



Division of Specialized Care for Children

PROVIDER NOTICE

Date: Oct. 15, 2026

Dear Home Nursing Agency,

Agencies are responsible for providing required clinical supervision of their staff through supervisory visits per 77 Ill. Adm. Code 245. This notice explains the Home Care Program billing changes that allow the Illinois Department of Healthcare and Family Services (HFS) to reimburse agencies for supervisor visits as a clinical service provided to participants, effective Nov. 1, 2026.

GENERAL REQUIREMENTS

- A Division of Specialized Care for Children (DSCC)-approved agency supervisor must complete the visits. The supervisor must be a licensed registered nurse (RN) with at least one year of pediatric nursing experience.
- The supervisor must not be providing the 1-to-1 nursing on the case.
- Supervisory visits for certified nursing assistants (CNAs), RNs, and licensed practical nurses (LPNs) are still required every 60 days to comply with the Illinois Department of Public Health (IDPH) administrative code.
- If more frequent supervisory visits are necessary due to advancing participant acuity or due to the skill and license level of the staffed caregivers, the agency should consult with their DSCC agency liaison to submit for training hours.
- If the agency encounters issues completing supervisory visits (e.g., family refusal), they should notify the DSCC Care Coordinator immediately.

QUALITY REQUIREMENTS

Supervisory visits meet the following documentation guidelines regardless of staff scope (RN, LPN or CNA). These requirements are all found on the optional DSCC Supervisory Report (form 55.08):

- Weekly staffing schedule, including days and times if the participant attends school and the nurse accompanies the participant.
- Amount of nursing approved on the most recent Nursing Hours Approval (2352).
- Average number of nursing hours per week and usual schedule.

- The specific number of respite hours provided.
- Barriers to providing the desired staffing and the agency's steps to resolve them.
- Supervisor assessment: head-to-toe assessment, vital signs and clinical status.
- Care need changes – clinical status, feedings, medication, equipment and supplies, physician's orders, therapies, routines, social and family dynamics, school attendance and family location.
- Recent and upcoming provider visits, ER/hospitalizations and appointments.
- Any missed appointments with a reason.
- Social/environmental issues affecting care.
- Whether a paid legally responsible adult (LRA) is employed by the agency, requiring the U7 modifier on billing.
- Whether any additional agencies are staffing the same case (known as dual staffing) and the agency names, if applicable.
- Who attended, a summary of what was discussed, and, if unable to complete the home visit, the agency must list a reason. The reason must include the name of the DSCC staff member who was notified.
- Signature and date of the supervisor, no more than 60 days from the last visit.

Supervisor visit documentation is due to DSCC within 10 days of completion. Failure to submit timely, quality documentation may result in supervisor summary claim denials.

CLAIMS SUBMISSION

Reimbursement will be at the RN rate. Agencies should submit visits using code G0162 by units using rounding rules for all other hourly nursing services. Max billing is 2-4 units (30-60 minutes) every 60 days. Agencies may not bill supervisory visits combined with any other service.

ELECTRONIC VISIT VERIFICATION

Supervisors must comply with EVV requirements as detailed in the [DSCC Electronic Visit Verification Policy](#), including clock-in/out with location enabled and no manual edits. EVV data links to GPS coordinates and cross-references with the participant's home address. If EVV compliance monitoring indicates possible visit falsification, DSCC is obligated to report it to the Office of the Inspector General as fraud, waste and abuse. More information is available on the [DSCC EVV Information and Resources page](#).

Agencies using the free HHAX option will not need to take additional action. Agencies electing to use a third-party provider will need to configure the new service code within their vendor's system. Third-party usage is optional and the responsibility of the agency.

This information is updated in the Home Care Nursing Agency Guidebook. This update also includes updated language on school nursing services (pages 18-19) and important

reminders about changes in demographic information that DSCC should be notified about (page 11).

We are happy to help you with any questions you may have. Please contact your DSCC Nursing Agency Liaison or the DSCC Claims Department contact at DSCCClaimsServices@uic.edu.

Thank you for your continued service to the Home Care Program's participants and their families.