NURSING AGENCY PROVIDER GUIDEBOOK

UNIVERSITY OF
ILLINOIS CHICAGO

Division of Specialized Care for Children

Table of Contents

Introduction

DSCC Roles and Responsibilities

Community Care Coordination 5
Nursing Agency Approval and Quality Assurance ... 5
Monitoring Safety and Welfare 6
Incident and Abuse Reporting Oversight 6
Healthcare Worker Verification and Watch List 6
Training and Resource Support 8
Provider Payments and Reimbursements 8

Nursing Agency Responsibilities

Policy Requirements 11
Supervision 12
Care Plans and Documentation 14
Schedules and Staffing 15
Paid Legally Responsible Adult Caregivers 16
Provide Portal 16
Dual Agency Staffing 17
School Nursing 18
Location of Services 18
Transporting Individuals 18
Out-of-State Travel 19
Short-Term Guardianship 19
Emergency Planning 20
Incident Reporting 20
Abuse, Neglect, and Exploitation 21
Electronic Visit Verification and OIG Reporting 22
Confidentiality 22
Service Utilization 23
Noncompliance 25

Claims Submission and Reimbursement

Rates for Reimbursement 27
Claim Submission 27
Procedure Codes and Modifiers 29
Billing Terminology 30
Third-Party Payor 31
Avoiding Billing Errors 32
Claims Processing 33
Corrected Claims 33

Attestation of DSCC Nursing Agency Requirements

Appendix A - Quality Documents/Resources

Guidelines for Nurses Working in the Home 39
DSCC Guidelines for Certified Nursing Assistants (14) 46
Nursing Supervisory Summary (161) 48
DSCC Guidelines for Paid LRA Caregivers (288) 52
Home Care Electronic Visit Verification Policy 55

Appendix B - Financial Documents/Resources

Respite Prior Approval Request (286) 59

1

Introduction

The Home Care Program supports families in caring for individuals who are technology-dependent and require intensive skilled nursing care to live at home instead of in a hospital or skilled nursing facility. This program is operated by the University of Illinois Chicago's Division of Specialized Care for Children (DSCC), under an agreement with the Illinois Department of Healthcare and Family Services (HFS). Nursing agencies are crucial in providing home-based care for medically fragile individuals through the HFS Home Care Program. This document outlines key guidelines nursing agencies must follow to ensure compliance with program requirements, deliver high-quality care, and collaborate effectively with DSCC.

2

DSCC Roles and Responsibilities

DSCC Roles and Responsibilities

As the operating agency on behalf of HFS, DSCC is responsible for the following.

1. Community Care Coordination

- Assist families in applying for the Home Care Program.
- Review financial and medical documentation for program eligibility.
- Submit complete applications and Medical Plans of Care (MPC) to HFS for approval.
- Consult with the Illinois Department of Human Services (DHS) and/or HFS for questions about potential eligibility.
- Notify families, hospitals, and nursing agencies of approval or denial, including sending the Nursing Hours Approval (2352) Form to the agency within three business days of receiving it. HFS sends notifications of eligibility and allocation decisions directly to Home Care families.
- Communicate individual participant and program changes to agencies. DSCC operates at HFS' discretion. HFS determines eligibility, allocation, and nursing rates and ensures appropriate federal approvals are in place. DSCC will notify agencies at the direction of HFS.
- Provide conflict-free care coordination to Home Care families, including options for nursing agency choice. Care Coordinators must objectively provide families with information on nursing agency choices and do not provide subjective opinions on agency quality or pay rates.

2. Nursing Agency Approval and Quality Assurance

- Uphold, review, and update DSCC requirements annually and whenever changes in senior nursing agency administration occur.
- Meet with all new nursing agencies to explain Home Care Program requirements.
- Approve and reapprove nursing agencies annually based on compliance guidelines.
- Conduct annual audits to review policies, staff qualifications, documentation, billing, and incident reporting.
- Monitor nursing agencies for compliance formally through site visits, record reviews, and informally via communication with families.
- Investigate complaints and compliance concerns related to nursing agencies.
- Investigate and report suspected Medicaid fraud, waste, and abuse (FWA) to the Office of the Inspector General (OIG)
- Monitor agency Electronic Visit Verification (EVV) compliance to ensure minimum thresholds are met or appropriate remediation/corrective action plans are enforced.

3. Monitoring Safety and Welfare

- Conduct ongoing assessments to ensure participant safety and service efficacy.
- Collect and review reports from families, nursing agencies, physicians, schools, and home medical equipment providers.
- Require semi-annual MPC renewals every six months for the first two years and annual renewals thereafter.
- Notify HFS/DHS of any significant changes in the participant's medical, social, or environmental status.

4. Incident and Abuse Reporting Oversight

- Ensure nursing agencies follow abuse and neglect mandated reporting procedures.
- Follow up on reports made to the Illinois Department of Children and Family Services (DCFS) and Adult Protective Services (APS).
- Ensure nursing agencies submit internal incident reports within five business days.
- Review incident reports for quality, including full resolution with attempts to prevent recurrence and mitigate future risk.

5. Healthcare Worker Verification and Watch List

As HFS' operating agency for the Home Care Program, DSCC is responsible for quality assurance oversight to maintain participants' health, safety, and welfare. Due to the population's medical fragility, high acuity, and technology dependence, DSCC requires additional nurse/certified nursing assistant (CNA) verification measures in addition to the standard background check required by IDPH. DSCC Quality Assurance staff complete these checks to ensure all paid caregivers have a valid, unencumbered Illinois license without sanctions or exclusions from federal or state healthcare programs or findings by DCFS. Checks occur from the time of hire by a DSCC-approved agency and annually thereafter at minimum via the following:

- HFS Office of the Inspector General (OIG)
- Health and Human Services (HHS) Office of Inspector General
- Illinois Department of Financial and Professional Regulation (IDFPR) for nurses
- Illinois Department of Public Health (IDPH) Health Care Worker Registry for CNAs

DSCC's Watch List. The Watch List tracks individuals who may pose a health and safety risk to DSCC participants, either monitoring or restricting their involvement in current or future cases. This process also ensures compliance with reporting requirements and tracks healthcare workers who may pose a risk to patients outside the DSCC population. The list includes careful oversight by DSCC Quality

Improvement leadership, including a review every six months. Decisions to place caregivers on the list are made in careful consultation across an interdisciplinary quality assurance team to prioritize participant safety. DSCC will not grant/may rescind approval of agencies owned or operated by individuals who are restricted from providing direct services to DSCC participants. Placement on this list does not bar nurses/CNAs from providing services outside the Home Care Program's small, highly fragile population.

Reasons for adding a nurse/CNA to the Watch List include:

- Professional negligence or professional misconduct.
- Abuse, neglect, or exploitation.
- Criminal activity.
- Medicaid fraud.

Monitoring Versus Do Not Hire Designation. In more serious cases, DSCC may not permit a healthcare worker to provide care to any participants within the Home Care Program. This designation is reserved for healthcare workers who present ongoing or severe risks to participant safety. Reasons behind this designation may include repeated incidents that resulted in Watch List placement, failure to comply with a DSCC -agency monitoring plan, confirmed instances of serious health and safety risks to participants, or verified findings such as a positive hit on the CANTS 689 (Child Abuse and Neglect Tracking System). This action reflects DSCC's highest level of concern. It occurs only after a thorough interdisciplinary review, emphasizing the critical need to protect the program's medically fragile population.

Agency Notification. Once DSCC has completed the nurse/CNA verification process, DSCC will notify prospective employing agencies promptly if the new hire appears on the DSCC Watch List. This notification will include the individual's Monitoring or Do Not Hire status. Agencies may inquire why a healthcare worker is under monitoring or deemed ineligible to staff DSCC cases. However, as the operating agency under HFS, DSCC holds the authority to manage this information. The Health Insurance Portability and Accountability Act (HIPAA) and other applicable confidentiality laws and regulations limit any details shared. It is important to note that DSCC does not determine whether an agency may employ individuals on the Watch List for non-DSCC-related work. Inclusion on the Watch List does not restrict a healthcare worker from being hired to serve non-DSCC participants. Hiring decisions are the responsibility of each agency. DSCC contact information should not be shared with direct service agency employees or prospective employees. Agency administration and leadership are responsible for communicating hiring decisions and managing related conversations. Direct service healthcare workers who contact DSCC regarding agency hiring decisions will be referred back to their employing or prospective agency.

6. Training and Resource Support

- Provide guidance and training materials for nursing agencies, including:
  - Guidelines for Nurses Working in Home Care
  - Guidelines for Certified Nursing Assistants (CNAs)
  - Guidelines for Legally Responsible Adult (LRA) Paid Caregiver
  - Policies on confidentiality, abuse and neglect, and universal precautions
- Provide compliance, reporting, and billing technical guidance to nursing agencies.

7. Provider Payments and Reimbursements

- Pay the nursing agencies on behalf of HFS for approved nursing hours.
- Verify and process billed claims for regular, respite, emergency, and training hours.
- Ensure reimbursement is based on approved MPC rates.
- Monitor billing compliance and deny claims that exceed authorized services.

3

Nursing Agency Responsibilities

Nursing Agency Responsibilities

A family's decision to bring a medically fragile individual home can be an extremely stressful situation. Providing skilled care services through an agency can help minimize stress to the family and provide a critical support service to maintain the individual's safety in the home and community. Employing a nursing agency to provide continuous nursing services relieves the family of the burden of recruitment, approval, hiring, and supervision of appropriately licensed, experienced staff.

To be approved by DSCC, agencies must be enrolled as a provider in good standing with HFS, maintain up-to-date IMPACT enrollment, and utilize standard business practices such as established patient care and quality assurance policies/procedures, billing procedures, personnel guidelines, and accounting/bookkeeping guidelines in compliance with applicable rules and regulations. This includes complying with all applicable current federal, state and local laws including but not limited to the:

- Illinois Nurse Practice Act (225 ILCS5/50–75)
- Abused and Neglected Child Reporting Act (325ILCS 5/1–5/11.7)
- Civil Rights Act (42USC200e)
- Health Care Worker Background Check Act (225ILCS46)
- Health Insurance Portability and Accountability Act of 1996
- Home Health, Home Services, and Home Nursing Agency Licensing Act (210 ILCS 55/)

Agencies must also submit evidence of:

- Professional liability insurance coverage for all employees providing services in the home in the amount of $1,000,000 per occurrence and $3,000,000 aggregate
- Commercial general liability insurance coverage of $1,000,000 per occurrence and $2,000,000 aggregate
- Workers' compensation (Part A) (including occupational diseases) in the amount of $500,000 per occurrence

Every agency must have a director of nursing with a minimum of one year's pediatric experience as demonstrated by their resume that DSCC will review. Agencies must also notify their DSCC Liaison when there is a new site and billing address, phone number, FEIN, TIN, NPI, liability insurance, if an office is added or closed, and when changes occur with administration level personnel, including but not limited to the Director of Nursing.

