

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Draft Meeting Minutes  
June 3, 2021**

**Committee Members**

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

**HFS Staff**

Jane Longo  
Laura Phelan  
Lauren Polite  
Kelly Cunningham  
Sharice Bradford  
Arvind Goyal  
Veronica Archundia  
Carmela Hernandez  
Tracy Keen  
Melishia Bansa  
Jose Jimenez  
Kim McCullough-Starks  
Elizabeth Weiss  
Robert Mendonsa  
Gabriela Moroney  
Kristine Herman

**Committee Members Absent****DHS Staff**

Leslie Cully

**Interested Parties**

Jill Hayden, Medicaid Policy Network  
Kristin Hartsaw, DuPage Federation on Humans Services Reform  
Katie Thiede, Alliance Chicago  
Judith Davis, BCBSIL  
Caroline Chapman, Legal Council for Health Justice  
Michael Lafond, Abbvie  
Vijay Parthasarathy, Molina Healthcare  
Viviana Rodriguez, University of Illinois Hospital & Health Science System  
Dave Lecik, Department on Aging  
Marina Kurakin, Legal Council for Health Justice  
Elizabeth Durkin, Age Options  
Andrea Kovach, Shriver Center on Poverty Law  
Samantha Hollis, Illinois Health and Hospital Association  
Leticia Galvez, Care Advisors  
Ryan Voyles, Health News Illinois  
Stephanie Altman, Shriver Center on Poverty Law  
Angela Boley, Land of Lincoln Legal Aid  
Grecia Villegas, UIC Division of Specialized Care for Children  
Ashley Galante, Medical Home Network  
David Hurter, AMITA Health  
Amber Kirchhoff, Illinois Primary Health Care Association  
Michelle Baldock, DOI

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Brian Gorman, DOI  
Dr. Angel Miles, ACCESS Living  
Mary Dixon, Arc of Illinois  
Alaina Kennedy, IAMHP  
Lisa Marie Wiseman, Humana  
Darby Anderson, ADDUS  
Jessie Beebe, AIDS Chicago  
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights  
Jennie Pinkwater, Illinois Chapter, American Academy of Pediatrics  
Michael Gerges, UIC  
Edith Avila, ICIRR  
Paula Campbell, IPHCA  
Liz Vogt, IACCPHP  
Yari Ramirez Beccue, UIC - Division of Specialized Care for Children  
Kathye Gorosh, AIDS Foundation Chicago  
Marsha Nelson  
Meryl Sosa  
Ken Ryan  
Cari Outman  
Erin Willis  
Theresa Collins  
Eric Anderson  
Emily Chittajallu  
Erin McGovern  
Aisha N. Davis,  
Andi VanderKolk  
Cassie Griffit  
Laura Minzer  
Jim Eddings  
Mona Martin  
Julia Kotchevar  
Laura Pellikan  
Ryan Gillespie  
Ryan Voyles  
Erin Hanna  
DColleen Burns  
Eliza Jones  
Coraiyma Melendres  
Mike Welton  
Logan Charlesworth  
Kristen Feld  
Sheri Cohen  
Sam Khowaja  
Lashun James  
Stephanie Leach  
Michael Murphy  
Joanna Coll

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Tracy Knowles  
Kimberly Mercer-Schleider  
Wendy Cappelletto  
Heather Holberg  
Heather A. Scalia,  
Dary Mien  
Dana Flood  
Christy Johnston  
Yvonne Fulton  
Daniel Frey  
Robert Planthold  
Hollis Gorrie  
Mitch Hamblet  
Mary Crick  
Graciela Guzman  
Tenaë Shaffer  
KC Stralka  
Brycie Kochuyt  
Kevin Taylor  
Elena Rubina  
Jared Duzan  
Sarah Myerscough-Mueller  
Joel Sachnoff  
Pamela Winsel  
Heather Farina  
Amy Lulich  
Jamie Munks  
Julie Nelson  
Kara Helton  
Sakib Hassan  
Jason Keeler  
Lorri Price  
Shannon Whalen  
Arnie Kanter  
Jason Speaks  
Kathy Lemon  
Idalia Flores  
Kate Morthland

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### **1. Introduction:**

Chairperson Kathy Chan conducted the meeting which started thirty minutes earlier in order to accommodate a lengthy agenda. She announced that the meeting was being recorded. Committee members present were: Connie Schiele, Sherie Arriazola Martinez, Brittany Ward, Sergio Obregon, Nadeen Israel, Erin Weir Lakhmani, and Sue Vega. 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.

### **2. Review and Approval of the Meeting Minutes from February 4 and April 8, 2021:**

Kathy Chan asked for a correction for entrees of the Interested party list and, with this motion, the February 4th and April 8th, 2021 minutes were approved. Connie Schiele made a motion to approve the meeting minutes, which was seconded by Sue Vega. The meeting minutes were approved with a vote of eight members in favor and zero opposed.

