

Division of Specialized Care for Children

Guidelines for Nursing Agencies Working in Home Care

INTRODUCTION

The Home Care Program helps families care for children who are technology-dependent and require intensive skilled nursing care to live in their own home rather than in a hospital or skilled nursing facility. The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) operates the Home Care Program through an agreement with the Illinois Department of Healthcare and Family Services (HFS). This program helps any Illinois individual who is medically fragile and technology-dependent, and whose cost of care would be the responsibility of the state of Illinois through HFS.

While families of individuals with complex medical needs interact with many healthcare providers, they have a more direct and intimate relationship with nurses who provide care in the home. Skilled nurses in the home are an important part of the success of pediatric home care. However, they can also add further challenges for the family to overcome. Still, pediatric home care is not only safe but the ideal environment for optimum growth and development for children with complex medical needs.

Pediatric home care is a challenging career for nurses. There is little education available to prepare nurses for each situation that could occur in a home, especially one with many complicated long-term care issues. In addition, the nursing agency is challenged with issues regarding billing, staffing, recruiting, reporting, and most importantly, supervision. In short, there are difficulties for the nursing agency as well.

As the designated community care coordinator for the Home Care Program, DSCC collaborates with both families and nursing agencies. DSCC staff have identified areas where nurse supervisors can help minimize difficulties for families and agency nursing personnel and facilitate agency-related processes. This document has been prepared specifically for the nursing supervisors of a DSCC-approved agency for participation in the Home Care Program. It should be shared with any agency personnel.

I. ROLE OF DSCC

The primary functions of the Home Care Program are: a) community care coordination, b) interim payer for nursing services and c) approval of nursing agencies participating in the Home and Community-Based Services (HCBS) Waiver.

A. Community Care Coordinator Helps Family Apply for Funding

As the community care coordinator, DSCC helps the family apply for funding. The DSCC Care Coordinator reviews initial financial and medical information provided by the family, the individual's physician letter and the Home Care Program Application: Medical Plan of Care (125), including insurance information. If there is a question about potential eligibility for the Home Care Program, DSCC will send the initial referral information to the Illinois Department of Human Services (DHS) and/or HFS for review and a decision on potential eligibility. If eligibility is denied, HFS or DHS will send notification to the family.

If the initial review by DSCC, DHS and HFS determines that the individual is potentially (both medically and financially) eligible for the Home Care Program, DSCC will submit a complete application

and Medical Plan of Care (MPC) to HFS and DHS. After reviewing this information, HFS and DHS will make a final determination on eligibility and the Medical Plan of Care. After eligibility is determined, the DSCC Care Coordinator verbally notifies the family, hospital, nursing agency and other providers of the approval or denial application's. The family will also receive a written notification from HFS.

Monitors the Safety and Welfare of the Individual

Once the individual is home, the DSCC Care Coordinator monitors the appropriateness of the placement, the safety of the individual and the success of the implementation of the MPC. This is accomplished by routinely obtaining information from the family, physicians, nursing agency, school, home medical equipment provider and any other involved party.

Renews Medical Plan for Home Care

DSCC is required to provide HFS/DHS with semi-annual renewals of the MPC for the first two year and then annually. Sixty (60) days before

the renewal is due at HFS/DHS, the Care Coordinator will contact the nursing agency, physician and family for updated information. The renewal is sent to HFS/DHS for review and approval or denial.

Coordinates Care

While the individual remains in the community, the DSCC Care Coordinator is responsible for coordinating all facets of care among the family, nursing agency, other providers and HFS/DHS. DSCC is required to notify HFS/DHS of any significant change in the medical, social or environmental status of the individual.

Monitors Provider Compliance with Requirements

DSCC staff meet with all new nursing agencies to explain the Home Care Program. Additionally, DSCC determines if the nursing agencies and home medical equipment providers can meet the standards set by HFS and DSCC. Requirements are reviewed and updated on an annual basis.

B. Interim Payer of HFS

Under an agreement with HFS, DSCC acts as interim payer to approved nursing agencies for all HFS approved nursing hours.

