



Illinois Association of Medicaid Health Plans NEWSLETTER

The Official Publication of IAMHP

SEPTEMBER
2026



MESSAGE FROM THE CEO



David Vinkler
**Interim Chief Executive Officer
and Vice President of Public
Policy & Government Affairs**

As we transition from summer to fall, I hope you've been able to recharge and make the most of the season with friends and family.

For those of us involved in Illinois' Medicaid program, it is a pivotal moment to refocus and prepare for the year ahead. This year, that work takes on added significance as stakeholders across the state gear up for implementation of new HealthChoice Illinois contracts and, especially, for the federal Medicaid policy changes taking effect in 2027.

The challenges ahead are substantial. The upcoming implementation of H.R. 1 provisions, such as new work requirements and six-month redeterminations for nearly 700,000 enrollees covered through ACA Medicaid expansion, means thousands of vulnerable adults could lose coverage, often for administrative rather than eligibility-related reasons.

If recent experience is any guide, we have reason for optimism. Following the unwinding of the continuous enrollment provision instituted during the pandemic,

we successfully renewed coverage for 80% of eligible individuals, making Illinois one of the top six states for Medicaid retention. This achievement was the result of deep collaboration among IAMHP, our member health plans, HFS, and other organizations invested in Medicaid. This newsletter spotlights these organizations coming together as part of IAMHP's Medicaid Stakeholder Alliance Program.

Now, more than ever, we need to maximize our collective impact—the theme of our 2026 Annual Conference coming up October 19-20. Speakers and education sessions will focus on innovative collaborations, strategic partnerships, and replicable best practices that are transforming outcomes even in the face of resource limitations. There is still time to register and be part of the conversation.

As always, we're grateful for your partnership and dedication to communities across Illinois.

Sincerely,
Dave

At a glance...

- [Maximizing Impact: 2026 Annual Conference](#)
- [Feature: H.R. 1 implementation updates](#)
- [IAMHP Medicaid Stakeholder Alliance Program](#)
- [Health plan member stories of impact](#)

There's still time to register or become a sponsor!

IAMHP 2026 Annual Conference

October 19-20, 2026

Hilton Chicago/Oak Brook Hills
Resort and Conference Center

 [Registration information](#)

 [Sponsorship opportunities](#)

Our 2026 annual conference, **Maximizing Impact**, celebrates the innovation and collaboration driving Illinois' Medicaid program forward. We'll spotlight the programs and partnerships delivering on Medicaid managed care's promise to improve health outcomes, lower overall costs, and transform the health outlook for families in every corner of the state. Join fellow leaders, share insights, and help shape what comes next for Medicaid in Illinois.



Learn from leading experts
focused on creating value
and shaping transformative
outcomes

**Network with hundreds of
colleagues** committed to
making Medicaid managed
care even more effective

Derive practical takeaways
and select from a variety of
education sessions applicable
to you and your organization

2026 Keynote Speakers



Laura Phelan

Director of State Medicaid and CHIP
Illinois Department of Healthcare and
Family Services (HFS)



Craig Kennedy

President and CEO
Medicaid Health Plans of America
(MHPA)

IAMHP Conference Connection Challenge



Attendees who visit each conference exhibitor and are present for the prize drawing have a chance to win outstanding giveaways. Last year, winners took home a Peloton Bike, iPad Air, Oura Ring, Beats wireless headphones, and more!

H.R. 1 Implementation: The Work Ahead

Many of the most challenging provisions from H.R. 1, or the One Big Beautiful Bill Act, take effect over the next year. Their implementation will require significant operational, administrative, and outreach efforts across the Medicaid ecosystem.

To minimize harm, meet the needs of communities, and preserve access to care for vulnerable populations, **the need for stakeholders to prepare and collaborate has never been greater.**

► [Continued on the next page](#)



October 2026

Medicaid eligibility changes for certain noncitizens

Background

H.R. 1 narrows the definition of “qualified aliens” eligible for Medicaid coverage. Starting **October 1, 2026**, some lawfully present immigrants will lose benefits, including:

- Refugees and asylees
- Humanitarian parolees
- Survivors of domestic violence or human trafficking

Some immigrant groups will remain eligible, including naturalized citizens, lawful permanent residents (Green Card holders), children under 19 years old, pregnant enrollees, and certain Cuban and Haitian entrants.

