

February CM Webinar

Wednesday, February 18th, 2026

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Clinical Training Manager



Meeting Schedule

Wednesday, February 18th, 2025

- 1. Cindy Miguel -LGBTQ+ sensitivity training- (20 Minutes) .**
- 2. Leah Anderson- Eventa ERC Program Evolent (20 mins)**
- 3. Lauren Dillon-SNAP work requirements – (5-10mins)**
- 4. Kasey Reid-Parker- HSAG 2025 Compliance File Review Remediation (10 minutes)**



Inclusive Data Collection: LGBTQ+ Sensitivity and Non-Stigmatizing Practices

Best Practices for Collecting Demographic data including Sexual Orientation and Gender Identity (SOGI) Data

Presented by:

Version: Annual 2026 Training



Agenda

- I. Learning Objectives
- II. LGBTQ+ Health Disparities
- III. Collecting Sex, Sexual Orientation and Gender Identity (SSOGI) Data?
- IV. Key Terminology
- V. Core Principles for Inclusive Data Collection
- VI. Confidentiality and Privacy
- VII. Recommended Questions and Scripts
- VIII. Gender-Affirmed Care
- IX. Q&A

Learning Objectives

1

Understand the importance and impact of collecting SOGI data.

2

Define key terms related to sexual orientation and gender identity.

3

Understand the related privacy and confidentiality concerns for collection and locate the CountyCare associated Policies to address.

4

Apply best practices to collect demographic data in a non-stigmatizing and inclusive manner.

Training Audience includes all member-facing staff (internal and delegated)

LGBTQ+ Health



Lesbians are less likely to get preventive services for cancer.

LGBT youth are 2 to 3 times more likely to attempt suicide

Transgender individuals have a high prevalence of victimization, mental health issues, and suicide



LGBT youth are more likely to be homeless.

Research suggests that lesbian, gay, bisexual, and transgender (LGBT) individuals face higher rates of injuries, illnesses and deaths linked to years of societal stigma, discrimination, and denial of civil and human rights

1 in 5 people have been refused medical care because of their transgender or gender-nonconforming status

LGBT populations have the highest rates of tobacco, alcohol, and other drug use.



Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.



Only two-thirds of physicians said they felt they'd received enough education to provide care for transgender patients

A 2018 survey of healthcare providers found **three-quarters of clinicians** said they had never encountered a transgender person.



72% of providers did not feel comfortable with providing for the health care needs of the LGBTQ community

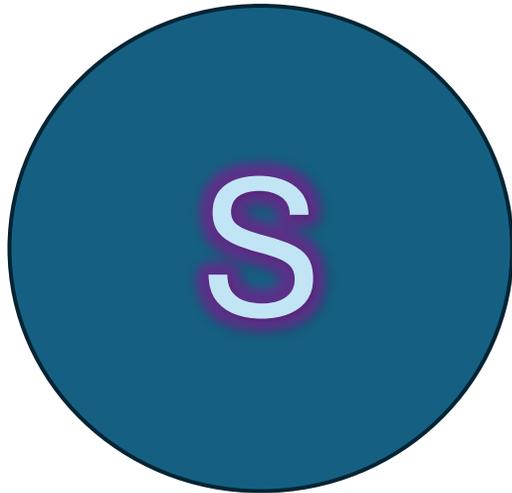
Collecting SSOGI Data



Section 1557 of the Affordable Care Act

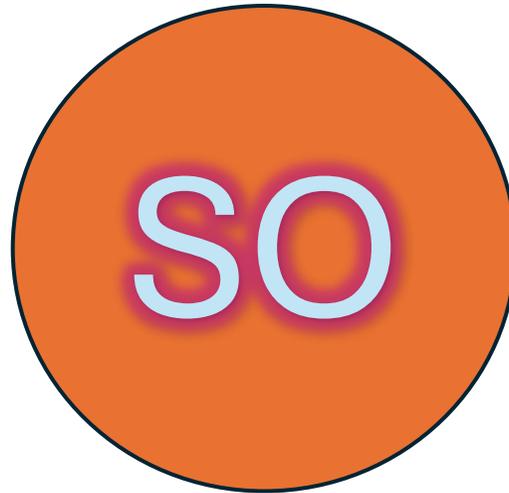
Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title I of the ACA. Section 1557 has been in effect since enactment of the ACA.

What is SSOGI?



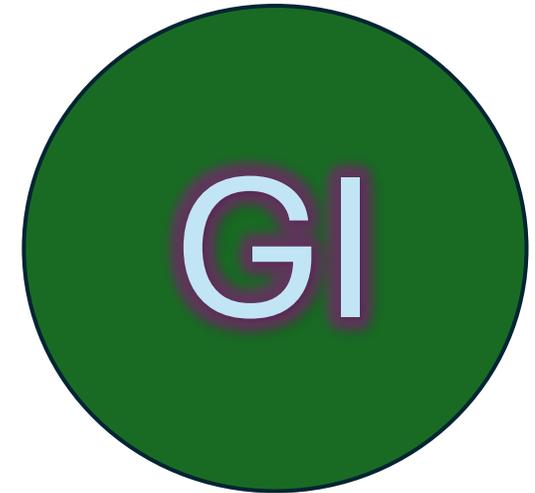
SEX

Given by a medical professional at birth, typically based on physical anatomy.



Sexual Orientation

A person's emotional and sexual attraction to other people, which can include identities such as gay, lesbian, bisexual, straight, queer, and pansexual.



Gender Identity

A person's internal, deeply-held sense of their own gender, such as man, woman, nonbinary, or another identity. This is experienced in one's head and may or may not align with the sex assigned at birth (cisgender or transgender).

Member Demographics are a part of Patient Centered Care

CMS Framework for Healthy Communities



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

CMS strives to improve our collection and use of comprehensive, interoperable, standardized individual-level demographic and social determinants of health (SDOH) data.



Why Collect SOGI Data?

Purpose: Data collection is crucial for understanding and addressing challenges faced by our members.

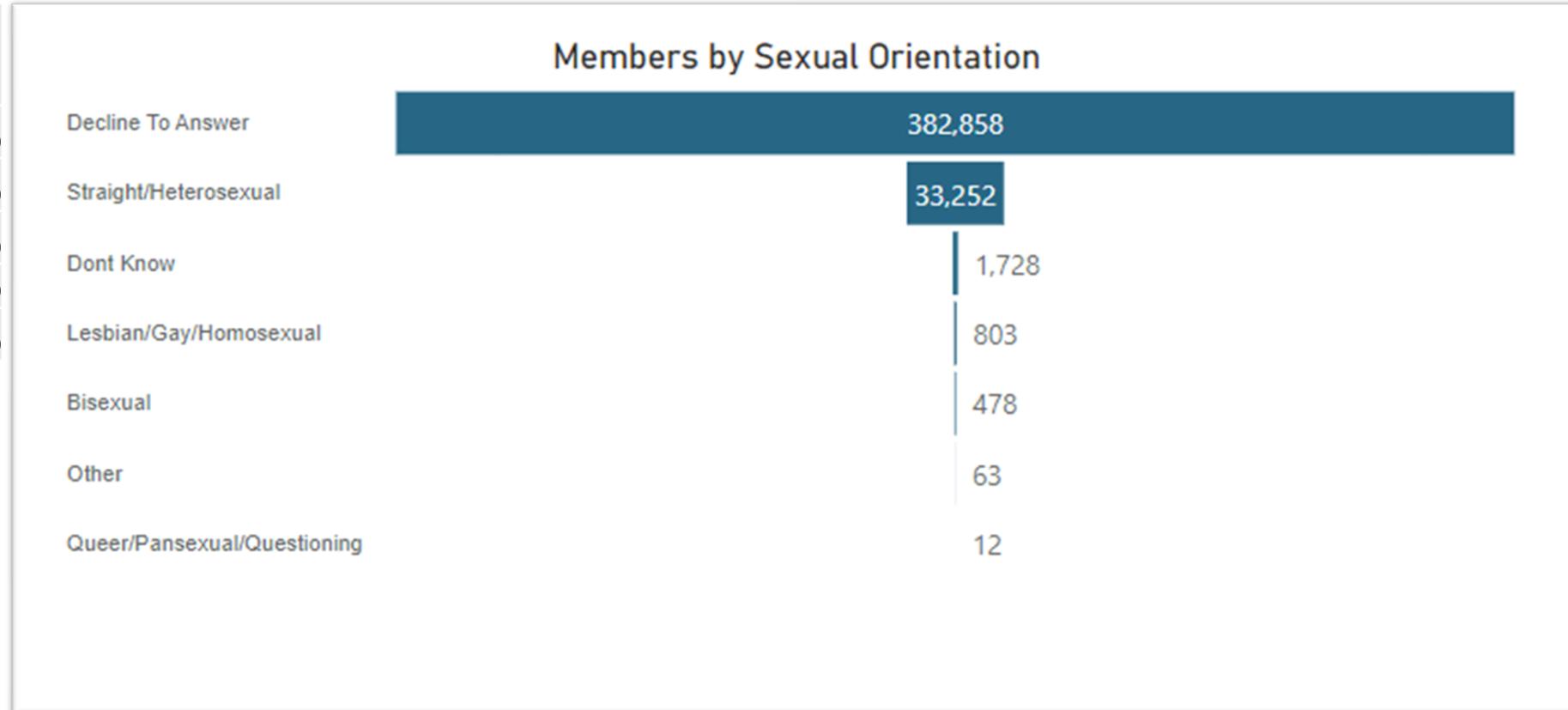
- **Identify Needs:** Uncover community-based needs and health disparities.
- **Improve services and programs:** Provide high-quality, relevant, and affirming services and programming.
- **Track disparities & Discrimination:** Monitor trends and address inequalities.
- **Shape policy:** Develop evidence-based solutions for equity.
- **Ensure inclusivity:** Show that your organization is making an effort to be welcoming and inclusive.