C. Approval of Nursing Agencies

The Home Care Quality Improvement (HCQI) team of DSCC initially approves, monitors and annually redetermines approval status for all nursing agencies.

Approval and reapproval is based on conformance to the “DSCC Guidelines for Nursing Agencies Working with the Home Care Program (17).”

These requirements are provided to the nursing agency at the time approval is requested. Approval may be requested by the nursing agency and/or the family.

HCQI monitors nursing agencies for compliance both formally through scheduled site visits and record reviews and informally via communication with families and Care Coordinators.

II. ROLE OF NURSING AGENCY

A. Supervision of Nurses in the Home

A family’s decision to bring a medically fragile individual home can be an extremely stressful situation. The provision of nursing services through a single agency can help minimize the stress to the family and provide a critical support service to maintain the individual’s safety in the home and community. Employing a single nursing agency to provide continuous nursing services relieves the family of the burden of recruitment, approving, hiring and supervision of appropriately licensed and experienced nurses.

Supervisory Visits

DSCC Guidelines for Nursing Agencies Working with the Home Care Program (17) states a nursing supervisory visit to the home must be made at least every 60 days. The nursing supervisory report is an individual-specific summary of the services provided to include:

- the usual weekly schedule of nursing hours;
- whether or not the approved number of hours was provided and if not, why;
- an overall assessment of the individual’s status;
- information regarding physician visits, hospital admissions and emergency room visits;
- a summary of the nursing services provided during the past 60 days;
- any changes in the individual’s nursing care needs;
- any social or environmental issues that may affect the individual’s care;
- recommendations for any revisions to the individual’s home care plan; and
- information regarding any problems that impact the agency’s ability to provide nursing.

DSCC has a Supervisory Report form (161) that may be used to document supervisory visits. To access this form, contact Central Administrative Office at (800) 322-3722 or at dsc.uic.edu.

The Medicare Plan of Treatment (Form 485) does not meet this requirement.

The nursing agency must maintain a clinical record that gives an accurate account of the nursing services provided that is in accordance with accepted professional standards. This record may be requested by DSCC or HFS.

A supervisory visit every 60 days is the minimum standard. It is expected that the nursing agency schedule visits as appropriate based on a variety of factors. Some of these factors include:

- the length of the time the individual has been home;
- the care needs of the individual;
- the ability of the parent to work with nurses in the home;
- the ability of the nurses to problem solve; and
- the skill or license level of the agency caregivers in the home (RN & LPN).

The minimum requirement for a CNA is an RN visit every 14 days.

At times, a weekly supervisory visit may be needed and at other times, once a month or once every other month would be appropriate. It is best practice to have both scheduled and unannounced visits. Phone calls supplement the information gathering but cannot replace home visits.

Nursing Notes and Care Plans

The nursing agency is required to submit to DSCC the agency's nursing care plan and revisions to the plan. Daily nursing notes, which are reviewed by the nursing supervisor, can be requested by DSCC/HFS at any time. The nursing notes are also reviewed to verify that the individual continues to need the level and amount of nursing services approved. Daily nursing notes need to document:

- who the nurse received the report from and who the nurse gave the report to;
- a head-to-toe assessment of the individual at the beginning and end of the shift;
- each skilled intervention, the time it occurred and the individual's response/reaction;
- the individual's status every two hours, if no skilled intervention was required;
- any teaching done;
- medications administered;
- care provided by another trained caregiver; and
- the status of any medical equipment being used in the home.

Rate of Reimbursement

While the hourly rates for nursing care for the Home Care Program are determined by HFS, a nursing agency can request a specific hourly rate before accepting a case. Once the plan is approved, the DSCC Care Coordinator will inform them of the rate approved by HFS. An agency may only request an increase in the rate for a specific individual at the time the MPC is renewed. The renewals are sent to the HFS every six months for the first two years and annually thereafter. The agency will be notified by the Care Coordinator if a requested rate increase has been approved by HFS. This usually occurs several weeks after the renewal is submitted. There is no differential reimbursement for holidays, night shifts, or vacation time.

