January CM Webinar

Wednesday, January 21, 2026

Stephanie R. Nickles

Clinical Training Manger

CountyCare
A MEDICAID HEALTH PLAN

Meeting Schedule

Wednesday, January 21st, 2025

1. Ashley Tolliver- CountyCare Member Incentives and Supplemental Benefits- (10 mins)
2. Lashawnda Davis- MAT Workflow Updates (20 mins)
3. Allison Lowe -Start Early – (25 mins)

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Ashley Tolliver: CountyCare Member Incentives and Supplemental Benefits

Last Updated: 12/1/2025

Supplemental Benefits

Benefit	Who Qualifies	Required Activity
Car Seats	Pregnant women and children under 7 years old or under 85 pounds	Parents call Member Services to request a car seat. Parent must watch car seat safety video.
Diaper Coupons - A monthly coupon toward the purchase of any diapers at major retailers	Children up to 2 years	Keep children's shots up to date
Sleep Safe Kits (SSK) - Sleep Safe Kit which includes a portable crib, sleep sack, pacifier, and baby book mailed to member's home	Pregnant women and their newborns	Call Member Services to request the kit.
Toddler and Children's Book Clubs - one free book will be mailed to member's home every 3 months.	Members ages 3-16	Contact Member Services to enroll.
A home pregnancy test will be mailed to member or $10 will be added to their reward card	Female members of childbearing age	Member must contact Member Services to request
Free vouchers to attend Weight Watchers meetings will be mailed to member	Members 13 and older	Contact Member Services to request
Free minutes for calls to CountyCare Member Services	All members	Member must call member services or request from their Care Coordinator

Member Incentive Program

- **CountyCare Visa Rewards Card Program**
- When a member or their children goes to the doctor for certain services, CountyCare will send them a CountyCare Visa Rewards card in the mail.
- Members can use the funds to buy, pay for or purchase from most places Visa is accepted. This includes, but is not limited to gas, utilities, internet, clothing, groceries or transportation.

Reward – 2026	Amount
Annual Health Risk Screen (HRS)	$15 per member per year (Effective 1/1/26)
Care Management Annual Satisfaction Survey	$15 for members enrolled in care management that complete annual satisfaction survey
PCP Annual Check-Up	$25 per member per year. (Effective 3/1/26)
Well-Child Visits up to 15 months	$50 for visit in the first 30 days after birth and $10 for each of the next five visits
Prenatal Visits	$50 for 1st trimester visits; 10 per visit for 2nd & 3rd trimester; limited to 14 visits
Post-Partum Visit	$50 for seeing doctor within 21 to 56 days after delivery
Childhood immunizations (ages 0-24 months)	$10 per immunization up to 10
Mammogram (Female 45-74)	$50 per member per year.
Colorectal Cancer Screening (ages 45-70)	$50 per member per year.
Cervical Cancer Screening (Female ages 21-64)	$50 per member per year.
Annual Diabetic PCP Visit and Screening	$25 when member gets annual blood tests and urine screens
Statin Drug	$25 for members with diabetes and pick up their first statin drug prescription (one-time)
Flu Shot	$10 per member per year, 24 months and younger; $25 for members above 2 years
Notification of Pregnancy	$50 for completing and submitting the form.
Behavioral Health Follow-up Visit	$100 for follow-up within 7 days after an ER visit or hospital inpatient BH stay $50 for follow-up between 8-30 days after an ER visit or hospital inpatient BH stay
COVID-19 Vaccinations	$25 per member per year (age 50 and older).
Tdap Vaccine	$25 for members between 10-13 who receive vaccine
Meningococcal Vaccine	$25 for 1st vaccine, $10 for booster (Members 11+)
HPV Vaccine	$25 for first vaccine, $50 for 2nd vaccine; (Members between 9-13)
Diabetic Eye Exam	$25 for members with diabetes who complete eye exam

Supplemental Dental and Vision Benefits

- In addition to the regular dental and vision benefits covered by Medicaid, CountyCare members also receive the following additional benefits:
  - **Dental:**
    - Adult:
      - Dental exams and cleanings (1 every 6 months)
      - Root canals for all teeth and retreatment of root canals
      - Adjustment and removal of braces that were applied under age 21
      - Partial dentures
    - Children:
      - Retreatment of root canals
  - **Vision:**
    - Adult:
      - $125 towards eyeglasses or $300 towards contacts every year
      - LASIK:
        - Members between the ages of 21 and 45 who meet the qualifications. Members over 45 years old with no indication of cataracts, and who meet the health criteria may be eligible.
        - Required Activity: Members should schedule an eye exam with an in-network doctor to complete the LASIK Evaluation Form to begin the process
    - Children:
      - $125 towards eyeglasses or $300 towards contacts every year

Lashawnda Davis: **Medication Assisted Treatment (MAT)** Workflow Updates

January 21, 2026

Agenda

- Background
- Medication Assisted Treatment Refresher
- Identifying Members Who May Benefit from MAT
- Updates to the MAT Referral Workflow Overview
  - New scripting
  - Documenting member readiness
  - Referral Resources
- Questions

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Background

Background

- CountyCare received a 4.0 Star Rating from the National Committee for Quality Assurance (NCQA).
- In 2025, CountyCare launched an internal quality improvement project (The 4.5 Star Project), with a goal to achieve a 4.5 Star plan rating in the next measurement year.
- C easure we looked to i **tion and E of Substance Use T Γ)** measure.