### **3. Feasibility Study Feedback:**

Laura Phelan provided an overview of the Feasibility Study which intended to explore policy actions with the goals of making health insurance more affordable and accessible for low and middle-income residents, reducing the number of uninsured residents, improving health equity, and increasing health care affordability. The Feasibility Study Report, conducted by HFS and DOI, was submitted to the General Assembly. Ms. Phelan indicated that the feasibility study report does not offer recommendations but rather provides policy options. Please follow this link for the full report:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/04022021FeasibilityStudyReportFinal.pdf>

Laura Phelan shared a slide presentation with the committee members in order to obtain stakeholder feedback. Please refer to the attached PDF document. Ms. Phelan said that the federal American Rescue Plan Act of 2021 (ARP) makes Marketplace premium support more generous and, for the first time, provides premium support to more middle-income families by capping Marketplace plan premiums at 8.5% of household income, even for those above 400% FPL. The results in the feasibility study do not reflect the more generous financial help available through the ARP because it is temporary and ends before the proposals in the feasibility study would be implemented. Additionally (all of the results in these results in the report assume steady state enrollment.

Laura Phelan indicated that Milliman and Oliver Wyman provided actuarial modeling and support, along with contracted subject matter experts from Harvard, Georgetown, the University of Minnesota, a health equity consultant, and a local BEP insurance broker. It was found that, despite ACA coverage, enrollment gains have eroded starting in 2016. The lowest income Illinois residents have the highest uninsured rates, and cost was cited as biggest barrier. Black and Hispanic/Latino residents have highest rates of un-insurance.

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- Feasibility study report policy options:
  - Basic Health Program (BHP) a Medicaid-like plan for residents up to 200% FPL:
    - BHP reduces uninsured rates across all races and ethnicities with the \$0 premium model having largest impact.
    - As modeled federal BHP funding and enrollee contributions cover the cost of coverage without state dollars, assuming Medicaid rates. State costs are limited to state administrative costs as federal BHP funding cannot be used for state administrative costs.
    - BHP-eligible individuals could not choose between Marketplace plans with financial help and BHP plans, given that the federal government would have sent Illinois the Marketplace subsidies to fund the BHP program. Medicaid-eligible individuals also cannot choose between Marketplace plans with financial help and Medicaid coverage.
  - State-funded premium and cost-sharing subsidies to make Marketplace plans more affordable:
    - As modeled, required state funding ranges from \$113M to \$769M, excluding state administrative costs.
    - Required state funding and reductions in uninsured are not linear as the different scenarios modeled vary in generosity and the income levels they are targeting.
  - Marketplace public option plan to increase competition and lower unsubsidized premium costs:
    - This does not have a significant impact on Black or Hispanic/Latino Illinoisans who tend to have high uninsured rates because it helps unsubsidized individuals, generally above 400% FPL.
    - Required state funding is limited to administrative costs if claims risk is shifted to insurers.
    - Other states are considering pursuing 1332 waivers with public options and using the 1332 pass-through funding, if approved, to improve affordability for individuals below 400% FPL.
      - The 1332 waiver funding could be available with this option, but the federal government has never approved such a waiver like this for this purpose.
  - Off-Marketplace Medicaid-buy-in variations, including a targeted buy-in for those locked out of the Marketplace due to immigration status or the “ACA family glitch” and two broad buy-in models that would be available to all Illinois residents.
    - Undocumented residents have the largest uninsured reduction under all scenarios because they provide them with subsidized coverage options, which generally is not available to them today.

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- As modeled, this requires state funding from \$289M to \$1B depending on the model, excluding administrative costs.
- Transitioning to a State-based Marketplace to improve ease of implementing state-specific policies:
  - No actuarial modeling as it is more operational.
  - In 2013, only 16 states + DC had SBMs, but several states are currently in the process of transitioning.
  - Marketplaces are funded by assessments or user fees; it is important to make sure that transition does not result in higher user fees/premiums.
- State-supported consumer assistance and outreach:
  - This was added to the study based on stakeholder feedback.
  - No actuarial modeling. Milliman tried to model it but determined results could not be predicted with enough precision.
  - Additional consumer assistance and outreach could be targeted to communities with high uninsured rates.
  - 90% of Black residents and 87% of documented immigrants are currently eligible for subsidized coverage through Medicaid or the Marketplace.
  - There is a potential for non-GRF funding support by transitioning to SBM-FP and using 0.5% user fee discount as a funding source.

Laura Phelan said that this is the first stake holder engagement and offered an opportunity for comments. Committee members asked the following questions:

Nadeen Israel asked about the purpose of stakeholder feedback and what HFS is planning to do with this feedback? Ms. Phelan responded that the report did not make a recommendation. The goal is to get a reaction from stakeholders. Other states told HFS that some stakeholders had a different position after reviewing the modeling results.

Nadeen asked about the range of state administrative costs? Ms. Phelan said that this depends on the model selected, and HFS and DOI began pulling together some estimates, but did not include them in the study because they were not as precise as the actuarial modeling. For example, administrative costs can vary depending on the design of the model selected, the required system programming, staffing, and the timeline for implementation.

Nadeen said that she encourages the State of Illinois to continue its focus and center racial health equity in the conversation and when considering options and making decisions.

Erin Weir Lakhmani said that although she still needs to read the full report, she would like to “echo” focusing on racial equity and those at lowest income levels. She highlighted

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the need for outreach and engagement with an emphasis on those who are already eligible but not enrolled, especially with regard to Medicaid. Erin added that it is equally important to ensure that there are inclusive and culturally responsive models for outreach. Erin said that it would be important to understand the reasons why individuals do not enroll or re-enroll. Erin also encouraged the use of low-effort data collection methods regarding when and why people refuse Medicaid coverage. Finally, Erin said that she wants to emphasize simplicity in the flow across coverage models and having alignment between Basic Health Plans – Marketplace – Medicaid, “so we do not create a choppy or different types of coverage”.