B. Scheduling/Provision of Nurses

Scheduling of nurses varies from agency to agency. The agency, not the family, is responsible for scheduling nurses. Families should have a copy of the schedule in advance and be involved in scheduling decisions, whether it is a weekly or monthly schedule. It is important for the family and the individual to know who will provide services. When a nurse is unable to staff a scheduled shift, the nurse needs to contact the agency and NOT THE FAMILY. The agency in turn is responsible for notifying the family. Nurses may not be scheduled for more than 16 hours in a 24-hour period.

When an agency accepts a case, the family needs to know:

- how long the agency will take to staff the case initially;
- whether or not the agency anticipates problems finding staff;
- what actions the agency will take if a nurse cancels or calls in sick for a shift;
- how the agency will communicate staffing information (will a schedule be mailed to the family and if so, how often); and
- who they contact at the nursing agency regarding nursing issues or conflicts.

C. Abuse and Neglect Reporting

The Abused and Neglected Child Reporting Act (ANCRA) is an Illinois law that specifies the criteria and procedures required when reporting suspected abuse or neglect of a child. In general, any person having contact with a child in his or her professional capacity is required by law to report suspected abuse or neglect directly to the Abuse and Neglect Hotline (1-800-252-2873), which is maintained by the Illinois Department of Children and Family Services (DCFS). These persons are referred to as "mandated reporters." All nurses are mandated reporters. As mandated reporters, the failure of a nurse to report suspected child abuse or neglect can result in the loss of the nurse's license. After the nurse who suspects an incident of abuse or neglect makes a report to the DCFS Abuse and Neglect Hotline, a follow-up call will also have to be made to the DSCC Care Coordinator to explain the details of the reported incident. If the DSCC Care Coordinator learns that a nurse providing nursing services to an individual in the Home Care Program suspects abuse or neglect but fails to make a direct report to the Abuse and Neglect Hotline, the DSCC Care Coordinator will make a third-party report and, as such, is required by law to name the nurse who failed to report the incident. Action could be taken by DCFS against the individual if it is determined that a violation of ANCRA occurred. While DSCC does need to be informed, it is expected that the nursing agency staff member who observed the abuse or neglect make the report directly to the Abuse and Neglect Hotline (1-800-252-2873). Home care situations that may constitute abuse or neglect include the parent leaving the individual with an untrained caregiver, not following physician's orders to the extent that medical needs are neglected, not providing necessary medication, not providing utilities to support life/safety, and leaving the geographic area without making arrangements for "short-term guardianship."

The following definitions used by DCFS hotline staff may help you and your staff assess a situation.

Abused Individual: An individual whose parents or any other person responsible for the individual's welfare inflicts or allows to be inflicted upon the individual: physical injury, a sexual offense, torture, or excessive corporal punishment.

Neglected Individual: An individual whose parent or any other person responsible for the individual's welfare withholds nourishment or medically indicated treatment or other care necessary for the individual's well-being, or an individual who is abandoned.

Filing a DCFS Hotline Report: In-depth training on the responsibilities of mandated reporters and on the steps involved in filing a report is available from DCFS. Telephone reports are to be confirmed in writing by the reporter on a form available from DCFS. All reports are considered confidential. The reporter shares all information regarding the suspected abuse and/or neglect, including a detailed description of the individual's medical condition. It is important to remember that not all DCFS Hotline personnel understand medical conditions or medical terminology. It may be necessary to describe not only the medical conditions but also why you believe the parents' or other caregivers' actions are abusive or neglectful. For example, the reporter may need to describe what a tracheostomy is (a hole in the neck that allows the individual to breathe that must be kept warm, moist, and protected) and why the parents actions are neglectful (the respiratory moisturizing equipment is not being maintained as the physician prescribed). The reporting nurse must be prepared to give as much information as possible to fully describe why and how the individual is at risk and, always remember, abuse and neglect only has to be suspected. DCFS is required to investigate within 48 hours of the initial report. If the report is not taken by the DCFS Hotline staff and the nurse feels strongly that the individual is at risk, a request should be made to discuss the situation with a DCFS Hotline staff supervisor.

