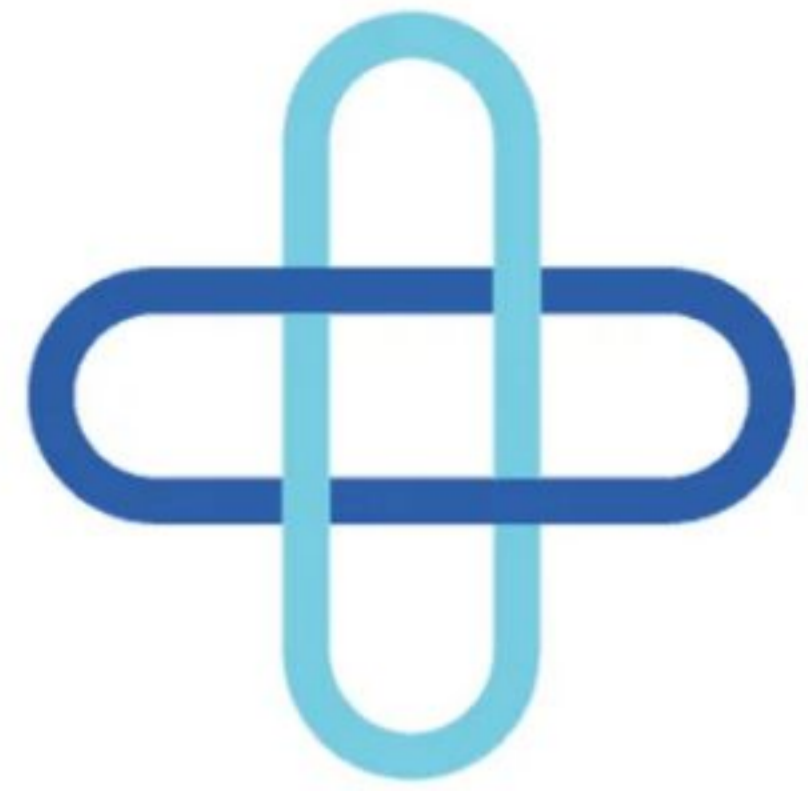


CHICAGO AND LAND  
HEALTHCARE  
WORKFORCE  
COLLABORATIVE

JUNE 2026 EXPANDED QUARTERLY MEETING

**Navigating Federal Changes:  
Impacts on the Health Workforce**

JUNE 2, 9-11AM | Malcolm X College



# CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE

## MISSION

The Chicagoland Healthcare Workforce Collaborative unites employers and industry partners to support an inclusive healthcare workforce, provide accessibility for unemployed and underemployed populations, and develop innovative responses to the evolving needs of the healthcare industry.

## STRATEGIC PILLARS

1

### Local & Targeted Hiring

Focusing recruitment efforts in areas with higher concentrations of unemployment

2

### Education & Training

Bridging the gap by uniting a variety of partners across the healthcare industry

3

### Retention & Career Pathways

Offering education & training opportunities to new career pathways for employees

# EMPLOYER-LED SECTOR PARTNERSHIP

- 12+ employer partners
- 20+ strategic partners



# WELCOME CO-HOSTS



MICHAEL REESE

## Staying Strong

is a flexible, rapid-response advocacy collaborative that convenes funders, policy experts, and community advocates when there's an urgent need for collective action.



**Health  
First  
Collaborative**

## Health First Collaborative

is a standing, resourced initiative that leverages pooled funding, shared learning, and shared governance to support community-driven public health solutions through collective learning and strategic investment.



## Public Health Workforce Collaborative

exists to coordinate, expand, and sustain the systems, structures, and supports necessary to assure a skilled, sustainable, responsive, and permanent public health workforce.