CountyCare Membership (November 2025)

Need for increased demographic data collection – Language, Race/Ethnicity, and SOGI

Gender (groups)	#	Percent
Female	222,980	53.2%
Male	192,307	45.9%
Other	3,897	0.9%
Genderqueer	10	0.0%
TOTAL	419,194	100%

While we have made some improvements in our SSOGI data collection, we still have a significant percent of missing data.



Key Terminology

SHE / HER

HE / HIM

THEY / THEM

Terms to Know

Gender Expression

How a person outwardly presents their gender through clothing, mannerisms, and appearance.

Transgender gender

identity and umbrella term for people whose gender differs from, or does not sit comfortably within, the gender they were assigned at birth.

Cisgender

someone whose gender identity aligns with their sex assigned at birth.

Non-Binary

A gender identity and an umbrella term for people whose identity falls outside the gender binary.

Gender euphoria

The feeling of harmony with our gender, experiencing comfort in our body as it relates to gender and being seen consistently by others as we see ourselves.

Gender dysphoria

Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Terms to Know

Assigned Sex at Birth

Medically defined as the distinguishing biological features of a person that they are born with

- Female – Assigned Female at Birth (AFAB)
- Male – Assigned Male at Birth (AMAB)
- Intersex

Gender Identity

A person's internal, deeply-held sense of their own gender, such as man, woman, nonbinary, or another identity. This is experienced in one's head and may or may not align with the sex assigned at birth (cisgender or transgender).

Sexual Orientation

A person's emotional and sexual attraction to other people, which can include identities such as gay, lesbian, bisexual, straight, queer, and pansexual.

Sexuality

Refers to one's sexual, physical and emotional attraction to others

- Asexuality - Someone could also experience an absence of sexual attraction towards others
- A person's sexual orientation can be fluid and change over time

Gender vs. Sex

Two very different concepts!

- While one's gender is not necessarily determined by biology, their sex is. Gender is dependent upon a person's self-perceptions and expressions.
- Sex is primarily used for the defining of a person's physical and bodily characteristics.

Pronouns

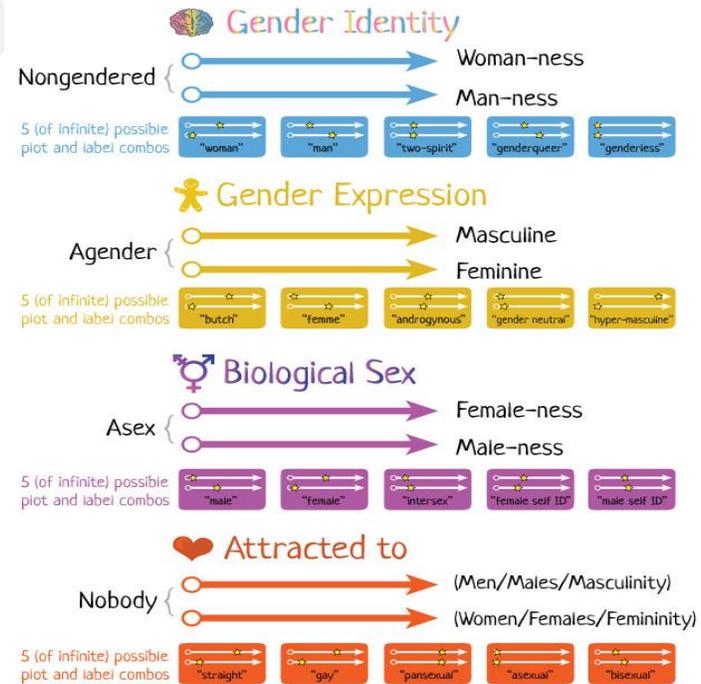
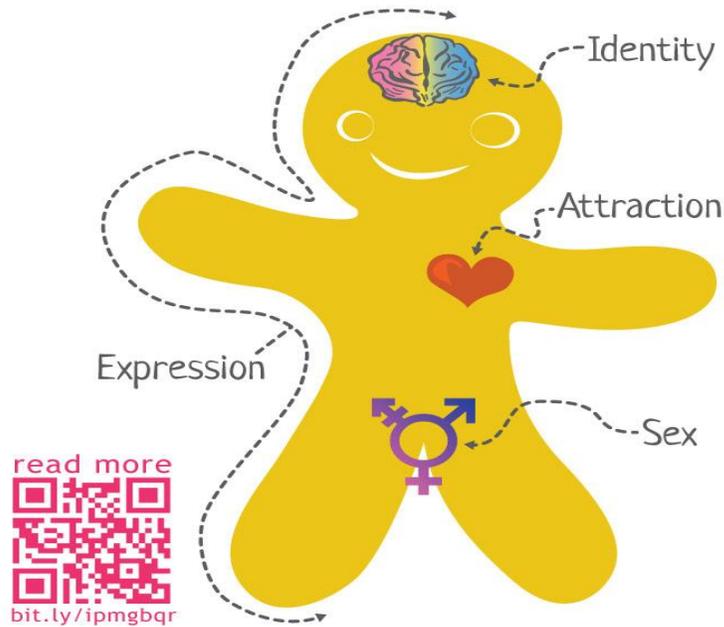
The words we use to refer to a person when not using their name.

(He/Him, She/Her, They/Them)

Gender Identity, Expression and Sex-Assigned at Birth

The Genderbread Person v2.0 by its pronounced METROsexual.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



Intersex: is **not** a gender identity and should not be lumped under the trans umbrella. It describes someone born with anatomical, hormonal and/or chromosomal variations in their sex characteristics. Some intersex people self-define as trans and/or non-binary, others with the gender they were assigned at birth.

Core Principles for Inclusive Data Collection



Core Principles for Inclusive Data Collection

- Data collection should be **Intentional**, with a clear goal.
- Be **Transparent** about why data is collected and how it will be used.
- Ensure **Privacy & Confidentiality**.
- Participation should be **voluntary**.
- Promote **Inclusivity** by avoiding "othering" language.

Non-Stigmatizing Communication Practices

By adopting these practices, you can ensure your communication is respectful and inclusive of all individuals.

