

Notice of Public Information
Illinois Department of Healthcare and Family Services Section
1115 Research and Demonstration Waiver

The Illinois Department of Healthcare and Family Services (HFS) is providing public notice of its intent to submit to the Centers for Medicare & Medicaid Services (CMS) a written application to extend and amend the Section 1115 Research and Demonstration Waiver titled the "Continuity of Care and Administrative Simplification Demonstration" (Project No. 11-W-00341/5) and to hold public hearings to receive comments on this demonstration pursuant to Title 42, Section 431.108, Code of Federal Regulations.

Program Description, Goals, and Objectives

By extending and amending this demonstration, HFS aims to continue to bolster continuity of care and streamline administrative processes. Specifically, Illinois is requesting federal approval to extend two existing demonstration initiatives and introduce one new amendment. First, HFS seeks continued authority to reinstate Medicaid beneficiaries into their previous managed care organization (MCO) when they submit late redetermination paperwork within 90 days. Second, the state is requesting an 18-month extension of the temporary waiver of Hospital Presumptive Eligibility (HPE), proposing to implement HPE effective July 1, 2027. Third, Illinois is proposing a new amendment to authorize the use of verified out-of-state address changes reported by the United States Postal Service (USPS) National Change of Address (NCOA) database or by Medicaid MCOs with confirmation from the beneficiary as reliable.

These initiatives serve two overarching goals: (1) to strengthen continuity of care by reducing unnecessary coverage interruptions and reconnecting individuals to care coordination services promptly, and (2) to promote administrative simplification by reducing redundant processes, minimizing manual casework, and improving system performance. Through this waiver extension and amendment, Illinois aims to support a more streamlined, effective Medicaid program focused on timely access to comprehensive, coordinated care.

Healthcare Delivery System

The proposed initiatives will be implemented within the existing Medicaid delivery system in Illinois. Approximately 80% of Medicaid beneficiaries are enrolled in managed care plans. The demonstration does not introduce a new delivery system or require the establishment of new provider networks. Instead, it aims to enhance the function and performance of the current infrastructure. The managed care reinstatement policy ensures beneficiaries experience minimal disruption in care when coverage is interrupted due to delayed paperwork, while the temporary waiver of HPE helps focus resources on processing full Medicaid applications, which ultimately aims to connect individuals to managed care faster. The address update proposal does not alter

care delivery but improves communication and timeliness of eligibility decisions, which supports a stable healthcare experience.

Eligibility Requirements

The demonstration does not change Medicaid eligibility standards, income thresholds, or introduce new eligibility groups. Instead, it affects how enrollment is maintained or terminated based on available information and system processes.

HFS proposes to implement the following Demonstration initiatives across all eligibility groups identified in the “Demonstration Eligibility Chart” below. The managed care reinstatement policy affects when individuals are reconnected to managed care but does not change who qualifies for coverage. Similarly, waiving HPE does not restrict eligibility for the eligibility groups below, but does encourage use of the full Medicaid application process. Accepting verified out-of-state address updates ensures that eligibility decisions are based on the most current contact information available.

Demonstration Eligibility Chart

Eligibility Group Name	Social Security Act and CFR Citations	Income Level
Infants and Children under Age 19	1902(a)(10)(A)(i)(III), (IV), (VI) and (VII); 1902(a)(10)(A)(ii)(IV) and (IX); 1931(b) and (d); 42 CFR 435.118	133% (excluding 5% disregard)
Parents and Other Caretaker Relatives	1902(a)(10)(A)(i)(I) and 1931(b) and (d); 42 CFR 435.110	133% (excluding 5% disregard)
Pregnant Women	1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)(ii)(I), (IV) and (IX), 1931(b) and (d); 42 CFR 435.116	213%
Deemed Newborn	1902(e)(4) and 2112(e); 42 CFR 435.117	213%
Former Foster Care Children	1902(a)(10)(A)(i)(IX); 42 CFR 435.150	N/A
Adult Group	1902(a)(10)(A)(i)(VIII); 42 CFR 435.119	133% (excluding 5% disregard)
Eligibility for Medicaid Expansion Program	42 CFR 457.320(a)(2) (3)	313% (excluding 5% disregard)
ABD in 209(b) States	1902(f); 42 CFR 435.121	100%
Individuals Receiving SSI	1902(a) (10) (A) (i) (ii); 42 CFR 435.120	N/A
Individuals Receiving Mandatory State Supplements	42 CFR 435.130	N/A

Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV); 42 CFR 435.201	350%
1619(b) Working Disabled	1902(a)(10)(A)(i)(II)(bb), 1905(q), 1619(b); 42 CFR 435.121	N/A
Disabled Adult Children	1634 (c); 42 CFR 435.121	100%
Qualified Medicare Beneficiaries	1902(a)(10)(E)(i); 1905(p)	100%
Specified Low Income Medicare Beneficiaries	1902(a)(10)(E)(iii); 1905(p)(3)(A)(ii)	120%
Qualifying Individuals	1902(a)(10)(E)(iv); 1905(p)(3)(A)(ii)	135%
Medically Needy ABD -209b States	1902(a)(10)(C); 42 CFR 435.330, 435.322, 435.324, and 435.330	100%
Medically Needy Pregnant Women	1902(a)(10)(C)(ii)(II); 42 CFR 435.301(b)(1)(i) and (iv)	N/A
Medically Needy Children under Age 18	1902(a)(10)(C)(ii)(II); 42 CFR 435.301(b)(1)(ii)	N/A
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	1634(b); 42 CFR 435.137	100%
Disabled widows and widowers aged 60 through 64 who would be eligible for SSI except for early receipt of social security benefits	1634(d); 42 CFR 435.138	100%

Benefits and Cost-Sharing Requirements

The demonstration does not change the Medicaid benefit package design; there is no new cost-sharing, copayments, or coinsurance for any benefit provided under the waiver. State Plan benefits will continue to be applied in accordance with the State Plan and all eligibility groups will continue to receive all State Plan benefits.

Enrollment and Expenditures

The demonstration does not alter the number of people eligible for Medicaid, nor does it propose enrollment caps or targeted populations. Instead, the waiver proposals impact how and when individuals are reinstated or disenrolled. For instance, reinstating beneficiaries into their prior MCO within 90 days of disenrollment reduces the time they spend in fee-for-service (FFS) and ensures faster reconnection with their healthcare team. Waiving HPE allows caseworkers to focus on full benefit applications, helping reduce application backlogs and administrative burden. Accepting verified out-of-state addresses allows the state to act quickly on reported changes, improving program integrity. None of these changes are expected to increase costs, and they may lead to savings through reduced churn and fewer capitation payments for ineligible individuals.

HFS' actuary has determined that the three proposals in this waiver extension and amendment will not result in increases in enrollment or cost and, as a result, HFS anticipates the proposed demonstration extension and amendment to meet the criteria for being deemed budget neutral under State Medicaid Director Letter #24-003. In accordance with SMD #24-003, budget neutrality includes enrollment and expenditures for the entire Medicaid program as hypothetical enrollment and expenditures. As a result, no fiscal savings are assumed to be generated and expenditures in the without-waiver and with-waiver tables are set equal to each other.

	Average Monthly Members		
	DY 05 WOW Membership	DY 05 WW Membership	DY 05 Anticipated Membership Impact
Medicaid Populations			
SSI Children - Hypo 1	36,306	36,306	-
SSI Adults LTSS MCO - Hypo 2	32,719	32,719	-
SSI Adults LTSS FFS - Hypo 3	12,076	12,076	-
SSI Adults Non-LTSS MCO - Hypo 4	76,212	76,212	-
SSI Adults Non-LTSS FFS - Hypo 5	8,714	8,714	-
SSI Duals LTSS MCO - Hypo 6	20,749	20,749	-
SSI Duals LTSS FFS - Hypo 7	5,460	5,460	-
SSI Duals Non-LTSS MCO - Hypo 8	13,713	13,713	-
SSI Duals Non-LTSS FFS - Hypo 9	27,045	27,045	-
Disabled Children - Hypo 10	11,067	11,067	-
DCFS - Hypo 11	43,172	43,172	-
Non-Disabled Children MCO - Hypo 12	1,109,853	1,109,853	-
Non-Disabled Children FFS - Hypo 13	201,609	201,609	-
Disabled Adults LTSS MCO - Hypo 14	9,560	9,560	-
Disabled Adults LTSS FFS - Hypo 15	4,708	4,708	-
Disabled Adults Non-LTSS MCO - Hypo 16	47,294	47,294	-
Disabled Adults Non-LTSS FFS - Hypo 17	21,223	21,223	-
Duals LTSS MCO - Hypo 18	62,084	62,084	-
Duals LTSS FFS - Hypo 19	30,208	30,208	-
Duals Non-LTSS MCO - Hypo 20	36,109	36,109	-
Duals Non-LTSS FFS - Hypo 21	120,502	120,502	-
ACA Adults MCO - Hypo 22	562,034	562,034	-
ACA Adults FFS - Hypo 23	95,611	95,611	-
Non-Disabled Adults MCO - Hypo 24	384,376	384,376	-
Non-Disabled Adults FFS - Hypo 25	160,029	160,029	-
Spenddown - Hypo 26	75,592	75,592	-