Adult with Disabilities: If you suspect abuse, neglect or exploitation of an individual who is 18 years or older with a disability and whose physical or mental disability impairs the ability to seek or obtain protection from abuse, neglect or exploitation, call the Illinois Department on Aging (IDoA) 24-hour toll free Adult Protective Services Hotline at (866) 800-1409. The Office of Inspector General (OIG) 24-hour hotline may also be of assistance at (800) 368-1463. Whenever a call is made to Adult Protective Services, the DSCC Care Coordinator should also be notified.

D. Incident Reporting

The nursing agency must have a mechanism in place for reporting and documenting unusual incidents that occur in the home. The DSCC Care Coordinator must be notified of any incident that poses a threat or potential threat to the individual's health or welfare. Examples of incidents to be reported might include:

- nurse sleeping;
- medication errors;
- an individual falling;
- nurses unable to meet the medical needs of the client due to lack of experience or knowledge, such as being unfamiliar with the medical equipment;
- CNAs not following the guidelines for providing services;
- disagreements with the parents or other caregivers that prevent the nurse from providing care to the participant;
- nurses taking an individual out of the home without parental permission;
- parents leaving other children in the care of the nurse.

Notification should be given within five business days of the incident taking place.

III. COMMON ISSUES IN HOME CARE

A. Parents' Relationship With Nurses

The primary focus of the nurse in the home is the nursing care of the medically fragile individual. The private duty nurse is employed by the nursing agency to provide direct one-on-one nursing care to an individual. The nurse will also interact often with the family, meaning they must establish a clearly defined relationship with other family members as well as with other healthcare professionals. It is essential that professional boundaries are maintained. In a home environment, it is possible that the parents will prefer some nurses over others. Nurses should not, however, engage in parents' discussion of other nurses or talk to other nurses about one nurse in particular. Parents' dissatisfaction with any nurse, nursing responsibility or nursing action must be discussed with the supervisor. DSCC has two documents available that address this topic: "Guidelines for Parents with Nurses in the Home" and "Guidelines for Nurses Working in Home Care." These can be used to help define roles and relationships in the home.

B. Sibling Issues

Two common issues related to siblings are those of child care and discipline. The nurse is in the home to care for the medically fragile individual. The nurse cannot agree to "baby-sit" or be

responsible for other children in the home. Nurses should not independently discipline siblings. Parents should establish what action they wish the nurse to take in these matters. Further information regarding siblings is available in Guidelines for Parents with Nurses in the Home. It is required that roles and responsibilities of the nursing agency and family be reviewed annually at a minimum.

C. Transporting Individuals

Many nursing agencies have a policy regarding transportation of the individual. These policies should be shared with all nurses. The transport of the individual by a nurse, without another trained caregiver present, requires physician approval. The physician must state whether the individual can be safely transported by one trained caregiver. The physician, nursing agency and family must all agree with the transportation arrangements. DSCC should be informed of transportation problems. Nursing care paid for through the Home Care Program must be provided in the individual's home, except for trips to medical appointments, therapy, or to facilitate integration into the community. Care cannot be given in the nurse's home. If the family requests that nursing care be provided at another location, DSCC must be informed. If necessary (or appropriate), a home assessment will be completed at the second location. This includes overnight visits with relatives.

D. Out-of-State Travel

Frequently there are requests for a nurse(s) to accompany an individual and family on vacation trips out-of-state. In order for this to occur, the family must inform DSCC. The nurse(s) must apply for and receive a temporary license for the state or states where she/he will provide care and comply with the nursing requirements of the state they are in or traveling through. The process may take several months. The family, the nursing agency, and the nurses must be aware that the Home Care Program will not reimburse for travel, food or lodging.