Why Initiation and Engagement of Substance Use Treatment (IET)?

- Early treatment engagement is a critical step between accessing care and completing a full course of treatment.
- Individuals who engage in early SUD treatment have been found to have decreased odds of negative outcomes, including mortality.
- The intent of this measure is to assess access to evidence-based SUD treatment for individuals beginning a new episode of treatment.

Initiation and Engagement of Substance Use Treatment (IET) Quality Measure

Assesses new episodes of substance use disorder (SUD) in adults and adolescents 13 years of age and older who received medication for their substance use disorder.

Your role in connecting members to MAT and ensuring follow-up is critical for improving IET measure performance and driving better health outcomes.

Initiation of SUD Treatment:

New episodes, after which the initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within **14 days of diagnosis.**

Engagement of SUD Treatment:

New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within **34 days of the initiation visit.**

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Medication Assisted Treatment Opportunity

As part of the 4.5 Star Project, a cross-functional CountyCare team was assembled to:

1.
2. Review current state workflows
3. Identify areas to better support members who may benefit from MAT
4. Design and implement workflow improvements

Improve our ability to monitor member outcomes

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Medication-Assisted Treatment (MAT) Overview

MAT Refresher

- County Care's covered services includes:
  - Admission and Discharge Assessment
  - Psychiatric Evaluation
  - Psychotropic Medication Monitoring
  - Medication Assisted Treatment (MAT)
  - Individual and Group Therapy/Counseling SUD
  - IOP ad Group IOP
  - Rehabilitation
  - Medical Withdrawal Management (Detox) admission and Discharge Assessment

MAT Refresher

- Medicated Assisted Treatment is an evidence-based approach that combines medications with counseling and behavioral therapies to treat substance use disorders, primarily opioid and alcohol addictions.
- MAT services helps to reduce physiological cravings, ease painful withdrawal symptoms, and ultimately help people sustain recovery and prevent relapse.
- Some commonly approved medications used in MAT for opioid use disorder are methadone, buprenorphine (suboxone, sublocade) and naltrexone (vivitrol). For alcohol use naltrexone, acamprosate, and disulfiram are used.
- Research has showed that combining medications with counseling is more effective for long-term recovery and improved patient survival rates than either approach alone.
- Members have the choice to select their treatment path based on their needs, preferences and circumstances. Although MAT services are not mandatory, it is highly encouraged to assist members on their recovery goals.

Identifying Members for MAT

How CountyCare flags members who may benefit from MAT

- During an inpatient admission, members who meet one or more of the below criteria are flagged for Care Management as someone who may potentially benefit from linkage to MAT for substance use disorders (SUD).
- Clinical review is completed by a Utilization Management clinician, with daily reports sent to the CountyCare Clinical Operations team.
  - *If the member has an existing Care Manager, the member is referred to the assigned CM for outreach/support.*
  - *If the member does not have an assigned Care Manager, a Care Manager will be assigned.*

Qualifying criteria:

- Past or present SUD diagnosis for qualifying substances (e.g., opiates, alcohol)
- 2+ inpatient detoxification and/or rehabilitation admissions (e.g. admit to Residential Treatment Center) within the past 12 months
- Positive toxicology for qualifying substances (e.g., opiates, alcohol)
- Past or present participation in MAT services (e.g., Methadone treatment program, using buprenorphine, naltrexone, etc.

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Updated MAT Referral Workflow

- BH Program Manager will review a daily CME report that identifies members who may benefit from SUD therapy and/or MAT services.
- If member assigned to a care coordinator with CME Access or MHN, the member info will be sent to CME leadership for assigned care coordinator to follow up with member
  - If member not assigned to a care coordinator, then BH program manager will send CME leadership member information to assign member
- If member assigned to County Care CME, the member information will be sent to the assigned care coordinator's manager for follow up
  - If member not assigned to care coordinator, BH program manager will send member information to operations team for assignment

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Updated MAT Referral Workflow

- Once care coordinator receives member information that MAT services recommended, care coordinator should use the verbiage below to guide their conversation with member:
  - Introduce self as the care coordinator and confirm member's info. Begin with letting member know that you want to make sure the member has all the support they need regarding members health and any goals for recovery.
  - State to the member that as a member of County Care, we discuss with our members about the different services available for managing opioid or substance use. One of those services includes MAT, or Medication-Assisted Treatment services. Most people find that using medications like Buprenorphine (Suboxone) or Vivitrol helps to manage cravings and withdrawal so they can focus on their daily lives. A good example to use is that this is similar to members with diabetes who use insulin to manage their disease. Ask have they ever heard of MAT, or has a doctor ever talked to them about it and would this be something they're interested in.
  - If member says no and is hesitant: Inform them that it is completely okay and that it's a big decision. Also ask on a scale of 1 to 10—where 1 is 'not at all' and 10 is 'ready to start today'—how would they rate their interest in exploring a medication to help with their recovery.
  - If the member says yes, they are interested in MAT services: Discuss that County Care has different types of providers that can help. Some are large clinics that offer counseling on-site, and some are smaller doctors' offices. Also discuss the kind of environment that would make the member feel most comfortable. Lastly inform member that as a County Care member there are resources to make this process easier and if interested in an appointment, the care coordinator can help with transportation by setting up rides to and from the clinic and can follow up with which local pharmacies that have the medication in stock.

