401 S. Clinton Street, Chicago, Illinois 201 S. Grand Avenue East, Springfield, Illinois

Committee Members Present

Kathy Chan, IMCHC Margaret Stapleton, Shriver Center (for John Bouman) Terri Gendel, Age Options Tamela Milan, Westside Health Start (via phone)

Committee Members Absent

Courtney Hedderman, AARP Susan Vega, Alivio Medical Center Hardy Ware, East Side Health District Suzanna Gonzalez, Mac Neal Hospital Henry Taylor, Mile Square Health Center

Interested Parties

Margaret Dunne, Beacon Therapeutic
Diane Montanez, Alivio Medical Center
Judy King, Consumer Advocate (via phone)
Nelson Soltman, Legal Assistance Foundation
John Jansa, Progress CIL
Nadeen Israel, Heartland Alliance for Human Rights
Diane Fager, CPS
Brittany Ward, Beacon Therapeutic
Jacqueline Gonzalez, CHHC
Deborah Mathews, DSCC
Sonja McGrath, SIU School of Medicine (via phone)
Maria Shabanova, Maximus (via phone)
Kristine Coryell, Coryell Consulting LLC (via phone)

HFS Staff

Jacqui Ellinger Robyn Nardone Amy Wallace Maithilli Panat Mike Jones Sally Becherer Veronica Archundia

DHS Staff

Susan Locke

1. Introductions

Kathy Chan, from IMCHC, chaired the meeting. Attendees in Chicago and Springfield introduced themselves.

2. Review of Minutes

The August 25, 2011, October 20, 2011, and the December 8, 2011 minutes were not approved due to lack of a quorum.

3. Healthcare and Human Services Framework

Susan Locke, DHS Senior Project Manager, made a presentation using handouts and indicated that the Framework project is the state's commitment to develop an integrated, streamlined, and efficient service delivery system in the field of health and human services (http://www.illinoisframework.org/). Seven department agencies are involved in this partnership: Department of Aging, Children and Family Services, Commerce and Economic Opportunity, Employment Security, Healthcare & Family Services, Human Services, and Public Health. The goal is to redesign the service delivery around five common business processes: intake assessment and application, verification and eligibility determination, casework and case management, provider management, and analytics and reporting. Ms. Locke noted that, in terms of service access, the current system faces enormous challenges: an antiquated system that is as much as 30 years behind current technology and does not interface with other systems, the lack of capacity to move laterally, as well as an expensive and inefficient paper-based process.

Ms. Locke made reference to research conducted by The University of Chicago which found that 26 % of families receiving multiple services in Illinois, absorbed 86% of the service dollars (http://www.chapinhall.org/research/brief/illinois-families-and-their-use-multiple-service-systems).

An opportunity exists to modernize the Illinois information system using available federal dollars to meet 90% of the required cost. This will make it possible to build critical pieces of infrastructure that can be repurposed, extended, and used for other programs that are directly related to the Affordable Care Act and Health Information Exchange.

Ms. Locke indicated that, with a grant funded by the Chicago Community Trust, the Illinois Stakeholder Engagement Team led fourteen town hall meetings to present information and gather feedback about Illinois' intention to redesign its healthcare and human services delivery system.

During 2011, administrators from the Department of Insurance, the Department of Healthcare and Family Services, and the Department of Human Services have met with many vendors in order to determine what technology is available in the market place and what it has to offer to help achieve the goal of system improvement. A request has been made to the federal government for matching funds and an RFP has been published. Also, in the next week, the negotiating process for a contract will move into its final phase to meet the criteria and be presented to the evaluators. Hoping that a vendor can start in March or April of 2012, it is

expected that the process is going to take from 18 to 24 months. Ms. Locke stated that she will come back to provide future updates for the Public Education Subcommittee.

4. UX2014 Presentation

Kathy Chan, from IMCHC, stated that Illinois is part of a group of 14 states participating in the Enrollment User Experience UX 2014 Project, which is sponsored by the California HealthCare foundation, in partnership with a tech company called IDEO, and CMS. The Illinois team is lead by staff from the Department of Insurance, working in collaboration with administrators from DHS and HFS. Ms. Chan is part of the Illinois team, offering expert advice as a consumer advocate from the non-profit community. The goal is to design an online insurance portal that is user-friendly and can serve as a focal point to make it possible for people to understand the coverage which they may be eligible to receive, as well as to support them during the enrollment process. The benefit exchange will serve as a website market place where individuals and small businesses will be able to look at different insurance options and select among the various choices provided. Ms. Chan stated that this project is operating at an accelerated speed and encouraged members to review the "screen shots" presented on the website www.ux2014.org in order to provide recommendations.

5. Integrated Eligibility System (IES)

Jacqui Ellinger, Deputy Administrator of the Medical Programs, indicated that the state of Illinois has continued to make substantial progress toward the modernization of its existing information systems, having moved to developing an RFP to select a vendor to design the new Integrated Eligibility System.

To date, federal CMS has not published final rules regarding Medicaid eligibility under the ACA. As a result, how the new eligibility is going to be determined as well as what new criteria are going to be required will not specifically be available until those rules are published.

Ms. Ellinger recommended that committee members provide suggestions regarding the design of the eligibility system before December 19, 2011.