Non-citizen adults who lose coverage may remain eligible for Emergency Medicaid, which covers hospital services for severe conditions that place health in serious jeopardy.

The Current State

In August, HFS sent mailed notifications to approximately 8,400 current Medicaid enrollees who will be affected by the non-citizen eligibility changes.

- HFS has encouraged these individuals to obtain care and refill needed prescriptions before October 1.
- Individuals who lose Medicaid coverage are advised to seek primary and preventive care at Federally Qualified Health Centers and free/charitable clinics that serve uninsured individuals regardless of immigration status.

Resources

- [HFS Noncitizen H.R.1 Toolkit](#) (English), also available in multiple languages in the HFS [Federal Resource Center](#)
- [Illinois Association of Free & Charitable Clinics](#)
- [IPHCA Health Center Locator](#)

January 2027

Work requirements and 6-month redeterminations for ACA adults, retroactive eligibility changes for all Medicaid enrollees

Background

Adult enrollees who receive coverage through Medicaid expansion (ACA Adult Program) will be subject to new work requirements and 6-month eligibility renewals instead of annual redeterminations. Nearly 700,000 ACA adults will be affected by the changes, according to HFS estimates.

Work requirements

To maintain eligibility, ACA adults must meet new work requirements or qualify for an exemption based on an approved circumstance or condition.

In Illinois, current ACA adults must demonstrate compliance with the following during **at least one of the 12 months** preceding their first 2027 redetermination date:

- Monthly gross income of at least \$580, equivalent to 80 hours × \$7.25/hour federal minimum wage, is alone sufficient to meet the work requirement.
- If enrollees do not meet this income amount, they will need to complete 80 hours of work, community service, education, or work program participation in one month. A combination of these activities will also meet the requirement.
 - *Of note, enrollment in an educational program at least half-time as defined by the enrollee's institution is alone sufficient to meet the work requirement, without needing to track hours.*

H.R. 1 exempts some ACA adults from the work requirements, such as (not an all-inclusive list):

- People with special medical needs (“medically frail”) whose health condition prevents them from working
- Individuals already subject to SNAP or TANF work requirements

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- Parents, guardians, caretaker relatives, or family caregivers (paid or unpaid) of a dependent child under 14 years old or a person with a disability

CMS guidance on the medical frailty exemption requires individuals to have a “condition significantly impairing their ability to comply” with the work requirements. In many cases, a diagnosis alone will not be sufficient to meet the standard for a medical frailty exemption. Further details on the medical frailty exemption are expected from HFS in the near future.

Six-Month Redeterminations

All enrollees in the ACA Adult eligibility category will be required to renew coverage every 6 months (instead of annual redeterminations). Importantly, ACA adults who are exempt from work requirements **are not** exempt from 6-month redeterminations.

The timing: How ACA adult provisions will roll out



For current ACA adult enrollees, compliance with the new federal rules will be required upon their scheduled redetermination date in 2027.

For example, individuals with an April 2027 renewal date must verify work requirement compliance (or obtain an exemption) at that time. They will then need to renew again in October 2027. Individuals with renewal dates later in 2027 will not have to take action until their scheduled redetermination.

For new ACA adult applicants in 2027, the provisions will take effect immediately. They will be required to demonstrate compliance with work requirements during the month preceding their application. At subsequent redeterminations, there will be a six-month lookback period.

For all ACA adults in 2027, the state will accept self-attestation of activities that cannot be verified through HFS interfaces or data sources, with individuals attesting to the information being true and correct under penalty of perjury. However, federal regulations significantly restrict self-attestation starting in 2028.

Retroactive Eligibility Changes

H.R. 1 places new restrictions on retroactive eligibility beginning in 2027. Retroactive eligibility provides coverage for a specified time period before the approved Medicaid enrollee submitted their application. Importantly, retroactive coverage determinations are based on the application date, not the date the application is approved by HFS.