## Today's Objectives

- Examine some anticipated federal policy changes, and analyze the impact these policies will have on the healthcare workforce, and on our work as workforce development practitioners:
  - Medicaid & ACA cuts
  - Workforce funding cuts
  - Medicaid and SNAP work requirements
- Share knowledge and build connections amongst healthcare workforce leaders, educators, community organizations, funders, and advocates.
- Identify opportunities to work together to address policy change impacts.

## What we won't cover today

- Other federal policy changes that have or will impact the healthcare workforce and our work as workforce development practitioners:
  - Immigration policy changes: ICE raids, increased visa fees, visa pauses for 75 countries, decline in international student enrollment, etc.
  - Education funding changes: new caps to graduate loans for several health professions, introduction of Workforce Pell grants
  - More.
- The profound and devastating impact of these policy changes on our patients and communities.



# AGENDA

## PART 1: Federal Funding Changes Impacting the Health Workforce

- **Carrie Chapman**, Special Assistant for Eligibility Initiatives, Illinois Department of Healthcare & Family Services
- **Chris Warland**, Director of Policy & Advocacy, Chicago Jobs Council
- TABLE DISCUSSIONS

## PART 2: SNAP & Medicaid Work Requirements: What to Know & How You Can Help

- **Carrie Chapman**, IDHS
- **Matt Bruce**, Executive Director, Chicagoland Workforce Funder Alliance
- TABLE DISCUSSIONS

# Medicaid Overview and HR 1 Changes, Impact, and Timeline

May 4, 2026



**HFS**

Illinois Department of  
Healthcare and Family Services



**HFS**

Illinois Department of  
Healthcare and Family Services

## OUR VISION FOR THE FUTURE

# We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

## HFS Guiding Principles

- **Mitigate harm** as much as possible.
- Ensure eligible **Illinoisans receive and maintain the coverage and benefits** for which they qualify.
- Ensure the Illinois Medicaid program maintains the ability to **cover as many health care services as possible.**



# HR 1 Overview | HR 1 Medicaid Changes

 Effective date: ■ 2025-2026 ■ 2027 ■ 2028 and beyond

Category	HR 1 changes	Deadline(s)
Eligibility	Non-citizen eligibility reduction	Oct 1, 2026
	Community engagement (work requirements) for ACA adults	Jan 1, 2027
	6-month redeterminations for ACA adults	Jan 1, 2027
	Retroactive coverage limits	Jan 1, 2027
	Deceased member checks for disenrollment	Jan 1, 2027
	Multi-state address verification requirements	Jan 1, 2027
	Deceased provider checks for disenrollment	Jan 1, 2028
	Asset ceiling for long term care implemented	Jan 1, 2028
	HCBS waiver expansion allowed	Jul 1, 2028
	Cost sharing for ACA adults via co-pays	Oct 1, 2028
Financing	Abortion funding freeze	Jul 4, 2025 – Jul 3, 2026
	Provider and MCO tax changes	Jul 1, 2027-Oct 1, 2032
	Caps state directed payments	Jan 1, 2028
Oversight	1115 waiver budget neutrality	Jan 1, 2027
	Good faith administrative error payments reduced	Oct 1, 2029
	Rule delays (Medicare savings plan, Medicaid / CHIP eligibility, nursing home staffing)	Oct 1, 2034+