Agencies are responsible for working with the family as members of the healthcare team in planning patient care routines, instructing family members when care-related knowledge deficit exists, providing remedial

training and certification to lay caregivers upon request, and recognizing the family's authority over their household. If service cannot be continued for a Home Care participant for any reason, the agency must:

- Negotiate a termination plan with the individual, family, and DSCC.
- Continue to provide care until a safe, alternate plan of care can be implemented if possible.
- Provide sufficient information to the succeeding nursing agency to permit the new agency to render adequate care.

All DSCC agencies must read and sign an attestation of understanding of this guidebook at the time of approval and annual reapproval as well as with changes in Director of Nursing or location. Agencies must submit a copy of this guidebook and attestation of its requirements signed by any other agency that may sub-contract to provide staff for a Home Care individual prior to rendering care.

1. Policy Requirements

Agencies must maintain the following policies/procedures required to become an approved DSCC nursing agency:

- ***Confidentiality:*** Include confidentiality of all HIPAA-protected information by verbal, written, and electronic means.
- ***Abuse and Neglect Reporting:***
  - Reporting of abuse and neglect as mandated by DCFS (under 18 years old)
  - Reporting of abuse and neglect to the Illinois Department on Aging (IDoA) (18 to 59 years old)
  - Hotline numbers listed for DCFS and IDoA
- ***Universal Precautions (Personal Protective Equipment):*** Include protection between agency staff and client, as well as agency staff and family, cleaning equipment and supplies, personal hygiene (hand washing), sharps/needle safe handling, and wearing protective equipment.
- ***Sexual Harassment:*** Include procedures for instances of agency employee against client and/or family members, client against agency employee, and family members/friends against agency employee.
- ***Narcotics Administration and Monitoring:*** Include a blank Narcotic Count Log form.
- ***Restraints and Seclusion:*** Must address physical restraints to prohibit seclusion, and if any form of restraint has been deemed necessary. The policy should also include a current signed physician's order, the time frame when the restraint can be used, the duration of use, and the frequency at which the restraint is checked. All nurses and certified nursing assistants must receive training on alternative practices to restrictive interventions, including restraints and

seclusion. Agencies must submit the date of the restraint training for each employee to DSCC during the re-approval process and have it available in each employee file at the audit.

- ***Critical Incident Reporting:*** Include definition/examples (incidents of harm or potential harm such as medication errors, deaths, falls, or injuries that require medical intervention, wounds) and the importance of reporting to DSCC within five business days of occurrence.
- ***Quality Assurance:*** Include verifying receipt, legibility, and completeness of all staff documentation before submitting billing.
- ***Electronic Visit Verification (EVV):*** Include compliance requirements listed in the DSCC EVV Policy, signed by agencies at the time of approval and annual reapproval.

2. Supervision

Agencies are responsible for providing required clinical supervision of their staff through supervisory visits per 77 Ill. Adm. Code 245. In addition to meeting IDPH requirements, DSCC agencies must submit proof of their supervisory staff members' credentials to DSCC upon hire, including an unencumbered registered nursing license and one year minimum of pediatric nursing experience. Supervisors are responsible for:

- Completing all necessary background checks per IDPH and Illinois law.
- Verifying nurses have valid or proof of pending Illinois nursing licenses with no current exclusions from participation in federal healthcare programs prior to working on DSCC cases.
- Ensuring that all staff providing care to DSCC participants:
  - Are not listed in the Child Abuse and Neglect Tracking System annually (CFS 689).
  - Have current certification in Cardiopulmonary Resuscitation (CPR) that tests for cognitive and practice skills (online does not suffice) and if appropriate to the age of the participant.
  - Complete the DCFS online training for Mandated Reporters and CANTS22 and provide written confirmation of the training to DSCC.
  - Complete the training on alternative methods of restrictive intervention and provide written confirmation of the training to DSCC.
  - Read and comply with ***Guidelines for Nurses Working in Home Care (15)*** and ***DSCC Guidelines for Certified Nursing Assistants (14)*** relevant to the healthcare worker's scope of licensure, found in appendix A and B.
  - Receive orientation by the agency to the individual's specific care plan and requirements as appropriate within the scope of licensure and sufficient to provide care and services according to the individual's current plan of care.

- Notifying DSCC of all new hires to ensure the nurse/CNA completed the required safety checks before providing services to a Home Care participant. The notification must include the following information: caregiver's full name, date of birth, nursing license number for registered nurses (RNs)/licensed practical nurse (LPNs) or Social Security number (CNAs). If the caregiver is assigned to a specific participant and/or nurse training is being requested, the agency should share this information with the assigned Care Coordinator. If the caregiver has not been assigned to a specific participant, the agency must send the information to their assigned DSCC Agency Liaison.
- Providing a complete list of all staff who are currently or will be providing care to individuals enrolled in the Home Care Program along with their license number and birth date during annual reapprovals, audits, and upon request.
- Ensuring new hires meet and understand the appropriate DSCC requirements relative to their licensure. In addition to this guidebook, supplementary forms based on scope of practice are available in the appendix. For RNs and LPNs, reference ***Form 15 Guidelines for Nurses, found in Appendix A***. For CNAs, reference ***Form 14 Guidelines for Certified Nursing Assistants, found in Appendix B***.
- Maintaining a clinical record that accurately accounts for the nursing services provided in accordance with accepted professional standards and adequately documents submitted billings.
- Provide documentation as requested by DSCC for quality assurance reviews. DSCC or HFS may request this record at any time.
- Regularly reviewing daily nursing note documentation for quality assurance.
- Completing in-person supervisor visits in the home. Agencies should arrange visits ahead of time to ensure the family is present at a mutually agreeable time. Phone or virtual visits do not satisfy supervisory visit requirements. Agencies can use the ***DSCC Supervisory Report (Form 161)***. A fillable standalone version of this document can found on the Provider Forms page on the external DSCC website ***https://dscc.uic.edu/for-providers/provider-forms/***. At a minimum, agencies must complete supervisory visits at least every 60 days. More frequent supervisory visits may be necessary depending on the participant's acuity, the skill and license level of the staffed caregivers, and communication between staff and the family. Nurses cannot complete supervisory summaries on cases for which they provide one-to-one nursing. At a minimum, summary documentation should include:
    - Weekly staffing schedule and source of payor (DSCC, private insurance, and/or school district). Include days and times If the participant attends school and the nurse accompanies the participant.
    - Allocation Utilization. List the amount approved on the most recent 2352 Form, the average number of nursing hours per week, and the specific number of respite hours provided.

  - Staffing Concerns. List the barriers to providing the family's desired amount of staffing and what steps the nursing agency is taking to overcome barriers.
  - Supervisor Assessment. During the visit, include a head-to-toe assessment, vital signs, and clinical status.
  - Changes in Care Needs. Include clinical status, feedings, medication, equipment and supplies, provider orders, therapies, routines, social and family dynamics, school attendance, and family location.
  - All physician visits, emergency room (ER) visits, hospitalizations, and appointments (recent with outcome, upcoming, and any missed appointments with reason).
  - Social/environmental issues affecting care. Include changes in routine, social/family dynamics, school progress/attendance, and family location.
  - Proof that the agency did not complete visits more than 60 days apart, as evidenced by the signature and date of the completing supervisor.
  - In the event that the agency encounters issues meeting these expectations (e.g., family refusing supervisor visits), they should notify the DSCC Care Coordinator immediately.
  - **Supervisor visit documentation is due to the DSCC Care Coordinator within 10 days of completion and should be submitted timely throughout the year, not just at the time of Home Care reapproval.**
- Notifying DSCC of any discontinuation of utilities, including phone service or family relocation.

3. Care Plans and Documentation

Agencies must submit their nursing plans of care (POCs) to DSCC for review. Any verbal or supplemental order changes must correlate with the POC being reviewed. Agencies must notify the participant's assigned DSCC Care Coordinator if they are unable to obtain a signed POC within 30 days to avoid suspension in nursing services. Agencies found to be providing home care with a plan of care past the 45-day signature deadline will be reported to IDPH and systemic/repeated instances of this may result in the agency being placed on hold from initiating services for new DSCC participants. POCs must:

- Be signed and dated by the provider within 45 days per Illinois Public Health Code.
- List the accurate nursing hours allocation and respite hours on the current 2352.
- List the trained caregiver's name and relationship to the participant.
- List medications that match the Medication Administration Record (MAR) present in the home, including the name, dosage, route, and frequency.
- Include accurate equipment parameters and alarm limits for the ventilators, pulse oximeters, cough assists, BiPAP, and/or CPAP. Orders must match vent sheets, flow sheets, and nursing notes.

- For ventilator participants: orders to verify settings every two hours and all equipment alarm limits verified each shift.

DSCC/HFS can request daily nursing notes at any time and also review nursing notes to verify the medically necessary amount of nursing services. Daily nursing notes must document:

- Report with a trained caregiver at the beginning and end of shifts.
- A full head-to-toe assessment at the start and end of each shift.
- Skilled interventions, time of occurrence, and patient response.
- Patient status at a minimum of every two hours, even if no intervention is required. Status should be detailed and specific (e.g., "no change" is insufficient as a status update) and include verifying settings every two hours for ventilator participants.
- Verification of all equipment alarm limits for each shift.
- Teaching done, medications administered, and care provided by trained caregivers.
- The status of medical equipment used in the home, including checking the emergency bag and any required equipment cleaning.
- Any changes in the participant's condition requiring physician intervention.
- All orders on the POC were provided according to the physician's orders, including positioning, hygiene, medication administration, and ordered skilled care.

4. Schedules and Staffing

The agency, not the family, is responsible for scheduling staffing and providing the family with a copy of the schedule in advance. The family should be involved in scheduling decisions. When a nurse is unable to staff a scheduled shift, the nurse must contact the agency, not the family. The agency is responsible for notifying the family.

When accepting a case, the agency must inform the family:

- Anticipated timeline until staffing is found and potential barriers.
- Actions the agency will take if a nurse cancels or calls in sick for a shift.
- How the agency will communicate staffing schedule (mail/email and frequency).
- The agency contact(s) to report nursing issues or conflicts.

The agency is responsible for staffing safety. In accordance with the Nurse Practice Act, DSCC requires shifts to be no longer than 16 hours and should have at least eight hours between shifts for recovery time. Supervisors should also consider:

- The participant's medical acuity and skilled care need.
- Each individual staff member's skill, scope of practice, stamina, and performance.

- The agency's internal agency staffing procedure.
- State and federal labor laws.