- Avoid using "Mr." and "Mrs." by default and instead opt for more inclusive practices.
- Use the person's full name: In professional settings, addressing someone by their first and last name (e.g., "Dear Jane Doe") is generally the most neutral and best choice if you are unsure of their preferences.
- Ask for their preferred title/pronouns: The most respectful approach is to simply ask people how they prefer to be addressed. This can be done directly: "How would you like to be addressed?".
- Use a professional or academic title: If the person has a professional title (e.g., Dr., Professor, Captain, Reverend, etc.), use that title, as these are gender-neutral.
- Omit titles entirely: When in doubt or addressing an audience, avoiding honorifics altogether is a safe, modern, and inclusive option (e.g., "Hello everyone," "Dear colleagues").

Data Confidentiality, Privacy, and Security



Ensuring Confidentiality, Privacy & Security

- Communicate to members that their data is confidential and protected. Demographic data collected is held to the same standard HIPAA related data:

“CCH will comply with the HIPAA requirements regarding the use and disclosure of patient and health plan member PHI. Where applicable or as required by law or accreditation standards, CCH will apply the same standards to non-PHI data, including but not limited to race, ethnicity, language, gender, and sexual orientation data.” *Policy: HIPAA: Permitted Uses and Disclosures of PHI*

All CCH staff, vendors must also comply with the CCH HIPAA policy and treat demographic data as HIPAA-related data.

Ensuring Confidentiality, Privacy & Security

– *What does it look like?*

- Explain the purpose of the data collection
 - “CountyCare is making an effort to gather information about our members in order to better understand your needs and provide equitable care.”
- Reinforce that providing answers is voluntary and will not impact the care they receive
 - “Your answers are voluntary and kept completely private. There is no right or wrong answer. We ask everyone these questions to help make health care more welcoming and inclusive.”
- Share who will have access to the data
 - “Your answers will not be shared with anyone outside of your care team.”
- Offer access to detailed policies and procedures
 - “A full copy of our policy on how we keep your data safe and private can be found on our website at countycare.com.”

Recommended
Questions | Scripts



Recommended Question Formats

- **Explain the Purpose:** Always state why you are collecting the data and how it will be used (e.g., to improve services and ensure inclusivity,).
- **Assure Confidentiality:** Explicitly state that the information will be kept private and secure and not used for discriminatory purposes.
- **Use Inclusive and Modern Language:** Use the term "sexual orientation" instead of "sexual preference" or "lifestyle".
- **Make the Question Optional:** Allow members to skip the question and provide reassurance.
- **Avoid Assumptions:** Do not make assumptions about the person's identity based on their voice, name, or other information.

Creating an Affirming Environment

- Ensure all staff and providers complete LGBTQ+ Sensitivity training and Cultural Humility training.
- All staff regardless of position or role should be trained on the use of non-discriminatory, inclusive, and affirming language.
- Design assessments and call scripts to consider all aspects of individuals and be mindful of LGBTQ+ experience.
- Ask about members preferred way to be addressed, preferred name, pronoun usage.
- Avoid assumptions and using misconceptions about the LGBTQ+ population.
- Apologize if you make a mistake

Examples Prompts*

We acknowledge that it can feel uncomfortable at first to ask questions on SSOGI to members. However, having this information accurately captured will help us all provide the best services to CountyCare members. If your organization already has a script, please follow it. Here are some example prompts you may use to explain why we collect these data.

- “I have a few simple questions to ask you about yourself. I am gathering this information to ensure that you are receiving the best quality of service.”
- “We ask all our clients about their sexual orientation and gender identity so we can make sure that you get the service you need. This is meant to be a comfortable and safe environment, where you can show up as your whole self.”
- “This information helps us better understand the communities that we serve. It helps us meet individuals’ needs and preferences and provide the best service possible.”
- “Asking for your sex assigned at birth helps staff ask the right questions and provide effective service based on the needs of the individual.”

Best Practices -Pronouns

- **Avoid assuming** someone's pronouns based on factors like appearance.
- **Avoid gendered terms** if you are unsure of what to use. Work on inclusive language.
 - Mr./Miss/Mrs. "sir" "ma'am" "miss" "young man" "young lady"
- If you are unsure which pronoun to use, wait for an appropriate moment and **simply ask**.
 - Until a patient's gender pronouns are known, it's best to refer to that patient by name.
 - Indicate the pronouns you use first – this gives people an opportunity to say theirs too.
 - *"Hello, I'm Kai. My pronouns are they/them. What pronouns do you use?"*
- **Practice!** Making changes in your speech can be a challenge and awkward. Practice with colleagues, work on incorporating a quick mention of pronouns at the beginning of all new patient visits.
- **Made a mistake? A short apology** and a correction to the proper pronouns is usually all that's necessary.

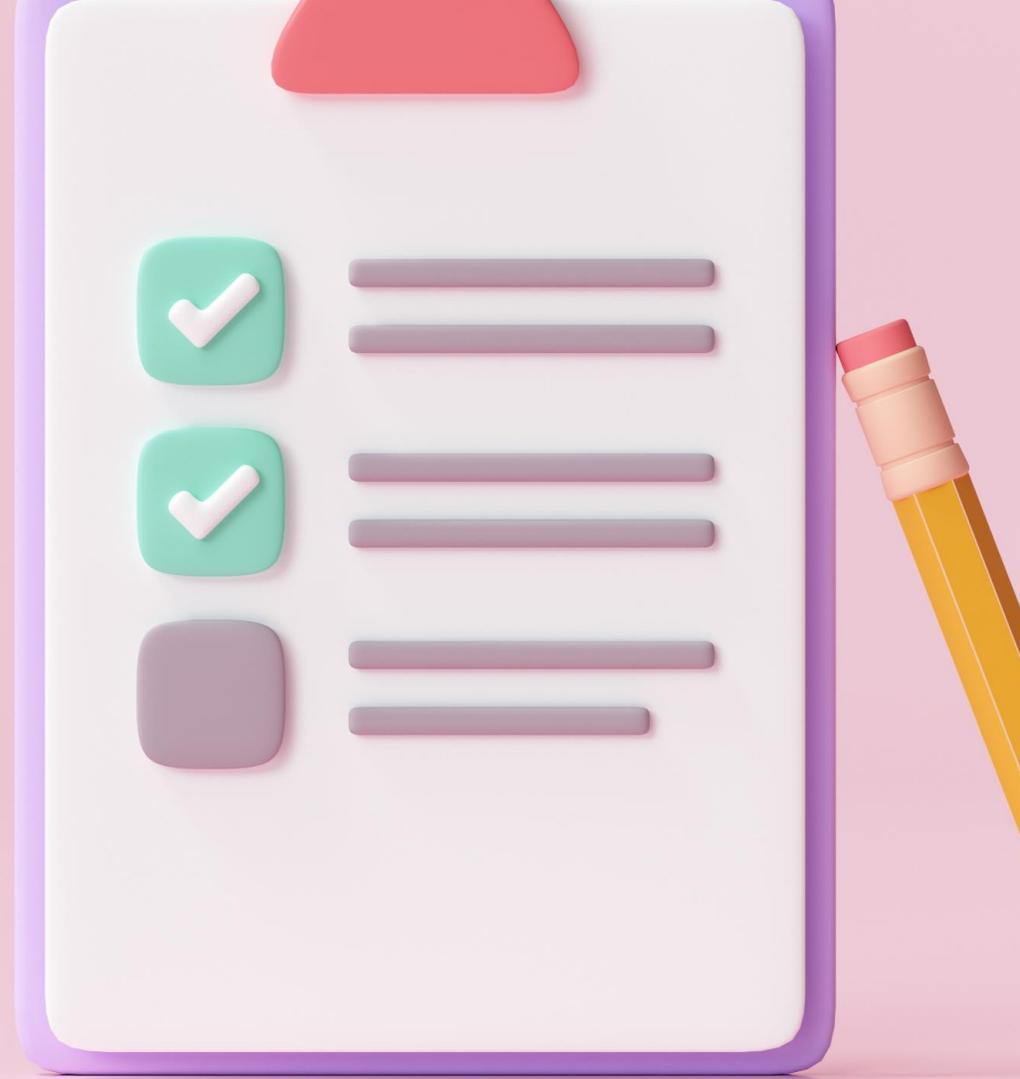


“How would you like to be addressed?”
“What pronouns do you use?”
“Are you comfortable sharing your pronouns?”

