

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Draft Meeting Minutes  
February 4, 2021**

**Committee Members**

Kathy Chan, Cook County Health  
Brittany Ward, Lurie Children's Hospital  
Sergio Obregon, CPS  
Erin Weir Lakhmani, Mathematica Policy Research  
Sherie Arriazola Martinez, Safer Foundation  
Nadeen Israel, AIDS Foundation of Chicago  
Sue Vega Alivio Medical Center

**HFS Staff**

Jane Longo  
Laura Phelan  
Lauren Polite  
Margaret Dunne  
Sharice Bradford  
Robert Mendonsa  
Arvind Goyal  
Melissa Black  
Veronica Archundia  
Tracy Keen  
Kelly Cunningham  
Patrick Linstrom  
Carmela Hernandez  
Hector Villagrana  
Jose Jimenez

**Committee Members Absent**

Connie Schiele, HSTP

**DHS Staff**

Leslie Cully  
Patricia Reedy

**Interested Parties**

Dave Lecik, Department on Aging  
Viviana Rodriguez, University of Illinois Hospital & Health Science System  
Dan Rabbitt, Heartland Alliance  
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights  
Kelsie Landers, EverThrive Illinois  
Michele Lindstrom, UIC  
Paula Allen-Meares, UIC  
Kristen Nuyen, EverThrive Illinois  
Caroline Chapman, Legal Council for Health Justice  
Michelle Baldock, DOI  
Amy Lulich, Department on Aging  
Katie Thiede, Alliance Chicago  
Julie Mirostaw, AMITA Health  
Enrique Alonso, Catholic Charities  
John Ranallo, Molina Healthcare  
Martha Jarmuz, Choices CCS  
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics  
Monica Cella, Department of Pediatrics UIC  
Alaina Kennedy, IAMHP  
Karen Babos, Molina Healthcare  
Gustavo Saberbein, Help Home  
Kristen Emanuel, Ounce of Prevention  
Amy Edwards, UIC  
Sakib Hassan, Abbvie  
Michael Lafond, Abbvie

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Vijay Parthasarathy, Molina Healthcare  
Tony Ohlhausen, Nami Chicago  
Marilyn Moreno, ICIRR  
Jill Hayden, Medicaid Policy Network  
Lisa Marie Wiseman, Humana  
Susan Gaines, IPHCA  
Timothy Jackson, AIDS Foundation  
Angela Boley, Land of Lincoln Legal Aid  
Judith Davis, BCBSIL  
Sami Hantuli, Cook County HHS  
Megan Carter, Legal Council for Health Justice  
Katherine. Lustig, Meridian Health  
Robin Lavender, DuPage Health  
Grecia Villegas, UIC Division of Specialized Care for Children  
Samantha Hollis, Illinois Health and Hospital Association  
Caroline Chapman, Legal Council for Health Justice  
Elizabeth Durkin, Age Options  
Sarah Ferguson, Everthrive IL  
Stephani Becker, Shriver Center on Poverty Law  
Brandon Sandine, AHIP  
Angela Townsend, Alliance Chicago  
David Hurter, AMITA Health  
Jamie Weber, Avesis  
Alena Rooney,  
Valentina Cordero, Medical Home Network  
Ryan Voyles, Health News Illinois  
Dani Mendez, Illinois House of Representatives  
Marina Kurakin, Legal Council for Health Justice  
Andrea Kovach, Shriver Center on Poverty Law  
Michael Gerges, UIC  
Jessie Beebe, AIDS Chicago  
Beth Berendsen, City of Chicago  
Andrea Davenport Meridian Health  
Brittani Provost, UIC Division of Specialized Care for Children  
Kristin Hartsaw, DuPage Federation on Humans Services Reform  
Sarah Augustinas,  
Mary Dixon, Arc of Illinois  
Ashley Galante, Medical Home Network  
Ken Ryan, Illinois State Medical Society  
Andrew Firgrieve @ H Center  
Leticia Galvez, Care Advisors  
Amber Kirchhoff, Illinois Primary Care Association  
Diana Rubi, Illinois Coalition for Immigrant and Refugee Rights

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### **1. Introduction:**

Chairperson Kathy Chan conducted the meeting and announced that the last 30 minutes of the session would be chaired by committee member Nadeen Israel. Ms. Chan said that the meeting was being recorded. Committee members present were: Sherie Arriazola Martinez ,Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir Lakhmani, and Sue Vega. Committee member Connie Schiele was absent. Kathy Chan asked interested parties to send an email to [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) to properly record their participation. HFS and DHS staff members introduced themselves. Jane Longo introduced Tracy Keen the new Deputy Administrator of Eligibility adding that Ms Keen. is taking the role that Lynne Thomas used to have.