Sergio Obregon also supports changes in terms of the interaction of larger systems sharing information in order to ensure collectively and develop more of a seamless source of social services so that clients can more easily complete their redeterminations.

Amber Kirchhoff said that part of what was in the Medicaid Omnibus Bill, which the governor has not yet signed, is language intended to provide payments to assist with Medicaid enrollment. Laura Phelan said, just to clarify, that 90% and 87% of individuals were eligible for Medicaid, All Kids, or Marketplace coverage with financial assistance.

Aisha Davis asked, if there are plans to present this information to communities representing those who have high rates of un-insurance? In response Laura Phelan said HFS does not currently have a set stakeholder engagement schedule, but this is something that can be considered. Laura also said that during healthcare transformation planning, UIC was conducting focus groups within different communities, and one of the reoccurring themes was health insurance affordability. This also came up in listening sessions advocates organized for HFS. HFS is aware that more needs to be done in terms of direct engagement with impacted individuals and that this is something HFS is looking to improve in the future. She requested that any additional comments be sent to [Laura.phelan@illinois.gov](mailto:Laura.phelan@illinois.gov)

Graciela Guzman asked what is HFS doing to center communities and shift the culture around benefits and welcoming communities. Kim McCullough-Starks said that HFS welcomes all feedback from stakeholders related to “the culture engaging with our customers.” Equity is at the core of what HFS focus in terms of a new strategic vision for the direction of the agency. Ms. McCullough said that as of December of 2020, over 1,500 workers have received training in terms of Culture Sensitivity and Engagement. She asked committee members to provide specific examples or incidents, so that they can be incorporated into training programs related to cultural sensitivity, cultural competency, and engagement. She asked that comments, questions, or concerns please be sent to: [Kim.McCullough@illinois.gov](mailto:Kim.McCullough@illinois.gov)

Chairperson Kathy Chan asked: “What have been the conversations among HFS, the governor, and key legislators in terms of pushing some (or most) of these policy options”?

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Laura Phelan said that bill sponsors, Leader Harris and Sen. Gillespie, and the Governor have been briefed on the feasibility study results and were interested in stakeholder feedback.

Kathy Chan reminded everyone that this is the first opportunity for stakeholder feedback and encouraged questions or comments to be submitted, as well as reading the feasibility study report, as there will be other opportunities for people to think about, once they take another look at the report and the slides presentation as well as to be alert for future meeting opportunities or stakeholder engagement opportunities in order to share some additional thoughts. Ms. Chan thanked HFS for providing the report and asked that this committee continue being informed on future developments. She said that this can allow for a good dialogue and provide a lot to think about in terms of how to reduce uninsured rates. She said that she is very appreciative with respect to putting racial equity at the center of future opportunities.

#### **4. Medical Programs Update & American Rescue Plan Act HCBS FMAP Spending Feedback:**

Kelly Cunningham provided highlights regarding the Healthcare Transformation Collaborative, which is designed to encourage collaborations among healthcare providers and community partners to improve healthcare outcomes, reduce healthcare disparities, and realign resources in distressed communities. For more details:

<https://www.illinois.gov/hfs/Pages/HealthcareTransformation.aspx>

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HealthcareTransformativeCollaborativeColorrvOpt4.pdf>

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HealthcareTransformationCollaborativesProgramFAQSMergedApril2021.pdf>

The first round of healthcare transformation collaborative proposals was released during the first week of March, and 24 applications were received by mid-April, 2021.

<https://www.illinois.gov/hfs/Pages/FY2021HealthcareTransformationApplicants.aspx>

The HFS team is in the process of evaluating those applications. This is just the first round, but it is hoped that some decisions will be made along with some negotiations with participants by the end of the June, 2021, to enable timely disbursement of funds. The next round of applications and funding is scheduled for September, 2021. For more details, or to subscribe to e-mail notifications, please visit the links pasted below on the HFS website: <https://www.illinois.gov/hfs/Pages/HealthcareTransformation.aspx>

Kelly Cunningham provided highlights regarding a major legislative initiative being pursued with the General Assembly involving Nursing Home Facility Rate Reform. HFS continues to move “full steam ahead” on this initiative, though not all of the necessary legislative authority was received which would have allowed streamlining of nursing home



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assessment programs and the ability to update Case Mix-methodology. HFS did get major buy-in and agreement from the general assembly to continue working through the summer. Ms. Cunningham said a number of legislators want to be at the table as HFS continues to meet with the nursing facility industry and other advocates interested in this topic. HFS is very interested in quality and wants to direct money toward staffing through an incentive program, as well as investigate the best way to downsize numbers and types of rooms serving more than two individuals.

Ms. Cunningham informed committee members that the Postpartum Waiver has been federally approved. She praised the hard work of all the HFS staff members who were involved in the approval of the Postpartum Waiver, making it possible for Illinois to be the first state in the country to achieve this goal. The Postpartum Waiver will allow continuity of medical care for women and reduce disparities by allowing an extension from 60 days to 12 months of coverage. HFS is working with the federal government through provisions of the American Rescue Plan to submit a State Plan Amendment (SPA) in order to make this a permanent benefit.

