

## Public Education Subcommittee Meeting

Thursday, December 2, 2021

10:00 a.m. to 12:00 p.m.

Due to COVID-19 concerns, the Public Education Subcommittee meeting will be held by WebEx. Please join the WebEx a few minutes before the meeting start time using the following link

<https://illinois.webex.com/illinois/j.php?MTID=m1cf253ef3768f72a861bd9f0c6d>

Meeting Number: 2456 868 5859

Or use the Call-in Option +1-312-535-8110 or +1-415-655-0002

### A few WebEx tips:

- You may use your computer's audio or the phone option for sound; in our experience the "Call-me" option has the best sound quality.
- If you are calling-in and not using the WebEx link, please email [veronica.archundia@illinois.gov](mailto:veronica.archundia@illinois.gov) (You will then receive any last-minute meeting materials.)
- Individuals participating through WebEx may use the "chat" function to communicate with the meeting host.

### AGENDA

1. Introductions and Announcement of New Subcommittee Members
2. Review and Approval of the Meeting Minutes from October 7, 2021
3. Required Training for Subcommittee Members
4. State Updates
  - a. Medical Programs
  - b. DHS
  - c. Eligibility
  - d. Care Coordination
5. Update Regarding the End of the Public Health Emergency
6. Open Discussion and Announcements
7. Adjournment

This notice is available at <https://www.illinois.gov/hfs/About/BoardsandCommissions/MAC/News/Pages/default.aspx>

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Internet: <http://www.hfs.illinois.gov/>

**Illinois Department of Healthcare and Family Services  
Public Education Subcommittee Draft Meeting Minutes  
October 7, 2021**

**Committee Members**

Kathy Chan, Cook County Health  
Brittany Ward, Lurie Children's Hospital  
Sue Vega, Alivio Medical Center  
Connie Schiele, HSTP  
Sherie Arriazola Martinez, Safer Foundation  
Jessie Beebe for Nadeen Israel, AIDS Foundation of Chicago  
Erin Weir Lakhmani, Mathematica  
Kristin Hartsaw, DuPage Federation on Human Services

**HFS Staff**

Jane Longo  
Tracy Keen  
Lauren Polite  
Kelly Cunningham  
Sharice Bradford  
Veronica Archundia  
Melishia Bansa  
Jose Jimenez  
Margaret Dunne  
Avery Dale  
Jose Jimenez  
Arvind Goyal  
Robert Mendonsa

**Committee Members Absent**

Villareal, Nicole, CPS  
Chantel Bowen, SIU School of Medicine  
Edith Olea Avila, Illinois Coalition for Immigrant and Refugee Rights (ICIRR)

**DHS Staff**

Leslie Cully

**Interested Parties**

Marsha Nelson, Shawnee Health  
Laura Pelican, IDOI  
Jamie Weber, Avesis  
Nelson Soltman,  
Amy Edwards, UIC  
Erin Willis, Molina Healthcare  
Brittani Provost, UIC-DSCC  
Luvia Quiñones, Illinois Coalition for Immigrant & Refugee Rights  
Ashley Galante, Medical Home Network  
Martha Tellez, Medical Heath Network  
Elizabeth Durkin, Age Options  
David Hurter, AMITA Health  
David Vinkler, Molina Healthcare  
Helena Lefkow, Illinois Health and Hospital Association  
Emily Miller, IARF  
John Ranallo, Molina Healthcare  
Ryan Voyles, Heath News Illinois  
Megan Carter, Lega Council  
Erin Augustin, Aids Chicago  
Jonathan Gauerke, UIC -DSCC  
Kelsie Landers, Heartland Alliance  
Susan McGlasson, DOA  
Ana Perez, Illinois Coalition for Immigrant and Refugee Rights  
Megan Carter, Legal Council for Health Justice  
Belle Duguid, Legal Council for Heath and Justice