Weekly hour resource allocation can be used as well as respite, if they are available. The maximum number of hours that the nurse can be paid per day is 16 hours within a 24-hour period. It is the nursing agency's responsibility to approve or deny the planned hours. Other issues to consider are supervision of the nurses while traveling, contact with the nurses and duration of the trip. There is no reimbursement for overtime.

E. Short-term Guardianship

If the parents are going out-of-town and request 24-hour coverage, the agency decides whether or not it can provide this coverage. A short-term guardian

who is trained in the individual's care must be identified. The parents must provide appropriate written documentation naming the individual as the short-term guardian. Plans for a backup trained caregiver or admission to the hospital are to be developed in case a nurse is unavailable. DSCC should be notified of the parents' plans as soon as possible. The DSCC Care Coordinator can help the family plan for short-term guardianship. Sample documents are available if needed. The parents are required to leave a phone number where they can be reached at all times in case of an emergency.

F. Confidentiality

While providing shift nursing in a family's home, the nurses and agency staff have access to private information about an individual and his/her family. The confidentiality of this information should be protected at all times. All staff should be aware that it is unprofessional and cause for disciplinary action under the Illinois Nursing and Advanced Practice Nursing Act of 1998 to discuss the individual and/or family beyond necessary professional conversations. Any breach of confidentiality by a nurse mandates immediate supervisory action. Incorporating the topic of confidentiality into the nurse's orientation and reviewing this issue periodically with staff is suggested.

The relationship between the family and the nurses/nursing agency should focus on the individual's care needs in the home. It is inappropriate for a nurse to discuss with the family concerns about the number of work hours provided, the rate of reimbursement, or any other employment issues. These questions should be directed to the DSCC Care Coordinator. It is also inappropriate for the nurse to have discussions with the family about religion, financial matters, child-rearing, or other subjects of a personal nature.

IV. REQUIREMENTS FOR NURSING AGENCIES

DSCC is required through its agreement with HFS to review, approve and monitor nursing agencies.

A. Approval

"Requirements for Nursing Agencies Participating with Illinois Home Care Program" (12) must be reviewed and signed by a nursing agency administrator before the agency is approved by DSCC. Each agency must be re-approved every year. In some instances, the requirements of the Home Care Program are more stringent than the Department of Professional Regulations.

B. License Status

Any nurse who is employed to facilitate care for a Home Care participant must have a valid license or proof of pending nursing license without any current exclusion(s) from participation in any federal healthcare programs. Part of the DSCC quality assurance process includes a check of licensure status. If it is discovered that a nurse who provided care does not have an active, current Illinois license, the HCQI team will contact the nursing agency.

Disciplinary Action: Nurses may not provide services to individuals in the Home Care Program if their licensure status identifies disciplinary action.

Exceptions may be requested on an individual basis.

Written requests for exception may be directed to the nursing agency liaison for your agency.

C. Verification

The MFTD Waiver requires HFS and DSCC to do performance measures to ensure quality assurance. One of those performance measures is to confirm that nurses meet licensing standards prior to serving Home Care participants. Therefore, each nurse has to have an initial check done by DSCC prior to the participant receiving services from that nurse. DSCC checks multiple accreditation databases to ensure the nurse has not received any violations against their license. DSCC does these same verifications during the annual nursing agency reapproval process with the list of nurses that the nursing agencies are required to provide on a yearly basis. In order to comply with the measure concerning the initial check, please provide your DSCC Quality Improvement liaison with the nurse's name and license number prior to the nurse serving a participant. DSCC will do the verifications and then inform the nursing agency that the nurse is approved to serve the participant or if there was a violation on that nurse's license. Please remember that DSCC is doing this as a quality check. The nursing agencies are the employer of record and should be doing these verifications multiple times throughout the year.

D. Monitoring

DSCC monitors nursing agencies through the HCQI team. Within the first year an agency is providing services to individuals in the Home Care Program, DSCC will do an on-site review. This will include an interview with the nursing supervisor, a review of the nursing agencies' policies, nursing staff personnel files and individual client records. Thereafter, nursing agencies will be reviewed on an annual basis unless requirements/recommendations are not followed. If an agency does not comply with the requirements, the agency is placed on hold and they are not offered to

new participants or families currently enrolled in the Home Care Program. If the nursing agency does not improve within a specific time frame, they will lose their approval status with DSCC and can no longer provide care to individuals enrolled in the Home Care Program.