5. Paid Legally Responsible Adult Caregivers

Agencies employing paid Legally Responsible Adult (LRA) caregivers must follow DSCC requirements, including ensuring billing includes the U7 modifier code. For full details, please see the ***Claims Submission and Reimbursement*** section and the ***DSCC Guidelines for paid LRA Caregivers (288)***. A LRA is a person with legal authority to act on behalf of the participant. For minor children, the parent or legal guardian is the LRA. A court-appointed guardian of an individual of any age is the LRA. Qualified LRAs can be paid to provide care in the home to medically fragile, technology dependent participants when they meet certain requirements and provide care within defined limits. In these cases, the agency and the prospective paid LRA must review specific requirements and service limitations for the LRA as well as the agency, including signing an ***Attestation of DSCC Nursing Agency Requirements (301)***. A fillable standalone version of DSCC Guidelines for Paid LRA Caregivers (288) and Attestation of DSCC Nursing Agency Requirements (301) forms can found on the Provider Forms page on the external DSCC website ***https://dscc.uic.edu/for-providers/provider-forms/***.

6. Provider Portal

The Provider Portal is the central hub for DSCC-enrolled providers. Through the Provider Portal, nursing agencies can submit claims, review claims, review vouchers and remittances, and access NurseNet.

NurseNet is a tool within the Provider Portal to help connect Home Care Program participants with nursing agencies. It allows families to share their nursing needs and preferences while enrolled nursing agencies can post available staff and services. This platform helps families find suitable care and allows agencies to identify opportunities to serve more families across Illinois. To use NurseNet, families can log in, share their nursing needs and see available care options in their area. Nursing agencies can post their available shifts and connect with families in need.

Visit ***https://dscc.uic.edu/nursenet/*** for guides and videos for nursing agencies to get started with NurseNet. For guides and videos on the Provider Portal, please visit ***https://dscc.uic.edu/provider-portal/***. You can also email ***dsccexternalhelp@uic.edu*** for technical assistance with NurseNet or the Provider Portal.

7. Dual Agency Staffing

Agencies may choose to work with one or more additional agencies to meet a family's staffing needs. The following steps are necessary when an agency explores dual staffing.

Dual Agency Care Decisions: Collaborate with the Care Coordinator and the family to explore the option of using multiple nursing agencies. (Agencies are not obligated to participate in dual care; this decision is up to each agency.) Notify the family and Care Coordinator if your agency is willing to work with another agency for coverage.

Compliance and Coordination: Work with the Care Coordinator and the other agency to ensure proper coordination, including:

- Sufficient access to the other agency's documentation to ensure participants do not miss or receive duplicative care of medications. At minimum, this includes a hard copy of the plan of care. Best practice would be access to full charting when possible or the use of written logs in the home.
- Communication plan to avoid service overlap/double billing. **No service overlap is permitted between agencies.**
- Ensuring a trained caregiver is present during shift changes between agencies.
- Clearly defining shifts (e.g., Agency A is 11 p.m. to 7 a.m., and Agency B is 7 a.m. to 3 p.m.).
- Notifying the family if your agency is unable to cover a shift.
- Collaborating with the other agency if shift adjustments are needed.
- Discussing the Nursing Agency Home Rules Agreement with the family and the other agency.

Service Planning: Complete the Nursing Agency Service Agreement (Dual Agency Form) if the school district does not recruit adequate nursing, the Home Care Program must try to provide sufficient nursing for the child to safely attend school, including a written plan with the other agency, to provide to the family, DSCC, and managing physician. The plan should document the bullets in the Compliance and Coordination section and must address:

- Division of nursing and respite hours for scheduling and billing.
- Frequency of joint care conferences.
- Actions when neither agency can provide coverage (e.g., communicating with other agencies for staffing, communicating with the family and care coordination team (CCT), and the hospital if necessary).

The DSCC Care Coordinator will provide copies of the finalized agreement to the family, agencies, and managing physician. As the Home Care Program operating agency, DSCC staff must provide conflict-free care coordination. Care Coordinators must provide families with information on nursing agency choices objectively and do not provide subjective opinions on agency quality or pay rates.

Inform Claims Services Unit: Notify the Claims Services Unit that your agency and another agency are providing services for the participant.

Communication: Continue regular communication with the family and Care Coordinator to ensure ongoing compliance with the plan and address any issues.

8. School Nursing

Under federal (Federal Register Volume 71, No. 156, 300.34) and state law, HFS is the payor of last resort for nursing services. The school district is responsible for providing nursing services during school hours if the participant's physician believes a one-to-one nurse is necessary to ensure safe school attendance, as mandated by federal law. Therefore, the school district is the primary payor for nursing services outlined in the participant's Individualized Education Program (IEP)/504 Plan.

Nursing agencies should collaborate with the DSCC Care Coordinator to assess how school-provided nursing services impact the participant's HFS allocation. Use the approved reimbursement rate for the nurse providing care at school to deduct from the monthly allocation. If only a classroom aide is needed, no deduction is made. If the school district is unable to recruit a nurse, the Home Care Program can provide a nurse to accompany the participant to school. Illinois Medicaid is responsible for the oversight of billing, claims, and compliance for school-based nursing services. For more details, refer to ***HFS' School-Based Health Services*** website.

9. Location of Services

DSCC approved agencies may provide services across all Illinois counties per the June 7, 2022, ***Provider Notice Geographic Service Area Expansion Provider Notice*** from IDPH. Agencies should inform DSCC of what Illinois counties they are willing to serve and have available staffing to ensure appropriate worker supervision.

Agency staff may only provide services in the home and community of the DSCC participant. It is unacceptable for nursing agency staff to provide services in their own homes/communities. The exception to this is if an extended member of the family is providing paid services. That is allowable if the location of services is reasonably considered part of the participant's community or their own home. Agencies should discuss such scenarios in advance with their DSCC Agency Liaison.

10. Transporting Individuals

Nursing agencies should share policy(ies) regarding transportation of the individual with all staff. The transport of the individual by agency staff, without another trained caregiver present, requires physician approval. The physician must state whether the individual can be safely transported by one trained caregiver as evidenced by documentation on the signed Plan of Care (POC). 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 individual's community. Care cannot be given in the agency staff homes unless the nurse is a member of the participant's family and their home is, therefore, a part of the participant's community. If the family requests to receive nursing care at another location, the agency must inform DSCC. If necessary (or appropriate), DSCC will complete a home assessment at the second location. This includes overnight visits with relatives.

11. Out-of-State Travel

If a family requests agency staff accompany the participant out-of-state for recreation or required medical appointments, agencies must inform DSCC. In such a case, be advised:

- The Home Care Program will not reimburse for travel, food, or lodging.
- The family can use the weekly hour resource allocation as well as available respite.
- The maximum payable hours per staff member is 16 hours within a 24-hour period.
- It is the agency's responsibility to approve/deny planned hours and to ensure they follow IDPH regulations and the regulations of the nurse licensing authorities in the state(s) of travel, including facilitating temporary nursing/CNA licensure as required by each state of travel. Timelines to complete this process vary by state.
- The agency and family must consult with durable medical equipment (DME)/home medical equipment (HME) vendors and appropriate providers to ensure adequate supplies, equipment, and medications are available.
- The agency is responsible for logistics; consider contact with and supervision of agency staff traveling and trip duration.

12. Short-Term Guardianship

If the family is traveling and requests 24-hour coverage for the participant in the home, the agency decides whether it can provide this coverage. A short-term guardian trained in the individual's care must be identified. The family must provide appropriate written documentation naming the individual as the short-term guardian. The agency and family should develop plans for a backup trained caregiver or admission to the hospital in case agency staff are unavailable. The agency should notify DSCC of the family's plans as soon as possible. The DSCC Care Coordinator can help the family plan for short-term guardianship. The family must leave a phone number where they can be reached at all times in case of an emergency.

13. Emergency Planning

All agencies must keep an updated emergency plan on file for the participants they serve. At minimum, the plan must:

- Address natural disasters (fire, tornado, flood, and earthquake at minimum) as well as utility interruptions (e.g., charging backup batteries, keeping a "go bag" of emergency supplies, etc.).
- Include a designated meeting place. This meeting spot should be a specific landmark or address within walking distance of the client's home.
- List an alternative location. The family should use this location when their current home is uninhabitable for an extended period and for utility interruptions. For instance, a relative's home could serve as an alternative location where the family could live for a duration while a school or church is not. Include the location name, address, and phone number.
- List trained caregivers as provided on the POC. The agency must include their first and last name, relationship to the participant, and phone number.
- Be specific to the participant's needs. Create a plan of action specific to their medical and technology needs, with calling 911 as the first step.
- Be signed and updated within the last 365 days and with each move to a new residence. For participants residing in multiple homes with shared custody between guardians, a plan should be in place for each residence.

Contact the Care Coordinator for emergency planning resources, including information on obtaining a generator (Waiver participants) and the ***DSCC Emergency Preparedness Tip Sheet***.

14. Incident Reporting

The nursing agency must have a mechanism for reporting and documenting unusual incidents in the home. Examples include but are not limited to:

- Nursing error (e.g., incorrect medication dose) or negligence (e.g., sleeping);
- Nurses unable to meet the medical needs of the client due to lack of experience or knowledge (e.g., being unfamiliar with the medical equipment);
- CNAs not following the guidelines for providing services;
- Disputes 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;
- Death of a participant or an immediate caregiver;
- Parents leaving other children in the care of the nurse.

Agencies may consult with DSCC if uncertain an incident requiring reporting has occurred. The DSCC Care Coordinator must be notified of any incident that poses a threat or potential threat to the individual's health or welfare as soon as possible. Notification for nonemergent incidents must be given within five business days of the incident taking place. Agencies must provide an incident report to the assigned DSCC Care Coordinator within five business days as well as to the assigned DSCC Agency Liaison at the time of the annual audit. The report's purpose is not just to document what happened but rather to analyze the incident for interventions that may mitigate risk or recurrence if appropriate. At a minimum, reports should include:

- The name and contact information of the person reporting it;
- Name and license number of staff involved or present at the time of the incident;
- The date the incident occurred;
- A summary of what transpired;
- Documentation of corrective actions and preventative measures by the nurse or agency, such as hotline calls or staff retraining; and
- Whether or not the family and managing physician are aware of the incident.

15. Abuse, Neglect, and Exploitation

The Abused and Neglected Child Reporting Act (ANCRA) is an Illinois law that outlines the criteria and procedures for reporting suspected child abuse or neglect. Under this law, anyone who has contact with a child in their professional capacity is required to report suspected abuse or neglect directly to the Abuse and Neglect Hotline at (800) 252-2873. The Illinois Department of Children and Family Services (DCFS) manages the hotline.