### **2. Review and Approval of the Meeting Minutes from December 3, 2020:**

Nadeen Israel made a motion to approve the meeting minutes from the December 3rd, 2020 meeting, which was seconded by Sue Vega. The meeting minutes were approved with a vote of seven members in favor and zero opposed, with one member absent.

### **3.COVID-19 Update:**

HFS Medicaid Director, Kelly Cunningham told the group that IDPH reported some hospitals were having difficulty accessing temporary staffing due to the prevalence of COVID in those hospitals. HFS worked with State sister agency, the Illinois Emergency Management Agency (IEMA) to conduct an emergency request for procurement (RFP) for COVID-19 surge staffing contract to assist hospitals with staffing. To date, hospitals in the Chicago and the Metro East areas have used these contracts for additional staff.

Kelly Cunningham indicated that HFS is coordinating with IDPH through weekly phone calls and meetings with stakeholders to discuss vaccine administration and address other COVID-related issues. HFS has issued guidelines for practitioners and pharmacies to provide them with information about how to submit COVID-19 billing, including vaccine administration. HFS is paying providers Medicare rates for vaccine administration as a way to incentivize provision of the vaccine and ensure Medicaid members are not deprioritized for vaccination:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210107a.aspx>

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210107b.aspx>

Ms. Cunningham said that HFS has been working closely with managed care plans and providers to make sure that they are prepared to provide and support vaccine administration as the supply continues to increase. HFS is also working with stakeholders on vaccine messaging, as it is recognized that some Medicaid customers may be hesitant to be vaccinated. In regard to the CARES funding distribution, Ms. Cunningham said that, due to the appropriation from the Illinois General Assembly (ILGA), HFS has received

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\$800M from federal sources for medical providers in order to support their operations and to address some of the economic impact of the COVID pandemic during the last year.

The State worked with EY (Ernst and Young) to develop a methodology for the distribution of funding, as well as to set-up a new portal to make the application process both simple and comprehensive for providers while addressing as many financial needs as possible. Through the portal, there have been three rounds of funding, totaling \$701M distributed to providers ranging from dentists, hospitals, and FQHCs, long term care facilities, transportation services and behavioral health organizations. This funding has been welcome sources of support for providers.

Ms. Cunningham said, in relation to Appendix K, HFS has sought to take advantage of some federal flexibilities in order to ensure that customers in home and community-based waivers program remain safe at home. It is expected that the public health emergency will continue through the end of this year.

Luvia Quiñones asked if HFS has considered issuing a Provider Notice that the vaccine should be administered for free with no-out-of-pocket costs for patients. She said that she is aware that providers can charge an administrative fee, which can add to client hesitation. Nadeen Israel said it is also important to recognize that asking for immigration status can be a barrier to care in terms of administering vaccines. Ms. Cunningham said HFS will address this issue in an upcoming provider notice:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210315a.aspx>

Laura Phelan added that with the Disaster State Plan Amendment (SPA), the state is paying Medicare rates not just for vaccine administration, but also for COVID-19 testing, and testing related services. Further information regarding the special COVID-19 fee schedule has been posted on the HFS website:

<https://www.illinois.gov/hfs/Pages/coronavirus.asp>

Dr. Goyal said that HFS has not heard of any provider hesitation. Walgreens and CVS have just obtained access to the vaccine, and they have not reported any hesitation from the part of clients. However, some nursing home providers have reported some hesitation from some residents.

Nadeen Israel took a moment to acknowledge the collaborative effort from HFS staff members to support providers, advocates, and clients during the challenging times in 2020 due to the pandemic. In addition, she asked, what is HFS doing to make permanent some of the flexibilities and policy improvements put into place during COVID-19 pandemic?