Examples of Pronouns:

He/him
They/them
She/her
She/they
Ze/zir

Next Steps and Resources



Next Steps

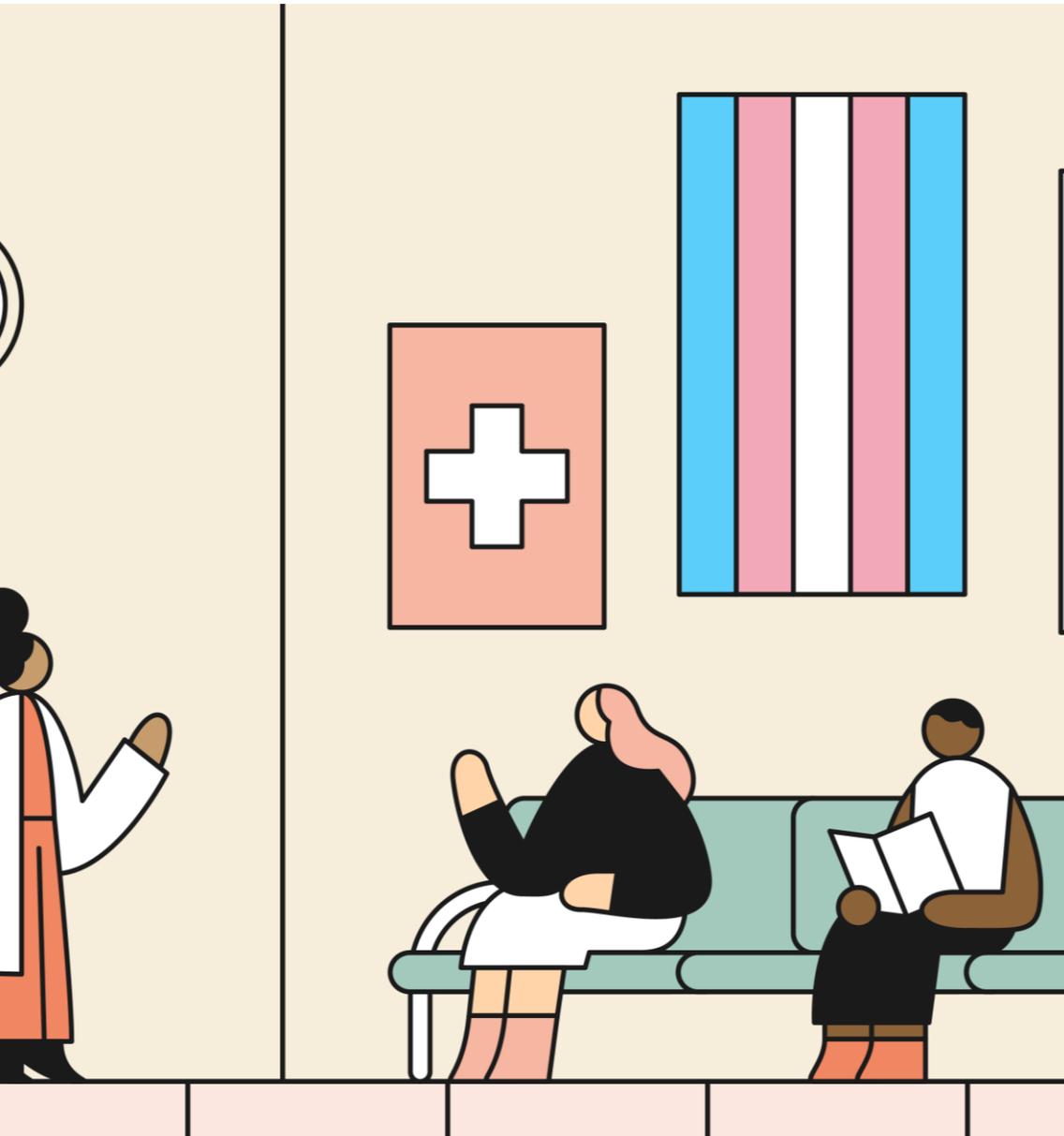
- **Review!** and familiarize yourself with your specific departmental call scripts
- **Practice!** Making changes in your speech can be a challenge and awkward. Practice with colleagues, work on incorporating a mention of pronouns at the beginning of member calls.

Community Resources



- **Broadway Youth Center by Howard Brown Health**
 - Provides free resources and support to LGBTQ youth 12-24 experiencing homelessness including social, educational and health services
- **Brave Space Alliance**
 - Black- and trans-led organization that works to empower and provide resources to queer and trans people, particularly those of color.
 - Community food pantry, housing resources, employment resources
- **Transformative Justice Law Project of IL (TJLP)**
 - Name Change Mobilization
 - Free legal services with a focus on gender-affirming legal services
- **Center on Halsted**
 - Offers a variety of programs including support peer groups, rapid HIV testing, housing for older LGBTQ people, therapy and job training
- **Affinity95**
 - Black led, queer led organization on Chicago's Southside dedicated to social justice in Black LGBTQ+ communities
- **The Crib by The Night Ministry**
 - Provides emergency housing and other services to young Chicagoans

Other Organizational Best Practices



Inclusive intake forms

- ✓ Legal name for insurance
- ✓ chosen name/nickname
- ✓ sex assigned at birth
- ✓ sex listed on insurance policy pronouns
- ✓ gender identity
- ✓ sexual orientation

De-gendered language for health services

- ✓ “vaginal health” vs. “women’s health”
- ✓ gender-neutral bathroom access
- ✓ mandatory LGBTQIA+ health competency

Visibility

- ✓ Display brochures and Educational materials about LGBTQ health
- ✓ Staff wearing their own pronoun pins
- ✓ Visibly post nondiscrimination policy posters, flags or art

Email Signature Example

Cindy San Miguel, MPH
Director of Health Equity,
CountyCare
Pronouns: She/Her/Ella (Learn more [here](#))
www.countycare.com

Gender-Inclusive Care

Gender-affirming care

- A range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual's gender identity.
- Medical: hormone replacement therapy (HRT), mental health services, reproductive health, facial surgery, breast augmentation, hysterectomy/orchiectomy, phalloplasty/vaginoplasty
- Legal: legal name change, gender marker change, State ID/Driver's License update, birth certificate, social security card and medical record
- Social: coming out, using a new affirming name, preferred pronouns, gender expression classes, community support network, clothing and aesthetic

Medicaid Coverage

- Hormone therapy is covered
- Gender-affirmed surgeries are covered under the following circumstances:
 - Member is 18 years old
 - Member is able to provide consent
 - Member is diagnosed with gender dysphoria

CountyCare is committed
to inclusivity and respect
for all individuals.