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Carrie Chapman, Legal Council for Health and Justice  
Sana Syal, MH Chicago  
Kelsie Landers, Heartland Alliance  
Yariela Ramirez, UIC  
Andrea Kovach, Shriver Center on Poverty Law  
Marilu Rodriguez, ICIRR  
Stephanie Becker, Shriver Center on Poverty Law  
Paula Campbell, IPHCA  
Coraiyma Melendres, CCHS  
Samantha Hollis, Illinois Health and Hospital Association  
Angela Boley, Lincoln Legal  
Lisa Marie Wiseman, Humana  
Brittani Provost, UIC Division of Specialized Care for Children  
Robin Lavender, DuPage County Health Department  
Leticia Galvez, Care Advisors  
Kyrsten Emanuel, Start Early  
Laura, Molina Healthcare  
Chante Gamby, CCH  
Katie Thiede, Alliance Chicago  
Ruth Lopez, ICIRR  
Patrick Maguire, MH Chicago  
Andrea Davenport, MH Plan

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## **1. Introduction:**

Chairperson Kathy Chan opened the meeting and announced that it was being recorded. The Committee members present were: Connie Schiele, Sherie Arriazola Martinez, Sue Vega, Brittany Ward, Jessie Beebe (on behalf of Nadeen Israel), and Erin Weir Lakhmani.

Kathy Chan introduced and welcomed new members joining this committee: Chantel Bowen, from the SIU School of Medicine, Edith Olea Avila, from the Illinois Coalition for Immigrant and Refugee Rights (ICIRR), and Nicole Villareal, from the Chicago Public Schools (who were not able to be present). In addition, Kristin Hartsaw, from the DuPage Federation on Human Services said that she was thrilled to officially be a member of the committee. Ms. Hartsaw explained that, in her capacity as director of training, she provides technical assistance and trains various providers within the state, as well as offering help with respect to some of the federal benefits programs. Ms. Hartsaw stated that she looks forward to representing providers and organizations statewide. HFS and DHS staff members also introduced themselves.

## **2. Review and Approval of the Meeting Minutes from August 5, 2021:**

Chairperson Kathy Chan asked for approval of the minutes from the August 5<sup>th</sup>, 2021 meeting, and Sue Vega made the motion which was seconded by Connie Schiele. The minutes were approved by a vote eight committee members in favor, three absent, and none opposed.

## **3. Proposed Meeting Schedule for 2022:**

Kathy Chan announced the proposed 2022 meeting schedule of the third Thursday of alternating months, and committee members approved the dates, which are: February 17th, April 21st, June 16th, August 18th, October 20th, December 15th.

## **4. State Updates:**

### **a. Medical Programs Update:**

Kelly Cunningham said that she will provide an update on three major activities within the Division of Medical Programs. In regard to the **Healthcare Transformations Collaboratives**, Ms. Cunningham said that the goal is to reorient the state's healthcare delivery system around people and communities. Currently, the state is accepting a second round of applications that began on October 1st and will continue through November 19<sup>th</sup>. She provided highlights regarding the Healthcare

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transformation. The program provides \$150 million per fiscal year. For more details please see HFS transformation website:

[Healthcare Transformation Collaboratives \(illinois.gov\)](#)

[Provider Notice Issued 09/03/2021 | HFS \(illinois.gov\)](#)

Ms. Cunningham said that, currently, HFS is working on a state plan amendment (SPA) related to **Children's Behavioral Health**, while closely collaborating with federal CMS in order to obtain approval to add new services for children who have significant behavior health needs. HFS hopes to have services in place by the middle of 2022.

In addition, Ms. Cunningham said that, during the spring session of 2021, the Illinois General Assembly charged HFS with providing a report concerning **Nursing Home Rates Reform** by September 30th. The report points to a number of health disparities for individuals in nursing home facilities, particularly in black and brown communities. HFS is committed to improving quality and staffing outcomes for residents, this is a moral imperative effort from the part of HFS. This report has been posted on the HFS website:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/HFSComprehensiveReviewOfNursingHomePaymentWithRecommendationsForReform.pdf#search=nursing%20facility%20rate%20reform>

A chat question asked about the vision regarding how to ensure healthcare transformation collaboratives focus on maternal health integrated screening for reproductive wellbeing as a routine and essential component of preventive and primary care. Ms. Cunningham said that, if HFS receives proposals for healthcare transformation from providers, hospitals, or groups with maternal child health focus, they will be considered.