HFS had multiple all state meetings with CMS and the National Association of Medicaid Directors. Illinois is very interested in making some changes permanent. As soon as CMS

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Administration is named, there will be more clarity. There may also be additional changes that could be made. She said that, HFS is expecting to see what will be the new CMS administration' policy, particularly with some of the regulations and guidance that came out at the end of the previous administration. Perhaps it will be necessary to do even more to make program more streamlined and to reduce processing time for caseworkers by increasing automatization. Currently, HFS is waiting for information from CMS announcements.

#### **4. DHS Update:**

Leslie Cully said that Family Community Resource Centers (FCRCs) across the State have been opened with a small number of staff members working at each site, with the exception of the Woodlawn location, where the entire staff is working remotely. Currently, DHS has about 4,090 staff members working remotely, 10% on site primarily assisting clients who drop off documents or are picking-up Link cards, as well as assisting individuals who are experiencing homelessness.

Ms. Cully said that, during March of 2020, with the emergency declaration, DHS extended SNAP certification periods each month through October 2020. However, DHS can no longer extend certification periods and all families will be required to complete a redetermination application as their previous certification period expires. DHS is sending out 174,000 redeterminations for those families so that they can continue receiving benefits for April. She said that the number of applications is expected to remain high. She told committee members that is imperative to convey the message that, if a family receives a redetermination, it must be completed and returned to DHS in order to continue receiving benefits for April.

DHS is continuing with the online SNAP purchasing pilot program available at Walmart, Amazon, and Aldi. Two other retailers are going through a testing period and expected to soon be approved. It is also highly possible that more retailers will be added.

Lesly Cully said that over 600,000 children received P-EBT in 2020. The Pandemic-EBT 2021 plan has been approved. This year, the program will go through direct certification for children who receive free/reduced lunch through the National School Lunch Program. The partnership with ISBE has been very good. The plan is collaborating with school districts to provide attendance data to identify eligible children so that P-EBT benefits can be issues, and in making sure that address data of correct so the P-EBT cards can be delivered. DHS Secretary Grace B. Hou is about to issue a letter to School Districts encouraging them to submit monthly attendance report in order to ensure a smooth process. Each eligible child will receive a PEBT card in his/her name at his/her home address, which is why it is crucial to ensure address accuracy. DHS will be working with homeless liaisons at schools in order to ensure that all children receive cards. In addition, DHS will set up a hotline for parents in order to answer their questions and support.

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Kathy Chan indicated that she supports this effort to extend benefits beyond the pandemic emergency period in order to look for new ways to work with school districts to match data; this seems to work for the purpose of correcting addresses and maintaining the most current information for State files. Sergio Obregon said that he agrees and supports new opportunities for Medicaid and SNAP benefits as well as to continue the collaboration with school districts in order to increase address accuracy.

### **5. Eligibility Update:**

Jane Longo made reference to the report included with the meeting materials. She said as of the end of December, HFS had over 22,000 Medicaid applications which were 45 or more days old. Since then, January statistics show that this number has increased to 49,000 applications. This is because of the recent Marketplace Open Enrollment period which closed in December. The Marketplace transferred a total of 85,000 applications, which compared to last year is an increase of over 10,000 applications.

As of December 2020, HFS has received 121,000 redeterminations, upon which no action is being taken. Medical only cases are being extended whenever possible and nobody will lose coverage during the public health pandemic. The Biden administration has announced that the Public Health Emergency (PHE) will continue through the end of 2021. The administration has pledged to give states 60 days' notice before ending the PHE. It also announced a new open enrollment period for the Marketplace to start on February 15 and run for three months through May 15, 2021.

Ms. Longo provided a report about Health Benefits for the Immigrant Seniors Program. She said that as of January 25, 2021, there have been 2,364 seniors enrolled. Please refer to the attached report, which HFS staff sent yesterday by email to the members of this committee. HFS has received under \$6M in claims, and 90% of this enrollment is in Cook and collar counties. These claims reflect anything submitted for services as early as September 1st, 2020. As a side note, MEDI had displayed inaccurate information for this population in reference to nursing home services, which is not covered for this population, and co-payments which are not required. Ms. Longo said that this will become a regularly provided report for this committee.