Questions | Discussion



Thank you

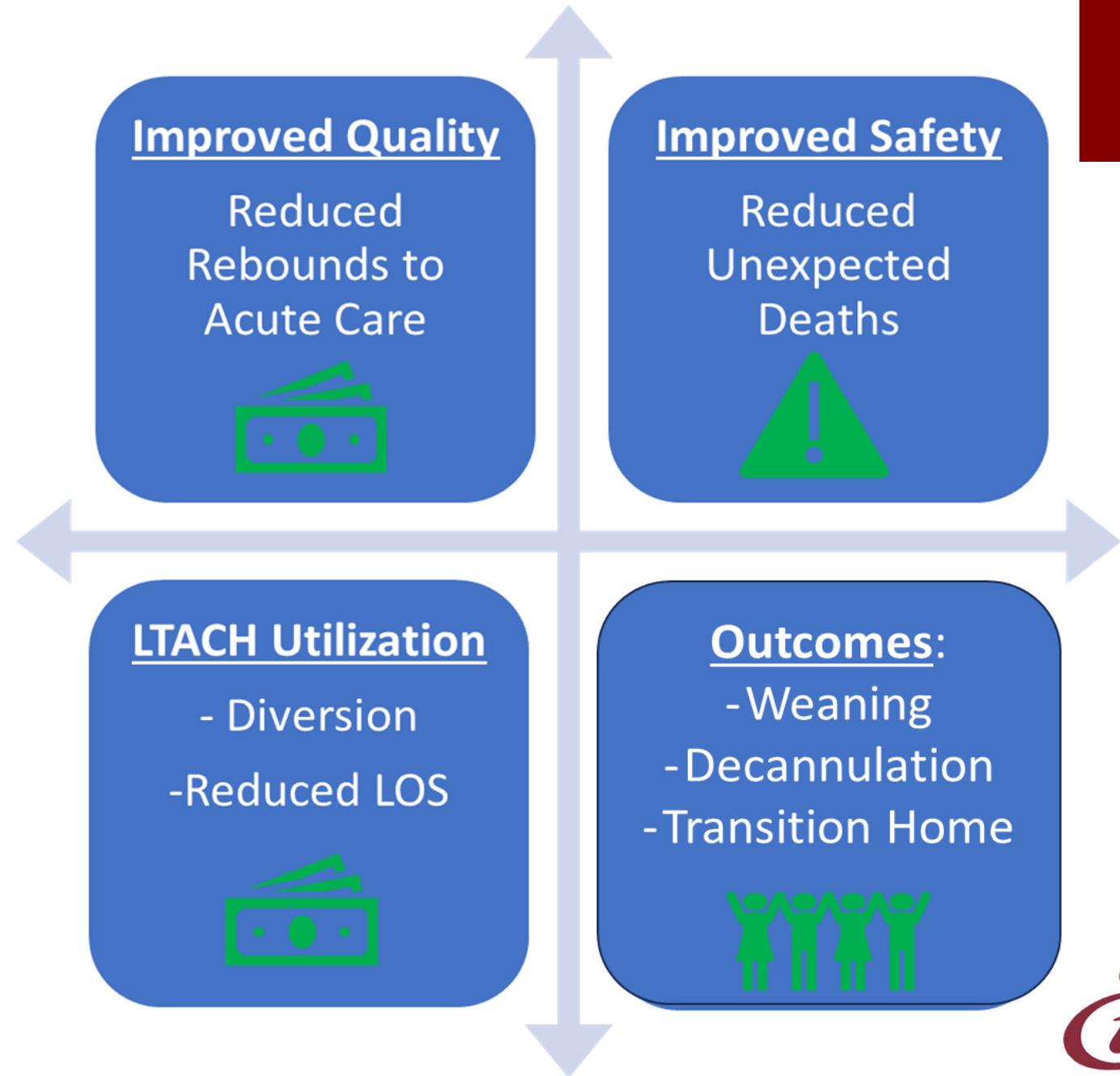


Eventa[®]
Outcomes for Life[®]

Enhanced Respiratory Care
ERC

ERC Program Tenets:

- Better for your Members
- Better for your Bottom Line



What is an ERC Program?

ERC Program Add on Payments are offered to **select providers** who agree to meet minimum requirements to care for high-acuity respiratory (vent and/or trach) patients within the walls of a **Skilled Nursing Facility** with a core focus on **Safety, Quality of Care, and Outcomes**.

Facilities must meet Minimum Requirements and Key Performance Indicators for Quality including:

Improved medical oversight

Improved staffing

Improved use of technology

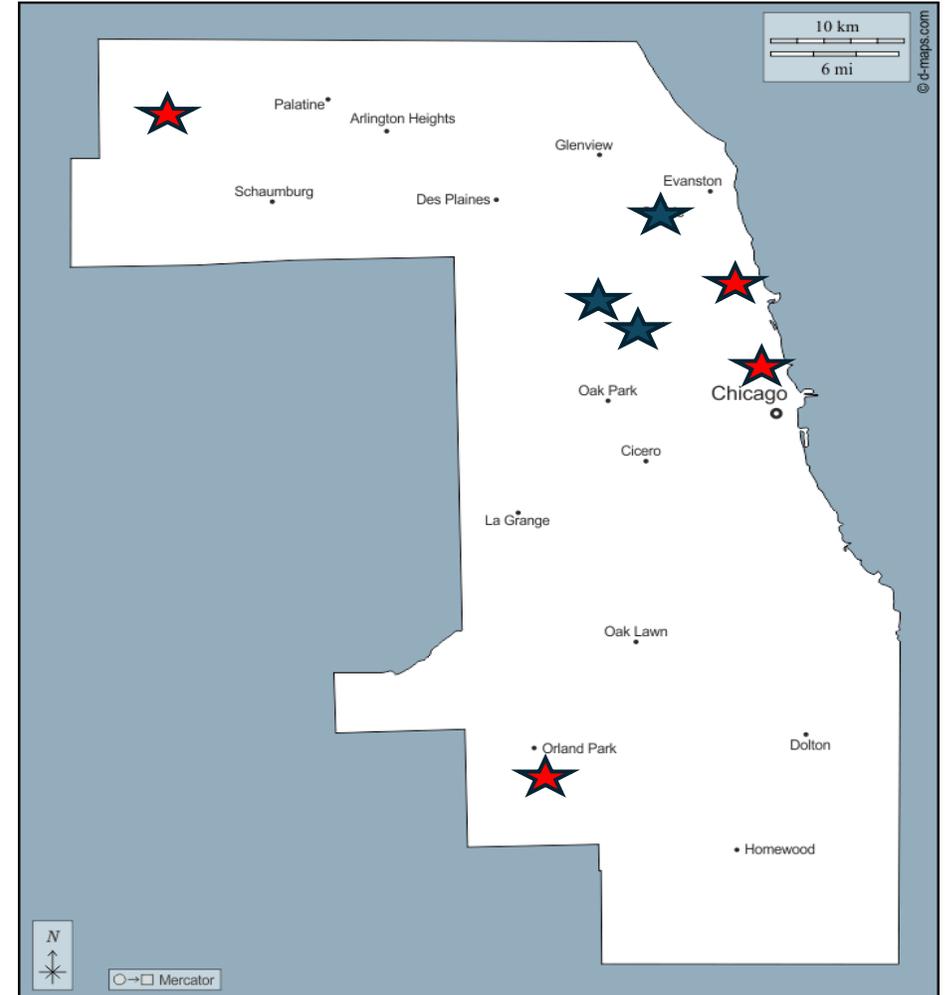
Improved training and competencies

Focus on **quality outcomes, weaning, reduced complications, and hospital readmissions.**

Quality and Outcomes **drive add on payment based on performance**

ERC Chicago SNF Locations

- **Alden Barrington**
- **Alden Lakeland**
- **Alden Orland Park**
- ***Elevate Care Chicago North**
- ***Generations Oakton**
- ***Generations Regency**
- **Warren Barr South Loop**
*Dialysis Services Available



Why ERC is important?

State Plan Amendment
(SPA) #23-0033

January 2024

Vent add on rate
change:

- Previous: \$208 per day
- Current: \$481 per day

**131 %
Increase**

This has incentivized
SNFs to stop weaning
ventilators.



SERVICE	ERC	Non-ERC SNF
Respiratory Therapist	1:12 ratio	Available or On Call 24/7
RN Staffing	1:12 ratio	8 Hours per Day then On Call
Ventilator weaning	Yes Minimum Monthly Assessment	Limited
Tracheostomy Weaning	Yes	Limited
Respiratory Assessments	Every 4 Hours & PRN	Once a Week
Trach Assessments	Every 4 Hours & PRN	Twice a Day
Vitals Assessments	Every 4 Hours	Twice a Day
Monitoring	Continuous	Twice a Day Spot Checks
End Tidal Carbon Dioxide Monitoring	Twice a Day & PRN Every 4 hours for weaning	Not Required
Pulmonary Rounding	Minimum Weekly	Every Two Weeks
Battery operated back up suction	1 per 8 trachs	Not Required
Heated Humification	Available	Not Required
Cough Assist	Available	Not Required
HFCWO – Vest Therapy	Available	Not Required

ERC Eventa Quality Oversight- Member Focused

- **Weekly** on-site evaluations by an Eventa Liaison (Respiratory Therapist) for status changes, clinical guidance, and updates.
 - Evaluations are then sent to Evolent for the appropriate Level of Care per diem
 - Meetings and rounding on potential admissions/ referrals
- **On-going** evaluations at the **Acute Care** and **Long-Term Acute Care Hospitals** for discharge planning to an ERC facility
- **Bi-annual** KPI audits for payment tiering (Level 1, 2, 3)
 - Ventilator Liberation
 - Trach Decannulation
 - Unexpected Death Rate
 - Staffing Ratios
 - Training and competencies of staff
 - ALOS to Wean
 - Hospital Readmissions
 - Infection Rate
 - Use of Technology
 - Safety Measures- back up equipment, battery-powered options, alarms



Beyond the Numbers: ERC Member Benefits

 Hygiene: Daily hygiene routines promote comfort, prevent infections, and support dignity.

