels

Quality Metrics

Projects must align with one or more of HFS' Quality Pillars



... and track metrics to show impact on outcomes and equity.

- Applicants must propose metrics that the program will be accountable for improving
- For a given quality pillar, one or more metrics from the HFS Quality Strategy document that aligns with that pillar must be tracked
- Once metrics are agreed upon in the funding agreement, HFS will establish a baseline metrics for the community, a method for tracking process and improvement targets

Milestones

In months from award, applications should use this form to outline a calendar of milestones showing progress of activities involved in the overall project, such as:

- When IT will be purchased and operative
- When construction will start and be completed
- When key personnel will be hired
- Etc.

Budget

Applicants should download the budget template and complete a multi-year budget.

- Every major budget line item should correlate to the programs and services described in your proposal (Form 2, Project Description).
- Note: The template adds up the multi-year budget into one summary budget but be sure to check the summary budget for accuracy.

Sustainability



For this form, applications should

- Demonstrate a clear ramp down on the reliance of Transformation funds over time
- Demonstrate a ramp up of revenue from services or other funding sources
- Include any key assumptions about financial sustainability

Assistance with the Application



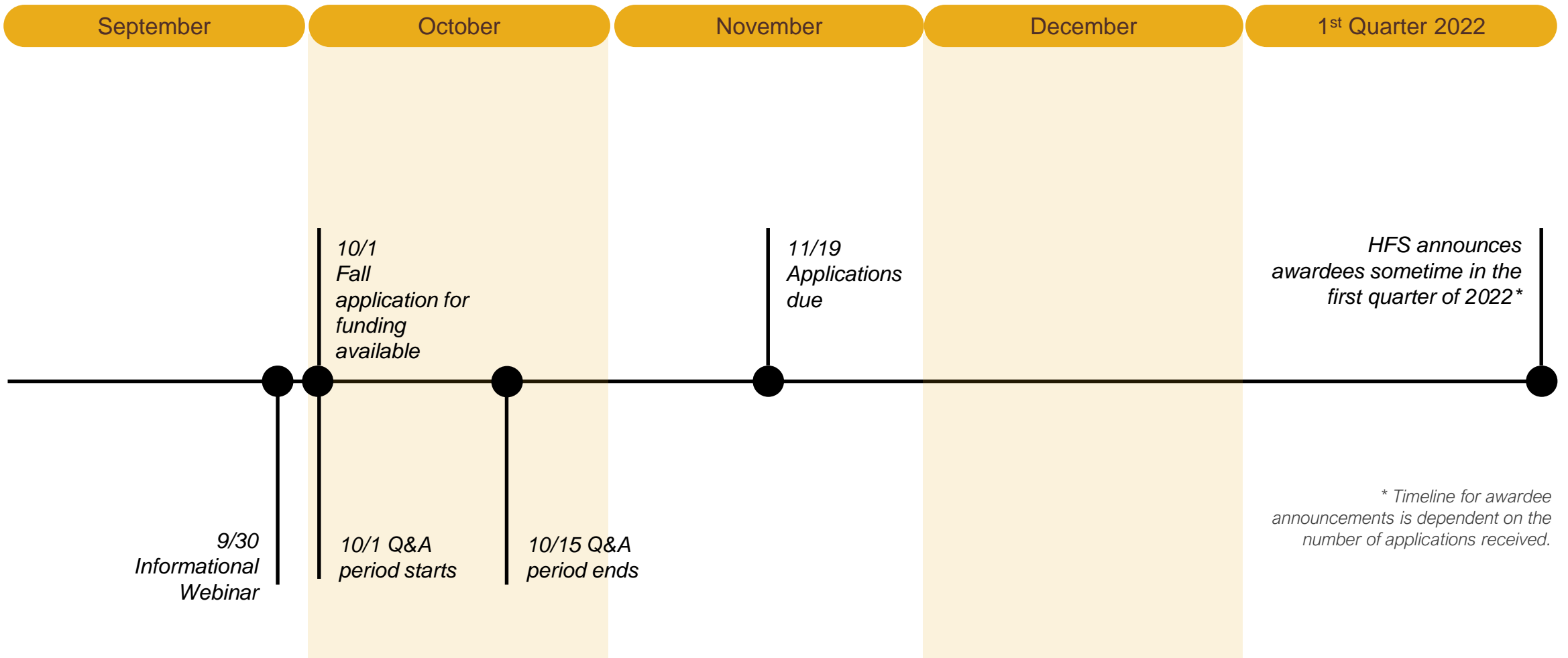
Content assistance:

- Q&A Period runs October 1 – 15
- Send questions to HFS.Transformation@Illinois.gov and answers to questions will be posted on the HTC website under FAQs

Technical assistance:

- Submit an email to Support@Amplifund.com or call 216-377-5500
- Amplifund will respond within 2 hours
- If necessary, live technical assistance can be requested using the email or phone number above
- Register at the Amplifund support site (<https://il-amplifund.zendesk.com>) to find tutorials and help guides

Application Key Dates



Stay connected

Register for HTC updates at
[HTC.Illinois.Gov](https://www.htcillinois.gov)

Questions



Answers





An HFS initiative

Healthcare Transformation Collaboratives

Presenter: Kelly Cunningham, Medicaid Administrator

- A. Bottom Line:** HFS remains committed to the major principles of nursing home rate reform described to the Medicaid Advisory Committee in early May 2021; in myriad public presentations and in the General Assembly-required report released on September 30, 2021.

- B. Brief History:** HFS and the nursing facility industry have engaged in discussions around nursing home rate reform for over 18 months, with the shared goal of improving quality, staffing levels and maximizing federal resources support nursing home payment. While we made extensive progress during the 2021 Spring session, we were unable to craft an agreed legislative package. The General Assembly asked us to continue to work over the summer and present recommendations for consideration during the Fall Veto Session.

Presenter: Kelly Cunningham, Medicaid Administrator

- C. Required Report:** HFS staff conducted hours of analysis and engaged in numerous discussions prior to the release of an 80-page report on September 30, 2021. **We secured a verbal agreement with all sectors of the nursing facility industry and General Assembly during the recently concluded Veto Session.**

- D. Next Steps:** We will continue our work to draft a legislative package for introduction and action during the Spring session of the General Assembly.

**Presenter: Robert Mendonsa, Deputy Administrator for Care
Coordination**

A. January 2020 Open Enrollment

B. MMAI Expansion

Presenter: Jane Longo, Deputy Director, New Initiatives

A. End of September Data

- 4,711 applications on hand > 45 days (down 97% from Jan 2019)
- 9,722 renewals on hand (down 95% from Jan 2019)
- 8,313 ever enrolled in Immigrant Seniors (65+), \$80 million in claims
- 46,607 ex parte renewals (30%) completed using electronic data sources without customer contact

Presenter: Jane Longo, Deputy Director, New Initiatives

B. End of Public Health Emergency (PHE) Planning

- Date PHE will end is uncertain, will continue into 2022, could end as late as September 2022
- HFS actively engaged in discussions with federal CMS and other states regarding end of PHE requirements
- Federal guidance from August allows states 12 months to work backlog of renewals
- HFS planning outreach campaigns to ask customers to report best contact information and to respond to renewal forms – including providers, MCOs, advocates, other stakeholders

C. Other eligibility projects

- Kidney transplants and post-transplant services for immigrant adults 19-55 – late 2021
- Health benefits for Immigrant Adults 55-64 – Spring 2022
- Family planning state plan amendment implementation - late 2022

VIII. Nominating Subcommittee Report – Presented by Howard Peters & Dr. Cheryl Whitaker, Chair

A. Ann Lundy, Chair

- [Chief Operating Officer ~ ACCESS Community Health Network](#)
- [Complete Bio:](#)
[MedicaidAdvisoryCommitteeMeetingNov52021Addendum.pdf](#)
[\(illinois.gov\)](#)