HFS received approval for two out of three requests under the Continuity of Care and Administrative Simplification Waiver 1115. The approved waivers are: The Waiver from the Hospital Presumptive Eligibility program (HPE) and reinstatement of a client into their original MCO if reinstated within 90 days of losing coverage due to late submission of a redetermination form. Still pending is the state's request to extend postpartum coverage to 12 months for women in Medicaid.

Sue Vega asked, how many older adults are estimated to be eligible for the Health Benefit for Immigrant Seniors Program. Jane Longo said HFS does not have a reliable number but that it is important to note that the total has exceeded the estimated number used

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when the General Assembly approved this program. Kathy Chan asked a question from the chat: “Is there a way to capture data about how many customers were approved on spenddown, and how many are approved under 100% of the FPL income thresholds?” Ms. Longo said this information will be presented during the next meeting.

Kelsie Landers asked about the next steps for postpartum coverage which was not approved in the waiver. Laura Phelan said that HFS will continue to work with CMS. They requested updated data. From a recent meeting with the National Association of Medicaid Directors, HFS is under the impression that larger policy decisions may not come until more leadership positions are filled at CMS. Jane Longo added that an estimate is that it could take from three to four weeks for CMS to announce who will fill these positions.

Kathy Chan thanked HFS staff members for their expedited disposition in putting together a report about the Health Benefits for Immigrant Seniors Program and sharing this data with committee members.

The “ABE Manage My Case, Appeals, and FFM Report” remains consistent with previous months/years. The report is attached.

## **6. Feasibility Study Update**

Laura Phelan said that HFS, the Governor’s Office, and DOI have received questions about the Feasibility Study. HFS continues working on this study and anticipates it will be released by the February 28, 2021 deadline. Once it is released, there will be a stakeholder engagement process that will be provided as well. Ms. Phelan said that the report does not make recommendations as it is a feasibility study intended to provide additional information to stakeholders, policy makers and legislators to be able to make informed policy decisions in the future.

Nadeen Israel asked about the timeline for publishing the report and if the public will be able to provide feedback before is finalized. Laura Phelan said the report will not be shared for additional feedback prior to being finalized. It will include different scenarios and their costs. The intention is that the data provided inform stakeholders and help inform short-term, mid-term, and long-term future conversations. Erin Weir-Lakhmani proposed a discussion of the report during future meetings or to schedule a special meeting dedicated to providing feedback that will benefit future opportunities, taking advantage of the collective knowledge that this group can provide. Kathy Chan offered an open invitation and recommended setting aside time for this discussion during the April Public Education Subcommittee meeting.

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## **7. Care Coordination Update:**

Robert Mendonsa told the group that in accordance with Illinois State law, the Pay-for-Performance Program (“P4P”) Report was issued and can be found at:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HealthPlansCommunityInvestmentsSummary.pdf>

According to the results, as of September, the P4P has spent a total of \$56M, and \$27.6M was spent specifically in disproportionately impacted areas. An updated number, as of December, is \$94M, in aggregate, that was invested, and there is \$46M in disproportionately impacted areas. Therefore, approximately 50% was directed towards regions that need it the most. There was \$22M in rate increases; of those, \$10M went to enhanced care coordination, telehealth infrastructure, housing support, and one and a half million dollars was devoted to food pantry.

The MMAI Statewide expansion is still on track for its seventh month expansion July 1, 2021 start. In terms of network adequacy, HFS continues discussing this matter with its health plans. In March, the plans will make a final network submission. Erin Weir Lakhmani asked about what outreach or stakeholder engagement that HFS has done with providers and advocacy groups working with disabled individuals to make them aware that MMAI will soon be rolled out. Mr. Mendonsa said, HFS is open to working with the MCOs to develop an approach that will be suitable. Erin said that she will follow-up with Robert via email to discuss some suggestions for strategic engagement. Robert said that he is open to suggestions in order to develop a strong education plan to maximize engagement for the program and support clients in their care coordination for which the plans are responsible. The “mail out” will be issued in April, so this will be a good time to plan a strategy.