MAT Documentation

- **Care coordinators should document all conversations with member related to MAT under contacts in their designated system, below is an example of appropriate documentation:**

  - "CC discussed MAT options with the member, including purpose, benefits, and voluntary nature of treatment. Member was attentive and asked clarifying questions. Member stated they are not interested in MAT at this time but understands it remains an option in the future. Member verbalized understanding and agreed to revisit the discussion if treatment needs change."

OR

  - "CC discussed MAT options with the member, including purpose, benefits, and voluntary nature of treatment. Member was attentive and asked clarifying questions and reports they are interested in MAT services at this time. CC discussed the best clinic that will fit the member's needs, assisted scheduling appointment and with transportation."

Resources

- Care coordinators should review the attached resource guides to find the best MAT resource that will fit the member's needs:
  - MAT Resource Guide.pdf
  - Staff Resources for BH.pdf
- Care coordinators can also use the provider finder for BH and MAT resources:
  - Find Care - CountyCare

Thank you!

Questions?

Lashawnda Davis, MS, LCSW
Behavioral Health Program Manager, CountyCare
lashawnda.davis2@cookcountyhealth.org

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Champions for Early Learning

January 21, 2026

How Managed Care can Collaborate with the Early Childhood System

Alli Lowe-Fotos
Senior Policy Manager

Rowan Atwood
Policy Specialist

Illinois Policy Team

Agenda

I. Early Childhood System Overview

II. Early Childhood and Maternal Child Health Services
- Home Visiting
- Doula
- Universal Newborn Support Systems
- Early Care and Education
- Early Intervention

III. Navigating Referrals

IV. Partnership

V. Questions & Discussion

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Champions for Early Learning

Who we are

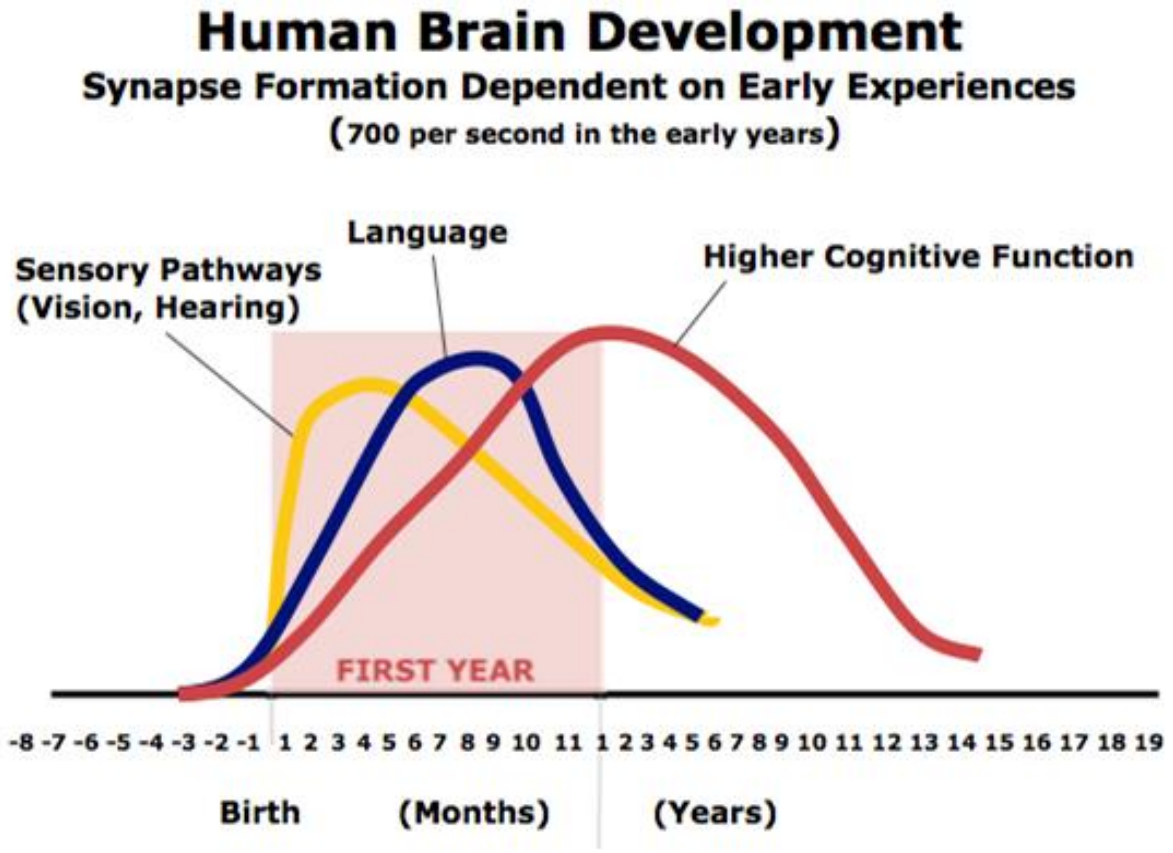
From our start 40 years ago delivering intensive, high-quality doula and home visiting services to families and children on Chicago's South Side and throughout Illinois, Start Early's work has expanded nationwide and across a range of early childhood programs and policy domains.