Kelly Cunningham indicated that the Medicaid Advisory Committee (MAC) is seeking candidates who are interested in advising HFS regarding its Medical Assistance Program. Currently, there are five subcommittees under the Medicaid Advisory Committee:

- Health Equity & Quality Subcommittee
- N.B. Stakeholder Subcommittee
- Community Integration Subcommittee
- Opioid Use Withdrawal Management Subcommittee (no vacancies available)
- Public Education Subcommittee

Ms. Cunningham said that HFS is soliciting new membership for the Equity and Quality Subcommittee, the Community Integration Subcommittee, the N.B. Stakeholder Subcommittee, and the Public Education Subcommittee. Using WebEx, Kelly shared her screen and described the content of the Candidate Questionnaire.

<https://www.illinois.gov/hfs/SiteCollectionDocuments/MACCandidateQuestionnaire0601202137.pdf>

Ms. Cunningham said that this is a new process, which will make it possible to update our information on various committee membership and ensure representation from a variety geographic area of the state, as well as providing racial equity background. Interested individuals who would like to submit a complete Candidate Questionnaire should email [melishia.bansa@illinois.gov](mailto:melishia.bansa@illinois.gov) by June 15th, 2021.

In addition, Ms. Cunningham said that HFS is soliciting stakeholder input concerning the federal medical assistance percentage (FMAP) rates for Medicaid Home and Community Based Services (HCBS) which was authorized by the American Rescue Plan Act (ARPA).

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<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

These funds must be spent on activities that support, strengthen, and expand home and community-based services. Federal guidance was just issued a few weeks ago. (There is the ability to request a 30-day extension.) States have a 1 year, 10 percentage point temporary increase in FMAP rates for Medicaid home, and community-based expenditures during a period of time beginning on April 1st of 2021 and ending on March 31, 2022. This was authorized under the American Rescue Plan Act. HFS needs to submit a spending plan to the federal government by June 12<sup>th</sup> unless an extension is requested by the state. This plan must include details that lay out how the enhanced match would be used which must be approved by the federal government.

HFS also can have the ability to request a 30-day extension with respect to submission of its spend plan, but feedback from stakeholders is wanted in terms of potential use of these enhanced match funds. A public notice was made for interested people to provide feedback by June 4th. Please submit comments and feedback by tomorrow at:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/05252021PublicNoticePublicCommentAmericanRescuePlanAndHCBWaiverServicesFunding.pdf>

**Comment Period Extended through June 18, 2021 after HFS received a 30-day extension from CMS.**

Chairperson Kathy Chan had to leave the meeting due to a fire drill at her office. Committee member Nadeen Israel continued to conduct the session beginning with questions and answers.

Kimberly. Mercer-Schleider asked if HFS has applied for an extension, and if there will be also an extension for stakeholder comment? Ms. Cunningham responded that this was under consideration and encouraged any interested participants to submit feedback.

Kimberly also said that she had submitted feedback and that this is a really excellent opportunity for the Department of Human Services to take a look at supporting people in order to move from really large congregate settings into smaller community based settings that can help keep people healthier and allow for better isolation. One thing that we have learned with the experience of COVID-19 is that this would be an excellent opportunity, particularly for individuals with developmental disabilities in terms of being better able to improve their living conditions and allow for less isolation, as well as moving them from large congregated settings.

Dr. Angel Miles on behalf of Access Living, said that she would like to highlight the fact that this is a very short timeline to provide feedback. Also, she said that she would like to advocate for home community services for people with disabilities instead placement within nursing homes.

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Darby Anderson said, there has been an approved increase in rates for January 1st of 2021 for the Aging waiver. He would like to propose using the additional federal money to accelerate that rate increase to July 1st, 2021 in order to coincide with the increase in federal, state, and city of Chicago, minimum wage to 15 dollars. This would immediately get raises into the hands of all workers across the state who are providing home and community-based homecare services, without costing the state of Illinois money. Mr. Anderson said that under the pandemic environment, it has been almost impossible to recruit workers for homecare services. Although this is probably true in other industries, he observed the recruiting of healthcare workers is the worst that it's been within the last 30 years of providing personal care services. He said wage increases is something that will have a direct immediate impact on both consumers and the hardworking homecare providers across the state. Mr. Anderson said that he will submit the written comments by tomorrow.

A final question was asked by Mr. Darby Anderson regarding other barriers to this plan. Ms. Cunningham said that HFS is aware of this request, but it would be difficult for the Department to approve the rate increases that quickly because it would require a waiver amendment. She said, HFS has been working with the General Assembly for many years, and that July 1st, implementation dates are very difficult, given the required public comment and the number of steps that HFS has to take and that the federal government requires. Director Cunningham thanked the committee members for the robust feedback regarding the Feasibility Study and the points that were made concerning Medicaid Home and Community Based Services.

**5. Review of the Public Education Subcommittee Charge:**

Due to time constraints, the discussion of the Public Education Subcommittee Charge will be included within the next meeting which is scheduled for August 5, 2021.

**6. DHS Update:**

Leslie Cully said that Department of Human Services continues working with the SNAP, and TANF related flexibilities which will remain as long as the state maintains its declaration of emergency order, and there will be a short transition period. This will also include waiving the majority of telephone interviews for new applications and redeterminations, as well as the midterm reports. Also, it will be possible to continue to issue emergency allotments, which will bring all households up to the maximum allotment amount.

The staffing levels at the Family Community Resource Centers working on site are about 11%. These numbers may increase as customers are being vaccinated and are feeling more comfortable going out. DHS continues monitoring lobby traffic numbers every day is trying to adjust for increased traffic. DHS staff is doing its best meeting clients at the door, and "triage" accordingly. DHS has conducted a series of "Equity Vaccination

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Clinics,” which were wildly successful. Over 4,500 vaccinations, and 50% of those customers were Hispanics, 6% were Asian, and 12% were African-American. DHS plans conducting another series of clinics that may involve about a dozen locations within Chicago and outside the city. These clinics will be held on the West side, West, Suburban, and North Suburban areas in addition to South, Suburban Blue Island, Kane, Aurora, McHenry and DuPage County.