HYPOTHETICALS ANALYSIS						
Without-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
SSI Children - Hypo 1	\$ 695,267,161	\$ 731,419,224	\$ 769,453,389	\$ 809,465,506	\$ 851,555,778	\$ 3,857,161,058
SSI Adults LTSS MCO - Hypo 2	\$ 2,914,383,413	\$ 3,065,929,969	\$ 3,225,356,568	\$ 3,393,075,471	\$ 3,569,514,642	\$ 16,168,260,063
SSI Adults LTSS FFS - Hypo 3	\$ 498,803,044	\$ 524,740,843	\$ 552,027,773	\$ 580,733,391	\$ 610,931,603	\$ 2,767,236,654
SSI Adults Non-LTSS MCO - Hypo 4	\$ 1,753,308,884	\$ 1,844,479,776	\$ 1,940,397,150	\$ 2,041,298,790	\$ 2,147,449,912	\$ 9,726,934,512
SSI Adults Non-LTSS FFS - Hypo 5	\$ 40,978,108	\$ 43,109,204	\$ 45,351,142	\$ 47,709,150	\$ 50,190,549	\$ 227,338,152
SSI Duals LTSS MCO - Hypo 6	\$ 1,032,652,831	\$ 1,086,349,583	\$ 1,142,839,981	\$ 1,202,268,437	\$ 1,264,786,833	\$ 5,728,897,665
SSI Duals LTSS FFS - Hypo 7	\$ 296,476,034	\$ 311,892,890	\$ 328,111,056	\$ 345,173,119	\$ 363,122,323	\$ 1,644,775,423
SSI Duals Non-LTSS MCO - Hypo 8	\$ 54,637,529	\$ 57,479,411	\$ 60,467,748	\$ 63,612,413	\$ 66,919,989	\$ 303,117,089
SSI Duals Non-LTSS FFS - Hypo 9	\$ 104,777,739	\$ 110,226,766	\$ 115,958,142	\$ 121,988,095	\$ 128,332,852	\$ 581,283,594
Disabled Children - Hypo 10	\$ 160,973,056	\$ 169,343,693	\$ 178,149,926	\$ 187,414,333	\$ 197,159,490	\$ 893,040,498
DCFS - Hypo 11	\$ 403,950,043	\$ 424,957,538	\$ 447,052,968	\$ 470,298,499	\$ 494,756,301	\$ 2,241,015,348
Non-Disabled Children MCO - Hypo 12	\$ 4,740,492,922	\$ 4,987,013,470	\$ 5,246,319,525	\$ 5,519,076,998	\$ 5,806,084,984	\$ 26,298,987,900
Non-Disabled Children FFS - Hypo 13	\$ 515,820,659	\$ 542,650,784	\$ 570,859,916	\$ 600,544,825	\$ 631,778,091	\$ 2,861,654,275
Disabled Adults LTSS MCO - Hypo 14	\$ 873,942,696	\$ 919,387,877	\$ 967,196,290	\$ 1,017,490,685	\$ 1,070,400,696	\$ 4,848,418,243
Disabled Adults LTSS FFS - Hypo 15	\$ 249,763,731	\$ 262,751,597	\$ 276,414,589	\$ 290,788,302	\$ 305,909,456	\$ 1,385,627,676
Disabled Adults Non-LTSS MCO - Hypo 16	\$ 1,142,297,657	\$ 1,201,695,138	\$ 1,264,185,646	\$ 1,329,922,414	\$ 1,399,075,701	\$ 6,337,176,556
Disabled Adults Non-LTSS FFS - Hypo 17	\$ 93,611,257	\$ 98,478,116	\$ 103,599,650	\$ 108,986,047	\$ 114,652,588	\$ 519,327,659
Duals LTSS MCO - Hypo 18	\$ 3,208,183,250	\$ 3,375,005,441	\$ 3,550,506,976	\$ 3,735,134,858	\$ 3,929,358,444	\$ 17,798,188,969
Duals LTSS FFS - Hypo 19	\$ 1,694,121,431	\$ 1,782,215,209	\$ 1,874,890,936	\$ 1,972,384,236	\$ 2,074,948,854	\$ 9,398,560,666
Duals Non-LTSS MCO - Hypo 20	\$ 139,451,514	\$ 146,705,090	\$ 154,335,643	\$ 162,360,508	\$ 170,801,347	\$ 773,654,102
Duals Non-LTSS FFS - Hypo 21	\$ 389,891,451	\$ 410,164,708	\$ 431,493,562	\$ 453,935,854	\$ 477,534,966	\$ 2,163,020,540
ACA Adults MCO - Hypo 22	\$ 7,114,136,447	\$ 7,484,067,225	\$ 7,873,219,567	\$ 8,282,605,133	\$ 8,713,303,027	\$ 39,467,331,399
ACA Adults FFS - Hypo 23	\$ 425,878,165	\$ 448,021,673	\$ 471,323,986	\$ 495,830,997	\$ 521,611,547	\$ 2,362,666,368
Non-Disabled Adults MCO - Hypo 24	\$ 3,412,520,878	\$ 3,589,964,215	\$ 3,776,632,575	\$ 3,973,033,336	\$ 4,179,627,749	\$ 18,931,778,753
Non-Disabled Adults FFS - Hypo 25	\$ 209,721,205	\$ 220,628,782	\$ 232,093,259	\$ 244,153,045	\$ 256,846,545	\$ 1,163,442,836
Spenddown - Hypo 26	\$ 750,728,341	\$ 789,770,098	\$ 830,834,696	\$ 874,040,059	\$ 919,485,970	\$ 4,164,859,164
TOTAL	\$ 32,916,769,448	\$ 34,628,448,317	\$ 36,429,072,658	\$ 38,323,324,500	\$ 40,316,140,236	\$ 182,613,755,159