- We **directly operate home visiting and doula services**, along with high-quality center-based care.
- We lead Home Visiting & Doula Network that supports **30 home visiting programs throughout Illinois.** This network allows us to

Early Care and Education overview

The early years are critical for health & development

Center on the Developing Child
HARVARD UNIVERSITY



Source: C. Nelson (2000)

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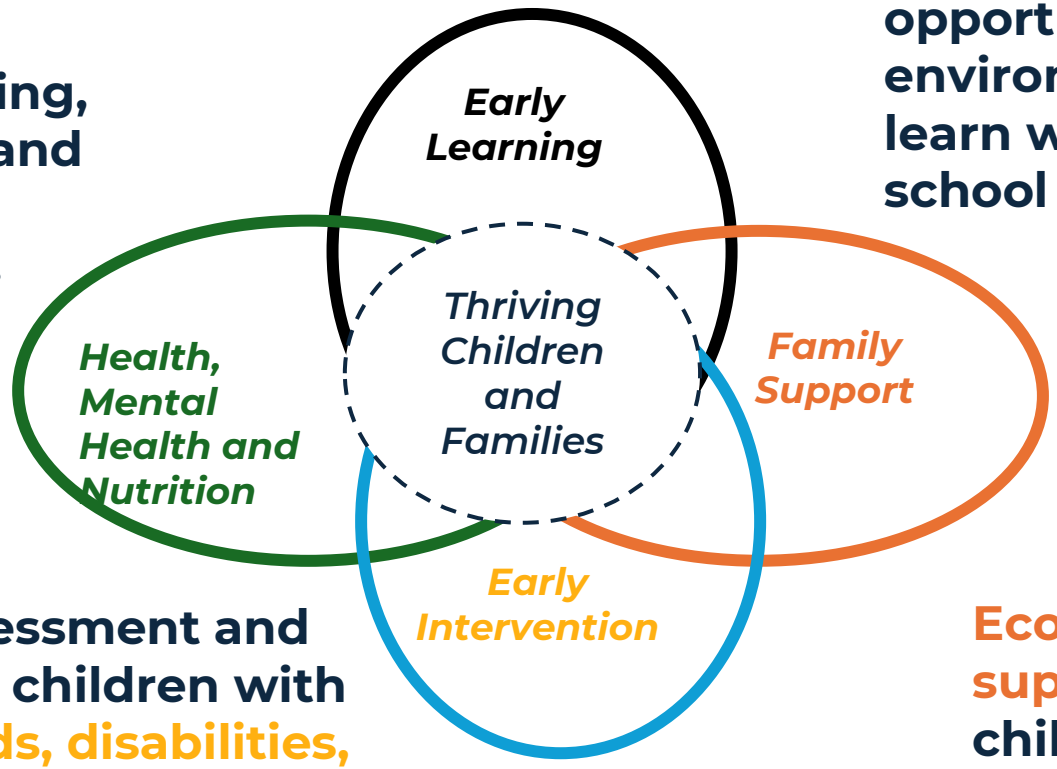
The early childhood system exists at the intersection of many services for young children and their families

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health as well as medical health needs.

Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and life.



Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.

Maternal and child health impacts of early childhood programs

are well-documented

Screenings

- Developmental
- Social emotional
- Hearing and vision
- Dental screenings
- Lead
- Intimate partner violence
- Peripartum mood disorders

Health behaviors

- Alcohol use during pregnancy
- Birth control
- STI protection
- Smoking cessation

Utilization of healthcare

- Childhood immunization
- Timely prenatal care
- Well-child visits
- Enrollment of insurance
- Growth and nutrition

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We connect families to services and benefits:

- WIC/SNAP
- TANF
- Medical home
- Insurance (private/Medicaid/Managed Care)
- Mental health providers
- Case management (job search, diapers, etc)

And we offer professional development and training for the workforce

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Home Visiting

Infant and early childhood home visiting services

- 300+ programs across the state
- Prenatal – age 3 (some models may go through age 5), with certain eligibility criteria.
- Visits are regularly occurring, and the frequency depends on the home visiting model and family needs (weekly, bi-weekly, monthly).
- Trained para-professionals with specific training in a home visiting model.
- Targets the parent-child relationship as the primary mediator for healthy development in the early years.
  - Facilitated parent-child activities and parent education/coaching
  - Developmental screening and referrals to health and other community-based services
  - Screening for maternal depression, intimate partner violence, substance use, making referrals when appropriate
  - Discussing safe sleep, developmental milestones, birth spacing