320 ILCS 20/4 is an Illinois law that outlines the criteria and procedures for reporting suspected adult abuse or neglect. Under this law, anyone who has contact with an adult in their professional capacity is required to report suspected abuse or neglect directly to the 24-hour toll free Adult Protective Services Hotline at (866) 800-1409. The IDoA manages the hotline.

Filing a Hotline Report

DCFS and IDoA offer training on the responsibilities of mandated reporters and the steps for filing a report. Telephone reports to DCFS must also be confirmed in writing using the CANTS form. All reports are confidential. Reporters must provide detailed information about the suspected abuse or neglect, including the individual's medical condition, and may need to explain medical terms or conditions to Hotline staff. For example, a tracheostomy may need to be described, along with why neglect is suspected (e.g., failure to maintain respiratory equipment as prescribed). Nurses should provide as much detail as possible, noting that abuse and neglect only need to be suspected. DCFS must investigate within 48 hours. If the report is not taken or the nurse feels the individual is at risk,

the nurse should request to speak with a DCFS Hotline supervisor. APS investigates within 24 hours or up to seven days depending on severity. Examples of potential abuse or neglect include:

- Leaving the individual with an untrained caregiver
- Failing to follow physician's orders
- Not providing necessary medication or utilities
- Leaving without short-term guardianship arrangements

While DSCC may offer support, agencies should not delay filing a report or seek DSCC approval before reporting. After filing a report, the agency must promptly inform the DSCC Care Coordinator with details of the incident. If a nursing agency staff fails to report suspected abuse or neglect, the DSCC Care Coordinator will make a third-party report, naming the mandated reporter who failed to act, and DCFS may take action. Nurses should report suspected abuse or neglect directly to the DCFS Hotline at (800) 252-2873 (deaths/emergencies) or the 24-hour online reporting system ***https://childabuse.illinois.gov*** (non-emergent reporting) or the APS hotline at (866) 800-1409, based on the participant's age or circumstance.

16. Electronic Visit Verification and OIG Reporting

All agencies must comply with Electronic Visit Verification (EVV) requirements set forth in the ***DSCC EVV Policy***. Any services billed against the participant's home nursing hours allocation must include a compliant EVV clock in/out with GPS coordinates matching a home or community address associated with the participant. Noncompliant agencies will be placed on a corrective action plan. Additional EVV updates and resources are available at ***EVV Information and Resources*** on the DSCC website. DSCC is also responsible for reporting known or suspected Medicaid Fraud, Waste, or Abuse (FWA) to the Office of the Inspector General, including but not limited to EVV noncompliance. OIG directs that all FWA reporting remains confidential.

17. Confidentiality

All agencies must provide safeguards to protect the individual's and families' right to privacy by judiciously protecting information of a confidential nature and have a policy regarding confidentiality. This includes being responsible for ensuring their staff are knowledgeable and compliant with patient privacy under the Illinois Nursing and Advanced Practice Nursing Act and the Health Insurance Portability and Accountability Act (HIPAA). The relationship between the family and agency staff should focus on the participant's care needs. It is inappropriate for agency staff 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 employing nursing agency. It is also inappropriate for agency staff to discuss sensitive/personal topics (e.g., religion, politics, financial matters, parenting approach).

18. Service Utilization

IMPACT

HFS requires all DSCC agencies to enroll in IMPACT, a web-based system that aims to meet federal requirements, be more convenient for providers, and increase efficiency by automating and expediting state agency processes. Agencies must ensure they update their IMPACT information when updates occur, such as their licensure expiration date upon renewal. Agencies must also complete IMPACT revalidation every five years. For agencies with multiple branches, each branch with a separate National Provider Identifier (NPI) must also have an individual IMPACT enrollment to ensure appropriate federal match occurs for nursing claims. Additional information on IMPACT is available on the ***IMPACT Information and Resources page*** on the DSCC website.

Monthly Resource Allocation

A monthly resource allocation for in-home nursing support—known as the Medical Prior Approval (MPC)—is determined by HFS based on the individual's medical complexity and technology needs. HFS physicians review the clinical information to determine the approved level of nursing care. Once approved, the Care Coordinator notifies the nursing agency of the authorized hours and rate and works with the family to create a schedule that fits their needs and allocation (RN, LPN, CNA). Unused funds cannot be carried over from month to month. The MPC is typically approved for six months to a year, and any changes in the individual's condition or status must be reported to the physician and DSCC Care Coordinator for review. After HFS approves the allocation, the Care Coordinator will inform the nursing agency of the pay rate and collaborate with the family to create a schedule that fits their needs and allocation, including the type of staff (RN, LPN, CNA). Unused funds cannot be carried over from one month to the next. The MPC is typically approved for six months to a year, and any changes in the individual's condition or status must be reported to the physician and DSCC Care Coordinator. HFS will reassess the care plan if needed based on these changes.

HFS only allows one paid caregiver to provide services to a participant at a time. Overlap between shifts and/or multiple caregivers staffing simultaneously is not permissible. Agencies may not submit billable hours for times when skilled care is being provided by a facility also billing Illinois Medicaid. For example, an agency should not bill for a Home Care Program nurse/CNA to continue providing care if EMS, hospital nursing staff, or outpatient skilled staff (e.g., during a scheduled procedure like a bronchoscopy or day therapy) are also providing care to the participant. Home care staff may attend appointments with families when another nurse is not providing care to the participant directly.

Benefits Verification

As Medicaid providers, agencies are responsible for verifying that patients have active coverage at the time of services. Approval for Home Care Program services comes from HFS but is contingent on participants following DHS guidelines to maintain active Illinois Medicaid enrollment. An active 2352 Nursing Approval validates medical eligibility for the program, not Medicaid eligibility. It is

recommended agencies check at least weekly for individuals receiving home nursing services. More information on how to verify eligibility can be found on the ***HFS MEDI webpage***. If an individual has an unmet Medicaid spenddown, they do not have active Medicaid coverage. Services should not be provided to an individual with an unmet Medicaid spenddown unless the family and DSCC have been consulted. Agencies failing to verify benefits will not receive claims reimbursement for services inappropriately rendered.

Training Hours

During hospitalization, the discharging physician can request that agency nurses receive training at the hospital prior to participant discharge. Once discharged home, the agency may also request training hours when orienting new nurses to the individual's needs or orienting existing nurses to an individual's new skilled needs. The purpose of billable training is to allow two nurses to bill for the same date/time – supervising nurse providing the training and one receiving it. HFS must pre-approve payment for these training hours. The nursing agency must submit its training request to DSCC and confirm its receipt at least three business days before the requested training date(s). Short-turnaround training requests may not be approved for reimbursement. HFS will only reimburse up to 32 hours of training per nurse per respite year. Agencies should only submit training hours for nurses who will be actively staffing the participant. Agencies are responsible for ensuring that submitted training hours do not exceed the 32-hour limit. Requests for training hours that appear excessive will be reviewed with the agency and may be reported to the Office of Inspector General (OIG) for Medicaid fraud, waste, and abuse (FWA) if potential misuse is identified. CNAs and paid parent caregivers are not eligible for training reimbursement. CNAs and paid parent caregivers are not eligible for training reimbursement.

Respite

Medically Fragile, Technology Dependent Waiver participants receive 336 hours of respite annually, in addition to their resource allocation. **Non-waiver participants are not eligible for respite services.** The DSCC Care Coordinator will notify the nursing agency of the approved respite hours and the start and end dates of the respite period. Respite hours do not carry over and can only be used at the parents' request, not at the agency's discretion or by a paid LRA caregiver. Respite may not be billed as overtime. To use respite hours:

- The LRA requests respite hours from the nursing agency. **Agencies should never utilize respite hours without explicit permission from the family. Agencies failing to obtain LRA permission to utilize respite are responsible for back payment of inappropriately billed respite benefits.**
- If the agency cannot fulfill the request, the agency must inform the family. If the agency can provide the hours, they must complete and submit the ***Respite Prior Approval Request Form*** to the ***O365-dscc-respitepA@UIC365.onmicrosoft.com*** and receive notice of approval

from DSCC prior to providing respite. A fillable standalone version of this form can found on the Provider Forms page on the external DSCC website ***https://dscc.uic.edu/for-providers/provider-forms/***. The request should be submitted with as much notice as possible, at least 48 business hours in advance. DSCC cannot guarantee review and decision of requests submitted less than two business days prior to the requested provision of respite. However, additional hours needed over holidays/weekends can be used from the general allocation with a respite submission for coverage of services later in the week. If there is an issue with the request, DSCC will return the request with the reason that approval was not granted (e.g., lack of family consent, lack of sufficient remaining hours, etc.).

- Since respite hours can come from one agency or be split between agencies or a facility, respite prior approval is critical to ensure respite billed does not exceed the participant's annual 336 hours. **Agencies are responsible for tracking their agency's approved and provided hours. Agencies failing to complete the required Respite Prior Approval Form with approval from DSCC will not receive payment for those services. A failure to complete the requirements despite providing respite hours is the financial responsibility of the agency, not the family or DSCC, per Section 101.3 of the *Chapter 100 of the Medicaid Provider Handbook***.
- Agencies should bill respite hours promptly and under the appropriate billing codes as noted in the ***Claims Submission and Reimbursement*** section of the guidebook to minimize billing delays and miscommunication about balances.

Emergency Hours

If extra nursing hours are needed to prevent hospitalization (e.g., if the participant or their caregiver becomes ill), the physician can request emergency hours. Once emergency hours are prescribed, the nursing agency contacts the Care Coordinator and shares the documentation of medical necessity. The Care Coordinator requests approval from HFS. Without prior approval from HFS, the agency will not be paid for emergency hours.

19. Noncompliance

To maintain DSCC approval, all agencies must sign and date an attestation they have read and will abide by the requirements in this guidebook, both at time of initial approval and annually thereafter. A failure to comply with these guidelines or serious quality concerns surrounding care provided to DSCC participants may result in the agency being placed on "hold" status. Agencies on hold cannot accept new referrals to staff additional DSCC cases but can continue to staff existing cases. Agencies on hold will be notified by their assigned nursing agency liaison and receive a formal hold notice detailing the nature of the concern to develop a corrective action plan. DSCC will review progress and keep the hold in place until concerns are fully resolved.

4

Claims Submission and Reimbursement

Claims Submission & Reimbursement

Nursing agencies must comply with the DSCC/HFS billing procedures detailed in this section in order to receive reimbursement for Home Care Program services. DSCC on behalf of HFS may immediately offset from future payments any amounts paid for services rendered which subsequently were deemed to be in violation of these requirements and at DSCC's/HFS' option terminate the agency's participation with the program.