B. Kathy Chan, Vice Chair

- [Director of Policy ~ Cook County Health](#)
- [Complete Bio:](#)
[MedicaidAdvisoryCommitteeMeetingNov52021Addendum.pdf](#)
[\(illinois.gov\)](#)

IX. Subcommittee Reports

A. Community Integration

B. Health Equity and Quality

C. Public Education Subcommittee

D. NB Stakeholder (Submitted Written Support)

Presenter: Amber Smock – Chair

A. Two meetings held so far:

- one kickoff meeting
- one meeting to begin collecting input on addressing gaps/underserved groups in Medicaid home and community-based waiver programs.

B. Goal is to form recommendations on addressing these gaps, in alignment with existing service improvement efforts.

C. Coexists with current work to spend new ARPA funds intended for Medicaid HCBS.

D. We encourage public comment participation to hear from HCBS users statewide.

Presenter: Howard Peters - Chair, Dawn Wells – Bureau Chief of Quality Management, Kimberly McCullough-Starks

- A. One meeting so far held on 9/8/2021**
- B. Members include providers, advocates, SDOH experts, and individuals with lived experience.**
- C. The Health Equity and Quality subcommittee is established to improve customer outcomes by ensuring that populations covered under Healthcare and Family Services' 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.**

Presenter: Howard Peters - Chair, Dawn Wells – Bureau Chief of Quality Management, Kimberly McCullough-Starks

- D. A presentation of HFS' Quality Strategy and 5 pillars was presented with focus on the equity pillar.**
- E. MCOs gave brief Presentations on Equity Initiatives/Innovation**

**Presenter: Jane Longo - Deputy Director New Initiatives,
Tracy Keen – Deputy Administrator, Division of Medical Programs,
Veronica Archundia – Community Liaison**

A. October 7, 2021 Meeting Summary: Chair Kathy Chan announced new subcommittee members -

- Kristin Hartsaw, DuPage Federation on Human Services
- Chantel Bowen, SIU School of Medicine
- Nicole Villarreal, Chicago Public School
- Edith Avila Olea, Illinois Coalition for Immigrant and Refugee Rights
- Nancy Aguirre, Community and Residential Services Authority (to be announced during December meeting)

B. Kelly Cunningham gave the Medical Programs Update including

- Healthcare Transformation Collaboratives
- Children’s Behavioral Health SPA
- Nursing Home Rates Reform report

**Presenter: Jane Longo - Deputy Director New Initiatives,
Tracy Keen – Deputy Administrator, Division of Medical Programs,
Veronica Archundia – Community Liaison**

October 7th, 2021 Meeting Summary Continued

- D. Leslie Cully gave the DHS Update including continuation of 2020-2021 SNAP Pandemic (P-EBT) benefits**
- E. Robert Mendonsa gave the Care Coordination Update - statewide Medicare-Medicaid Alignment Initiative (MMAI) began July 1, 2021**
- F. Jane Longo gave the Eligibility Update and Committee discussed considerations for planning resumption of renewals at end of public health emergency**
- G. Note - prior meeting minutes can be found:**
 - <https://www2.illinois.gov/hfs/SiteCollectionDocuments/08052021PublicEducationSubcommitteeMeetingMinutes.pdf>

Presenter: Shannon Stokes Interim Deputy General Counsel/Ethics Officer, Kiran Mehta - Assistant General Counsel

X. New Business/Announcements

A. Discussion of HFS Mandatory Ethics Training For Committee & Subcommittee Members

i. Links to the mandatory trainings are provided below:

- [Ethics Training Program for State Employees and Appointees 2021](#)
- [Harassment and Discrimination Prevention Training 2021](#)
- [Security Awareness Training](#)
- [HIPAA & Privacy Training](#)

XI. Old Business

XII. Adjournment



THANK YOU!