For all Medicaid applicants, the retroactive coverage period will be reduced from three months to two months. While the federal law limits retroactive coverage for ACA adults to just one month, HFS will use state funds to provide two months of retroactive eligibility for this population as well.

The Current State

HFS has been working tirelessly to update its systems, enhance operations, and communicate changes to affected enrollees so they can maintain coverage. HFS guidance is evolving rapidly, and stakeholders are advised to regularly consult the [HFS Federal Resource Center](#) for the latest information.

On September 1, HFS mailed notices to all enrollees in the ACA Adult Program informing them about the upcoming changes. HFS advised enrollees to ensure they can access their Manage My Case account in the state’s Application for Benefits Eligibility (ABE) system and to create an account if they have not already done so. Manage My Case will be a critical tool for verifying compliance with work requirements. It will also release a new screening tool later in 2026 to help enrollees determine whether they may qualify for an exemption.

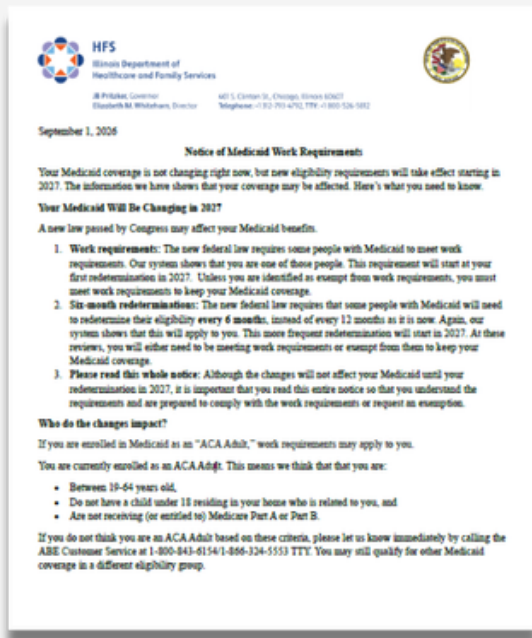
HFS has committed to using automated processes—such as state wage records, tax files, and higher education enrollment databases—to verify compliance with work requirements whenever possible (i.e., “ex parte” verification). In these cases, enrollees will not need to take action beyond redetermination paperwork that may be required.

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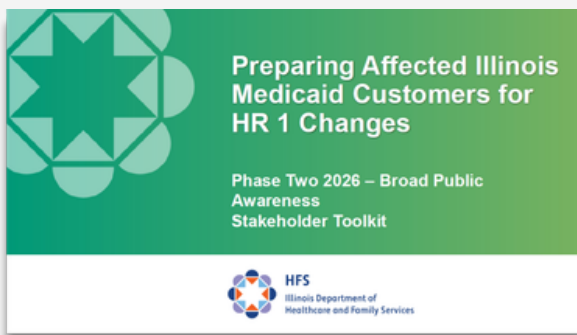
HFS is currently able to verify continued Medicaid eligibility for roughly 80% of ACA adults through automatic processes (i.e., Form A or “ex parte” renewals). Work requirements will make this more challenging, meaning thousands of ACA adults may need to submit renewal paperwork for the first time.

Resources

- [Manage My Case Guide from IDHS](#)
- [HFS sample letter to ACA adults](#)



- [HFS Phase 2 Toolkit: Preparing Affected Illinois Medicaid Customers for HR 1 Changes](#) (English)



April 2027

First coverage losses expected due to work requirements

Background

Adult enrollees who have not met work requirements based on available information (or obtained an approved exemption) will be asked by HFS to provide additional information. Enrollees will have 30 days to demonstrate compliance or obtain an exemption. Individuals who do not comply will be disenrolled from the Medicaid program. ACA adults who miss the deadline must submit a new application for Medicaid and demonstrate compliance at that time.

ACA adults who lose coverage due to noncompliance with work requirements are not eligible for premium tax credits to purchase coverage through the Get Covered Illinois marketplace, per H.R. 1 statute.