 Engaging Activities: Cognitive and social engagement through personalized activities for emotional well-being.

 Out of Bed Support: Care planned mobility reduces complications, improves engagement & outcomes

 Palliative/End-of-Life Support: Compassionate care planning ensures dignity and comfort during end-of-life stages.

 Transitions to Home or Rehab: Coordinated discharge planning supports continuity of care and recovery.

 Physical, Occupational, and Speech therapy referral and collaboration

 Restorative Care Participation: Bridges therapy sessions mitigating deconditioning risks

 Identification and collaboration toward Acute Rehab placement



 Interdisciplinary in-services for ERC care and equipment

 Infection preventionist collaboration and audits

 Wound care monitoring and collaboration

 RCA for readmissions and unexpected deaths

 Collaboration with providers on Medical Management, Dietary, Behavioral Health, Specialists (ENT, Nephro),

 **Safety:**

- Ventilator alarms response ≤ 30 seconds
- Continuous Pulse oximetry: alarms response ≤ 60 seconds
- Respiratory management of trach patients
- Tracheostomy cuff pressure monitoring
- Head-of-bed elevation ≥ 30 degrees
- Emergency tracheostomy tubes at bedside
- Annual training on all respiratory devices

 **Outcomes:**

- Weaning potential
- Latent weaning potential with chronic ventilator weaning assessment
- Speaking valve trials in first week
- Rigorous Pulmonary Hygiene through technology

Only an ERC program offers this level of oversight and safety for the most fragile members in post acute care.

ERC Admission Criteria

➤ Non-respiratory organ dysfunction stabilized Criteria

- Sepsis treated & controlled
- Hemodynamically stable & no need for hemodynamic monitoring
- No uncontrolled arrhythmia or heart failure
- No uncontrolled hemorrhage
- Controlled blood sugars no higher than 200
- Renal function and acid base balance stable
- New trach in place for 72 hours
- Does not require a Complex IV regime

➤ Nutrition Criteria

- Must have PEG if unable to pass swallow study

➤ Restraint Criteria

- Free of Chemical Restraints
- Free of Physical Restraints for >24 hours
- IV sedation weaned to P.O. or per tube at least 24 hrs prior to admit

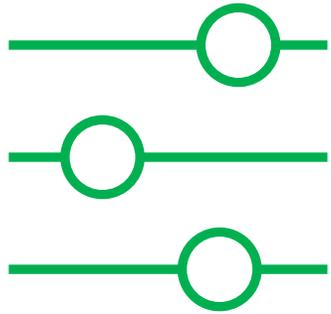
➤ Treatment plan for all medical conditions in place

- Will not require frequent treatment changes
- Can be implemented at alternate care site
- DVT prophylaxis in place Heparin vs. Coumadin
- Recent skin assessment
- Weight bearing status & therapy orders current
- All infectious conditions addressed

➤ Respiratory Stability

- Safe and secure airway
- FiO2 less than 50%
- SaO2 greater than 90%
- PEEP less than 10
- Relatively stable airway resistance & lung compliance
- Oxygenation stable during suctioning & repositioning
- Non-ventilator patients stable off vent no less than 24 hours
- Stable ventilator settings

Candidates for Admission: LTACH vs ERC vs Non-ERC SNF

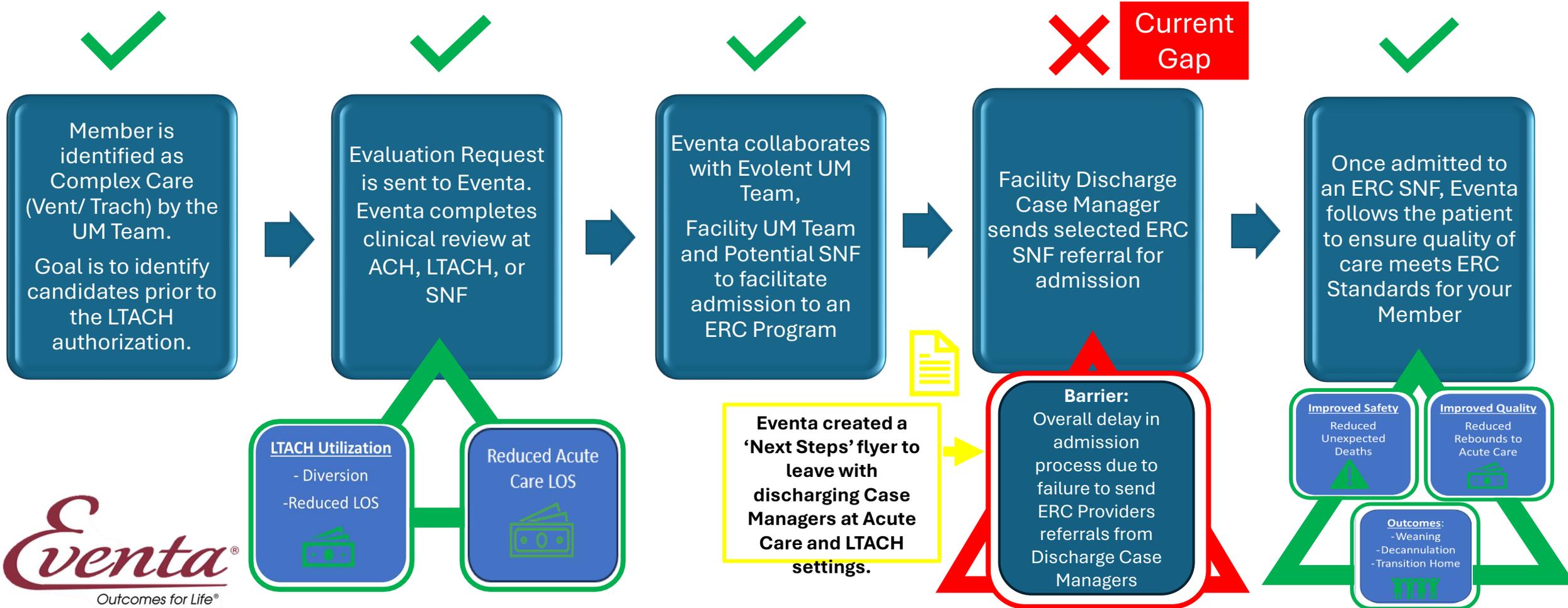


ERC standards **exceed** Illinois State SNF standards for ventilator and tracheostomy care

SERVICE	LTACH	ERC	Non-ERC SNF
Skilled Care	No	Yes	Yes
Respiratory Therapist 24/7	Yes	Yes	Not Required
Ventilator Settings >50%, >10 PEEP, SaO2 <90%	Yes	No	No
Ventilator weaning	Yes	Yes	No
Family training for home ventilator care	Unknown	Yes	No
Tracheostomy Weaning	Yes	Yes	Limited
Chest Tubes	Yes	No	No
Complex Wound care	Yes	Limited	Limited
IV antibiotics	Yes	Yes	Yes
TPN	Yes	No	No
Central IV Lines	Yes	PICC only	PICC only
Restraints (Physical and/or Chemical)	Yes	No	No
Peg Tube Care/Feedings	Yes	Yes	Yes
Dialysis	Yes	Limited	Limited
Endotracheal Tube	Yes	No	No
Cardiac Monitoring	Yes	Limited	No

Referrals: Admission Workflow

Evolut contracts with Eventa to provide Quality Oversight and Clinical Navigation for mechanically ventilated or tracheostomized Members identified for potential ERC admission.