# HR1 Fiscal Impacts

# Budget Impact

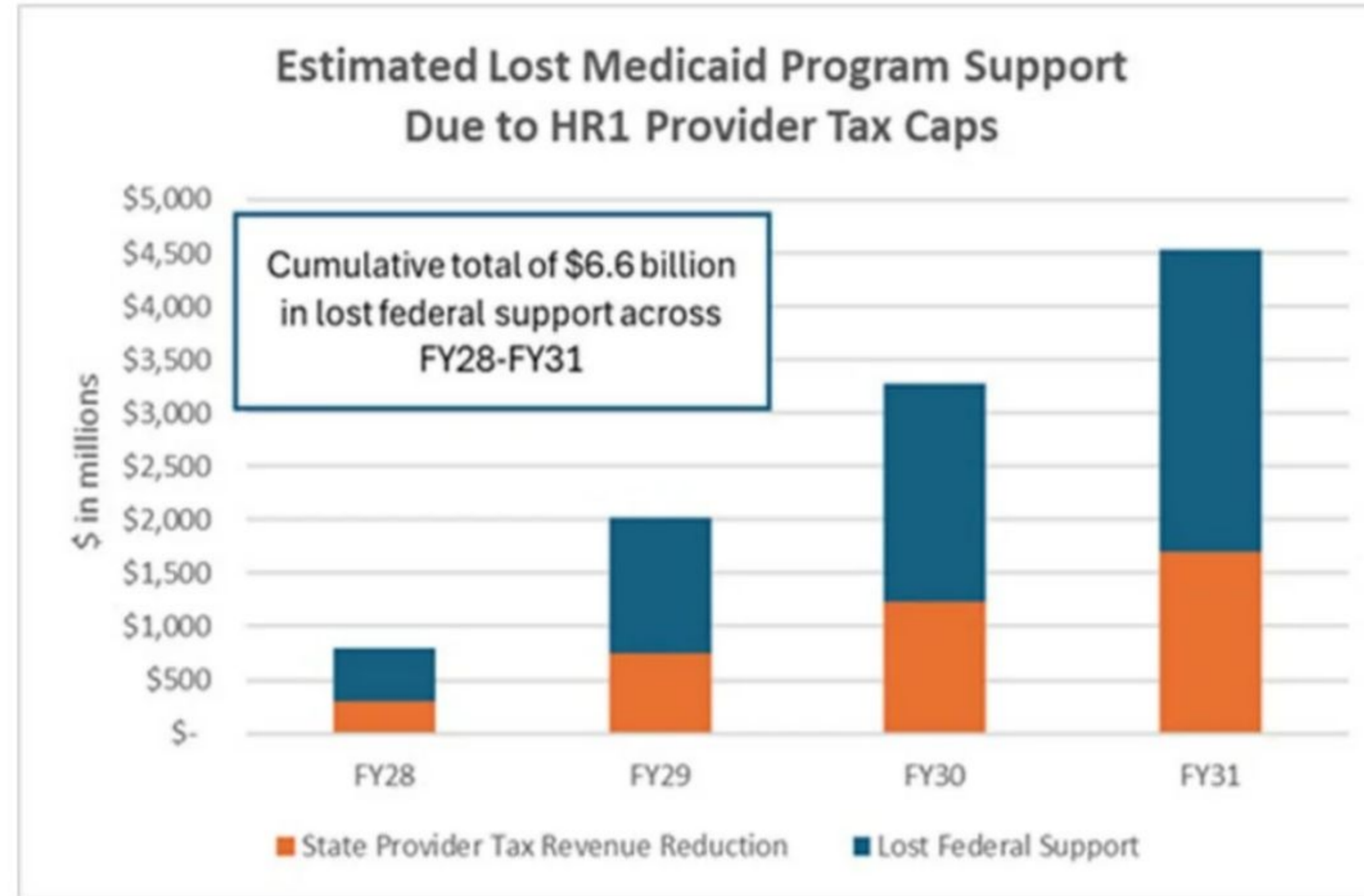
- Last year, more than **17% of the Illinois general funds budget** was for Medicaid.
- In State Fiscal Year 2024, Illinois received over **\$20 billion** from the federal government for Medicaid spending across the state. That amount made up about 62% of the total funding for Medicaid programs in Illinois.
- In State Fiscal Year 2024, **ACA expansion** alone brought in over \$7 billion to the state in federal revenue.
- **Cuts in federal funding under HR 1** will put pressure on the state budget, which could lead to reduced services and enrollment, as the state cannot make up the funding gap.
- **Coverage loss due to HR 1 changes** will put financial pressure on hospitals, clinics, and individuals.