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Impacts of home visiting services

- Home visiting families are more likely to read aloud, tell stories, say nursery rhymes and sing with their children, building vocabulary and skills.
- Pregnant home visiting recipients are more likely to access prenatal care and carry their babies to term.
- Home visiting promotes caregiving practices like breastfeeding, which has been associated with positive long-term outcomes related to cognitive development and child health.
- Parents enrolled in home visiting connect are more likely to be enrolled in school and are more likely to be employed.

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Some familiar names in the HV space

Brightpoint
Strong Families • Thriving Children

SPERO FAMILY SERVICES
I HOPE

Children's Home Association of Illinois

VNA Health Care

easterseals
Serving Chicagoland and Greater Rockford

EveryChild
A safe, healthy childhood starts here

one hope united™

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Doula services

Perinatal doula services

- Prenatal enrollment with services extending up to 2 months postpartum
- Every expectant family could benefit
- Trained para-professionals that may work as independent providers or employed as part of larger health or ECE organizations
- May overlap with home visiting services and transition families into long-term HV
- Non-medical services
  - Perinatal counseling, education, and support services, including newborn care, to prevent adverse outcomes
  - Labor support and attendance at delivery, including development of a birth plan
  - Coordination with community-based services, to improve beneficiary outcomes;
  - Accompanying mom to a clinician visit prenatally or after birth
  - Emotional and physical support and
  - Visits to provide basic infant care

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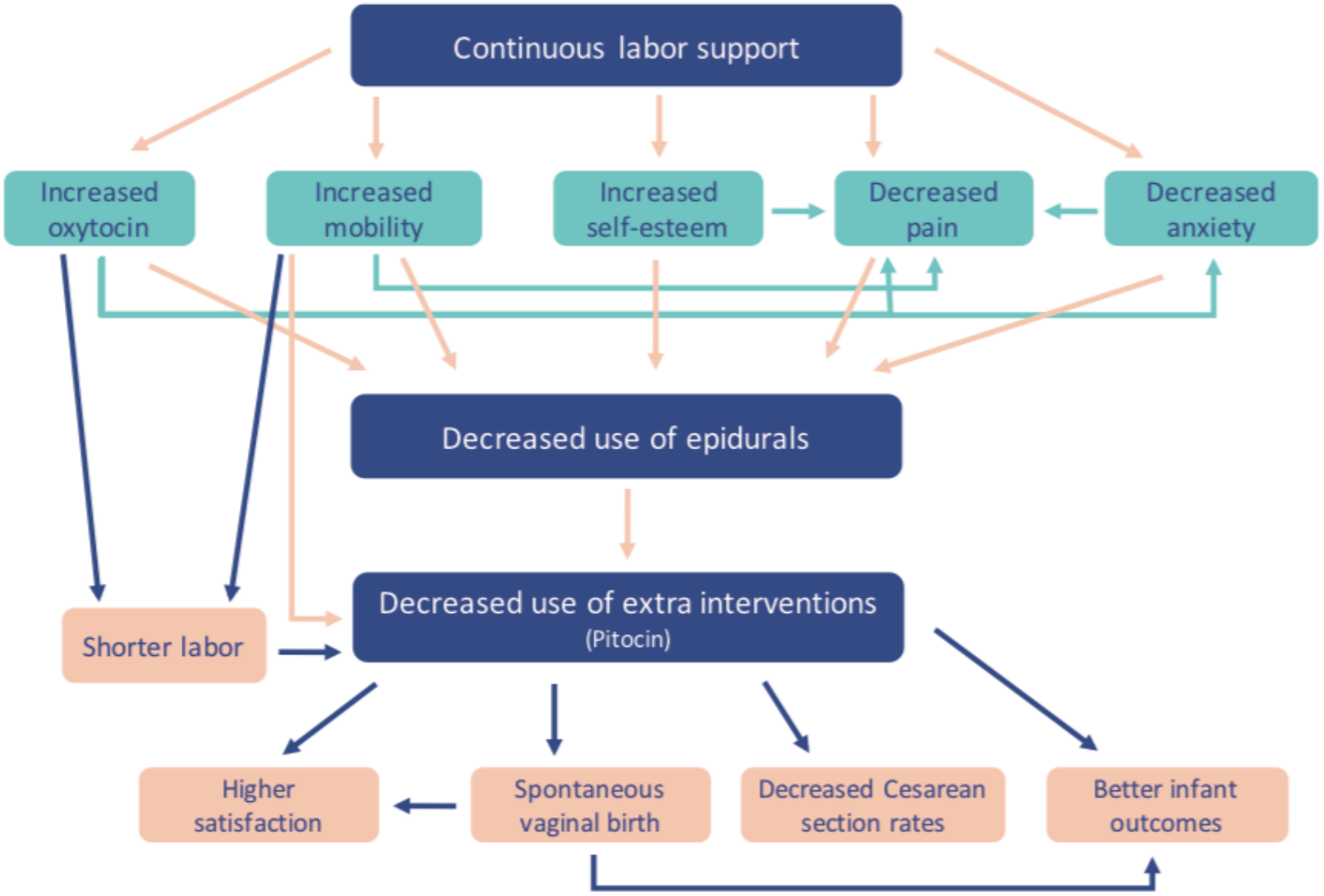
Robust evidence behind doula supports