Individual Referrals – ERC Admission Rate - Y/Y

	# of referrals	ERC Candidates	% of Referrals Meeting ERC Criteria	ERC Admissions	ERC Admission Rate
10/2023 – 09/2024	132	88	67%	28	32%
10/2024 – 09/2025	123	67	54%	22	33%
Total	255	155	61%	50	32%



Only **32%** of the ERC candidates are admitted to an ERC facility



Weekly meetings with Eventa and Evolent UM to review ERC Candidates and status of discharge.



Eventa created a 'Next Steps' flyer to leave with discharging Case Managers at Acute Care and LTACH settings.



Barrier:
Unable to connect with discharge case managers at Acute Care Settings despite several attempts by Eventa and Evolent UM.

Getting the Word Out: Information Campaign

Goal to improve admissions to **ERC SNF** vs **Non-ERC SNF** with increased visibility at the Acute Care and LTACH setting

Your County Care Ventilator or Trach patient is ready to move to the next level at an ERC Unit!

Introducing **ENHANCED RESPIRATORY CARE** for **CountyCare Members** in the Chicago Area!

An ERC Unit is located within **select Nursing Facilities** in the Chicago area.

- | | | |
|----------------------------------|--------------------------|------------------------------|
| Participating Facilities Provide | Quality Outcomes | Improved Medical Oversight |
| | Vent & Trach Weaning | Improved Advanced Technology |
| | Reduced Hospitalizations | Improved Staffing |

ERC Referral Process

Please include the following in a referral packet to the facility of choice:

- | | |
|--------------------------|-------------------------------|
| Patient Face Sheet | Recent MAR and Orders |
| History and Physical | • Trach type and size |
| Recent MD Progress Notes | • Ventilator settings |
| Recent Lab Results | Recent Therapy Notes |
| | Recent Respiratory Flow Sheet |

Facility	Address	Referral FAX or Email
Alden Barrington	1420 S Barrington Rd Barrington, IL 60010	FAX: (872) 469-1697 Email: be_admissions@alden.com
Alden Lakeland	820 W Lawrence Ave Chicago, IL 60640	FAX: (773) 769-9104 Email: ll_admissions@alden.com
Alden Orland Park	16450 S 97 th Ave Orland Park, IL 60467	Email: op_admissions@alden.com
Elevate Care Chicago North	2451 W Touhy Ave Chicago, IL 60645	FAX: (224) 470-3126 Email: cpod@elevatecare.com
Generations Oakton	1660 Oakton Pl Des Plaines, IL 60018	FAX: (847) 299-4574
Generations Regency	6631 N Milwaukee Ave Niles, IL 60714	FAX: (847) 647-4087
Warren Barr South Loop	1725 S Wabash Ave Chicago, IL 60616	FAX: (312) 878-5100 Email: admissionswbsl@warrenbarr-sl.com

To Further Inquire About the Program please contact
Ata Atta at 931-255-2550

How to send ERC Referrals Brochure for Discharge Case Manager

Clinically focused Brochure for Acute Care and LTACH setting

Introducing **ENHANCED RESPIRATORY CARE** for **CountyCare Members** in the Chicago Area!

When your CountyCare Ventilator or Trach patient is ready to move to the next level of care consider an **ERC Unit!**

- Types of Eligible Patients:**
- Any CountyCare Member who is:
 - On a ventilator (trached or intubated pending trach)
 - Tracheostomized

ERC Units are located within **select Nursing Facilities** in the Chicago area.

Facility Participation in the program requires:

- Focus On **Quality Outcomes, Vent & Trach Weaning, Reduced Hospitalizations**
- Improved Medical Oversight
- Improved Use Of Technology
- Improved Staffing

Participating Facilities	Alden Lakeland	Generations Regency
	Alden Orland Park	Generations Oakton
	Alden Barrington	Warren-Barr South Loop
	Elevate North	

ERC Admission Criteria

- Non-respiratory organ dysfunction stabilized Criteria**
 - Sepsis treated & controlled
 - Hemodynamically stable & no need for hemodynamic monitoring
 - No uncontrolled arrhythmia or heart failure
 - No uncontrolled hemorrhage
 - Controlled blood sugars no higher than 200
 - Renal function and acid-base balance stable
 - New trach in place for 72 hours
 - Does not require a Complex IV regime
- Treatment plan for all medical conditions in place**
 - Will not require frequent treatment changes
 - Can be implemented at alternate care site
 - DVT prophylaxis in place Heparin vs. Coumadin
 - Recent skin assessment
 - Weight bearing status & therapy orders current
 - All infectious conditions addressed
- Respiratory Stability**
 - Safe and secure airway
 - FiO2 less than 50%
 - SaO2 greater than 90%
 - PEEP less than 10
 - Relatively stable airway resistance & lung compliance
 - Oxygenation stable during suctioning & repositioning
 - Non-ventilator patients stable off vent no less than 24 hours
- Nutrition Criteria**
 - Must have PEG if unable to pass swallow study
- Restraint Criteria**
 - Free of Chemical Restraints
 - Free of Physical Restraints for >24 hours
 - IV sedation weaned to P.O. or per tube at least 24 hrs prior to admit

To Inquire About The Program Or Make A Referral

Call CountyCare UM at 312-864-8200, option 5, or 1-855-444-1661, option 5. **QR**
Submit via fax referral form to 1-800-856-9434. The referral form can be found here: [CCH InpatientPriorAuthorizationForm English 092618.pdf \(countycare.com\)](#)

ERC ENHANCED RESPIRATORY CARE PROGRAM

A special care program within select skilled facilities that help patients who use a ventilator (breathing machine) or have a tube in their throat (trach) to set goals and get better while making sure your loved ones feel supported too.

CountyCare A MEDICAL HEALTH PLAN | Questions? ChicagoERC@eventa.com 833-687-2919 | Eventa Outcomes for Life

Healing Starts with HOPE...

The ERC Difference

- Only select facilities in Chicago have Enhanced Respiratory Care Programs.
- ERC is the only program in the Chicago area endorsed and supported by CountyCare Health Plan.
- Healing starts with Hope: We will work with you to help you continue on your healing journey toward weaning from the ventilator or trach.
- Advanced Monitoring: Your safety is very important. Our ERC Units are equipped with cutting-edge monitoring systems to ensure a secure and protected environment for your respiratory care.
- Lower Staffing Ratios: We know that each person is different, so we have more staff to give you the attention you need. Our ERC Vent Programs have larger teams that can focus on what you specifically need.
- Medical Oversight by a Lung Doctor: Your health is in expert hands! Our program is overseen by experienced lung specialists who provide medical expertise and guidance throughout your journey.
- State-of-the-Art Technology: We use the latest technology to make your respiratory care the best it can be. Our ERC Vent Programs use advanced technology to make your treatments special and unique.

Member and Family focused Brochure



ERC Success – Nida’s ERC Journey

Nida
34-Year-Old

January 2024: Diagnosed with Acute Transverse Myelitis requiring tracheostomy and ventilator support

April 2024: Admitted to ERC at Generations Regency

Acute Transverse Myelitis: inflammation on spinal cord resulting in muscle weakness and in some cases paralysis

Chronic Vent Status: 274 Days

Eventa Recommendations:

- Pulmonary Hygiene frequency
- Airvo for pulmonary hygiene
- New wheelchair for out of bed compliance
- Anxiety and Depression support

Resulted in:

- **Reduced Hospitalizations –**
Last event May 2024
- **Improved QOL**
- **Reduced risk of wounds & infections**
- **Improved confidence to wean**

Weaning Status: 192 Days

Eventa Recommendations:

- Maintain clinical stability
- Airvo for weaning
- Physical Therapy for increased strength
- Continued Anxiety support

Resulted in:

- **Increased weaning duration**
- **Confidence to communicate needs**
- **Overall improved quality of life**

Nida’s ERC Timeline

April 13, 2024
ERC Admission

June 27, 2025
Liberated

August 3, 2025
Decannulated

August 15, 2025

Shirley Ryan candidacy assessment

Goal: Home



Without the ERC Program, Nida was at risk of being in the **33% of patients diagnosed with TM that continue to decline and never recover.**

During Chronic Vent Status, she gained the clinical stability and confidence for a better outcome.