Nadeen Israel suggested that whether Aetna’s decision to drop Walgreens from its network could be considered an issue of health equity, racial equity, and pharmacy saturation. She also asked, what is HFS doing to ensure that there is not going to be a disruption and that there is continued access to care. Nadeen added that State Representative La Shawn K Ford has filed [HB591](#) in response to these concerns. She asked how can members raise concerns to HFS? Mr. Mendonsa said that change can be confusing. There are network adequacy standards that are being met (15 minutes or 15 miles urban access maybe in other areas this may not be good). Nadeen Israel said that this could be problematic in some communities where transportation could be an issue or for individuals who do not drive. Robert said, HFS will be looking at equity issues more closely. Anyone with concerns can send issues to Robert and HFS will share the concerns with Aetna. Nadeen Israel asked what is the best way to raise issues and concerns to HFS regarding clients? Robert asked that any concerns be brought to him at [Robert.mendonsa@illinois.gov](mailto:Robert.mendonsa@illinois.gov)

- Clients should start by calling Aetna 's Member Service Line 1-866-329-4701 and filing a complaint if needed.



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- Also, to find a pharmacy, clients can go to:  
<https://www.aetnabetterhealth.com/illinois-medicaid/find-provider> and scroll down to "Alternative providers - pharmacy.
- Members may also call the HFS Benefits Hotline at 1-800-226-0768 to raise concerns Older adults and persons with disabilities who live in the community can utilize the Home Care Ombudsman Program.
- Aging waiver consumers may also contact 1-800-252-8966 and 1-888-206-1327 and press 4 to be directed to "other services" in order to ask for a Home Care Ombudsman or email us at [Aging.HCOProgram@illinois.gov](mailto:Aging.HCOProgram@illinois.gov)

Carrie Chapman asked HFS to make available the specific data points (besides zip codes) in order to assess network adequacy.

Dan Rabbitt said that, for some communities in the Chicago area, small independent pharmacies do not have ample supply of psychotropic medications for people suffering from opioid disorders. Dan Rabbitt asked if HFS has done an analysis regarding what type of medications are available from pharmacies. In addition, in his opinion these pharmacies do not offer ample store hours. Mr. Mendonsa said that he is not aware of these concerns; he asked to have more specifics about these reports sent to him and said that he would look into this. Robert Mendonsa said that he does not want adverse effects for clients. He asked for case-specific information about when these situations have happened in order to properly follow-up upon them.

Amber Kirchhoff said that the home delivery provided by CVS is a great option, however this is not suitable option for the homeless population and Medicaid clients who move constantly due to financial issues. Therefore, home-delivery has some limitations. Robert thanked her for the feedback and said that he would take this information into consideration.

Finally, Kathy Chan asked if the MMAI expansion target will be met to start statewide as of July 1st, 2021. Robert said "yes", if there are any updates, HFS will provide them during an update in upcoming meetings.

## **8. Open Discussion and Announcements:**

A committee member asked, last year there was an announcement that psychiatrists and mental health nurses were authorized to render services at School Based Health Centers. HFS shared that it was working on updating its system to allow LCPs, LCSWs, LCPCs, and LMFTs to render and bill for these services. Can HFS share whether those updates have been completed? If they have not been completed, can they share a timeline for when they anticipate completion? Kelly Cunningham said that an update will be provided during the April meeting.

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Carrie Chapman said that according to a recent executive order issued by President Biden on Feb 2, 2021.

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/executive-order-restoring-faith-in-our-legal-immigration-systems-and-strengthening-integration-and-inclusion-efforts-for-new-americans/>

There has been a small modification to the Public Charge Rule, but in essence the Rule remains in effect. The use of benefits will, in fact, impact negatively an individual's ability obtain a green card. She wanted to share this update particularly for people assisting clients who may be affected by the Public Charge Rule.

Andrew Fairgrieve inquired if there is a timeline regarding the status of the 1115 Behavioral Health Demonstration. In addition, Mr. Fairgrieve asked whether there will be a chance to give comments on changes made to the "1915 I application" between the draft and final document. Kelly Cunningham said, in terms of the SUD Waiver, HFS is working with the federal government rework the required evaluation and bring reporting up to date. Ms. Cunningham said, HFS has completed the required public comment period. However, this is a process through which there is a conversation with the federal government, not a totally closed process. Please send any comments to [kelly.cunningham@illinois.gov](mailto:kelly.cunningham@illinois.gov)

**9. Adjourn:**

The meeting was adjourned at 11:54 a.m. The next meeting is scheduled for April 8, 2021, between 10:00 a.m. and 12:00 p.m.