DHS continues to issue Pandemic EBT (P-EBT) benefits, which are SNAP benefits for students to replace the meals that they have missed while not attending school in person. Through May over 725 Million dollars have been issued. A little over a 1 million students received the Pandemic EBT benefits throughout the school year. The American Rescue Plan Act also created a continuing resolution for Childcare P-EBT. DHS has submitted a plan to its federal partner, USDA, for Childcare P-EBT. DHS plans to continuing working with ISBE (Illinois State Board of Education) on this initiative throughout the summer.

DHS is happy to announce that two more retailers have joined the online purchasing program. These are Fairplay Foods and Supermercado El Guero, in addition to Walmart, Aldi's and Amazon which allows customers to order groceries and pay for them online using the Link card.

Retailers involved in the Restaurant Meals Pilot Program, which allows individuals experiencing homelessness (as well as households with elderly and disabled people) to purchase prepared meals from contracted participating restaurants. This program will roll out in July of 2021 in two restaurants in Cook County, and one in DeWitt County. Within the designated areas, anyone who meets the requirements will be able to use a card to purchase hot and prepared meals at the selected locations. More details will be provided regarding this pilot program during upcoming meetings. Currently, DHS is gathering information about retailers who would like to be part of this pilot program.

Brittany Ward thanked Lesley Cully and the DHS staff members for their hard work and said that she would welcome any updates during future meetings regarding the Restaurant Meals Pilot Program.

Viviana Rodriguez asked who should be contacted regarding families which have not received P-EBT (Pandemic Electronic Benefits Transfer), they should call 1-833-621-0737 and the link is [www.dhs.state.il.us/page.aspx?item=131776](http://www.dhs.state.il.us/page.aspx?item=131776)

Leticia Galvez said a family was terminated and required to provide additional documentation; the family was told to go in person to a local office. Ms. Cully said clients do not have to go in person; they should be able to ask questions about their cases by calling 1-833-621-0737. Leticia will obtain specifics on this case once the family is contacted.

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Elizabeth Durham asked about the short transition which is being planned following conclusion of the health emergency. HFS intends to keep Medicaid provisions that were allowed by federal PHE. Not impacted by state emergency order. At least through end of 2021, the federal government will provide at least 60 days' notice before ending. In terms the USDA, SNAP provisions are tied to state emergencies. Even though the governor is reopening the state, the emergency order remains in place.

Chairperson Kathy Chan was welcomed back to the meeting. She introduced the next section of the agenda.

## **6. Eligibility Update:**

Tracy Keen referred to the report included with the meeting materials. With respect to the application backlog, as of April 30<sup>th</sup> applications that are 45 days or older totaled 8,000, which is a huge decrease in comparison with the backlog of 147,000 that existed at end of January 2019. Progress continues to be made for a lower backlog and is expected to continue throughout the PHE (Public Health Emergency) and beyond that period of time.

With regard to renewals, as of April 30<sup>th</sup>, 2021, there was a backlog of 71,304. Currently, HFS is not doing many renewals. With respect to the processing of the "Form A" renewals, at this time, the state is conducting automated renewals based on information electronically verified and in the case record. The state can renew without individual's response. For the month of May, there were a total of 42,456 eligible individuals for the "automated Form A renewal", which is a very good number.

Ms. Keen said that HFS is planning to implement a new strategy of distributing renewal due dates over a 12-month period. This will allow medical customers to be assessed for automated renewal as they come due during the pandemic. Until this time, those not able to be electronically verified and renewed automatically were having the due date changed by one month, every month during the PHE. Due to the length of the pandemic there are currently over a million records being updated this way each month. By redistributing the renewal due dates over a 12-month time frame, redetermination dates for will be distributed over 12 months rather than all in one month.

Federal CMS has approved the plan to spread out the renewal dates over a twelve-month period with the understanding that if federal guidance is issued later to require completion of postponed renewals in a shorter time frame, we will adjust the plan to comply.

Tracy Keen shared the attached Health Benefits for the Immigrant Seniors report with committee members. As of the end of May 5,125 seniors have been enrolled. Another 325 who were enrolled but their coverage has subsequently ended. A total of 5,450 seniors have received services. HFS has received about \$34.7 million in medical claims;

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\$15.2m hospital Inpatient claims, \$11.4m hospital Outpatient claims, and \$7.2 in other medical services. 86% of enrollees live in Cook or immediate adjacent “Collar Counties.”

Ms. Keen said that HFS has exciting news to share. HFS will be extending coverage in the future to immigrants 55-64 years of age. This is part of new legislation that was recently passed. This will be State funded coverage for individuals who do not meet immigration requirements. The income requirement will be set to the ACA level of 138% FPL or less. There will not be an asset test. The start date will be no later than May 2022.

HFS received legislative approval to move forward with the CHIP technical changes that put “CHIP Children” under Titled XXI into a Medicaid expansion program rather than a separate CHIP program. Coverage to these children will continue to be through Title XXI. This means that they will be eligible for backdated coverage when first enrolled. There will be no more copays or premiums, and non-emergency transportation will now be available. Also, children in these eligibility groups will be eligible to enroll in MCOs. The start date is yet to be determined, as HFS is still working on some details, including the approval of a State Plan Amendment (SPA), which needs federal approval. HFS already completed the system changes in order to make this possible in IES.