1. Rates for Reimbursement

HFS sets the rates for care provided by licensure skill (RN, LPN, and CNA) upon approval by CMS. The current hourly rates are posted on the DSCC website on the ***Home Care Rate Table page***. The Home Care Program does not reimburse supplemental pay for holidays, weekends, or shift differentials, and families cannot pay for additional hours beyond HFS approval, though rare exceptions exist.

Nursing agencies can be reimbursed at time-and-a-half the standard billing rate for providing overtime hours to Home Care participants. In accordance with the Fair Labor Standards Act, anything over 40 hours a week (standard billing week of Sunday to Saturday) is considered overtime. The overtime is tied to the nurse, not the participant. Overtime is billed from the resource allocation for waiver and non-waiver participants and must not exceed the approved resource allocation. Agencies are responsible for tracking overtime hours and submitting accurate claims after review and confirmation of each nurse's timesheet. Respite cannot be billed at the overtime rate.

Overtime may only be billed when the DSCC is the payor for the first 40 hours, regardless of which case. DSCC would not pay overtime if insurance has paid any of the first 40 hours.

If primary benefits are exhausted, a denial showing the date of exhaustion will suffice. We would then pay as primary beginning on that date of service.

2. Claim Submission

As of May 12, 2025, DSCC no longer accepts claims sent by paper (USPS), fax, or email. DSCC will only accept claims through two methods for home nursing services. This includes shift nursing, overtime, respite provided in the home, and nurse training.

- Electronic Data Interchange (EDI) – Allows agencies to submit claims data to DSCC electronically, in a standardized format, rather than using paper. DSCC does not accept corrected claims via EDI.

- Provider Portal – Allows agencies to view and print the Explanation of Provider Payments, including payment and denial information. After registering to use the portal, you will have the option to access and print current and/or historical claim information on demand, as well as submit claims. For more information about the Provider Portal, including registration, please see our ***provider notice from April 18, 2025***. For assistance with registration, please send an email to ***dsccexternalhelp@uic.edu***. We also offer resources for using the Provider Portal on our website at ***https://dscc.uic.edu/provider-portal/***.

First-time claim submissions:

Each participant's information will not be accessible for viewing or entry through DSCC's Provider Portal until the first claim has been submitted to DSCC via our weekly billing form or through EDI submission. This allows DSCC to protect PHI until the relationship has been established with your agency. Once the first claim has been submitted and processed by DSCC, any subsequent claim submissions must be submitted via EDI submission or via DSCC's Provider Portal.

First-time claim submissions using DSCC's preprinted Weekly Billing for Home Nursing form must be emailed to ***DSCCClaimsServices@uic.edu***, and "First Claim" must be indicated in the subject line.

This form can be found on the DSCC website at ***dscc.uic.edu*** under the "For Providers" tab. Here is the direct link: ***https://dscc.uic.edu/for-providers/providerforms/***.

You must account for all staff hours before submitting claims to DSCC for reimbursement. Verification of services provided must be documented, signed by the client and the nurse or CNA, and maintained by the agency for review upon request. Agencies should never bill on schedules alone. Agencies should submit claims promptly, after all clock in/out times have been verified. Delayed billing increases the likelihood of allocation or respite overages the agency is responsible for. Any additional hours due to medical emergencies must be pre-approved by HFS through the Care Coordinator. Claims for unapproved extra hours may be denied.

Submit all claims to DSCC in the standard billing week format of Sunday beginning at 12 a.m. through Saturday at 11:59 p.m. The normal billing day is 12 a.m. to 11:59 p.m. Overnight shifts (e.g., 7 p.m. to 7 a.m.) must be split by calendar day. Hours from individual work shifts for the same date of service are to be combined by procedure code prior to submitting claims for the standard billing week (e.g., If an RN worked 7 a.m. to 3 p.m. and another RN worked 11 a.m. to 12 p.m., enter 36 units T1002).

When rounding billing units, please use the below rounding logic:

- 0 – 7 minutes round to the hour
- 8 – 22 minutes round to the quarter hour
- 23 – 37 minutes round to the half hour

- 38 – 52 minutes round to three-quarters of an hour
- 53 – 60 minutes round to the hour

Submit bills weekly for review of hours, nurse licensure, and parental signature. Claims must be submitted within 180 days from the service date or primary explanation of benefits. This timeline does not refresh due to submission, rejection, or correction to the claim per Medicaid guidelines. Late claims, including rebills, won't be reimbursed. The clock starts from the date of service, not the date of DSCC's last denial. DSCC must have a clean (error-free) claim received within 180 days of the date of service to consider it for payment. Timely billing ensures accurate tracking of allocation and respite hours.

3. Procedure Codes and Modifiers

Claims must include correct procedure codes and modifiers to ensure appropriate rates of billing and tracking of paid family caregivers. All claims must have a HCPC code that corresponds to the provided service.

HCPC Code	Description	Units/Max Units
T1002	RN	15 minutes each unit/max 96 units per day
T1003	LPN	15 minutes each unit/max 96 units per day
T1004	CNA	15 minutes each unit/max 96 units per day
T1005	Respite RN/LPN (see modifiers below)	15 minutes each unit/max 96 units per day
S5150	Respite CNA	15 minutes each unit/max 96 units per day
S5116	Training RN/LPN (see modifiers below)	15 minutes each unit/max 96 units per day
T2027 *	School Hours	15 minutes each unit/max 96 units per day

Additionally, some claims may require a modifier added to the HCPC code.

Modifier	Description
TD	Used on respite (T1005) and training (S5116) HCPC codes to indicate an RN provided the service
TE	Used on respite (T1005) and training (S5116) HCPC codes to indicate an LPN provided the service
U7	Required for paid family caregivers (e.g., the mother of the participant is a licensed RN or LPN on the case)
TU	Must be applied for overtime
TT	Must be applied for shared sibling rates

4. Billing Terminology

The terms and definitions below will help you complete claims forms correctly.

- ***Provider Name:*** Enter the agency's name exactly as it appears on the HFS Provider Information Sheet.
- ***Provider Number:*** Enter the twelve-digit Provider Key Number exactly as it appears on the HFS Provider Information Sheet.
- ***Provider Invoice No.:*** Enter up to ten numbers or letters used in your billing system for claim identification. If this field is completed, it will print on DSCC's Provider Explanation of Benefits.
- ***Provider Billing Address:*** Enter the billing street address for the agency. (This is the address where DSCC will send payment.)
- ***City, State, Zip:*** Enter city, state and zip code of "Provider Billing Address" above.
- ***Participant's Name (First, MI, Last):*** Enter the name of the participant for services being billed.
- ***Provider Site Address (City, State, Zip):*** Enter site address, city, state and zip code where the agency is located.
- ***Prior Approval:*** Leave blank.
- ***Recipient Number:*** Enter the nine-digit HFS recipient number assigned to the participant. Use no punctuation or spaces.
- ***DSCC Number:*** Enter the six-digit DSCC case number assigned to the participant.
- ***Birth date:*** Enter the participant's month, day, and year of birth (MMDDYY format).

- ***Service Section Terminology and Definitions:***
  - **Procedure Description –** Enter description of the service performed.
  - **Procedure Code –** Enter the five-digit procedure code for the billed service.
  - **Modifiers –** Enter the appropriate alpha code to identify the type of nursing hours for respite or training hours.
  - **Date of Service –** Enter the date the service was performed (MMDDYY).
  - **Units/Qty –** Enter the total number of 15-minute units worked per day. Combined units of all levels (RN, LPN, CNA) cannot exceed 96 units per day.
  - **Insurance Amt –** Enter the amount that insurance paid for the date of service as indicated on the insurance carrier's EOB (EOB must be attached).
  - **Provider Charge –** Enter the total charge for the individual date of service. Do not deduct any insurance payments in this area.
- ***Total Charges:*** Enter the total charge for each page of the billing form.
- ***Total Deductions:*** Enter total insurance benefits paid applicable to the billing period. The insurance carrier's EOB must be attached.
- ***Certification:*** Signature of person certifying the billing form and date signed.

5. Third-Party Payor

Any approved allocation determined by HFS should include any hours paid for by the primary insurance. If primary insurance covers in-home nursing, and the agency seeks reimbursement, the claims must be submitted to DSCC as secondary. Claims should be submitted to DSCC with a copy of the insurance carrier's EOB as soon as the insurance determination has been received. Claims where insurance payments exceed the rates approved by HFS will be considered paid in full. If insurance pays only a portion of charges or pays less than HFS' approved rates, DSCC may be billed for the remainder, up to HFS' approved rates. DSCC cannot reimburse for overtime hours if there is a third-party payor. Claims for which Illinois Medicaid is not primary payor must be submitted to the department within 180 days after the final adjudication by the primary payor. **When the nursing agency does not seek primary insurance benefits,** the nursing agency can decide to forgo these benefits, making DSCC the primary payor. However, DSCC must be notified each year of the intent of the nursing agency to seek payment from primary insurance or not. If the agency chooses to forgo payment from the primary payor, DSCC will pay as primary for that benefit year. If DSCC is not notified each year of the intent when a primary payor exists, claims will be denied for primary insurance EOBs until we are notified of the nursing agencies' intent to seek primary insurance benefits or not. DSCC will not assume the nursing agency will not seek reimbursement when primary insurance benefits exist.

For participants age 21 or older, the agency must provide a denial of home nursing coverage from the primary payor each calendar year for DSCC to pay as primary. For participants without primary insurance, DSCC will assume primary payor and no further action is needed on behalf of the nursing agency.

Please see DSCC's Third-Party Liability Policy for further guidance here: ***https://dscc.uic.edu/wp-content/uploads/2023/07/Home-Care-Third-Party-Liability-Policy.pdf***

*** If there is a third party paying for the school hours,** these hours must be reported on the claim as T2027. DSCC will not pay for these hours, but it will apply to the allocation at the Medicaid rate. Submit bills weekly for review of hours, nurse licensure, and parental signature. Track regular and respite hours separately on the form.

Contact DSCC's Claims Services Unit at ***DSCCClaimsServices@uic.edu*** for assistance.

6. Avoiding Billing Errors

As only one corrected claim is allowable and claims denials/corrections result in delay to payment, please avoid the following common billing errors before submitting the claim:

- ***Unit/Rate Does Not Match (H6) –*** When the billed amount exceeds the allowed amount for the units billed, DSCC will deny the claim. Please ensure that the units and billed amounts are correct and that your agency billed the proper modifier. For example, DSCC often sees that the provider billed with an overtime description but did not bill the modifier. Therefore, we cannot pay overtime and will deny your claim.
- ***Monthly Allocation Exceeded (HR) –*** If the allocation is exhausted for a waiver participant, DSCC will deny the claim in full and indicate the amount remaining on the monthly allocation. This allows the provider to reduce the amount billed or turn the overage into respite hours (if family permission and DSCC authorization were received prior to respite usage) on resubmission.
- ***Additional Hours Billed (HC) –*** If DSCC previously paid a billing week, DSCC does not allow agencies to submit additional charges through EDI. Agencies must bill all additional hours on paper as a corrected claim. Agencies must include all charges for that billing week, even if they have been paid. DSCC will then adjudicate the original claim and pay the difference.
- ***Daily Hours Exceeded (H3) –*** Please ensure that each day does not exceed 96 units (24 hours) per day.
- Failing to verify active Medicaid eligibility *(see Benefit Verification under Service Utilization section of this guidebook)*.