Jesse Beebe asked for an update regarding 1915i SPA in terms of housing support. Ms. Cunningham said there has been some discussion with CMS about keeping housing supports in with uniform eligibility criteria as part of the process. Ms. Cunningham said that, if HFS is not able to achieve this under Medicaid authority, other avenues will be explored to develop a different pathway to obtain this goal.

**b. DHS Update:**

Leslie Cully said that all the Family Community Resource Centers (FCRCs) are currently open with a limited number of staff members, with the exception of the Woodlawn office. About 14% of staff members are onsite statewide, with individuals rotating each pay period. Statewide, Ms. Cully reported, an average of 15 to 17 thousand clients come to FCRC offices on a monthly basis. Casework efficiency has remained consistent and the Medicaid backlog has mostly been resolved; also, SNAP application processing timeliness has been greatly improved.

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Ms. Cully said that DHS is continuing with 2020-2021 P-EBT benefits. To date, \$1.8 Billion has been issued in P-EBT benefits. DHS is expecting to have P-EBT for the remainder of the current school year, but this plan has not yet been approved by USDA Food and Nutrition Services.

Leslie Cully said that, through the American Rescue Plan Act (ARPA), Illinois is receiving an additional \$13M in funds to improve administration of the SNAP program for the 2021 fiscal year. The DHS plan for federal fiscal year 2021 was approved; some of this funding was directed toward continuing improvements to the Interactive Voice Response phone system. In December 2021, DHS will seek to further improve interactive voice response at its 1 800 number. This is intended to address concerns that some FCRCs do not have the capacity to answer phone calls. DHS administration expects that there will continue to be some “wait time” with regard to the ABE Call Center, and requests from customers who are reporting address changes or adding family members to their existing cases. DHS has invested a portion of the funds to address these concerns and has also invested in its mail room in order to better provide timely notices. In addition, there has been investment in order to improve performance by refreshing technology and purchasing 1,500 laptops for FCRC staff members

Ms. Cully also noted that DHS has submitted a plan to Food and Nutrition Services (FNS) for the fiscal year 2022 concerning the installation of kiosks in lobbies at the FCRCs which will allow customers to upload documents that are necessary for their cases. In addition, DHS is considering adding phone banks in lobbies as well.

Kathy Chan asked when customers who use the hotline will start to see reductions in wait-times. She also asked if this will help with individuals who may call the ABE hotline but need to access the DHS helpline. Leslie Cully said that, by early in 2022, it is likely that improvement will be achieved. It is expected that upgrades will allow for an automated response system to appropriately redirect callers.

Kristin Hartsaw asked about developments regarding the ability of customers to send and receive text messages within the state. Leslie Cully responded that this is still under long term consideration.

**c. Eligibility Update**

Jane Longo referred to the report provided with the meeting materials. She mentioned a small correction to a redetermination dot point at the top of a page that was included within the meeting materials. The final publication of this meeting will include a revised report.

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**Apps on hand over 45 days**

- End of August, 2021 – 5,226 (down 96% from Jan 2019)
- End of September, 2021 – 4,711 (down 97% from Jan 2019)
- End of January, 2019 – 147,038
- Monthly apps received last 3 months – around 60,000 a month

**Redeterminations on hand**

- End of August, 2021 – 7,727 (down 96% from Jan 2019)
- End of September, 2021 – 9,722 (down 95% from Jan 2019)
- End of January, 2019 – 197,442

**Ex Parte redeterminations**

- 30-40% of cases up for redetermination are renewed by ex parte each month.
- In September 2021, of 155,000, 46,607 (30%) were ex parte. HFS is requesting approval to expand the types of cases eligible for Ex Parte. More cases could be renewed electronically before the end of the public health emergency (PHE).