Evidence on Doulas, by Rebecca Dekker, PhD, RN; updated May 2019

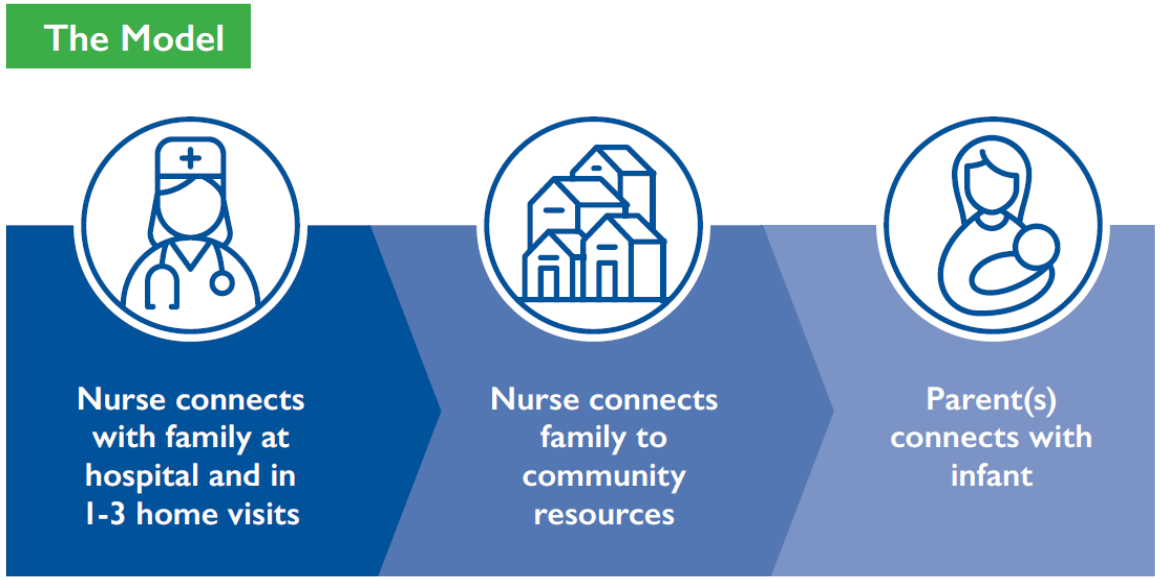
Cost-effectiveness analyses estimate that doula-supported deliveries among Medicaid beneficiaries regionally (*MN, ND, SD, IA, IN, OH, MO, NE, KS, MI, IL*) would save $58.4 million and avert 3,288 preterm births each year.

Kozhimannil, Katy B et al. "Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery." Birth (Berkeley, Calif.) vol. 43,1 (2016): 20-7. doi:10.1111/birt.12218

Universal Newborn Support Systems

Universal newborn support systems (UNSS)

- For **every family** with a newborn in a community
- Nurse home visitor, community health worker, or another trained professional
  - Family (birthing parent, partner) and the newborn
- Connection in the hospital with bedside introduction OR another postpartum connection to make the offer of the visit
- Home visit 2-3 weeks postpartum
- Connecting to social supports, community resources, additional services with closed-loop referrals
- Follow-up phone or visit depending on family's needs and desires



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Universal newborn supports

- **Family level impacts**
  - Urgent postpartum heath risks are identified and managed
  - Improvements in maternal mental health
  - Improvements in infant health
  - Reductions in child abuse and neglect
  - Reductions in emergency medical care for infants in the first years of life
  - Increased positive parenting behaviors
  - Safe sleep education

- **Community level impacts**
  - Reducing the stigma of home visiting targeted toward “at risk” populations
  - Strengthening and aligning a network of community resources and referrals supporting families
  - Encouraging data collection on the needs of new families, which supports a public health response to these data
  - Identifying gaps in services or barriers to accessing available services

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UNSS communities and state expansion

- Family Connects
  - Chicago (Chicago Dept. of Public Health)
  - Peoria County (Children's Home Association of Illinois & OSF)
  - Stephenson County (Stephenson County Health Dept.)
  - Winnebago County (Winnebago County Health Dept.)