# Summary | Financing Changes

Tax Assessment / Directed Payment	HR1 Changes	Effective Date	Total Annual Tax Revenues (\$)
MCO	Requires taxes to comply with revised federal "uniformity" standards.	July 1, 2027	\$2.4B
	Expansion states must phase down allowable provider tax rates from 6% to 3.5% of net patient revenues.	October 1, 2027 through 2032	
Hospital	Expansion states must phase down allowable provider tax rates from 6% to 3.5% of net patient revenues.	October 1, 2027 through 2032	\$3.1B
Nursing Facility	Requires taxes to comply with revised federal "uniformity" standards.	July 1, 2028	\$335M
State Directed Payments	Existing SDPs must be reduced by 10 percent annually until they reach the new limit of 100% of Medicare payment levels.	January 1, 2028+	\$3.4B

# HR1 Changes Beyond FY27: Financing



**If the state is unable to increase its funding share, after full implementation of the cuts, Medicaid support in Illinois will drop by \$4.5 billion annually by 2031, according to GOMB.**

# Federal Funding Outlook for Workforce Development

Implications for the  
Healthcare Sector



Chris Warland, Chicago Jobs Council  
June 2, 2026

29 E. Madison St., Suite 1700-C | Chicago, IL 60602-4415  
312.252.0460 | cjc.net

# Who We Are / What We Do

Chicago Jobs Council (CJC) is a membership-based workforce development intermediary that keeps jobseekers at the center of all we do. CJC:



**Advocates for jobseekers**, by researching current pressing matters for the field, develop recommendations and share them broadly to create systemic change.



**Builds capacity for workforce development field**, by developing curriculum that's offered through trainings, cohort learning and leadership academies based on our research of best practices.



**Influences City, State and Federal Policies** related to increasing funding for our public workforce system, creating equitable pathways and eliminating barriers to employment.

# Current Federal Funding for Workforce Development

- Workforce Innovation and Opportunity Act (WIOA)
  - The primary workforce funding source from the Department of Labor
- Other major workforce funding streams:
  - SNAP Employment & Training
  - Temporary Assistance for Needy Families (TANF)
- Legitimate challenges:
  - Siloing, complexity, lack of coordination

# The President's Budget Proposal: "Make America Skilled Again"

- Cuts federal workforce funding by \$1.2 billion
- Eliminates a dozen workforce programs, many serving special populations (opportunity youth, returning residents, Native Americans, seniors)
- Completely eliminates adult education funding
- Replaces program funding with block grants to states
- Prioritizes apprenticeships
  
- Currently reconciliation is stalled; likelihood of passage uncertain

# Other Factors Affecting Federal Workforce Funding

- Executive orders such as the elimination of the disparate impact standard threaten programs with a special population focus
- The Department of Government Efficiency (DOGE) delayed or canceled contracts and caused administrative bottlenecks
- Prioritization of manufacturing and industrial trades above other sectors and programs will mean fewer services for jobseekers facing barriers
- Workforce providers are responding by pausing programs, cutting budgets, and making contingency plans

# What This Means for the Healthcare Sector

- Likely disruptions to talent pipelines
  - The Healthcare sector relies on non-degree training programs to fill critical “middle skill” roles
  - Your training partners probably access some form of federal funding
- Fewer services for populations such as low-income workers, English language learners, and young adults, who benefit from access to healthcare employment
- Focus on manufacturing and apprenticeship could come at the expense of other sectors like healthcare

**Thank You!**



[chris@cjc.net](mailto:chris@cjc.net)

## TABLE DISCUSSIONS

In 90 seconds, introduce yourself and share: What impacts of federal funding cuts are you already feeling or anticipating?

## TABLE DISCUSSIONS

What might we do together to mitigate the negative impacts of federal funding cuts?

# What might we do together to mitigate the negative impacts of federal funding cuts?

Connect people to the opportunities to meet work requirements to keep the most people on Medicaid as possible.