**Immigrant Seniors Program – 65 or older**

- 7,806 ever enrolled as of end of August
- 7,311 currently enrolled
- \$74 million in claims

Kristin Hartsaw asked about the immigrant senior report, which noted that two individuals are indicated as being “out of Illinois.” Ms. Longo explained that this happens occasionally with regard to automatic address changes. If not temporary, a caseworker would need to confirm an out of state residency, which could result in cancelled coverage. Ms. Hartsaw also asked if “language of preference” could be added for future reports. Ms. Longo said that HFS will try to obtain this information, although she said that this may not be easy.

Kathy Chan asked about the immigrant senior report, in terms of the segment which indicates “race and ethnicity” as being “unknown.” Ms. Longo indicated that this is a “data term” prompted by the fact that often applicants do not provide this information, and, therefore, they cannot be appropriately categorized. She added that HFS has done research with respect to how to improve the capture of information with regard to race, ethnicity, and gender. HFS is open to discussing this issue further. Kathy Chan encouraged advocates to assist by helping clients to record this very relevant information.

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Erin Weir Lackmani said that, working for Mathematical Policy and Research, she acknowledges the need to obtain this data and supports these efforts, although she cautions that it is important to be very careful about how the data can be obtained, while explaining that this is not a requirement in order to submit an application and determine individual eligibility.

Kathy Chan asked about the benefit package for the new immigrant group of individuals between 55-64 years of age, in terms of legislation for this newly eligible group. HFS is considering legislative options to align the benefits packages for the 55-64-year-old and the 65+ group. The intention is that individuals should not lose benefits once they become 65 years of age. This would require language that would explicitly exclude long term care and certain organ transplants from the coverage package for noncitizens who are 55+ years of age. There is also a concern about putting more people, including this newly eligible population, in nursing homes, given the challenges that have been identified with existing Medicaid patients, as well as concerns with respect to costs. A comment was included in the chat which indicated that a veto session is scheduled during the last two weeks of October. Sue Vega commented that she would guess that most advocacy groups would be working on including more, rather than less access to the benefits package. Ms. Longo indicated that more information will be shared with this committee as the veto session takes place and it becomes available.

Jane also mentioned other projects staff are working on.

- Working with feds and other states on Public Health Emergency unwinding – may not expire in December – ***a later agenda item on this topic***
- Family Planning SPA to be submitted soon
- Working to implement 55-64 program for immigrants by May 2022

**d. Care coordination Update:**

Robert Mendonsa provided the Care Coordination update, stating that 480K households will be getting mailings about open enrollment, with 60 days to make a coverage selection prior to January 2022. With respect to the MMAI program, HFS expanded the Medicare-Medicaid Alignment Initiative (MMAI) statewide as of July 1, 2021. The final MMAI expansion mailing cohort will be going out in November.

Erin Weir Lackmani observed that, during the planning phase of the MMAI expansions, some network issues were identified and asked if these have been resolved. Mr. Mendonsa said most of the plans were in good shape, even if some issues had been identified, but said that the gaps have closed, explaining that staff members from the Bureau of Managed Care worked with CMS to complete a



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readiness review in order to make sure that the network and the staffing of plans were adequate.

## **5. Open Discussion:**

Chairperson Kathy Chan said that the purpose of this agenda item is to provide an opportunity for open discussion to begin to prepare for the end of the Public Health Emergency and to get feedback from committee members and interested parties around what PHE flexibilities should be pursued permanently that have been crucial in preserving Medicaid coverage for clients.

### **a. Suggestions for flexibilities to consider continuing after the PHE ends.**

Jane Longo said that HFS is very engaged with the National Association of Medicaid Directors regarding ongoing conversations with the federal government regarding the end of the Public Health Emergency (PHE). She made reference to the following links included within the agenda:

#### **i. Questions about recent federal guidance:**

[SHO# 21-002: Updated Guidance Related to Planning for the Resumption of Normal CHIP and BHP Operations Upon Conclusion of the COVID- 19 PHE \(medicaid.gov\)](#)

Ms. Longo said that, in regard to the first link, the “guidance from the feds” in 2021 was revised from what had been provided in December, 2020. She pointed out that two changes had been made.