The Current State

HFS is monitoring other states, such as Nebraska, which has already begun implementing work requirements for ACA adults and disenrolling individuals who do not comply. HFS hopes to adopt strategies that show effectiveness at reducing coverage losses resulting from administrative barriers.

Additional guidance is expected from HFS as the agency advances implementation of the H.R. 1 provisions.

Resources

- [Get Covered Illinois](#), state-based ACA marketplace

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May 2027

Spring legislative session concludes

Background

H.R. 1 imposes major changes to how states are allowed to finance their Medicaid programs. Before the start of state FY 2028 (**July 1, 2027**), Illinois must change its taxing structures so that tax rates between Medicaid MCOs and commercial insurers are uniform. The current MCO assessments generate nearly \$2 billion each year, and policymakers will have to work with insurers to devise creative solutions to minimize the loss in critical funding.

Beginning in **October 2027**, the state must also begin phasing down provider assessments (or “provider taxes”) from 6% to a new maximum rate of 3.5% by 2032. The lowered capped rate for provider taxes will reduce the amount of Medicaid program funding by approximately \$800 million in FY 2028 alone.

The state’s FY 2027 budget did not have to contend with these Medicaid financing changes due to the implementation timeline. Unfortunately, that will not be the case in FY 2028.



H.R. 1 provisions taking effect in 2027 will impose new restrictions on provider and MCO taxes, a critical financing mechanism used to increase the amount of matching federal dollars that support state Medicaid programs. Addressing the resulting budget pressures will be a major focus of the spring legislative session.

The Current State

Legislative leaders in Springfield, particularly those in the House Medicaid working group, are aware of the significant fiscal challenges ahead. Changes to the MCO assessment were considered early during the 2026 legislative session, but shifting federal timelines allowed the legislature to delay action until later in the state’s FY 2027.

IAMHP, our member health plans, and the legislative team at HFS are working to create broader awareness among policymakers about the impact of H.R. 1 on the Medicaid budget and are involved in active discussions about potential solutions. With key provisions set to take effect over the coming year, next spring’s legislative session will be consequential for the future of the program.

Some states with different fiscal year timeframes, such as Michigan, will need to modify their provider tax structures before Illinois. Policymakers are hopeful that actions taken by these states can help inform Illinois’ response and provide a roadmap for navigating the changes required under federal law.

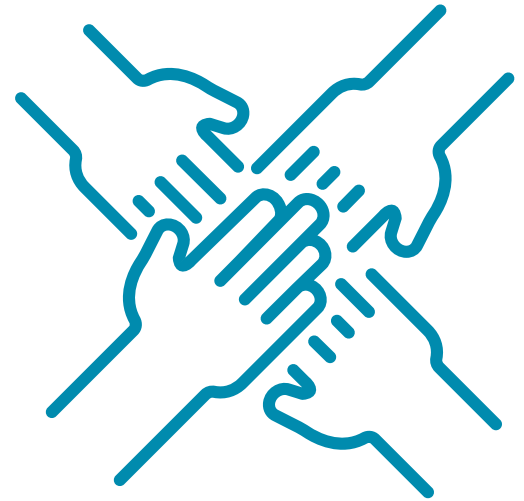
Resources

- [How New Limits on State Provider Taxes Will Affect Medicaid Funding](#) (*The Commonwealth Fund*)
- [5 Questions and Answers About Medicaid and Provider Taxes](#) (*Kaiser Family Foundation*)

IAMHP Medicaid Stakeholder Alliance Program

Locking arms to strengthen Medicaid

Organizations representing different populations, provider types, and advocacy interests share a common goal: protecting and strengthening Illinois' Medicaid program. The Medicaid Stakeholder Alliance, launched in 2026, brings these groups together to amplify our collective voice.



Illinois is entering a new phase of Medicaid managed care.

With the recent implementation of FIDE-SNP contracts, new HealthChoice Illinois contracts beginning in 2027, and upcoming policy changes enacted through H.R. 1, the need for collaboration across the Medicaid ecosystem has never been greater. This evolution inspired the launch of the **IAMHP Medicaid Stakeholder Alliance Program**, aimed at connecting trade associations and advocacy organizations uniquely invested in Medicaid policy.