6. Updates

Beacon Therapeutic CHIPRA Outreach Grant: Margaret Dunne, from Beacon Therapeutic, said that she had attended the Second National Children's Health Insurance Summit held in Chicago from November 1-3, 2011. Beacon Therapeutic along with thirtynine other CHIPRA grantee recipients from across the United States, 19 of which were 1st cycle grantees as well, participated in the summit. Among the topics discussed was the use of technology: blogs, Twitter, Facebook, cell phones, text messaging, phone-a-thons, and videos to reach a greater audience in order to enroll and retain children in Medicaid and CHIP. Also, a major focus was placed upon using culturally appropriate materials and the identification of specific audiences.

With respect to the Beacon Therapeutic CHIPRA Outreach Grant, Ms. Dunne stated that her organization continues its focus on enrolling uninsured and homeless youth in Medicaid and SCHIP within the City of Chicago and some suburbs, although services have increasingly been recognized as existing within suburban areas where social service agencies are widely scattered, resulting in an array of situations, including children who are at high risk living in shelters, and teenagers who are "doubling up with friends, known as couch surfers." While continuing to work with CPS and DCFS, Beacon Therapeutic is seeking new partnerships in areas that are outside of Chicago's city limits. The new partners are: Night Ministry Shelters, Neon Center, Harmony Village, La Casa Norte Services & Shelter, Students in Temporary Living Situations Program (CPS), Cicero Youth Task Force, Center for Economic Progress, and the Suburban Council on Homelessness- North, South, & West.

Durable Medical Card - AVRS: Robyn Nardone, from HFS, explained that substantial progress has been made on an Automated Voice Response System and that the selection of a vender will soon be undertaken. Also, she thanked the members of the Public Education Subcommittee for their suggestions and comments, many of which were incorporated in the automated response script. Additional information will be provided in upcoming meetings.

Long Term Care Eligibility (LTC): Pat Curtis, from the Bureau of Medical Eligibility and Special Programs, provided an update. She indicated that the Deficit Reduction Act (DRA) of 2006 requires all states to look back five years for any non-allowable asset transfers. In compliance with the DRA, new rules require that the transfers of assets are non-allowable if they are made within five years of application for LTC benefits and if the transfer of assets was made specifically to qualify for LTC.

Ms. Curtis reported that she had met with Terri Gendel, Margaret Stapleton, and Nelson Soltman, who were extremely helpful in terms of offering comments regarding the development of outreach materials and brochures to inform the public about these important changes in accordance with the Deficit Reduction Act. The intention is to explain to people, in a way that they can understand, the new regulations for LTC eligibility. Ms. Ellinger pointed out that HFS has posted a summary on its website of the new rules at http://www2.illinois.gov/hfs/PublicInvolvement/PublicNotices/ as Highlights of New Eligibility Requirements for Long-Term Care — Approved by JCAR 10-11-2011

7. Meeting Schedule

At the committee's request, the department proposed a series of meeting dates for 2012 which were included within a meeting packet, indicating February 9th, April 12th, June 14th, August 9th, October 11th, and December 6th as planned meeting dates. However, due to the lack of a quorum, the proposed dates will have to be approved during the next meeting.

8. Open Discussion

Jacqui announced that Kathy Chan, from IMCHC, has been elected vice chair and that Susan Hayes, of Children's Memorial Hospital, has been elected as chair for the Medicaid Advisory Committee (MAC). She reminded attendees that HFS is in the process of reconstituting its

membership for the Public Education Subcommittee. All MAC members are welcome to serve on the subcommittee. The committee is seeking subcommittee members who will be able to engage fully and regularly participate in meetings in person, if possible. Ms. Ellinger reiterated the invitation to increase representation of downstate candidates to serve on the subcommittee.

Kathy Chan informed the committee members that a new organization called "Enroll America" (www.enrollamerica.org) has been established to bring together national groups in order to examine how best to enroll people in public and private insurance in advance of the 2014 implementation of The Affordable Care Act. There have been numerous conference calls concerning this issue to provide recommendations concerning what states and other organizations can undertake as a way of achieving the goal of health care reform.

Terri Gendel commented that the Center for Medicare and Medicaid Services (CMS) produced a series of videos useful for a variety of Medicare consumers, including people who are deaf, hard-of hearing, blind, low vision, or who have limited English reading skills. Further details may be found by visiting the following websites. http://www.medicare.gov/navigation/medicare-basics/medicare-basics-overview.aspx http://www.medicare.gov/multilanguage.aspx

Kathy Chan suggested that committee members should review an interesting survey conducted by the Center for Medicare & Medicaid Services (CMS) that was completed during the summer of 2011. The survey studies the experiences and attitudes of low income parents regarding their children's health insurance coverage. The survey also focuses on the parents' awareness of/and attitudes toward Medicaid and CHIP programs. Kathy provided the link though which more information can be found regarding the survey. http://www.insurekidsnow.gov/professionals/CHIP-Medicaid-Survey-Topline.pdf

Judy King, a consumer advocate, expressed concern that in Illinois there are health disparities, and the department has not developed a plan to address them. She further asserted that it is necessary to have outcome data available for the public, including who is being served and what services are being provided, as well as their outcomes. These topics were referred to the full MAC.

9. Next meeting/adjournment

The meeting was adjourned at 1:35 pm. The next meeting is scheduled for February 9th, 2012, from 10:00 a.m. to 12:00 p.m.