With-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 01	DY 02	DY 03	DY 04	DY 05	
SSI Children - Hypo 1	\$ 695,267,161	\$ 731,419,224	\$ 769,453,389	\$ 809,465,506	\$ 851,555,778	\$ 3,857,161,058
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HYPOTHETICALS VARIANCE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Hypotheses and Evaluation

Illinois will test several key hypotheses under this demonstration. For the MCO reinstatement waiver extension, the state hypothesizes that extending the reinstatement window from 60 to 90 days will reduce churn within the healthcare system and improve continuity of care. For the temporary HPE waiver extension, the hypothesis is that waiving the requirement temporarily will

promote submission of full Medicaid applications, reduce case processing delays, and streamline eligibility operations. For the out-of-state address update proposed amendment, the state hypothesizes that treating USPS NCOA and MCO beneficiary verified address updates as reliable without redundant confirmation will reduce returned mail, prevent inappropriate disenrollments, and improve efficiency. These hypotheses will be evaluated by the University of Illinois, using comparative interrupted time series analysis and other rigorous methods. Metrics include reinstatement rates, application turnaround time, administrative workload, disenrollments from out-of-state address changes, and estimated cost savings.

Managed Care Reinstatement for Late Redeterminations

Hypothesis: Allowing a 90-day reinstatement period into the prior MCO will increase continuity of care by preventing gaps in MCO coverage and care coordination support.

Evaluation Approach: A pre-post comparative analysis will be conducted to assess the number of MCO reinstatements between 61–90 days before and after implementation. This analysis will evaluate whether the policy change reduced churn within the healthcare system and improved care continuity.

Metric:

- Number of reinstatements into MCOs from 61–90 days after disenrollment.

Data Sources:

- HFS enrollment and eligibility records.
- MCO reinstatement tracking reports.
- Medicaid Management Information System (MMIS) data.

Temporary Waiver of HPE

Hypotheses:

- Waiving HPE will continue to promote hospitals assisting with full benefit Medicaid applications.
- Waiving HPE will support improved processing times and reduced backlogs by focusing caseworker effort on full Medicaid applications instead of temporary HPE cases.

Evaluation Approach: Trend analysis will be used to compare the number of full benefit applications submitted by hospital application assisters before and during the waiver extension period. Administrative data will also be used to track application backlog and processing turnaround time.

Metrics:

- Number of full benefit applications submitted by hospitals serving as application assisters.
- Application processing backlog and turnaround time.

Data Sources:

- HFS Application Agent reports.
- IES (Integrated Eligibility System) application and processing logs.
- Eligibility determination timeliness data from system reports.

Acceptance of Out-of-State Address Updates (USPS NCOA and Medicaid MCOs)

Hypotheses:

- Using out-of-state address updates from the USPS NCOA database and Medicaid MCOs, when confirmed with beneficiaries, will streamline administrative processes and reduce caseworker workload.
- Accepting verified out-of-state addresses will support timely disenrollments, resulting in capitation payment savings.

Evaluation Approach: Descriptive statistical analysis and trend tracking will measure the number of disenrollments tied to each data source. The evaluator will also estimate capitation savings from timely disenrollments using aggregate disenrollment counts and average capitation rates. A qualitative assessment may also be used to gauge stakeholder perceptions of administrative burden and processing efficiency.