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

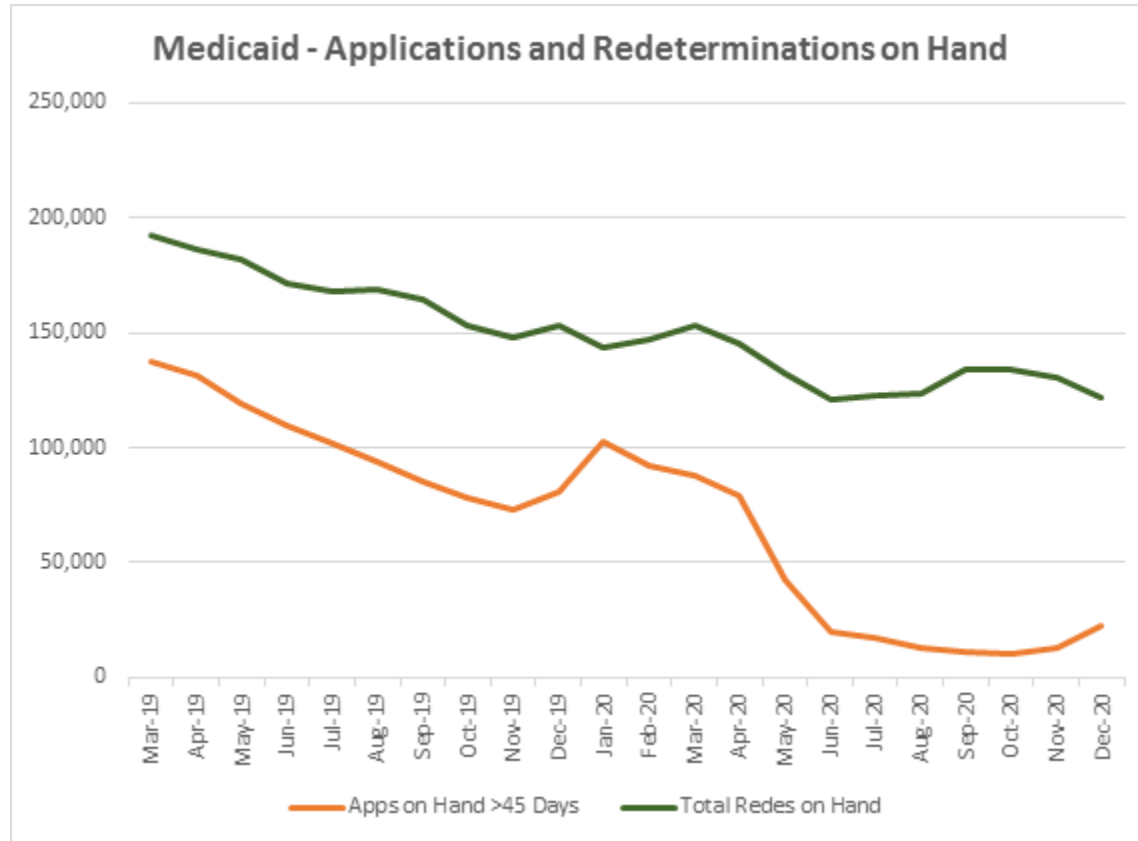
## **MAC/Public Education Subcommittee**

The Public Education Subcommittee meetings are open to the public. Due to COVID-19 concerns, meetings would be held by conference call only. Participants attend the meetings by conference call or WebEx videoconference.

<b>2021 Meeting Dates (Subject to Change)</b>	<b>Time</b>
February 4, 2021	10:00 a.m. – Noon
April 8, 2021	
June 3, 2021	
August 5, 2021	
October 7, 2021	
December 2, 2021	

\*22,835 medical applications 45 days or older as of December 31, 2020, down from a high of 147,000 at the end of January 2019- 84% reduction.

\*121,816 medical renewal on hand as of December 31, 2020. Few renewals are being processed during the continued COVID emergency because we will not take adverse action; some for example, those related to SNAP benefits are being processed.