1. States were given 12 months post-PHE to do redeterminations so that anyone who had a change or who hadn't been redetermined in 12 months could be given a redetermination. For many people in Illinois, Ms. Longo observed, the intention is to use the full 12 months in order to be careful and consistent while doing this work so that a redetermination can be completed before any other action is taken.
2. The second change does not affect Illinois as much as other states when they are doing reviews and not cancelling the cases.

Jane Longo said that the federal government has been asked to provide a notice regarding when the PHE will end, and the current administration has estimated approximately 60 days, suggesting that, under present circumstances, the PHE should be expected to end on December 31. However, no official announcement has been made. HFS will be informed by November 1st. HFS is asking for at least 90 days notice, which would be very helpful in order to provide appropriate time to notify clients. In this way, clients will have at least another 60 days to respond

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before there is any reduction of their benefits. Ideally, HFS would like to ask for an extension of PHE through mid-2022, and, so far, the feds appear to be receptive.

ii. Suggested flexibilities that might continue after the PHE ends

[03272020EligibilityRequestFactSheetnocolor.pdf \(illinois.gov\)](#)

In regard to the flexibilities, the federal law as currently written, provides for the enhanced match to continue coverage through the PHE. Therefore, the enhanced match is intended to end when the PHE ends and doesn't extend through the 12 month unwinding period.

Sue Vega and Kathy Chan emphasized the importance of preserving some flexibilities for families and individuals so that they can remain eligible beyond the COVID pandemic. This continues to be a priority, and they both thanked state workers for making this possible. Ms. Chan said that she understands that there is a huge administrative burden with regard to the additional effort to maintain client coverage. In addition, Kathy Chan asked when is the soonest date on which someone could lose coverage following the end of the PHE. Jane Longo said that there currently is no explicit end date which has been provided within the present Federal guidance and that HFS will keep this committee informed when any further information becomes available.

Kristin Hartsaw said that a lot of her questions have to do with process. She asked, once HFS begins sending redeterminations that require a response, how long customers will have to respond? Because there can be issues with client's reported address changes, she observed that it could be necessary to take into consideration delays with U. S. Postal Services that might impact this process. Jane Longo said that notices must be very precise when sent to individuals who receive SNAP, TANF, and Medical benefits. Tracy Keen clarified that the redeterminations give customers "30 days," although, technically, it is 45 days before a negative action is taken from the date letters are mailed.

Kristin Hartsaw also said that she is worried about "auto-terms" due to the volume of redeterminations. She suggested that Manage My Case could provide a potential solution with respect to completing change reports and submitting documents, but she thinks that there may be delays for clients having difficulty successfully completing Identify Proofing. Jane Longo said for those who respond late or don't respond, there is a possibility that cases will be closed without requiring caseworker action. She said that HFS would welcome any suggestions which could help prevent this. With respect to Identity Proofing, she explained, HFS may consider looking at a third way to ask for authentication using an Illinois issued ID. HFS is open to additional suggestions through ongoing conversation, subcommittee meetings, or the calling of a special meeting if necessary.

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Luvia Quiñones asked, will there be general public updates on when the state will begin issuing redes? For example, will HFS notify community partners through the Welcoming Centers/Immigrant Family Resource program? Ms. Longo said that HFS plans to provide updates to community partners.

Sue Vega said that the U.S. Postal Services needs to improve mail delivery all over the state, this has become particularly problematic in the City of Chicago for many years; this issue should be escalated. Jane Longo said that HFS can ask the governor's office if they are discussing this matter at their level.

Carrie Chapman voiced her concern about returning to spenddown evaluation, which had many challenges pre-pandemic. It is a critical program particularly for older adults and people with disabilities, and it is so difficult for them and for caseworkers to navigate.

Kelsie Landers asked if the state will be making the telehealth flexibilities permanent after the PHE is lifted.