Organize the health workforce to collectively advocate for policy change that protects their jobs and those they serve!

Understand who is funding what and try to coordinate and align dollars to make sure different sectors have support

Help the public sector to hire faster and better

Better coordination across silo'd systems (city vs suburbs) to be more patient centered and coordinated

Proactive/planned/organized approach across the different levels of impact - private funding to help education/training providers with Pell cuts, support for frontline staff at healthcare orgs to reduce disengagement, etc

How can we use Community Health Workers to fill in where we cuts will happen.

Extend this conversation to include experts in the areas that are going to lose hyper specific funding streams (youth, retiring residents, immigrants, etc.)

We can't privately fund our way out of this crisis, but timely private funding does make a difference for community organizations.

Leverage partnerships to maximize impact while possibly minimizing costs of service provision.

Ensure that we are educating impacted communities on how they could potentially be affected by federal funding cuts

Since the Fed is allowing the States to determine which programs are eligible for Workforce Pell Grants, the States can include healthcare training in their Workforce Pell Grants eligible programs

Make sure we share the experiences of real people to inform and activate general public

Elect politicians who aren't focused on lobby groups and focused on the people they are supposed to serve

Loudly highlight the harm in the media and out in the streets—and put the blame on the shoulders those who did this harm

Assess and understand workforce training programs-what can be shared across orgs through collaboration with artists

Stay optimistic?

Do better coordination of care across organizations to reduce duplication, allowing us to stretch our dollars further

Find external resources to supplement expected deficiencies. Look at alternative workforce options to sure up shortages.

Cross collaboration within each organization. What resources does your agency have that another patient can benefit from?

Outreach to other workforce partners to educate on Medicaid work requirement changes

If we cannot change the landscape we are having to operate in, we are attempting to better educate, support, and prepare the workforce (medical case managers) who will have to support individuals trying to navigate these complex systems (redetermination, work requirements, etc)

Fundraise with private donors to create scholarships programs to help reduce some of the gap in the budget cuts

Amplify GetMedicaidFacts.com which includes assets and resources about the changes to come

Leverage the CHW Medicaid/Medicare reimbursement to continue to support those who will be impacted most (and increase career pipeline into the role)





# AGENDA

## PART 2: SNAP & Medicaid Work Requirements: What to Know & How You Can Help

- **Carrie Chapman**, IDHS
- **Matt Bruce**, Executive Director, Chicagoland Workforce Funder Alliance
- TABLE DISCUSSIONS

# HR1 Medicaid Eligibility Impacts

# Who are ACA Adults?

This coverage group was established with the passage of the Affordable Care Act in 2010 to address coverage gaps for adults previously ineligible for Medicaid:

- Individuals aged 19 - 64 at or below 138% of the Federal Poverty Level (FPL)
- Do not have dependent children under the age of 18 in their household
- Do not fall into other eligibility groups such as Medicare, former youth in foster care, parent/caregiver relatives, or pregnant individuals
- *IL is unique: parent/caregiver relatives have their own eligibility category outside of ACA adults and are therefore excluded from work requirements under HR1*

# HR1 Medicaid changes: Eligibility

Four key eligibility changes with significant impacts take effect 1/1/27 or earlier

## 1 Work requirements

ACA adults need to meet work requirements or claim an exemption to be eligible

## 2 6-month redeterminations

Eligibility is redetermined every six months for ACA adults, instead of every twelve

## 3 Retroactive coverage limits

Reduces medical coverage pre-enrollment from 3 months to a) 1-mo for ACA adults and b) 2-mo for other groups

## 4 Non-citizen eligibility

Removes federal matching funds for certain previously eligible immigrant categories

*HR 1 changes are likely to drive disenrollment and coverage gaps*

# Summary | Eligibility Changes

## October 1, 2026:

### Non-citizen eligibility

- Limits federal matching funds for certain **previously eligible immigrant categories** (e.g., refugees, asylees)
- SB3462 / HB4824 are bills under consideration that would preserve coverage for legal/humanitarian immigrants, including those who would lose Medicaid effective October 2026 due to HR1 changes.
- [More Information to come](#)