Since kicking off earlier in 2026, the alliance has attracted 20 members to date. Alliance members benefit from exclusive networking opportunities, including virtual gatherings and in-person events associated with IAMHP's spring legislative reception in Springfield, annual conference, and end-of-year reception.

IAMHP's expertise also helps us provide consultative support to alliance members working to address opportunities to strengthen their partnerships with the Medicaid program and managed care organizations.

“Understandably, advocacy organizations across Illinois exist to advance the goals of the populations they represent. Yet all of these groups benefit from a more effective Medicaid program. Through the Stakeholder Alliance, we’re bringing together diverse perspectives to learn from one another and identify shared priorities that improve quality of life for the people Medicaid serves.”

— **Rachel Thomas**
Director of Operations and
Strategic Initiatives, IAMHP



Learn more about the benefits of membership in the IAMHP Medicaid Stakeholder Alliance Program brochure

► [**See our inaugural members on the next page**](#)

2026 MEDICAID STAKEHOLDER ALLIANCE MEMBERS



Affordable Assisted
Living Coalition



AgeOptions



Community Behavioral
Healthcare Association



The HAP Foundation



Health Care Council of
Illinois



Help. Guide. Thrive.



Illinois Association for
Behavioral Health



Illinois Association of
Community Care Program
Homecare Providers



Illinois Association of
Rehabilitation Facilities



Illinois Collaboration on
Youth



Illinois Health and
Hospital Association



Illinois HomeCare &
Hospice Council



Illinois Hospice & Palliative
Care Organization



Illinois Public Health
Association



Illinois Public Health
Institute



Illinois Rural Health
Association



Illinois State Medical
Society



Shield HealthCare



Start Early

Health Plan Stories of Impact

Aetna Better Health of Illinois

Breaking down language barriers to help a mom help her son

Maria*, the parent of an Aetna Better Health of Illinois member, was struggling to support her young adult son through ongoing behavioral health challenges. The member experienced frequent psychiatric hospitalizations due to medication noncompliance and psychosis, while Maria faced difficulty understanding his diagnoses, symptoms, and treatment recommendations because educational materials and provider interactions were primarily delivered in English.

Courtney*, a care manager, recognized that language barriers were limiting Maria's ability to fully understand the importance of treatment and medication adherence. Taking a personalized approach, Courtney provided psychoeducational materials through Aetna's KRAMES resources in Spanish and ensured information about her son's diagnoses, symptoms, and prescribed medications was presented in Spanish.



With so much of her son's behavioral health care provided in English, Maria struggled to understand the best way to support him until the family's Aetna care manager connected her to resources in her language.

With access to culturally and linguistically appropriate education, Maria gained a stronger understanding of her child's behavioral health conditions and the critical role medications and ongoing treatment play in maintaining safety and stability. She expressed gratitude for receiving information in Spanish and shared that the materials helped her better recognize symptoms and feel more confident supporting treatment decisions during periods of crisis.

Since receiving this support, Maria's son has not experienced a psychiatric hospitalization or mobile crisis response event for nearly three months. Improved understanding of his condition contributed to greater engagement with treatment and reduced disruption to the member's education and daily life.

This story demonstrates how providing education in a member's or caregiver's preferred language can strengthen understanding, improve treatment engagement, and support better health outcomes while helping families feel empowered in their care decisions.



The stories that inspire us
[Visit our website](#) for more examples of the impact our member health plans are having on the lives of their members

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Blue Cross Blue Shield of Illinois

Transforming Anthony's health through care coordination and family support

Through dedicated care coordination, strong collaboration with health care providers, and meaningful family engagement, Anthony*, a Blue Cross Community Health Plan (BCCHP) member, achieved significant improvements in health, safety, and overall quality of life.

In November 2025, a BCCHP Care Coordinator recognized the need for additional clinical support due to Anthony's chronic bilateral lower extremity swelling and recurrent cellulitis. The care coordinator collaborated with his primary care provider to secure home health nursing and physical therapy services. These interventions provided critical support in managing Anthony's chronic conditions while improving mobility, strength, and endurance.