- BabyTALK
  - Macon County (Decatur Memorial Hospital and HSHS St. Mary's Hospital Obstetrics Units)

- State UNSS expansion plan in progress under 5-year federal planning grant

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Early Care and Education Programs

Center-based care

- Head Start/Early Head Start (387/383 sites)
- Early Childhood Block Grant:
  - Preschool for All (1,313 sites)
  - Preschool for All-Expansion (167 sites)
  - Prevention Initiative (401 sites)
- Child Care:
  - Daycare Centers (2,081 sites)
  - Daycare Homes (665 sites)
  - Family, friend, and neighbor care (4,083 sites)

Benefits of early care and education programs

- Access to early learning lays the foundation for school readiness by building the cognitive and social skills children need to do well in school and in life, including language, attentiveness, persistence, kindness, and self-regulation.
- High-quality ECE programs go beyond basic health and safety requirements to provide warm, responsive relationships with educators, stimulating and developmentally appropriate curricula, and ongoing training for educators
- All young children can benefit from high-quality ECE, but it can be especially helpful for children from families experiencing low household income, children with disabilities served in inclusive classrooms, and dual language learners.
- Children who receive a high-quality early childhood education are more likely to earn higher wages, live healthier lives, avoid incarceration, raise strong families, and contribute to society.
- Ensuring families have access to quality, affordable child care and early learning allows caregivers to obtain and maintain education and employment.

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Early Intervention Services

Early Intervention (IDEA Part C)

- Established 1985 – Individuals with Disabilities Education Act Part C (Part 303)
- State administration by Dept. of Human Services
- Federal IDEA statute requires that EI pays AFTER Medicaid
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a required Medicaid benefit
  - Developmental therapy (DT) is key EI service not covered under EPSDT but other services like physical therapy, audiology services, speech therapy, etc. are covered

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Early Intervention (IDEA Part C)

- Professionals work with the child in their natural environment (home, childcare, etc) for the child's development
- Providers actively engage caregivers in the planning and implementation of services, including embedding intervention strategies into family life, such as routines, activities, and interactions with their child.
- Services include Speech Therapy, Physical Therapy, Developmental Therapy, Occupational Therapy, Social Work/Mental Health, etc
- EI workforce **is in crisis**; children with disabilities and developmental delays are waiting for services to which they are legally entitled.
- MCO's have a role to play in referring children to EI, especially children under 1.

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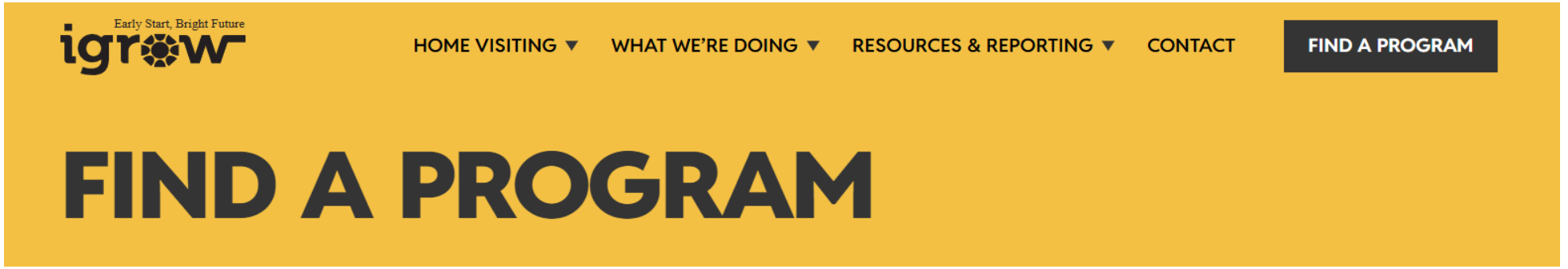
Navigating referrals to Early Childhood Care & Education services

Home Visiting

igrowillinois.org



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Coordinated Intake:

- Chicago
- Englewood/Southside Chicago
- East St. Louis/St. Clair County
- Kane County
- Macon County
- Peoria/Tazewell County
- Stephenson County
- Vermilion County
- Winnebago County

Early Intervention

- When a family qualifies for EI, they are legally entitled to services
- Find the family's local Child and Family Connections (CFC) office or call (800) 843-6154 and refer the child for an evaluation
- EI timeline
  - callback (2 working days),
  - evaluation and IFSP (within 45 days)
  - start of EI services (30 days after IFSP)
- Complete the EI referral form – fax to the CFC or call

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Early Intervention – procedural safeguards for families

- Know your rights! If your baby qualifies for Early Intervention, you are legally entitled to services:
  - Review the timeline for a callback, evaluation and the start of services.
- If you have not received a callback or evaluation, or if you've been evaluated but services have not begun, you can file a complaint through your local Child and Family Connections office.
  - Guidance for Families
  - Guidance for Providers
    - Español
- Need help filing your complaint? Free legal support for families waiting for services. Schedule an appointment with Equip for Equality for extra

Early Care and Learning

- Illinois Cares for Kids
  - Hub for early childhood information statewide
  - Find a program by location, distance, and quality rating
- Chicago Early Leaning Portal
  - Chicago-specific with various filters to find programs
- Illinois Department of Early Childhood
  - Getting ready to launch
- ExceleRate Illinois
  - ECE quality standards