Laura from Molina Healthcare asked if any thought has been given to the role MCOs can play in the assurance that this process goes smoothly. Jane Longo said that MCOs will have a critical role in supporting of HFS. The state is interested in establishing collaborations with the MCOs to help to get the word out to clients. HFS want to make sure that the MCOs receive accurate information on the 834 files.

Laura asked if there is any language that can be shared with MCOs so they can share information to their clients. Jane Longo said that HFS will draft the specific language to which MCOs can use in order to convey the message to clients that describes the need for address changes when necessary and to let them know the state will be conducting redeterminations. Ms. Longo encouraged anyone to share ideas concerning messaging in order to better reach out to clients.

**b. Announcements**

Jane Longo highlighted that HFS is open to additional suggestions, as well as ongoing conversation. She encouraged the use of these subcommittee meetings to discuss this matter further.

Two final suggestions were made through the chat. One was related to using other mediums, such as text messaging or a simple and concrete education training video or some sort of very visually focused document, in order to remind

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customers about updating their addresses and about redeterminations, and “blasting this out” to providers that work directly with Medicaid recipients so that they can educate and inform them. The second one was related to testing scanning systems, MMC uploads, and faxes to make certain that they will be ready when clients start sending documents, observing that this is especially important for individuals not using Mange My Case.

**6. Adjournment:**

The meeting was adjourned at 12:02 p.m. The next meeting is scheduled for December 2, 2021, between 10:00 a.m. and 12:00 p.m.

Senior Expansion Program  
(Report Run Date: 11/9/2021)

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	8,306	\$ 83,745,906.68
Closed	566	\$ 9,685,471.37
<b>Total</b>	<b>8,872</b>	<b>\$ 93,431,378.05</b>

Active_Closed	MangP	Customer_Count	Claims Received - Payable Amount
Active	6I	7,985	\$ 81,680,719.00
Active	7I	321	\$ 2,065,187.68
Closed	6I	509	\$ 9,333,594.14
Closed	7I	57	\$ 351,877.23
<b>Total</b>		<b>8,872</b>	<b>\$ 93,431,378.05</b>

SpendDown_Status	Customer_Count - Active
Unmet Spenddown	18
Met Spenddown	303
<b>Total</b>	<b>321</b>

Type_Of_Claim	Claims Received - Payable Amount
Inpatient	38,585,133.53
Outpatient	25,562,575.83
Pharmacy	12,692,445.30
Other	16,591,223.39
<b>Grand Total</b>	<b>93,431,378.05</b>

Record_Type	Claims Received - Payable Amount
Cook County Health System	46,723,892.39
Other	46,707,485.66
<b>Grand Total</b>	<b>93,431,378.05</b>

RACE	Customer_Count - Active
Active	8,306
AMERICAN INDIAN OR ALASKAN NATIVE	81
ASIAN INDIAN	554
BLACK OR AFRICAN AMERICAN	393
CHINESE	187
FILIPINO	159
KOREAN	34
OTHER ASIAN	206
OTHER PACIFIC ISLANDER	354
UNKNOWN	2,953
VIETNAMESE	37
WHITE	3,345
GUAMANIAN OR CHAMORRO	2
SAMOAN	1
<b>Grand Total</b>	<b>8,306</b>

ETHNICITY	Customer_Count - Active
Active	8,306
ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN	955
CUBAN	13
MEXICAN, MEXICAN AMERICAN, CHICANO/A	2,966
NON-HISPANIC/LATINO	2,287
PUERTO RICAN	40
UNKNOWN	2,045
<b>Grand Total</b>	<b>8,306</b>