Nadeen Israel noted that these are all very exciting news items. She looks forward to hearing more about the new redetermination strategy. Sue Vega echoed appreciation of the work done by state staff members, Tracy Keen, and the entire HFS team to make this possible.

Carrie Chapman recommended continuing to think about getting updated addresses during the next several months. She said, “please let us help you with this process, how best to effectively communicate when “redes come back.” She recommends “public education” in coordination with advocates so that customers will be prepared for the redetermination process.

Kathy Chan asked if there is any message that should be conveyed to clients in terms of changes? Tracy Keen said that there were no changes pertaining to clients. Kathy Chan encouraged HFS to consider keeping processes that have improved enrollment/rede efforts and flexibilities which have been put into place during the PHE. Just because a return to normal is anticipated, does not mean that it will be necessary to return to practices that disrupted coverage and did not work in the best of interest of those who have remained eligible for coverage. Also, Kathy Chan encouraged HFS to evaluate data regarding those who are disenrolled after PHE ends with respect to race, ethnicity, and preferred language in order better support targeted enrollment/re-enrollment efforts.

Amber Kirchhoff asked if HFS would require stakeholder involvement and input during the development of the Family Planning SPA. Laura Phelan said this is something that has not yet been determined but said that the suggestions will be taken under advisement.

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Public Education Subcommittee Draft Meeting Minutes  
June 3, 2021**

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

Robert Mendonsa said that he did not have many updates to share beyond what he discussed during the May 7<sup>th</sup> MAC meeting.

The latest information regarding the MMAI statewide expansion was included in the April 30<sup>th</sup> provider notice at:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210430b.aspx>

Lauren Polite said that due to time limitations information about childhood vaccination efforts will be provided during the August 5<sup>th</sup> meeting. She also introduced Melishia Bansa who shared information regarding a campaign for COVID-19 vaccination and “Health Choice” outreach.

Ms. Bansa said that the Health Choice Vaccine for All outreach is an initiative that seeks to increase COVID-19 vaccination rates. The goal is to reach out to Medicaid customers who have expressed hesitancy. A partnership among local organizations, elected officials, faith-based organizations, as well as small and large business has been established. This initiative is being implemented throughout the state but will focus initially on underserved in the areas in the Chicago and Cook County area. Promotional flyers are already available for each event for the City of Chicago and Cook County where vaccinations are going to be supplied and administered. For each community-based partner which would like to host an event, pre-registration is suggested so that ample supplies can be provided, but it will not be required. Event email templates, text templates, and promotional flyers have already been generated. Any organization interested in hosting an event, please send an email to [Kim.McCullough@illinois.gov](mailto:Kim.McCullough@illinois.gov) and [Melishia.Bansa@Illinois.gov](mailto:Melishia.Bansa@Illinois.gov)

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

Due to time constrains, no additional topics were discussed.

## **9. Adjourn:**

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for August 5, 2021, between 10:00 a.m. and 12:00 p.m.

**ABE Manage My Case, Appeals, and FFM stats  
For MAC Public Education Subcommittee  
Cumulative, as of 5/17/2021**

	5/17/21	3/24/21	1/17/21	11/12/20	9/11/20	7/23/20	5/21/20	02/02/20	11/25/19	7/31/18
ABE MMC Accounts Linked	1,479,908	1,425,656	1,351,206	1,335,361	1,256,607	1,188,838	1,128,847	974,179	902,599	329,244
Renew My Benefits *	455,509	430,604	397,791	382,125	356,717	339,810	327,998	294,736	272,015	97,679
Report My Changes	395,368	379,609	358,532	337,288	313,323	290,726	269,498	225,736	206,154	63,762
Program Adds	188,547	180,968	170,717	159,595	147,297	133,738	123,945	95,625	86,564	22,908
Member Adds	36,905	36,192	35,224	34,135	32,916	31,834	30,801	28,492	26,907	9,753
Mid-Point Reports*	211,718	211,718	211,717	211,689	203,399	182,324	176,435	158,350	139,426	34,357
Appeals submitted	101,682	98,882	95,053	90,634	85,860	81,220	76,477	63,349	59,124	NA
FFM cases received since 11/17	526,934	501,663	481,989	408,283	380,645	Not available	354,714	326,316	269,289	114,885
Cumulative count of people successfully ID proofed through the State	5,301	4,995	4,598	4,270	3,997	3,754	3,481	2,865	2,399	NA

*\*Note, HFS suspended sending redetermination notices that require a response during the PHE and DHS suspended MPRs when permitted by FNS*

*MMC rolled out on 11/01/2017*



Senior Expansion Program  
 (Report Run Date: 5/4/2021)

MangPCd MangPCdDesc  
 6I 100% FPL or lower- No Spenddown. age >65 and non-citizen  
 7I Over 100% FPL -with Spenddown. age >65 and non citizen

Active_Closed	Customer_Count	Claims Received - Payable Amount
Active	5,125	\$ 32,031,099.12
Closed	325	\$ 2,702,840.12
<b>Total</b>	<b>5,450</b>	<b>\$ 34,733,939.24</b>