7. Claims Processing

DSCC processes claims by billing week. If the rest of the month's bills rely on a billing week being paid, please ensure that the billing week was processed and paid before submitting the rest of the month's claims. This will avoid the month processing out of order. **Claims submitted that are not in accordance with the billing requirements will be returned to the provider to make the appropriate corrections and will delay payment.**

All agencies must register at: ***https://apps.dscc.uic.edu/providerportal/***. It is the agency's responsibility to check for payment and denials. DSCC vouchers claims on Friday evening, and the claim information will be available the following Monday. Please check the portal prior to inquiring about claim status. If you need assistance, please contact ***dsccexternalhelp@uic.edu***.

8. Corrected Claims

Effective Jan. 1, 2023, HFS and DSCC will only allow for one correction to any paid claim. A "Corrected Claim" is when you need to make changes to an already paid claim. When DSCC denies a billing week in full, you will only need to resubmit. This would not be considered a corrected claim. (Do not mark corrected if it is not.)

DSCC does not partially pay claims that are incorrect. Therefore, if one thing is incorrect, the entire claim will be denied in full to allow the provider to make the appropriate adjustments and resubmit. Agencies must still submit any corrected claims through paper, fax, or email. We will not accept corrected claims through the Provider Portal or EDI. Please ensure that all corrected claims are legible. We do not accept handwritten claims. We offer our claim form for corrected claims on our website in PDF or Word format under Provider Forms at ***https://dscc.uic.edu/for-providers/provider-forms/***.

Please mark the claim corrected or indicate it in the Invoice field. Please include the entire billing week, even if DSCC has already paid some charges. Do not just submit additional charges or changes. Effective Jan. 1, 2023, there is only one correction available per billing week. If DSCC has paid that billing week and you need to make any changes, you have one opportunity to do so.

Submit all corrected claims via email at ***DSCCClaimsServices@uic.edu*** or mail to:

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

Use the preprinted Weekly Billing for Home Nursing form (11) from the DSCC website at ***dscc.uic.edu*** under the "For Providers" tab. Here is the direct link: ***https://dscc.uic.edu/for-providers/provider-forms/***.

5

Attestation of DSCC Nursing Agency Requirements

ATTESTATION OF DSCC NURSING AGENCY REQUIREMENTS

Compliance with DSCC policies, audit requirements, and reporting standards is essential for continued agency approval and quality assurance of services provided to Home Care Program participants. Agencies should proactively monitor their practices to maintain compliance and provide the highest quality of care to patients and families. Any deviation from the above-listed conditions of participation must be approved, in writing, from the DSCC prior to rendering any services. Failure to abide by all criteria listed above may result in denial of payment, suspension of future referrals, and/or termination of eligibility to provide services to Home Care participants. Initial next to each section to attest your agency read, understands, and intends to follow the following sections of the DSCC Nursing Agency Guidebook.

DSCC Roles and Responsibilities

1. Community Care Coordination _____
2. Nursing Agency Approval and Quality Assurance _____
3. Monitoring Safety and Welfare _____
4. Incident and Abuse Reporting Oversight _____
5. Nurse Verification and Watch List _____
6. Training and Resource Support _____
7. Provider Payments and Reimbursement _____

Nursing Agency Roles and Responsibilities

1. Policy Requirements _____
2. Nurse Supervision _____
3. Nursing Notes and Care Plans _____
4. Schedules and Staffing _____
5. Paid Legally Responsible Adult Caregivers _____
6. Provider Portal _____
7. Dual Agency Staffing _____
8. School Nursing _____
9. Location of Services _____

10. Transporting Individuals _____
11. Out-of-State Travel _____
12. Short-Term Guardianship _____
13. Emergency Planning _____
14. Incident Reporting _____
15. Abuse, Neglect, and Exploitation _____
16. Electronic Visit Verification and OIG Reporting _____
17. Confidentiality _____
18. Nursing Service Utilization _____
19. Noncompliance _____

Claims Submission and Reimbursement

1. Rates for Reimbursement _____
2. Claim Submission _____
3. Procedure Codes and Modifiers _____
4. Billing Terminology _____
5. Third-Party Payor _____
6. Avoiding Billing Errors _____
7. Claims Processing _____
8. Corrected Claims _____

Appendixes

1. Appendix A - Quality Documents/Resources _____
2. Appendix B - Financial Documents/Resources _____

As a representative on behalf of my Nursing Agency, I attest I have read, understand, and will follow the DSCC Nursing Agency Guidebook in full. I understand the Guidebook is subject to updates and attest I will read and follow DSCC Provider Notices regarding updates to the Guidebook. I understand I may follow up with my DSCC Nursing Agency Liaison if clarification is needed. I further understand that, should DSCC determine that this agency or any employee of this agency has failed to comply with the guidebook requirements, DSCC may temporarily pause referrals to new DSCC cases or remove the agency from the list of approved nursing agencies participating with the Home Care Program.

Name of Agency: _____

Agency Address: _____

Agency City, State, Zip: _____

Email: _____ **National Provider Identifier (NPI):** _____

Director of Nursing Name (printed): _____

Director of Nursing License Number: _____

Director of Nursing Signature: _____ **Date:** _____

Name of Administrator (printed): _____

Signature of Administrator: _____ **Date:** _____

Return to:

University of Illinois Chicago Division of Specialized Care for Children

3135 Old Jacksonville Road, Springfield, IL 62704-6488

Phone: (800) 322-3722

Fax: (217) 558-0773

A fillable standalone version of this document can found on the Provider Forms page on the external DSCC website *https://dscc.uic.edu/for-providers/provider-forms/*.

301 (1/26)

Appendix A - *Quality Documents/ Resources*

Guidelines for Nurses Working in the Home

UNIVERSITY OF ILLINOIS CHICAGO

Division of Specialized Care for Children

I. Introduction to Working in Home Care

Providing nursing care in the home is different from hospital-based nursing in many ways. Families and nurses often come together to create a unique partnership that supports participants with complex medical needs. We've developed these guidelines using the experiences of home health nurses as well as the voices of caregivers, siblings, and participants who receive home-based care. The goal is to help nurses prepare for home care with professionalism and compassion while recognizing families' vital role.

A. The Environment

One of the biggest differences between hospital and home care is the setting itself. In the hospital, nurses guide care within a structured environment, while families adjust to the routines of the unit. At home, these roles shift. Families are in their own space, and nurses bring professional expertise into that setting. Caregivers usually know more about their participants' daily, individualized care, while nurses contribute clinical skills and experience. Both perspectives are valuable. Working together, families and nurses can combine their knowledge to provide safe and supportive care. At times, differences in perspective may occur. Approaching these moments as opportunities for collaboration helps maintain trust and balance.

Nurses may also find the home environment less structured than the hospital. Families set the household routines and provide care in a more flexible context. Nurses may have less control over who visits the

participant and what the participant is exposed to. This dynamic can sometimes create challenges, but it also offers the chance to integrate care into everyday life in ways that feel natural to the family. While home care can feel more relaxed, it is still important to maintain professionalism. Finding the right balance between providing skilled care and respecting the family's routines helps ensure a positive and supportive experience for everyone involved.

B. The Relationships

In the home, nurses may see more of family life than they would in the hospital. Sometimes this includes dynamics or routines that feel unfamiliar or challenging. The key is to remain supportive and professional, focusing on the participant's care while respecting the family's culture and choices. Nurses may be asked to participate in many aspects of the participant's daily life, from equipment care to supporting educational and developmental activities. Building respectful relationships with family members while maintaining clear professional boundaries helps make the care partnership successful. It is helpful for caregivers, Care Coordinators, and agency supervisors to meet with nurses at the beginning of home care to talk through expectations. Shared guidelines and support from the nursing agency ensure everyone feels comfortable and prepared.

II. What to Expect for Nurses Working in Home Care

A. Initial Adjustment to Home Care

For nurses who are new to home care, there is always an adjustment period. Roles and responsibilities may not be as clearly defined as in other settings, and flexibility is important. Families may experience stress during the transition home, and emotions can run high. Caregivers may sometimes express frustration. Nurses can best support families by staying calm, listening carefully, and responding with understanding. Professionalism means not taking such moments personally but instead recognizing families' stressors and focusing on ways to move forward together.

B. The Early Months of Home Care

The first months of home care are a time of great transition and change. Caregivers may feel anxious about their ability to provide care at home. They may also still be learning to trust home care nurses. Likewise, nurses may feel anxious about their own ability to manage emergencies outside the hospital. During this period, building trust is essential. Open communication and patience help create a strong foundation for long-term collaboration. Over time, routines settle in, confidence grows, and anxiety usually decreases.

C. Home Care Over the Long Term

Once routines are established, new challenges may arise over the longer term. For some families, caregivers may realize that their participant's care needs will continue indefinitely. This realization can be overwhelming, and feelings of frustration or sadness may surface. During these times, nurses may notice increased tension in the home. Caregivers may express dissatisfaction or seem more critical, even of consistent care. Remaining calm, supportive, and professional helps families work through these difficult moments. Nurses can offer reassurance, encourage caregivers, and collaborate with supervisors or Care Coordinators when needed.

III. Guiding Principles for Nurses in Home Care

A. The Caregiver as Authority in the Home

With many professionals involved in a participant's care, it is important to remember that caregivers are the central decision-makers for their participant and home. Nurses provide expertise, but ultimately, families guide how care is integrated into their daily lives. Even though nurses are employed through an agency, caregivers are the ones most familiar with their participant's needs and routines. Building trust, respecting family decisions, and working as partners strengthen the caregiving relationship.

B. Professional and Personal Support

Home care nursing can sometimes feel isolating or emotionally demanding. To remain effective and healthy, nurses are encouraged to maintain strong professional and personal support systems. Professional support can come from supervisors, colleagues, or professional groups. Personal support from family and friends is equally important. Nurses who balance their professional role with personal well-being are better able to maintain clear boundaries and provide consistent, compassionate care.

C. Maintaining a Professional Relationship

Families may try to include nurses as part of their household to reduce stress or to feel more comfortable with an "outsider" in their home. While it is natural to form close bonds, nurses must maintain professional boundaries. Respecting the family's boundaries, and helping them establish healthy ones when needed, creates a supportive and sustainable relationship. Nurses who remain objective while still being compassionate provide the most effective care for the participant and family.