County	Customer_Count - Active
Homeless	73
Out of Illinois	0
Adams	3
Alexander	1
Boone	24
Bureau	6
Calhoun	3
Cass	6
Champaign	43
Coles	3
Cook	5,833
Crawford	1
Cumberland	2
De Witt	1
DeKalb	14
Douglas	2
DuPage	596
Effingham	5
Ford	1
Franklin	1
Fulton	1
Grundy	4
Hamilton	2
Hancock	1
Henry	2
Iroquois	3
Jackson	6
Jasper	1
Jefferson	1
Jo Daviess	2
Johnson	1
Kane	355
Kankakee	21
Kendall	25
Knox	4
La Salle	4
Lake	596
Lee	7
Macon	4
Madison	17
McHenry	85
McLean	15
Morgan	4
Ogle	6
Peoria	52
Richland	2
Rock Island	26
Sangamon	12
St. Clair	12
Stephenson	6
Tazewell	12
Union	2
Vermilion	7
Warren	2
White	1
Whiteside	4
Will	257
Williamson	6
Winnebago	116
Woodford	4
<b>All County</b>	<b>8,306</b>

Cook & Collar 7,126  
% of Total 86%

LANGUAGE_PREF	Customer_Count - Active
African French	5
Albanian	18
Amharic	2
Arabic	79
Bengali	3
Bosnian	3
Chinese - Cantonese	37
Chinese - Mandarin	103
English	3,472
Farsi	10
French	21
Greek	1
Gujarati	111
Haitian Creole	3
Hindi	57
Hungarian	1
Indonesian	1
Italian	1
Khmer	5
Korean	32
Laotian	2
Lithuanian	7
Maltese	1
Mandingo	1
Other	62
Polish	270
Portuguese	9
Punjabi	5
Romanian	10
Russian	77
Serbian	6
Slovak	1
Spanish	3,725
Tagalog	34
Thai	7
Tigrinya	2
Turkish	6
Ukrainian	26
Urdu	61
Vietnamese	29
<b>Total</b>	<b>8,306</b>

**ABE Manage My Case, Appeals, and FFM stats  
For MAC Public Education Subcommittee  
Cumulative, as of 9/22/2021**

	11/12/21	9/22/21	7/20/21	5/17/21	3/24/21	1/17/21	11/12/20	9/11/20	7/23/20	7/31/18
ABE MMC Accounts Linked	1,660,335	1,606,098	1,541,878	1,479,908	1,425,656	1,351,206	1,335,361	1,256,607	1,188,838	329,244
Renew My Benefits *	534,593	516,821	488,687	455,509	430,604	397,791	382,125	356,717	339,810	97,679
Report My Changes	456,158	435,716	414,239	395,368	379,609	358,532	337,288	313,323	290,726	63,762
Program Adds	223,581	210,598	198,467	188,547	180,968	170,717	159,595	147,297	133,738	22,908
Member Adds	39,820	38,869	37,789	36,905	36,192	35,224	34,135	32,916	31,834	9,753
Mid-Point Reports*	211,718	211,718	211,718	211,718	211,718	211,717	211,689	203,399	182,324	34,357
Appeals submitted	110,831	107,721	104,547	101,682	98,882	95,053	90,634	85,860	81,220	NA
FFM cases received since 11/17	582,949	563,199	544,059	526,934	501,663	481,989	408,283	380,645	Not available	114,885
Cumulative count of people successfully ID proofed through the State	6,145	5,929	5,592	5,301	4,995	4,598	4,270	3,997	3,754	NA