Metrics:

- Number of beneficiaries disenrolled due to NCOA address updates.
- Number of beneficiaries disenrolled due to MCO-reported and beneficiary-confirmed out-of-state addresses.
- Estimated capitation savings (disenrollment count × average capitation rate).

Data Sources:

- NCOA address data from interface.
- MCO address update submission logs.
- MMIS and IES disenrollment records.
- Monthly capitation payment reports by eligibility group.

Waiver and Expenditure Authorities

Illinois requests the following federal authorities under Section 1115 of the Social Security Act:

1. Waiver of Section 1903(m)(2)(H) and 42 CFR 438.56(g) to allow MCO reinstatement within 90 days of disenrollment;
2. Waiver of Section 1902(a)(47)(B) and 42 CFR 435.1110 to delay implementation of Hospital Presumptive Eligibility; and
3. Waiver of Section 1902(a)(19) and 42 CFR 435.919(f)(3) to accept updates of out-of-state addresses from USPS NCOA and Medicaid MCOs, when confirmed directly with or verified by the beneficiary, as reliable.

Public Notice and Input

The draft waiver extension and amendment application will be posted and available for public review on May 23, 2025, at the Public Notices link located on the HFS website at:

<https://hfs.illinois.gov/info/legal/publicnotices.html>

In accordance with federal regulations, HFS will conduct a 30-day public comment period from May 23, 2025, to June 23, 2025, to solicit stakeholder feedback. Any interested party may direct comments, data, views or arguments concerning these proposed changes to the address below or at the public hearings. All comments not provided at the hearing must be in writing and received by 5:00 PM on June 23, 2025, and addressed to:

Illinois Department of Healthcare and Family Services
Division of Medical Eligibility
Bureau of Medical Eligibility and Special Programs
201 South Grand Avenue East
Springfield, IL 62763-0001
Email address: HFS.1115waiver@illinois.gov

The State will host two public hearings and will provide interested stakeholders the opportunity to learn about and provide input into the demonstration. Written comments will also be accepted at the public hearings.

Date, Time, and Location of Public Hearing:

Wednesday, May 28, 2025

2:00 PM to 4:00 PM

Hanley Building Conference Center

2300 S. Dirksen Pkwy

Springfield, IL 62767

For Parking Instructions: Please see attached appendix.

(There will be a conference line option for this meeting. Please use this link to join the Webex meeting: <https://illinois.webex.com/weblink/register/ra0e30984be20e6468e71e5146b398be7>)

Join by meeting number

Meeting number (access code): 2870 881 5314

Meeting password: PH528

Tap to join from a mobile device (attendees only)

+1-312-535-8110,,28708815314## United States Toll (Chicago)

+1-415-655-0002,,28708815314## US Toll

Monday, June 2, 2025

2:30 PM to 4:30 PM

Illinois Department of Healthcare and Family Services

1st Floor Video Conference Room

401 South Clinton Street Chicago,
IL 60607

(There will be a conference line option for this meeting. Please use this link to join the Webex meeting: <https://illinois.webex.com/weblink/register/r574836f831e5e3fabeb4e88a0579da94>)

Join by meeting number:

Meeting number (access code): 2870 936 1986

Meeting password: PH6225

Tap to join from a mobile device (attendees only)

+1-312-535-8110,,28709361986## United States Toll (Chicago)

+1-415-655-0002,,28709361986## US Toll

Other Pertinent Information:

- Persons must sign in at the registration desk located outside of the public hearing location. Persons wishing to provide oral testimony will indicate such during registration and must submit a written copy of the testimony at that time.
- Written testimony from those choosing not to speak will also be accepted during the registration period.
- Speakers will be heard on a first come, first served basis.
- Individuals giving oral testimony are asked to limit their comments to three minutes.
- Organizations are asked to select one spokesperson to present oral testimony on behalf of the organization and will be asked to limit their comments to five minutes.
- To assist the orderly conduct of the hearing and to ensure that the opinions of all interested individuals and/or groups are considered, the Department may impose other rules of procedure as necessary, including, but not limited to, adjusting the time limit or the order of presentation.

Appendix: Parking Instructions

ONLY park in the **GREEN AREAS** on the map unless they have an executive parking permit for row 8, or a designated handicapped sign for the blue areas. All other areas are off limits to parking. Please let outside attendees know that they are sharing the parking space with Central Office staff. Carpooling is encouraged.



Illinois Department of Transportation

Hanley Building Parking and Traffic Circulation