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	6I	4,967	\$ 31,613,047.11
Active	7I	158	\$ 418,052.01
Closed	6I	288	\$ 2,681,669.69
Closed	7I	37	\$ 21,170.43
<b>Total</b>		<b>5,450</b>	<b>\$ 34,733,939.24</b>

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	16
Met Spenddown	142
<b>Total</b>	<b>158</b>

Type of Claim	Claims Received - Payable Amount
Inpatient	\$ 16,157,192.06
Outpatient	\$ 11,382,902.47
Pharmacy	\$ 2,801,128.35
Other	\$ 4,392,716.36
<b>Grand Total</b>	<b>\$ 34,733,939.24</b>

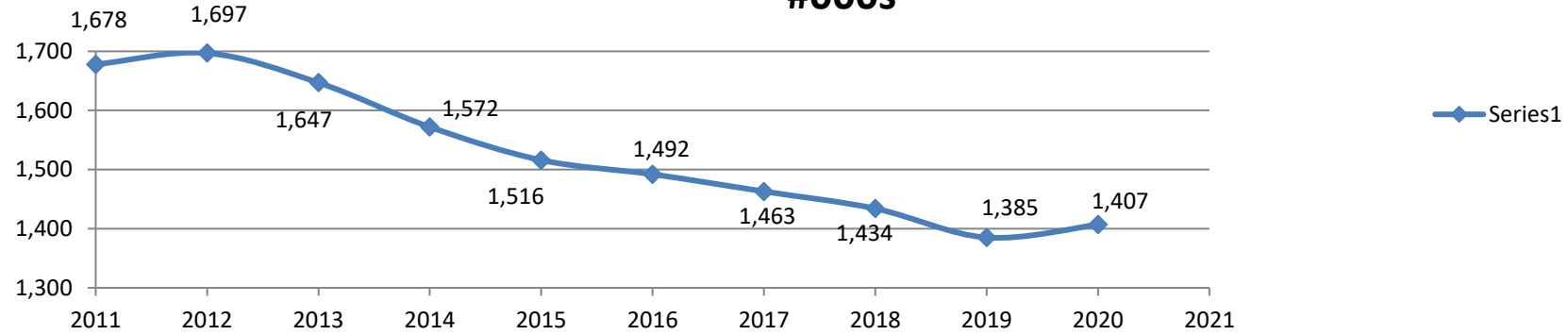
Record Type	Claims Received - Payable Amount
Cook County Health System	\$ 20,196,823.01
Other	\$ 14,537,116.23
<b>Grand Total</b>	<b>\$ 34,733,939.24</b>

County	Customer_Count
Homeless	44
Out of Illinois	1
Adams	2
Boone	15
Bureau	3
Cass	3
Champaign	26
Coles	4
Cook	3,884
Crawford	1
Cumberland	2
De Witt	1
DeKalb	11
Douglas	2
DuPage	380
Effingham	4
Ford	1
Fulton	1
Grundy	3
Iroquois	1
Jackson	2
Jasper	1
Jefferson	1
Johnson	1
Kane	227
Kankakee	19
Kendall	21
Knox	2
La Salle	2
Lake	393
Lee	6
Macon	3
Macoupin	1
Madison	4
McHenry	55
McLean	12
Morgan	1
Ogle	5
Peoria	26
Richland	1
Rock Island	15
Saline	1
Sangamon	7
St. Clair	11
Stephenson	3
Tazewell	8
Union	2
Vermilion	5
White	1
Whiteside	2
Will	148
Williamson	4
Winnebago	70
Woodford	1
<b>All County</b>	<b>5,450</b>

Cook & Collar 4,694  
 % of Total 86%

# Children's Enrollment

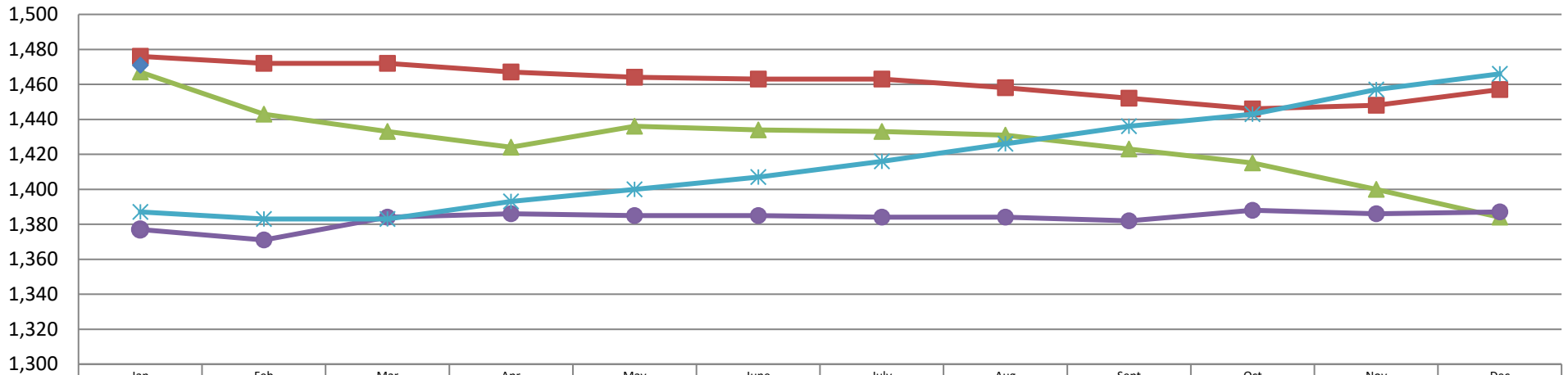
## Enrolled Children End of FY11-21 #000s