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

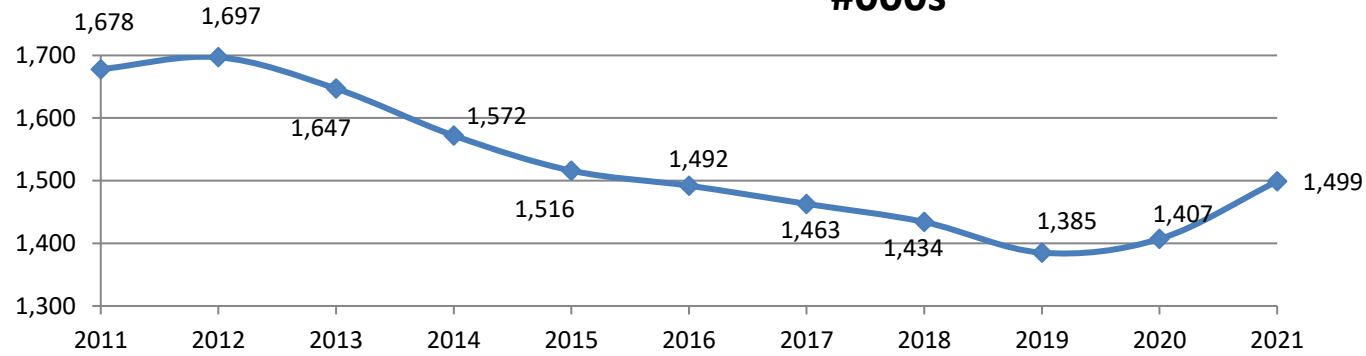
*MMC rolled out on 11/01/2017*

## **December 2, 2021 Redetermination Report**

- 2,996 medical applications 45 days or older as of October 31, 2021, down from a high of 147,038 at the end of January 2019 – a 98% reduction.
- 14,117 total medical renewals on hand as of October 31, 2021. Few renewals are being processed during the continued COVID emergency because we will not take adverse action; some are being processed. For example, ex parte renewals that can be verified electronically and renewals for SNAP and Medical.

# Children's Enrollment

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

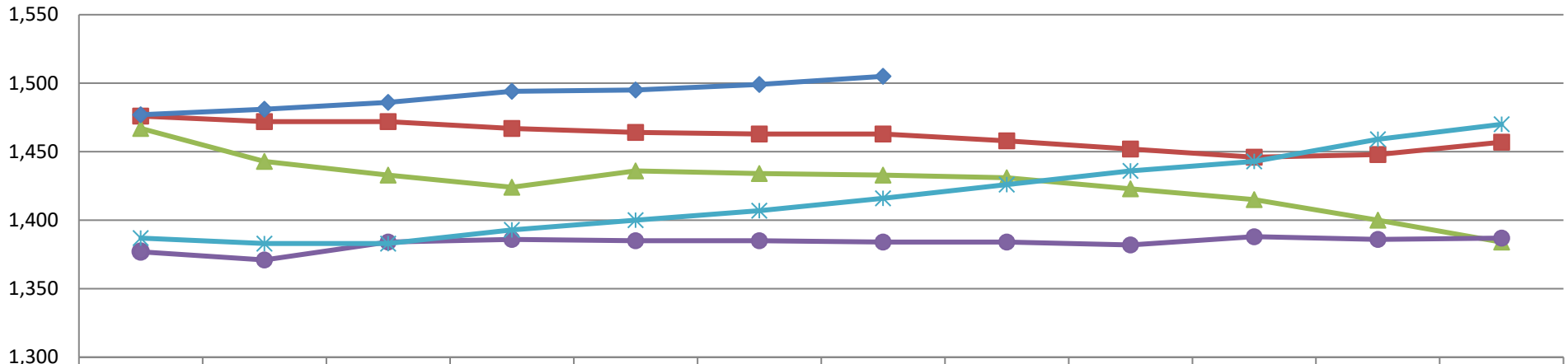


End of FY	Enrolled Children FY2011-2021 #000s
2011	1,678
2012	1,697
2013	1,647
2014	1,572
2015	1,516
2016	1,492
2017	1,463
2018	1,434
2019	1,385
2020	1,407
2021	1,499



## 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	1,459	1,470
2021	1,477	1,481	1,486	1,494	1,495	1,499	1,505					

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	1,477
Feb	1,472	Feb	1,443	Feb	1,371	Feb	1,383	Feb	1,481
Mar	1,472	Mar	1,433	Mar	1,384	Mar	1,383	Mar	1,486
Apr	1,467	Apr	1,424	Apr	1,386	Apr	1,393	Apr	1,494
May	1,464	May	1,436	May	1,385	May	1,400	May	1,495
June	1,463	June	1,434	June	1,385	June	1,407	June	1,499
July	1,463	July	1,433	July	1,384	July	1,416	July	1,505
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	1,459	Nov	
Dec	1,457	Dec	1,384	Dec	1,387	Dec	1,470	Dec	