## January 1, 2027:

### Community engagement for ACA adults

- Requires certain ACA adults to meet work or qualifying activity requirements as a condition of eligibility
- ~700,000 enrollees subject to compliance; an **estimated 165,000-300,000 at risk** of not meeting and not exempt
- All new applicants eligible solely under the ACA adult category must satisfy work requirements prior to eligibility determination

# Summary | Eligibility Changes

**January 1, 2027:**

## **6-month redeterminations for ACA adults**

- Requires eligibility redeterminations every **six months**, instead of every twelve

## **Retroactive coverage limits**

- Reduces retroactive coverage from 3 months to: i) **1 month for ACA adults** and ii) **2 months for other eligibility groups**

## HR 1 provides exemptions from work requirements for some populations and for individuals with certain circumstances, including:

- American Indians, Alaska Natives, and California Indians
- **Parents, guardians and caretakers of dependent children 13 years or younger or disabled individuals**
- Veterans with total disability ratings
- **Medically frail individuals**
- Individuals subject to Supplemental Nutrition Assistance Program (SNAP) work requirements
- Pregnant individuals or those receiving postpartum coverage
- Foster youth or former foster youth under age 26
- Individuals participating in a drug addiction or alcohol treatment and rehabilitation program
- Inmates of public institutions

# Work Requirements Compliance

Individuals subject to work requirements can satisfy the requirement in multiple ways:

- **Employment** = A minimum of 80 hours of work per month or a monthly income of \$580 (different rules for seasonal workers).
- **Community service** = A minimum of 80 hours of community service per month.
- **Work program participation** = Participation in a work program for a minimum of 80 hours per month.
- **Enrollment in an educational program** = Enrollment at least half-time in higher education or a career or technical education program.

**Any combination of these activities totaling at least 80 hours**

# Able Bodied Adults Without Dependents (ABAWDs)

# Summary of HRI's Cumulative Impact



**~440K**  
ILLINOISANS

Changes in HRI were initially estimated to impact more than **~440K Illinoisans who would potentially be subject to work requirements** and therefore be at risk of not receiving SNAP benefits.



**\$1B**  
ILLINOIS  
INDUSTRIES

Federal government's actions to pull back from SNAP investment could cause **wage losses of up to \$1 Billion** annually across Illinois industries along the supply chain from farms to tables.



**\$7.2B**  
ECONOMIC  
IMPACT

**Threatens \$7.2B in positive economic impact** for Illinois.



**~1.7M**  
ILLINOISANS

Compounded impact on more than **1.7 million Illinoisians** who rely on both SNAP and Medicaid.

## What is the Work Requirement?

- Federal policy that says certain individuals must work an average of 20 hrs/ week or a minimum of 80 hrs./ month to receive ongoing SNAP benefits for more than 3 months in a 36-month period
- Commonly referred to as ABAWD (Able Bodied Adult Without Dependents) Time Limits

## Who must fulfill the work requirement?

- Individuals ages 18-64
- Fit for employment
- Do not live in a SNAP household with a child age 13 or under
- Do not qualify for an exemption

## When did these rules go into effect?

- February 1<sup>st</sup> 2026
- Previously, IL had a statewide waiver that exempt us from implementing the work requirements. Due to changes made in HR 1, we no longer qualify for a statewide waiver

- ABAWDs can only get SNAP benefits for **3 months in 3 years** unless they meet the work requirement or are otherwise exempt.
- ABAWDs can get SNAP benefits again during the 3-year period if they **become exempt or start meeting the work requirement.**



- A “countable month” is any month in which an ABAWD receives a FULL month of benefits while not fulfilling the ABAWD work requirement or otherwise exempt.