E. Privacy and Confidentiality

Privacy is a major issue for parents who have other caregivers in their home. Parents need to identify times when they do not wish to be disturbed, e.g., for the first hour in the morning or after coming home.

V. BILLING FOR NURSING SERVICES

A. Type of Nursing Hours

Monthly Resource Allocation

A resource allocation for in-home nursing support will be established for each individual, based on his/her medical and technology needs. An independent entity will assess each individual's needs and establish a dollar amount the family can use for in-home nursing care. After HFS notifies DSCC of the approved resource allocation, the Care Coordinator will notify the nursing agency of the rate of pay for its staff and work with the family and nursing agency to develop a schedule to fit the family's needs and allocation, including the type of staff they wish to care for their child (RN, LPN, CNA). Any unused allocation cannot be 'carried over' to the following time period.

The MPC for an individual is generally approved for six months or one year. If the individual's status changes, the physician and DSCC Care Coordinator must be informed. This includes situations where the individual's condition improves and less nursing is needed as well as situations where the individual/family status changes and more nursing is needed. Based on information from the physician and information that DSCC has collected, HFS will determine whether the home care plan needs to be revised.

Respite Hours

For individuals eligible for the Medically Fragile - Technology Dependent Waiver, respite care is a service provided through the waiver. Most waiver eligible individuals are approved for "respite hours." These are hours in addition to the resource allocation that enable the caregivers to have "respite" from caregiving. The maximum number of hours that can be approved for an individual per year is 336. The number of respite hours approved for a family is determined by HFS and influenced by cost effectiveness. The DSCC Care Coordinator will inform the nursing

agency of the number of respite hours approved as well as the beginning and end dates of the respite year. These hours are to be used only at the parents' request. Respite hours cannot be used at the agency's discretion (for example, at the end of a shift for charting or finishing nursing tasks). The process for using respite hours is:

- The parent contacts the nursing agency to request "respite hours" for a specific time period.
- If the agency cannot provide the hours as requested, they inform the family. If the agency provides the respite hours, they are billed separately from the regular hours.
- If a parent is ill or unable to provide care, any extra nursing hours needed by the family to care for the individual are respite hours.
- In order to prevent the agency from providing more than the approved number of respite hours, the agency needs to track the number of hours approved and provided. A sample tracking form can be obtained from any DSCC Regional Office by requesting DSCC Form 201.
- If the individual transfers from one nursing agency to another, the new agency will need to check with the parent(s) and/or the former nursing agency for the correct number of remaining available nursing hours. DSCC Care Coordinators are only aware of the number of respite hours that have been billed and may not be aware of all the hours used.
- As in any situation, the nurse cannot work more than 16 hours in a 24-hour period, even if respite hours are used.

Non-waiver participants are not eligible for respite services.

Emergency Hours

If an individual is ill and extra hours of nursing care are needed to prevent hospitalization, emergency hours can be requested by the physician. Once the physician prescribes emergency hours, the nursing agency contacts the Care Coordinator and shares the prescription with them. The Care Coordinator will request approval from HFS. Without a physician's prescription and prior approval from HFS, the agency will not be paid for emergency hours.

Training Hours

If the individual is ventilator-dependent or if the individual has high technology needs, the discharging physician can request that nurses receive training at the hospital prior to discharge. Payment for these training hours must be pre-approved by HFS. HFS will only reimburse up to four hours of training per nurse.