Throughout this period, Anthony experienced several emergency room visits and hospitalizations related to congestive heart failure, diabetes management challenges, dietary noncompliance, refusal of assistance, and increasing social isolation. Despite these obstacles, the care coordinator remained actively engaged with Anthony and his family, consistently reinforcing the importance of long-term health and safety planning. Recognizing that his limited motivation and reluctance to follow medical recommendations were significant barriers to progress, the care coordinator focused on building trust, providing education, and identifying sustainable support solutions.

A pivotal turning point occurred after Anthony was hospitalized in January 2026. His daughter, a registered nurse, opened her home to provide a more supportive living environment and increased supervision. Working closely together, Anthony's



daughter and the care coordinator educated him on the benefits of accepting assistance and receiving ongoing support. Their efforts convinced Anthony to relocate to his daughter's home, where he could receive consistent support with medication management, nutrition, medical appointments, and daily care needs.

By April 2026, the positive impact of these interventions was clear. Anthony had achieved meaningful weight loss, experienced a significant reduction in bilateral lower extremity swelling, and demonstrated noticeable improvements in overall health and appearance. He was observed moving independently with a cane, appeared engaged and socially connected, and reported an improved sense of well-being. Most importantly, Anthony was successfully managing his health in a supportive environment that promoted adherence to treatment recommendations and healthier lifestyle choices.

This successful outcome highlights the transformative impact of proactive care coordination, strong provider partnerships and dedicated family involvement. By addressing both medical and social barriers to care, the team helped Anthony achieve improved health outcomes and reduced the risk of future hospitalizations.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

CountyCare

Helping a young widow and her family create stability

Stephanie* is a recently widowed 28-year-old CountyCare member. As a mom with three young children, she was struggling with significant emotional and financial strains while also navigating a language barrier.

Although Stephanie did not initially have a dedicated care coordinator, she contacted her deceased husband's care coordinator for assistance. The CountyCare care coordinator stepped in and provided support to Stephanie and her kids. From contacting the Social Security Administration (SSA)

to learn how she can obtain survivor benefits to connecting with Immigrant Community Services to explain her situation to help her find employment, the care coordinator's main focus was to guide Stephanie in getting her immediate needs met.

Stephanie is now gainfully employed (with childcare secured with the help of her care coordinator as well) and receives SSA survivor benefits. She is extremely thankful for all the help she received from CountyCare and the other local organizations during her time of need.



When Stephanie's husband passed away, the young mother to three didn't know where to begin to meet the needs of her family. Her CountyCare care coordinator helped her get connected to survivor benefits through Social Security, new employment, and childcare.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Humana

Supporting LG's return to independent community living through collaborative planning and preparation

Person-centered care coordination and consistent support enabled LG*, a 45-year-old transgender woman, to achieve her goal of leaving a long-term care facility and returning to independent community living. At the time, she was experiencing significant symptoms related to schizophrenia, including distressing auditory hallucinations and delusional thoughts that made it difficult to manage daily activities safely. She depended on 24/7 support for medication management, daily living needs, and overall stability. Limited coping skills, cognitive challenges, and a lack of family support further complicated her path toward independence.

The care team worked closely with LG to understand her goals and identify the support needed to help her succeed in a community setting. Through ongoing collaboration with LG, facility staff, and healthcare providers, a plan was developed to build on her strengths while addressing barriers to independence. The team helped identify housing that aligned with her preferences, coordinated medical and behavioral health services, reinforced medication adherence, and supported the development of healthier coping strategies. Care was also coordinated to establish ongoing primary and specialty care through Howard Brown, ensuring continuity of care beyond the facility.

As LG became more engaged in treatment, she showed steady progress. She reported fewer distressing symptoms, gained greater insight into her condition, and began participating more in community activities. Regular day passes allowed her to practice independence, strengthen social connections, and prepare for life outside of the facility.



A team effort among providers and Humana care coordinators helped LG achieve her goal of moving out of long-term care and into her own apartment.