### Early 2026: Awareness & Preparation

- Changes to Medicaid are coming in late 2026 and 2027
- Please update your contact information
- Illinois will provide advance notice

### Mid-2026: Broad Public Awareness

- Some adults will be impacted
- Many Medicaid customers will be exempt
- Advance notifications will **only go out to impacted customers**

### Fall 2026: Targeted 90-Day Notices

- Individualized notices sent to impacted customers only
- Clear instructions, deadlines, and help options

### January 2027 and Beyond: Go-Live & Reinforcement

- Reminders and ongoing support
- Focus on preventing avoidable coverage loss

# Communications Timeline

Be Aware/Update  
Your Contact  
Information

Notify/Instruct  
Impacted  
Customers Only

Customers  
Take Action  
if Needed



**JobReadyIL.com**



# Qualifying Work Programs

- The Governor (with IDHS/DCEO) set Illinois' guidelines for Qualifying Work Programs for SNAP eligibility purposes
- Pre-existing State and Local workforce programs are added to the list via an IDHS process and verification protocols are being set up
- Job Ready Illinois is a companion solution
  - On the “Approved List”
  - Reach state-wide with “unlimited slots”



# Origins of Job Ready Illinois

- Idea originated with State of Illinois – an DCEO/IDHS partnership
- Ownership (and funding) needed to be separated from both agencies
- Foundations (CWFA, OWF) stepped in to further develop concept
- The Innovation Nexus – ideal, pre-existing entity to host what needed to be a public/private partnership. The Nexus is hosted at Forefront



# Main Landing Page

**JobReadyIL.com**

- Simple landing page to make navigation easier
- Basic information about Job Ready Illinois and work requirements
  - Includes links to IDHS and other help resources
- Directs users to one of two content platforms based on geography



# Primary Content Platform: Customized LMS through Thinkific

- Content presented in 20-hour units
  - Unit is 10+ hours of learning with independent job search for remaining time
- Content provided by local workforce partners
  - Showcasing expertise and available resources in Illinois workforce system
- Program certificate showing 20, 40, 60, or 80 hours of work
  - User must upload to My Case or deliver to FCRC
- Everyone takes the first 4 units which cover the workforce system and career readiness topics like executive functioning and career navigation



# Primary Content Platform: Customized LMS through Thinkific

Job Ready IL
Sign In

🏠 JOB READY IL

## Job Ready Illinois Workforce Program

Looking to earn SNAP work hours? Job Ready IL can help! Job Ready IL is a free online training program for anyone who lives in Illinois. Everyone starts with these four courses. Then, you can take any courses you like.

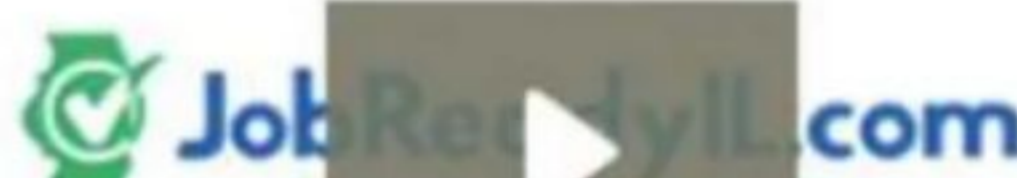
New content is added all the time. Be sure to check back often and see what's new!




*This program is approved by the Illinois Department of Human Services (IDHS) as a Qualifying Work Program for the SNAP Work Requirement.*








- ✓ Learn how to get ready for, find, and keep a job you like.
- ✓ Earn 20, 40, 60, or 80 SNAP work hours each month.
- ✓ Start here to learn the basics. Then, take any courses that interest you.