B. How to Bill

All bills for nursing are submitted to:

Division of Specialized Care for Children
Attn: Claims Services Unit
3135 Old Jacksonville Road
Springfield, Illinois 62704-6488

Preprinted Weekly Billing for Home Nursing forms (11) are required and are available by calling the DSCC Central Administrative Office at (800) 322-3722. A 11 form is also available on the DSCC website at dsccl.uic.edu. Go to the "For Providers" tab at the top and select "Provider Forms." The instructions for billing are on the back of the billing form. The billing must be separated into the categories of nursing hours provided: regular, respite, emergency, or training. A separate section on the billing form must be completed for each type of nursing hour provided. The instructions include general and specific instructions for completing the form. It is suggested that billing be submitted weekly. Each bill will be reviewed for the number of hours provided, the licensure status of the nurses and for the signature of the parent. Providers may also submit claims electronically to DSCC. For detailed information, contact DSCC's Claims Services Unit at (800) 322-3722.

When the family and DSCC receive approval of the MPC from HFS, a rate for nursing care is specified. The Home Care Program does not allow a differential for holidays, overtime or nighttime hours. The family may not supplement the rate approved by HFS. In rare instances, families have contracted with a nursing agency to pay for a number of hours in excess of those approved by HFS. Families may be billed when they are contracting for hours in excess of those approved by HFS.

Families MAY NOT supplement the hourly rate approved by HFS.

C. Problems/Solutions

Billing Post Insurance Coverage

If a family has insurance coverage for home nursing care, the family or nursing agency is responsible for submitting the bills to the insurance company before the claim is submitted to DSCC. Payments for approved nursing services will not be made until the insurance company has paid or rejected the claim. A copy of the insurance carrier's Explanation of Benefits (EOB) must accompany the corresponding "Weekly Billing for Home Nursing."

Occasionally, there is a clear delineation of the number of hours insurance will pay and the number of hours DSCC will pay. The insurance authorization approving specific nursing visits should also be sent with the billing form. In those cases, the billing from the agency reflects that insurance has been billed for a specified number of hours and DSCC is being billed for the rest. These bills will be processed without an EOB.

Overlap of Regular and Respite Hours

It is important for the nursing agency to track the provision of both regular hours and respite hours.

Regular hours and respite hours are billed in separate sections of the Weekly Billing for Home Nursing form (11). When scheduling nursing hours for an individual, it is sometimes helpful to specify on the schedule which hours are being provided as “regular hours” and which are being provided as “respite hours.” All regular hours are to be used before respite hours are used/billed.

Pre-approval of Additional Hours of Nursing

When an MPC is approved, the Care Coordinator notifies the nursing agency of the monthly resource allocation and the number of respite hours that can be provided on an annual basis. If extra hours are needed because of a medical emergency for the individual, these hours must be pre-approved by HFS via the Care Coordinator. If an agency

provides extra hours without requesting/receiving the necessary approval, payment for these hours may be denied. If a family informs you that extra hours have been approved, you should contact the DSCC Care Coordinator to verify that information.

Time Frames for Bill Submission

To be eligible for Medicaid reimbursement, providers and suppliers must file claims within a qualifying time limit. A claim will be considered for payment only if it is received by DSCC no later than 180 days from the date on which services are provided. This time limit applies to both initial and resubmitted claims. Rebilled claims, as well as initial claims, received more than 180 days from the date of service will not be paid. It is important that both regular hours and respite hours are billed in a timely manner. Since the bills are used to verify and track the use of respite hours, if bills are not submitted on a regular basis, the DSCC Care Coordinator will not be able to help the family keep an accurate count. The risk for an agency to provide more than the approved number of respite hours increases if billings are not done in a timely manner. DSCC will only reimburse up to the number of hours approved by HFS.

Claims for which the Illinois Medicaid is not primary payer must be submitted to the department within 180 days after the final adjudication by the primary payer.

Provider Portal Website

You can view and print the Explanation of Provider Payments, including payment and denial information. After registering to use the website, you will have the option to access and print current and/or historical claim information on demand. To register for the provider portal, go to dsccl.uic.edu. If you have any questions or problems registering to use the website, please contact DSCC at (800) 322-3722.

**For More Information, Please Contact Your Nearest
DSCC Home Care Regional Office**

(800) 322-3722

**Visit our Website at:
dsccl.uic.edu**

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