On June 1, 2026, LG successfully transitioned into an apartment in the community where she now lives with her partner. Today, she is independent with her activities of daily living, communicates her needs clearly, and remains engaged in her treatment plan. She consistently attends outpatient appointments, takes her medications as prescribed, meets regularly with a case worker in her apartment building, and participates in a weekly community support group. LG is stable, asymptomatic, and able to manage her own needs safely. Through person-centered care coordination and consistent support, she achieved her goal of community living, resulting in greater independence, improved well-being, and a significantly enhanced quality of life.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Meridian

Getting 5-year-old Nathan's family answers and autism resources

Nathan* is a silly, energetic kid. He loves making people laugh, although it's taken a lot to get him to this point.

Diagnosed with the most severe form of autism spectrum disorder, Nathan has significant care needs requiring close collaboration between his mom, Sarah, his providers, and the Medicaid managed care plan.

As a toddler, Nathan would get sick after meals. Specialists eventually determined he was allergic to a common formula ingredient. Jim, care manager at Meridian, helped Sarah find an alternative formula that enabled her son to grow to a healthy weight. Nathan was also "eloping" or wandering away, a common behavior for children who have autism spectrum disorder. This can lead to dangerous or even deadly scenarios. To prevent Nathan from eloping and help keep him safe at night, Jim secured a safety bed for children with special needs.

Jim also found a Medicaid provider to deliver in-home services, allowing Nathan to receive applied behavioral analysis (ABA) therapy in a familiar environment. Nathan has since learned to identify objects and communicate basic needs. His self-injurious behavior has stopped, and Sarah has a renewed peace of mind.

"We really couldn't have gotten where we are without Jim," Sarah says. "He's given me my life back, and I'll forever be grateful for that."

"We really could not have gotten where we are without [Meridian care manager] Jim. He's given me my life back, and I'll forever be grateful for that."



Jim, a Meridian care manager, helped identify a Medicaid provider who could deliver in-home applied behavioral analysis (ABA) therapy to Nathan, a 5-year-old member with autism spectrum disorder.

**For privacy and HIPAA compliance, member names have been changed.*

Health Plan Stories of Impact

Molina Healthcare

A new home and a new path forward for Caleb

The Challenge

At 23 years old, Caleb* was ready to leave the nursing home where he was staying to begin a more independent life in the community. However, finding the right home presented significant barriers. Affordable housing was extremely limited in his preferred area, and many available units were restricted to adults ages 55 and older. Caleb's limited income and prior criminal history created additional challenges, making personalized guidance and persistent advocacy essential.

Coordinated Support

A Molina Housing Specialist began working with Caleb and his mother, who serves as his power of attorney, the same day the referral was received. Together, they reviewed the housing program, gathered required information, and completed an application through the Statewide Referral Network for low-income housing. The Housing Specialist maintained contact once or twice every week, sharing new opportunities in Caleb's preferred communities and helping the family stay informed and engaged throughout the search.



A coordinated team from Molina helped Caleb make the transition from institutional care to his own apartment.

Recognizing that Caleb's background could affect housing eligibility, the Housing Specialist also explained the expungement process and provided the necessary paperwork. When Caleb was matched with two units that met his preferences, the Housing Specialist completed the referrals and coordinated closely with the Statewide Referral Network and property management teams while the applications were reviewed.

To address additional health-related social needs, Molina added a Community Connector to Caleb's treatment plan. The Community Connector arranged transportation to property viewings and accompanied Caleb, helping him participate fully in the housing search. On move-in day, the Community Connector provided household essentials and groceries, while community transition funds covered furniture and food—ensuring the apartment was ready and welcoming upon his arrival.

A Successful Transition

Caleb was approved for an affordable apartment through the Statewide Referral Network and successfully moved out of the long-term care facility into his own home. His case manager helped secure outpatient psychiatry and primary care appointments within one week of discharge, supporting continuity of care during this important transition. Caleb reports attending appointments consistently and taking his medications as prescribed.

Now supported by a regional case manager, Caleb is doing very well in the community. He has continued building his independence, earned his driver's license, and purchased a car. What began as a complex housing search became a successful community transition through timely outreach, sustained advocacy, practical move-in assistance, and coordinated medical and social support.

**For privacy and HIPAA compliance, member names have been changed.*