START NOW


### Who is behind Job Ready IL?



▶ 2:25
CC
🔊
⚙️
📺


2
👀 1
😞 1



# Secondary Content Platform: Metrix Learning

- Risk management strategy, and opportunity for multiple options
- Testing with up to 3000 users
- Off-the-shelf content (7000 courses)
- Multiple languages
- Can print user activity report and submit to IDHS
- Telephone, email, and online support available
- Other features



# Secondary Content Platform: Matrix Learning

Plan Catalog Career Search Account Help

Hi JobReady IL  
You have 169 days left on your license.  
It will expire on Sunday, September, 13 2026

### Your Progress

Period	Started	Finished	Hours
This Year	3	1	1.5
All Time	5	1	1.5

### Your Courses

View Your Plan

Add Courses

## Career Pathways

Research and Choose the Path to Success

Get Moving

Pathways Catalog



# Reception to Date and Next Steps

- Over 2,000 enrollments in just 2 months.
- Over 800 achieved some level of hours towards SNAP eligibility
- Over 400 achieved the highest level of enrollment (80hrs/mth)
  
- Next steps in 2026
  - Continue to add content
  - Exploring merger of two versions
  - Improve accessibility and user experience
  - Prepare for Medicaid Work Requirements



# Thank You!

## Questions or Feedback?

Email: [Partner@jobreadyil.com](mailto:Partner@jobreadyil.com)



## TABLE DISCUSSIONS

- 1) In what ways do you/your organization already support people who need to meet work requirements?
- 2) Given the current landscape and anticipated changes, what else could you/your organization consider doing?

# What can you/your organization do to support people who need to meet work requirements?

Share accurate information and resources

Be honest and transparent with impacted communities

Work with job ready Illinois to translate and/or add to their courses

Will be happy to work on apprenticeships and employment pipeline. Manoze Kaushal AD Malcolm X College. mkaushal@ccc.edu

**Manoze Kaushal**

We currently have a volunteer program at Uic .

**Marilyn atkins**

Fund organizations who work with immigrants to document what these changes mean for immigrants in IL

How can tech be leveraged to have a frictionless experience for people navigating the changing landscapes

Work with employers partners who can help create very flexible roles to accommodate those individuals who can't work even part time jobs yet helps them meet their requirements

**Pedro G**

Gather resources into one central location to help navigate the options available. Continue to outreach for redetermination in order to keep patients connected to care

**Dara Basley**

Share resources with grantee partners around work requirements so they can push it out to their respective communities & program participants

People who have volunteer organizations should connect with Serve Illinois to publicize their opportunities.

Advocate for the Feds to exempt the most people possible from work requirements, and accept the lowest lift verification of work requirements. The new 400 page rule has a comment period through July 31, 2026. :)

**Meghan Carter**

Raise this up as an issue candidates running for federal office must address and answer for (in a c3 compliant way)

Consider creative communications campaigns co-designed with artists, and people who may be impacted.

Allow colleagues to work during peak periods only or "swing shifts."

Allow colleagues to volunteer during non-work hours that meet their needs.

**Shawnda Morris**

Include in workforce planning efforts; & ensure frontline CHW staff educate and share jobreadyIL resource with community members at risk for losing benefits

Rush Education and Career Hub (REACH) can share some of its workforce development workshops in the JobReadyIL.com (Brandon Taylor)

**Brandon Taylor**

I recommend working with instructional design education programs at colleges for students to help develop content for JobReadyIL.com - a win win scenario (Brandon Taylor)

**Brandon Taylor**

Explore how the Community Information Exchange can be leveraged to help with some of the navigation and documentation can be shared

## How to Learn More & Get Involved

- Tune into HFS Webinar Series on Medicaid cuts
- Join Protect Our Care IL
- Join the Medicaid Impact Working Group convened by Cook County Health
- Help spread the word GetMedicaidFacts.com toolkit
- Help spread the word about Job Ready Illinois; respond to upcoming RFQ to build more modules
- Stay informed and get involved in workforce funding advocacy with Chicago Jobs Council & National Skills Coalition

Please Share Your Feedback!



CHICAGOLAND  
HEALTHCARE  
WORKFORCE  
COLLABORATIVE