End of FY	Enrolled Children FY2011-2021 #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	1,407
2021	

## Children's Enrollment

**Enrolled Children  
by Month  
#000s**



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2017	1,476	1,472	1,472	1,467	1,464	1,463	1,463	1,458	1,452	1,446	1,448	1,457
2018	1,467	1,443	1,433	1,424	1,436	1,434	1,433	1,431	1,423	1,415	1,400	1,384
2019	1,377	1,371	1,384	1,386	1,385	1,385	1,384	1,384	1,382	1,388	1,386	1,387
2020	1,387	1,383	1,383	1,393	1,400	1,407	1,416	1,426	1,436	1,443	1,457	1,466
2021	1,471											

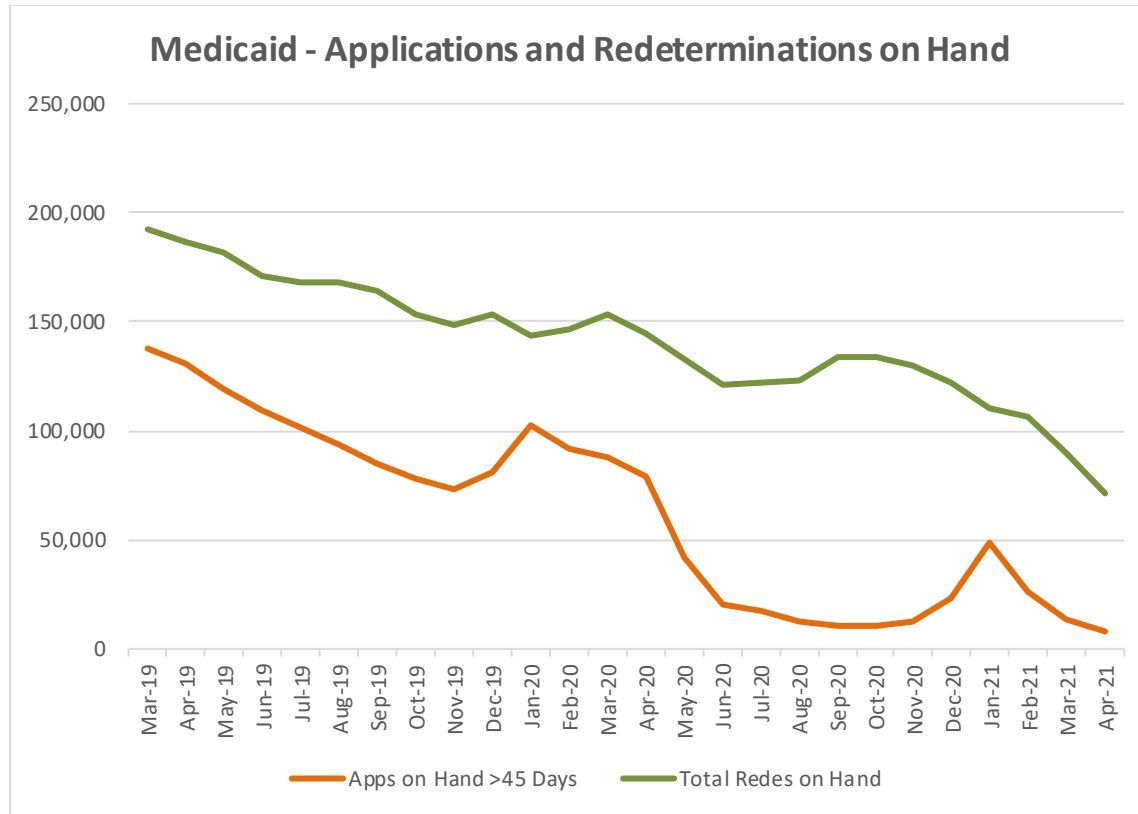
End of Month 2017	Enrolled Children #000s	End of Month 2018	Enrolled Children #000s	End of Month 2019	Enrolled Children #000s	End of Month 2020	Enrolled Children #000s	End of Month 2021	Enrolled Children #000s
Jan	1,476	Jan	1,467	Jan	1,377	Jan	1,387	Jan	1,471
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383	Feb	
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383	Mar	
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393	Apr	
May	1,464	May	1,436	May	1,385	May	1,400	May	
June	1,463	June	1,434	June	1,385	June	1,407	June	
July	1,463	July	1,433	July	1,384	July	1,416	July	
Aug	1,458	Aug	1,431	Aug	1,384	Aug	1,426	Aug	
Sept	1,452	Sept	1,423	Sept	1,382	Sept	1,436	Sept	
Oct	1,446	Oct	1,415	Oct	1,388	Oct	1,443	Oct	
Nov	1,448	Nov	1,400	Nov	1,386	Nov	1,457	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,466	Dec	

## Children's Enrollment

## Children's Enrollment

\*8,000 medical applications 45 days or older as of April 30, 2021, down from a high of 147,000 at the end of January 1919 – a 95% reduction.

\*71,304 total medical renewals on hand as of April 30, 2021. 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.



End of month	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
	Jan-21	Feb-21	Mar-21	Apr-21								
<b>Apps on Hand &gt;45 Days</b>	48,982	26,682	13,051	8,000								
<b>Total Redes on Hand</b>	109,933	106,783	90,069	71,304								