Who we are:

Respiratory Therapists with More Than 35 Years Of Post Acute Experience



1989-2013



DELIVERED

Hands on care of Respiratory Patients in Skilled Nursing Facilities and at Home.

High Acuity patients were our specialty.

DESIGNED

value-based reimbursement model for TennCare ventilator-dependent & tracheostomized members in Skilled Nursing Facility ERC sites.

IMPLEMENTED

delegated UM/QA support systems for MCOs, including on-site member evaluations- resulting in reduced costs and improved outcomes.

CREATED

a program to assess care quality in home environments and recommend care plan improvements.

DEVELOPED

high touch Population Outcomes and Complex Respiratory Management Programs with patient-centered approach.

2025 – Eventa Leadership



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SNAP Requirements

Feb 2, 2026



SNAP (food stamps/food benefits/EBT card)

The SNAP work requirements go into effect this Sunday (February 1st, 2026). Since we created these resources, abe.illinois.gov has a “Check if I meet SNAP Work Requirements” button <https://abe.illinois.gov/access/> that we could direct members to. Additionally, Greater Chicago Food Depository and Legal Aid Chicago have created slide decks on the SNAP work requirements.

Current Call Center Talking Points (as part of a larger document on Medicaid changes-immigration, Planned Parenthood, OBBBA)

- 1. SNAP (food stamps / food benefits / EBT card)

Under the new law, most people ages 18–64 must work, volunteer, or take part in certain training or education programs for at least 80 hours a month to keep SNAP benefits.

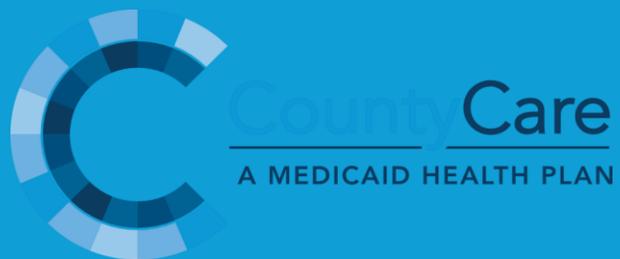
- Starting February 1, 2026, people who do not meet the work rules or do not qualify for an exemption may receive benefits for only three months during a three-year period.
- The Illinois Department of Human Services (IDHS) has sent notices to households that may be affected, along with a form to fill out if they are exempt.
- For questions about SNAP benefits or exemptions, call the IDHS Customer Help Line (Mon–Fri, 8:30am–5:00pm): 1-800-843-6154 or attend a CountyCare REDE event for in-person assistance. Provide member the event calendar link:
<https://cookcountyhealth.org/redetermination/>
- If you need additional food support, emergency food options may exist at a food pantry near you: www.chicagosfoodbank.org/find-food | 773-247-3663

SNAP Resources

- Illinois is focused on ensuring that all members who qualify for an exemption receive one. See the green button "Check if I Meet SNAP Work Requirements" [Illinois.gov - IL Application for Benefits Eligibility \(ABE\) ABE Home Page](#)
 - Legal Aid Chicago has a great slide deck on SNAP work requirements.
 - Scroll down on this webpage and it's the first slide deck [Public Benefits: Training Materials - Legal Aid Chicago](#)
 - For a more in-depth view of SNAP, GCFD has a great webinar series. Video links are below and the slides are attached
 - [Save Our SNAP: 101 on Pending Changes in IL \(11/21/25\)](#)
 - [Save Our SNAP: 201 Deep Dive on How to Screen and Apply for Work Requirement Exemptions \(12/12/25\)](#)
 - [Save Our SNAP: 201 Deep Dive on How to Meet Work Requirements \(1/13/26\)](#)
- Additional resources (Attached Documents):
- SNAP Changes Deep Dive Webinar (November 2025, December 2025, January 2026)
 - IL ABAWD Exceptions Request (Form 2341)

-

Thank You!



**HSAG ADMINISTRATIVE COMPLIANCE
STANDARD VI COORDINATION & CONTINUITY OF CARE
AUDIT REMEDIATION TRAINING**

Kasey Reid-Parker, LCSW, CCM

Manager, Care Management

CM Oversight Team

County Care Health Plan

Care Management Webinar

2/18/26



Agenda

1. HSAG Post-Implementation File Review Scores
2. Remediation elements
 1. 7. The case manager made timely contact with the enrollee or there is valid justification in the record.
 2. #16. After the care plan was reviewed and updated, the health plan shared it with providers who are involved in providing covered services to the enrollee within 10 days.
 3. #17. The Enrollee Care Plan is developed within 90 days after enrollment.
 4. #21. The Enrollee Care Plan is signed by the enrollee or authorized representative.
 5. #23. The IPOC will include, as appropriate, Wellness Program plans.
3. Q & A
4. Next Steps

Administrative Compliance
Standard VI –Coordination and Continuity of Care (Including TOC)
File Review Score

• **Overall Audit Score: 85%**

Remediation Element

#7 The case manager made timely contact with the enrollee or there is valid justification in the record.

(HealthChoice 2018-24-001, Section 5.17.3)

HSAG Feedback: 80% score

- Evidence of contact w/member at least every 90 days for Level 3 members, including LTC /members in Nursing Home Facilities.

County Care Feedback:

- Contact members at least every 30 days for high risk Level 3 and every 90 days for level 2 moderate risk members, and at least every 90 days for level 3 members in LTC/members in Nursing Home Facilities.



Remediation Element

#16 After the care plan was reviewed and updated, the health plan shared it with providers who are involved in providing covered services to the enrollee within 10 days.

(HealthChoice 2018-24-001, KA12 Amendment, Section 5.16)

HSAG Feedback: 70% score

- Evidence to show that IPOC was shared with providers within 10 days.

County Care Feedback:

- Share IPOC with ICT within 10 days of care plan creation and updates. Update ICT within member's record to show the current/most up to date ICT that are involved with member's care and show evidence that it was shared.



Remediation Element

#17 The Enrollee Care Plan is developed within 90 days after enrollment.

(HealthChoice 2018-24-001, Amendment KA2; Section 5.15.1)

HSAG Feedback: 75% score

- Consistent use of procedures to ensure timely initial care plan creation.

County Care Feedback:

- Complete care plan within 90 days of enrollment/risk stratification.



Remediation Element

#21. The Enrollee Care Plan is signed by the enrollee or authorized representative.

(HealthChoice 2018-24-001, Section 5.15.1)

- **HSAG Feedback: 56% score**
- Evidence of signature from member or authorized representative or voice recording stating that member agrees w/care plan (IPOC).
- **County Care Feedback:**
- Member's signature on IPOC or Voice Recordings that state member's name, DOB, etc., and agrees w/care plan are acceptable to meet this element.
- Voice Recordings that state that member agrees w/care coordination is not acceptable.
- Ensure that the audio recording is properly captured and the sound quality is clear.



Remediation Element

#23 The IPOC will include, as appropriate, Wellness Program Plan.

Wellness Program: means comprehensive services designed to promote and maintain the good health of an enrollee
(HealthChoice 2018-24-001, Section 5.15.1.19)

HSAG Feedback: 33% score

- When an enrollee has an identified need for a wellness program, the health plan is to include the wellness program in the enrollee's care plan.

County Care Feedback:

- Assess member's need for referral to Wellness Programs, routine screens, developmental screens, well-child visits, immunizations, exercise/activity, etc.
- Referrals/Resources: FoodCare (FoodSmart), Fitness Program (Weight Watchers or gym membership); Take Care Take Control (guide to learning how to manage diabetes); Brighter Beginnings -Maternal Child Health Program, Smoking Cessations, Careology (Cancer) Navigation Program, etc.
- Document if member declined services.



Q & A

Next Steps

- Final reports will be shared with CME after remediation completion and received from HFS.

Thank You

Announcements

- Our next webinar is Wednesday March 18th at 2:00pm.
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Ideas for future topics? Please share!
 - <https://redcap.link/23k1fzzb>
- Please email questions/concerns: stephanie.nickles@cookcountyhealth.org