IV. Practical Guidelines in the Home

A. Courtesy and Respect

When entering a family's home, nurses should treat the space with care and respect. Simple gestures, such as wiping shoes, cleaning up small spills or reporting accidental damage, show consideration. Nurses are not expected to perform general housework. However, helping to maintain a clean and organized care space supports both the participant's well-being and the family's comfort.

B. Respecting Family Values and Beliefs

Families may have values, lifestyles, or routines that differ from the nurse's own. Unless these differences place the participant at risk, they should be respected. Nurses may find some differences challenging. Focusing on the participant's needs and maintaining professionalism can help ensure care remains supportive. Nurses should respect the family's spiritual or religious beliefs. Nurses should not share personal beliefs in ways that could influence the family. If questions arise from the participant, nurses should gently redirect them to the caregiver.

C. Daily Routines

Families establish their own routines. As long as care can be provided according to the physician's orders, nurses should follow these patterns as closely as possible and ask families how they prefer to receive updates or communication about their participant's care.

D. Authority and Collaboration in the Home

Caregivers guide care in their home. Nurses should follow physician orders and agency policies while also respecting the family's choices about routines. If concerns arise, nurses should discuss them respectfully with caregivers and supervisors. Families rely on nurses to help keep their participants safe and comfortable at home. This interdependence requires sensitivity, respect, and open communication. By working collaboratively, both families and nurses can feel supported.

E. Documentation and Confidentiality

Accurate documentation of care is essential and should remain professional and objective. Families value their privacy. Nurses should respect boundaries for when and how to engage with family members. Nurses must maintain confidentiality at all times and only share information with appropriate health professionals as needed for the participant's care. F. Reporting Concerns

As mandated reporters, nurses must report any suspicion of abuse, neglect, or exploitation. Neglect may be environmental or present as medical neglect in the form of missed care/medication/treatments/appointments. Additionally, nurses must report any inappropriate restraint, seclusion, or isolation of the participant. Nurses should document concerns factually and report them to the appropriate agency within 24 hours. The Department of Children and Family Services (DCFS) is the reporting agency for participants 17 and younger. Adult Protective Services (APS) is the reporting agency for participants 18 and older. While this responsibility can be difficult, it ensures the safety of vulnerable participants and adults.

V. Interpersonal Dynamics

A. Communication

Successful home care depends on open and respectful communication between caregivers and nurses. Establishing what information must be shared immediately and what can wait helps reduce stress and avoid misunderstandings. Except in emergencies, nurses should communicate with caregivers before contacting other providers. This approach helps families feel respected and included in decision-making.

B. Supporting Healthy Relationships

Nurses play an important role in supporting and reinforcing the bond between caregivers and participants. Nurses should provide care without replacing or undermining the caregiver role. Respect for this relationship fosters trust and comfort. Caregivers may have disagreements with each other. Nurses should avoid involvement in personal conflicts, unless a participant's safety is at risk. Professional boundaries include refraining from personal/romantic relationships with caregivers.

C. Influencing and Communicating with the Participant

Nurses should avoid making negative comments about family members to the participant. If a participant expresses frustration, nurses can gently redirect them to talk with their caregivers, ensuring family communication stays strong. Participants naturally learn from the adults around them. Nurses should remain mindful that their words and behaviors may influence the participant. Modeling respectful communication and positive habits supports the participant's growth in a healthy way.

D. Supporting Siblings

Siblings are an important part of family life. Nurses can support them by being welcoming, answering questions with patience, and including them in simple activities when appropriate. Nurses should allow siblings to spend time together, including regular play and disagreements. These interactions are important for social and emotional development, as long as they do not compromise the participant's safety. Nurses should not take responsibility for siblings when caregivers are absent. However, they may supervise brief interactions between siblings and the participant receiving care. Discipline is the caregivers' responsibility. Nurses can clarify with caregivers what role, if any, they should take in guiding siblings' interactions but should not discipline participants or siblings.

Conclusion

Providing nursing care in the home setting can be both rewarding and challenging. By fostering trust, maintaining professionalism, and respecting families as partners, nurses can help create a supportive environment where participants thrive. With clear communication, understanding, and compassion, home care becomes a collaborative effort that benefits the participant, the family, and the nurse.

DSCC GUIDELINES FOR CERTIFIED NURSING ASSISTANTS

Certified nursing assistants (CNAs) can provide care in the home to children who are medically fragile/ technology dependent when they meet certain requirements and provide care within defined limits. The following guidance assures that those involved with the prescription, employment, use, supervision and monitoring of certified nursing assistants have a common understanding of these requirements and limitations.

Requirements

- Certified as a nursing assistant under the requirements of the Illinois Administrative Code, Section 245.40 (Staff and Staff Responsibilities), Section 245.70 (Requirements for State Approved Home Health Aid Training) and the Illinois Nursing and Advanced Practice Nursing Act (225 ILCS 65). Please note limitations under Section 245.40 c)4).
- Over 18 years of age.
- Employed by the University of Illinois Chicago's Division of Specialized Care for Children (DSCC) approved home nursing agency providing Home Care nursing services.
- **Supervised by a registered nurse from the approved agency every 14 days. These supervisory reports are to be sent to the DSCC Care Coordinator every month.**
- Able to read the child's written plan of care and able to communicate by phone with supervisory and emergency personnel.
- Able to follow directions and perform to the satisfaction of the family/child and supervising registered nurse.

Services

- Services will be provided within the scope of practice as defined by the Illinois Department of Public Health.
- Care will be provided only when a parent or other designated trained caregiver is in the immediate vicinity.
- Permitted services may include:
  - Personal care and hygiene as recorded in a written plan of care developed by the supervising nurse and family, including oral feeding, bathing, dressing, grooming, oral hygiene and assisting with non-invasive toileting procedures.
  - Assisting with patient mobility, including transfers, two-person lifting, and moving the child and/or equipment on and off vehicles.

- Obtaining vital signs including temperature, pulse, respiration and blood pressure.
- Cleaning equipment in accordance with written procedures.
- Maintaining a clean and safe environment as directed by the family and the supervising nurse.
- Assisting with the client's communication including writing, phoning, assisting with schoolwork and reading.
- Documenting care per the CNA Documentation Template.

Other Requirements

- The employing nursing agency will continue to apply the DSCC Requirements for Nursing Agencies Participating with the Illinois Department of Healthcare and Family Services Home Care Program; and
- Submitted billing to DSCC will reflect the name of the supervising registered nurse.

Please direct any questions about the contents of this role description to the DSCC Home Care Quality Improvement Team.

DIVISION OF SPECIALIZED CARE FOR CHILDREN

NURSING SUPERVISORY SUMMARY

Child's Name: _____

Nursing Supervisory Summary for the Dates of _____ to: _____

Nursing Agency _____ Nursing Supervisor _____

Child's Age _____ Birthdate _____ DSCC# _____

List of therapies provided _____ Community _____ Home Based _____

Primary Diagnosis _____ Secondary Diagnosis _____

Primary Physician _____

Social Services:

Family issues: (any issues that have transpired during the past 60 days)

_____

_____

Staffing issues from the parents' perspective: _____

_____

Change in family structure: (i.e., parent left the home, death, separation, additional foster placement)

_____

_____

Structural change to dwelling: _____

Loss of gas, electrical or phone service: _____

If so, what action was taken: _____

Sibling issues: _____

Transportation difficulties: _____

Identify any additional agencies working with the child/family: _____

_____

Are there any changes in current list of trained caregivers? _____

Nursing Services:

Amount of nursing hours/week or allocation prescribed for above time period? _____

_____

Average amount of nursing hours/allocation provided per week for above time period? _____

_____

Amount of respite provided for the above time period? _____

_____

Are any Legally Responsible Adults (LRAs) being paid by the agency to staff this case? ☐ Yes ☐ No

If so, please verify billing includes the U7 modifier.

Are there any additional agencies staffing this case? ☐ Yes ☐ No If so, please list dual agencies:

_____

_____

Number of nurses with pending Illinois licenses staffing case? _____

_____

Usual days of service ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ Varies

Usual times of service: A.M. from _____ to _____; P.M. from _____ to _____

Does nurse accompany child to school? ☐ Yes ☐ No ☐ N/A If yes, are nursing services paid by DSCC or the school district? _____ # of days unable to attend school: _____

Please explain any reasons for unfilled shifts: _____

_____

Any changes in insurance benefits: ☐ No ☐ Yes If so, what has changed? _____

_____

Hospitalizations For Above Time Period:

(If more than one admission/ER visit, please list on a separate sheet)

Date of Admission _____ Date of Discharge _____

Reason _____

Date of ER visit _____ Reason _____

Last M.D. appointment date _____ With whom _____

Next M.D. appointment date _____ With whom _____

Any appointments missed? _____

Clinical Status: (Indicate child's status and changes over the past 60 days include ventilator parameters; use of Bipap or CPap; oxygen flow rate or percentage changes; hyper-al and lipids or central line changes.)

_____

_____

_____

_____

Note any developmental or educational changes over the past 60 days: _____

_____

_____

Head to Toe Assessment: (May use agency assessment document and attach.)

Respiratory: _____

_____

Cardiovascular: _____

_____

Musculoskeletal: _____

_____

Gastrointestinal/Genitourinary: _____

_____

Neurological: _____

_____

Skin Integrity: _____

_____

Medications & Dosage: Indicate any changes in the medications over the past 60 days.

_____

_____

_____

Diet/Nutrition: (Include route; type; intake and output; restrictions; and tolerance):

Route/s? _____ Type of tube? _____ Appetite and tolerance? _____

Diet: _____

Is child followed by a nutritionist? _____

Reflux? _____ If yes, what aspiration precautions are taken? _____

Height: _____ Weight:_____

Describe Most Recent Supervisory Visit: (date, who was there, issues discussed, when case conference was held, when next one is scheduled):

Date: _____

Who attended: _____

_____

Discussed: _____

_____

_____

_____

_____

Unable to do home visit at scheduled time because: _____

_____

_____

Attach a copy of the current Plan of Care

_____ _____

Nursing Supervisor Signature *Date*

A fillable standalone version of this document can found on the Provider Forms page on the external DSCC website *https://dscc.uic.edu/for-providers/provider-forms/*. 161 (12/25)

DSCC GUIDELINES FOR PAID LRA CAREGIVERS

A legally responsible adult (LRA) can be paid to provide in-home care to medically fragile, technology-dependent participants when they meet certain requirements and provide care within defined limits.

This guidance aims to provide a common understanding of these rules and limitations to those involved with the prescription, employment, use, supervision, and monitoring of paid LRA caregivers.