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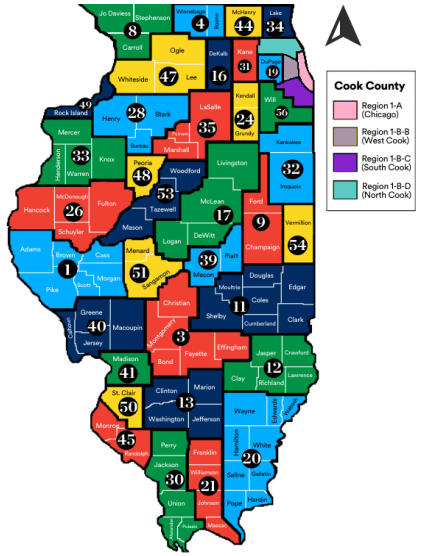
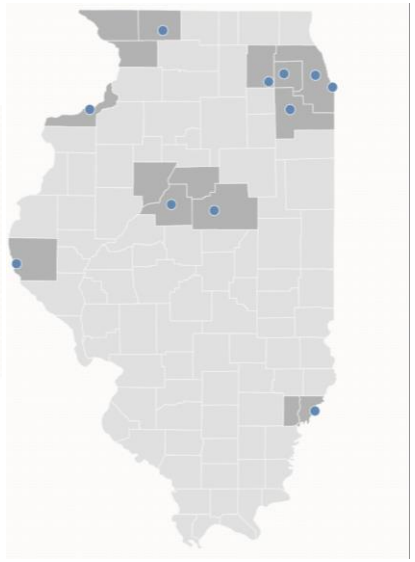
idec
Illinois Department of Early Childhood

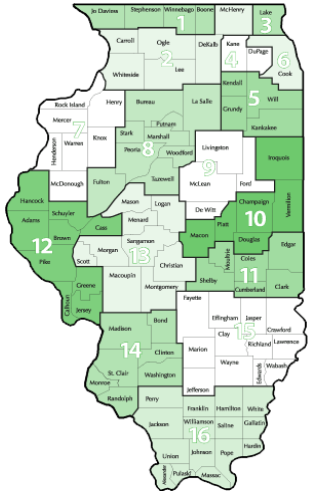
ExceleRate® ILLINOIS | Preparing Children for Success

Referring to other ECE services

- Birth to Five Regional Councils
  - 39 regions, 78 community councils working to improve coordination and access
- Illinois Cares for Kids
  - Website also includes information on WIC and other IDHS social services
- All Our Kids (AOK) Networks
  - 11 networks coordinating services, each provides resource guide
- Child Care Resource & Referral Agencies (CCR&Rs)
  - 16 organizations supporting all Illinois counties Search by county or ZIP







Partnership

Insurance coverage

Service	Medicaid	Private insurance
Home Visiting	State Plan Amendment approved by CMS, rates released, but programs not yet billing	X
Doula	Providers are billing	Pending implementation starting 2026
UNSS or universal postpartum home visits	Preventive service under HV state plan amendment, rates released, but programs not yet billing	?
Lactation consultant services	Providers are billing	Pending implementation starting 2026

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New developments in the doula policy landscape

- New Law: Public Act 104-0009 will require hospitals to develop policies regarding Medicaid-enrolled doulas, doula access to labor and delivery, and doulas not counting against guest quota
  - Directs HFS and IDPH to establish standing recommendations to support access to doula services (preventive services benefit)
  - Great opportunity for the HV/doula field to collaborate with hospitals to build on existing policies/MOUs and work with HFS on standardizing policies to ensure greater clarity for patients, doulas, and healthcare providers

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Opportunity for Connection

- Increase access to home visiting, doula, universal newborn supports, and early care and learning services through **referral partnerships** with programs:
  - Seed funding (start up supports and planning grants) to launch or expand perinatal support services (UNSS) in care deserts
  - Community grants to:
    - Establish data sharing and referral partnerships & pilot formal contracting
    - Health consultants to center-based care
    - Mental health supports (I/ECMH Consultation, clinical mental health intervention) to programs
- **Reinforcing health messaging** to meet HEDIS measures
- Participate in **local community alignment boards** for UNSS

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Opportunity for Connection

- Strengthen coordination between direct-service providers within MCOs and early care and learning programs through **cross-training and technical assistance and care huddle coordination**.
- **Participate in convenings** with programs about barriers and facilitators to their efforts to bill Medicaid and support the advancement of recommendations to the necessary state agencies.
- Informing the implementation of home visiting, doula and UNSS Medicaid through the **Health & Home Visiting Committee**, Illinois Early Learning Council

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What else?

What would support your MCO customers?

What is top of your mind when you think about addressing maternal & infant health?

Stay engaged in advocacy

- Sign-up for advocacy alerts from Start Early
- Join Raising Illinois
- Early Learning Council and Transition Advisory Committee

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Questions?

Please reach out!
Alli Lowe-Fotos alowefotos@startearly.org

/startearlyorg

@startearlyorg

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Thank you!

Announcements

- Our next webinar is Wednesday February 18th, 2026 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