

## **ALL KIDS/FAMILYCARE TRAINING FOR APPLICATION AGENTS**

As part of our ongoing effort to assist AKAAs to complete their agreement with the Department, we are offering All Kids/FamilyCare training. Training in Spanish is available once per month. These sessions are held at 401 S. Clinton. The a.m. session is from 9:00 a.m. to 12:30 p.m. and the p.m. sessions are from 1:30 p.m. to 4:30 p.m.

Please note that MPE training is offered every other month for qualified MPE providers. MPE stands for Medicaid Presumptive Eligibility and is a program that allows approved medical providers to authorize outpatient medical benefits for eligible pregnant women.

The refresher training is designed for an experienced audience. The participants will have an opportunity to measure their knowledge of the All Kids/FamilyCare program. This interactive session requires a high level of involvement from participants in the discussion of policy and procedures, as well as, specific case scenarios. The Refresher training is recommended for individuals who already have been exposed to a formal All Kids/FamilyCare training, and have at least six months of experience completing the 2378MC/KC application.

401 S. Clinton is about one block south of Union Station and ½ block north of the CTA Blue Line Clinton Station.

Please indicate the session that you or your staff may wish to attend, and the number of persons you will send. Please, fax the completed form to the attention of HFS ACAA Training at **312-793-5278**. If you have any questions regarding the schedule, please call **312-793-2932** or e-mail [HFS.ACAATraining@illinois.gov](mailto:HFS.ACAATraining@illinois.gov)

### **Adiestramiento All Kids/FamilyCare para los Agentes de Solicitud AKAAs**

Como parte de nuestro continuo esfuerzo de asistir a los Agentes de Solicitud AKAAs a cumplir su convenio con el Departamento, los adiestramientos All Kids/FamilyCare son ofrecidos en Inglés y Español. El adiestramiento en Español se ofrece una vez por mes, las fechas se encuentran en la siguiente página. Estas sesiones se llevarán a cabo en el 401 S. Clinton. La sesión de la mañana es de 9:00 a.m. a 12:30 p.m. y la sesión de la tarde es de 1:00 p.m. a 4:30 p.m.

Por favor, note que el entrenamiento de MPE se ofrece en meses alternos para proveedores de MPE calificados. MPE es definido como Elegibilidad Presunta del Medicaid y es un programa que permite a proveedores médicos aprobados autorizar beneficios médicos ambulatorios para mujeres embarazadas elegibles.

**401 S. Clinton está ubicado a un bloque al sur de Union Station y ½ bloque al norte de la parada Clinton, de la Línea Azul de la CTA.**

Por favor, indique la sesión que usted o su personal desea asistir y el número de personas que usted enviará. Por favor envíe por facsímil la forma completa a HFS ACAA Training **312-793-5278**.

Si tiene preguntas relacionadas al calendario de adiestramiento por favor, llame al **312-793-5270**  
o envíe un correo electrónico a [HFS.AKAATraining@illinois.gov](mailto:HFS.AKAATraining@illinois.gov)

**All Kids/FamilyCare Training Schedule  
JULY – SEPTEMBER 2008**

***JULY 2008***

<b>Training Date (English)</b>	<b>07/11/08 a.m.</b>	<b>07/18/08 a.m.</b>	<b>07/18/08 MPE Training p.m.</b>	<b>07/25/08 a.m.</b>
<b>Number of persons attending:</b>				

<b>Spanish Training Date Adiestramiento en Español</b>	<b>07/31/08 a.m.</b>	
<b>Número de personas que asistirán</b>		

***AUGUST 2008***

<b>Training date (English)</b>	<b>08/08/08 a.m.</b>	<b>08/15/08 a.m. Refresher</b>	<b>08/29/08 a.m.</b>
<b>Number of persons attending:</b>			

<b>Spanish Training Date Adiestramiento en Español</b>	<b>08/22/08 a.m.</b>	
<b>Número de personas que sistirán<sup>21</sup></b>		

***SEPTMEBER 2008***

<b>Training Date (English)</b>	<b>09/05/08 a.m.</b>	<b>09/19/08 a.m.</b>	<b>09/19/08 MPE Training p.m.</b>	<b>09/26/08 a.m.</b>
<b>Number of persons attending:</b>				

<b>Spanish Training Date Adiestramiento en Español</b>	<b>09/12/08 a.m.</b>	
<b>Número de personas que asistirán</b>		

**Provider Number** \_\_\_\_\_

**Name of the Agency/Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Person(s) Attending Training:** \_\_\_\_\_