	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19		
<b>Apps on Hand &gt;45 Days</b>	137,712	131,293	119,060	109,371	101,440	93,530	85,294	78,207	72,807	81,180		
<b>Total Redes on Hand</b>	192,442	186,540	181,729	171,493	167,718	168,535	164,572	153,275	148,048	153,228		
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
<b>Apps on Hand &gt;45 Days</b>	102,523	91,907	87,738	78,835	42,254	19,931	17,259	12,946	10,897	10,273	12,701	22,835
<b>Total Redes on Hand</b>	143,683	146,958	152,927	144,940	132,553	121,126	122,498	123,511	134,314	133,795	130,255	121,816

**ABE Manage My Case, Appeals, and FFM stats  
For MAC Public Education Subcommittee  
Cumulative, as of 1/17/2021**

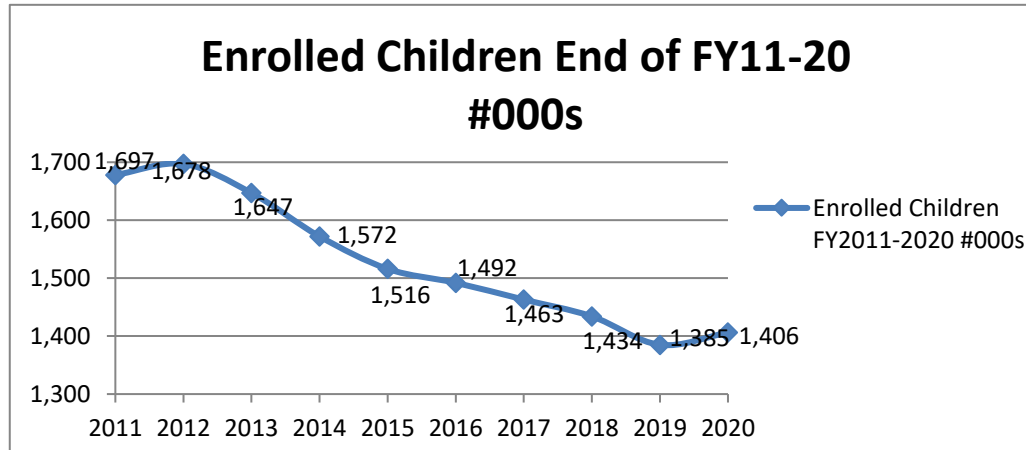
	1/17/21	11/12/20	9/11/20	7/23/20	5/21/20	02/02/20	11/25/19	9/23/19	7/29/19		7/31/18
ABE MMC Accounts Linked	1,351,206	1,335,361	1,256,607	1,188,838	1,128,847	974,179	902,599	836,178	747,236		329,244
Renew My Benefits *	397,791	382,125	356,717	339,810	327,998	294,736	272,015	252,648	232,669		97,679
Report My Changes	358,532	337,288	313,323	290,726	269,498	225,736	206,154	187,361	169,956		63,762
Program Adds	170,717	159,595	147,297	133,738	123,945	95,625	86,564	78,096	70,302		22,908
Member Adds	35,224	34,135	32,916	31,834	30,801	28,492	26,907	24,683	22,495		9,753
Mid-Point Reports	211,717	211,689	203,399	182,324	176,435	158,350	139,426	125,304	112,567		34,357
Appeals submitted	95,053	90,634	85,860	81,220	76,477	63,349	59,124	54,067	49,360		NA
FFM cases received since 11/17	481,989	408,283	380,645	Not available	354,714	326,316	269,289	234,257	226,185		114,885
Cumulative count of people successfully ID proofed through the State	4,598	4,270	3,997	3,754	3,481	2,865	2,399	1,918	1,512		NA

*\*Note, HFS suspended sending redetermination notices during the PHE*

*MMC rolled out on 11/01/2017*

## Children's Enrollment

End of FY	Enrolled Children FY2011-2020 #000s
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385
2020	1,406



End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393
May	1,464	May	1,436	May	1,385	May	1,400
June	1,463	June	1,434	June	1,385	June	1,407
July	1,463	July	1,433	July	1,384	July	1,415
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,423
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,430
Oct	1,446	Oct	1,415	Oct	1,388	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	