Definitions

- An **LRA** is a person with legal authority to act on behalf of the participant.
  - For minor children, the parent or legal guardian is the LRA.
  - If a court appoints a guardian, that person is the LRA. In some cases, the Department of Children and Family Services (DCFS) serves as the LRA. For youth in DCFS care, please contact your designated Division of Specialized Care for Children (DSCC) Nursing Agency Liaison.
  - Participants who are their own LRA **cannot** be paid to provide their own care.
- **Trained caregivers** must demonstrate professional competency in the skills necessary to keep the participant safely in the home before they can be considered trained caregivers. A professional competent in these skills, such as from a hospital, nursing agency or transitional care facility, must sign off on these skills.

LRA Requirements

Paid LRA caregivers must:

- Hold one of the following valid licenses or certifications and follow the appropriate guidelines listed below:
  - Licensed practical nurse (LPN) or registered nurse (RN) – see the Guidelines for Nurses Working in Home Care form (15).
- Pass the same background and DSCC nursing staff checks as RNs and LPNs who are not LRAs.

- Be employed by a DSCC-approved home nursing agency providing Home Care nursing services and stay in good employment standing to keep the position.
- Only document services allowed within the scope of their license. For example, a trained caregiver working as an LPN may be able to provide all necessary skilled care, but they should only document tasks in the scope of an LPN.
- Document report at start and close of shift to trained caregiver. Paid LRAs who are also trained caregivers do not need to complete handoff to another trained caregiver.
- Be supervised by a registered nurse from the approved agency every 60 days.

Agency Requirements

Nursing agencies employing LRAs must:

- Continue to apply all DSCC Requirements of Participating Nursing Agencies.
- Submit billing to DSCC using the U7 modifier to identify paid LRA caregivers and provide data on the number of LRA caregivers and hours billed to DSCC at any time upon request.
- Review this document with each LRA employee, submitting the signed and dated attestation below to the DSCC Nursing Agency Liaison before paid care begins.

Service Limits

- Licensed parents/LRAs may not provide respite services under the waiver.
- Licensed parents/LRAs cannot be reimbursed for nurse training.
- The total nursing hours may not exceed the approved resource allocation nor DSCC's requirements for hours continuously worked.

Please note that licensed parents/LRAs **may provide overtime**; there is no exclusion.

If you have questions, please contact the DSCC Home Care Quality Improvement Office.

Attestation and Acknowledgement

Agency Name and Branch: _____

Agency Staff Name and Title: _____

Agency Representative Signature: _____ Date: _____

Paid LRA Name: _____

DSCC Participant: _____

Paid LRA Signature: _____ Date: _____

A fillable standalone version of this document can found on the Provider Forms page on the external DSCC website *https://dscc.uic.edu/for-providers/provider-forms/*.

DIVISION OF SPECIALIZED CARE FOR CHILDREN

Home Care Electronic Visit Verification Policy

Version Number: 3
Version Effective Date: 04/01/2026
Original Effective Date: 01/01/2024
Owner: Associate Director of Quality Improvement and Education
Approved by HFS: 01/02/2026
Last Comprehensive Review Date: 01/02/2026

The University of Illinois Chicago's Division of Specialized Care for Children (DSCC) is the operating agency for the Illinois Department of Healthcare and Family Services' (HFS) Home and Community-Based Services Waiver for Those Who Are Medically Fragile Technology Dependent (MFTD waiver). DSCC must monitor the compliance of all home health nursing agencies with federally mandated electronic visit verification (EVV) standards.

EVV is a technology-based system that efficiently verifies home healthcare visits. It collects information by capturing the time, location, and attendance of home care workers. EVV reduces the likelihood of error while promoting program integrity through a practical and simple monitoring system. It is designed to promote quality services and positive outcomes (HFS, 2023).

All nursing agencies enrolled with DSCC must use an EVV system to electronically track and document time spent with a DSCC participant receiving home health services. Agencies may use the state-selected EVV vendor, HHAeXchange (HHA), or a different qualified EVV vendor. When a different vendor is selected, the EVV information must still be submitted to HHA. For this reason, any agency choosing to use a third-party vendor is responsible for ensuring successful Electronic Data Interchange (EDI) with the HHA portal to demonstrate compliance. Agencies can learn more about the EDI process by visiting the HHA information hub and reviewing EDI resources.

Compliance Requirements

DSCC expects nursing agencies to monitor the EVV compliance of all staff (RN, LPN, or CNA), including paid parent caregivers, providing services to DSCC participants. Provider visits must capture all the following required elements to be considered EVV compliant:

- Point-in-time completion (not requiring a manual entry or adjustment).
- Service type performed.

- Individual receiving the service.
- Date of service.
- Location of service delivery (e.g., home, school, etc.) within 500 feet of GPS range.
- Service begin and end times.
- Individual providing the service (via their nine-digit Social Security number).

Any entry not done point-in-time and therefore requiring a manual entry or adjustment is considered EVV noncompliant. DSCC recognizes that there will always be cases of service provision where EVV could not be utilized due to equipment failure, worker error, etc. Regardless, agencies must reach and maintain 75% by or before Oct. 31, 2025. The absence of visit data in the HHA portal when an agency is submitting billing to DSCC is also considered noncompliance per HFS EVV requirements.

Agency staff are required to use either HHA's or a third-party EVV vendor's mobile application to record EVV clock-in/out. Additionally, agency staff must never share their login credentials with other agency staff or customers to document clock-in/out. Doing so will result in DSCC notifying HFS and reporting those involved to the Office of the Inspector General (OIG) for investigation of Medicaid fraud, waste, and abuse. DSCC requires nursing agencies to have an EVV policy and procedure on file reflecting these compliance requirements.

There are no exemptions to this policy.

Compliance Monitoring

DSCC will formally monitor agency EVV compliance quarterly via reports provided by HFS and HHA. Through this compliance report, DSCC can monitor quarterly compliance rates for all nursing agencies. These quarters will follow the State Fiscal Year (SFY). Overall compliance percentage is measured based on visit data from the start to the end of each SFY quarter and does not roll over from one quarter to the next. SFY quarters are defined as follows:

- July 1 – Sept. 30
- Oct. 1 – Dec. 31
- Jan. 1 – March 31
- April 1 – June 30

Each nursing agency must assess EVV compliance when timesheets are submitted. This will ensure they are meeting compliance thresholds and have documentation to support audit inquiries. Compliance must minimally meet the State thresholds of 75% each quarter. Agencies not achieving 75% compliance will be held to the outlined remediation consequences below per HFS EVV policy.

Compliance Remediation

Upon receiving quarterly compliance reporting, DSCC will identify agencies requiring remediation in accordance with the schedule below:

1. ***First quarterly compliance occurrence:*** The agency will receive a formal noncompliance notice from DSCC requiring agency staff with administrative roles to complete all HHA Learning Management System (LMS) modules within 30 days of receiving notice of noncompliance. HHA will provide DSCC with reporting to verify completion of LMS remediation requirements.
2. ***Second quarterly compliance occurrence:*** DSCC will issue a second formal noncompliance notice requiring the agency to develop and submit a Compliance Action Plan (CAP) to DSCC within 10 business days of receiving the notice of noncompliance. Once DSCC reviews and approves the CAP, the agency will have no longer than 20 business days to implement all steps of their CAP. Agencies must document evidence of CAP completion activities per the CAP notice and provide to DSCC upon request.
3. ***Third quarterly compliance occurrence:*** DSCC will send a third formal notice of noncompliance to the agency, as well as notify the Office of the Inspector General (OIG) for investigation.

Newly Enrolled Agency Compliance

All prospective agencies seeking DSCC approval must demonstrate EVV readiness prior to approval. This is demonstrated through DSCC verifying the agency completed initial enrollment survey requirements and that the agency's portal is activated with HHA, as evidenced by HHA reporting. Additionally, agencies choosing to use a third-party provider for EDI with HHA must also ensure their third-party EVV vendor is fully integrated with HHA, and that data can successfully aggregate to the HHA portal.

Communication and Support

DSCC provides information about EVV requirements to nursing agencies, including compliance thresholds outlined in this policy, through multiple channels including but not limited to:

- Annual nursing agency webinars.
- Provider notices sent to all nursing agencies and posted on DSCC's external website.
- Verbal and written communication from DSCC nursing agency liaisons.

DSCC will provide the following support to nursing agencies completing remediation activities:

- Communicating with the agency to address any issues impacting compliance.
- Providing feedback on CAPs submitted by the agency to DSCC.
- Elevating technical issues impacting compliance to HFS and its chosen EVV vendor.
- Assisting the agency in securing any other tools/resources to assist in compliance.

Appendix B -

Financial Documents/ Resources

DIVISION OF SPECIALIZED CARE FOR CHILDREN

RESPITE PRIOR APPROVAL REQUEST

ALL FIELDS ARE REQUIRED

Date of Request: **DSCC #:** _____

Participant First Name: _____ **Last Name:** _____

Agency/Facility Name: _____

Name of Agency or Facility Representative submitting the request: _____

_____

Email: _____

Date(s) of respite usage being requested: _____

Total number of respite hours being requested: _____

Reason respite is being requested: _____

_____

_____

Has the family consented to the requested respite usage? ☐ Yes ☐ No

- If no, please contact the family to discuss and verify consent and resubmit the request.

Does your agency or facility have any OUTSTANDING respite claims that have not been submitted to the DSCC Claims Unit for payment? ☐ Yes ☐ No

- If yes, what is the total number of hours that have NOT been submitted? _____

REMINDER FOR REQUESTS

- Legally responsible adults (LRAs) who are paid to provide care for their own child CANNOT use respite hours.
- Non-waiver participants are not eligible for respite services.
- Per Section 101.3 of the Medicaid Provider Handbook, **providers are required to verify a patient's eligibility** prior to rendering each service. **Please note** that failure to obtain prior approval for respite hours will result in claim denials.

FOR DSCC OFFICE USE ONLY

Respite year range: _____

☐ Request approved; number of hours approved for usage: _____

This request has been APPROVED based on the information that DSCC has available at the time of the request. **Please note** – unbilled claims from other agencies and/or facilities could potentially impact the number of hours available.

☐ Request returned

DSCC has internally reviewed this request to ensure there are enough respite hours available for this request. This request has been RETURNED for the following reason:

- ☐ The request indicates the family has NOT consented to usage of respite.
- ☐ The participant does not have any available respite hours for usage.
- ☐ Your total hours of respite usage requested exceeded the available amount.

Date of decision sent to requester: _____

Signed by: _____

(DSCC representative name)

Please email completed form to *O365-dscc-respitepA@UIC365.onmicrosoft.com* for review and decision.

A fillable standalone version of this document can found on the Provider Forms page on the external DSCC website *https://dscc.uic.edu/for-providers/provider-forms/*.