CountyCare
A MEDICAID HEALTH PLAN

Provider Notice

July 29 2026

Service Plan and Billing Requirements for Home and Community-Based Services (HCBS) Providers

CountyCare is implementing enhancements to its authorization process for Managed Long Term Services and Supports (MLTSS) Home and Community-Based Services (HCBS), also known as “waiver services.” These enhancements are designed to ensure that waiver services are delivered and billed in accordance with members' approved service plans.

This notice applies to waiver providers enrolled in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) system and approved to provide HCBS waiver services, including provider types 090 (Elderly), 092 (Disability), 093 (HIV/AIDS) and 098 (Traumatic Brain Injury). Providers must maintain eligibility to furnish the applicable waiver service for services to be authorized and reimbursed. For providers required to utilize HHAeXchange, authorization and service plan information must align with the approved service plan and services documented in HHAeXchange.

Effective for dates of service on or after **Oct. 1, 2026,** CountyCare will use members' approved service plans to support authorization and claims processing for the HCBS waiver services listed below. Claims must align with the services, service dates and authorized units reflected in the member's approved service plan.

As a result:

- Services provided and claims submitted must be consistent with a member's approved service plan, including authorized services, service dates and units.
- Claims for services rendered that are not included in the approved service plan or exceed authorized units may be denied.

Applicable HCBS Waiver Services

HCPCS Code(s)	Service Category
S5130	Homemaker services
S5100, T2003, T1005	Adult day services, adult day transportation and respite services

T1002, T1003, T1004, G0299, G0300, T1000	Nursing services
G0151, G0152, G0153	Therapy services
H0004	Behavioral services
T2020, T2014, T2019	TBI habilitation, prevocational and supported employment services
S5165, T2028	Home modifications and specialized medical equipment/supplies
S5170	Home-delivered meals
S5160, S5161	Personal Emergency Response Systems (PERS)
A9901, T1505	Automatic medication dispenser services
T2033	Residential care services

Providers should verify member eligibility, authorized services, service dates and approved units before delivering services and ensure claims accurately reflect services provided. **Note: Health Benefits for Immigrant Seniors (HBIS) members do not have waiver benefits through managed care.**

Providers should email CountyCare Care Coordination at countycarewaivers@cookcountyhhs.org as soon as they become aware that a member may require additional services, revised units or changes to an existing service plan. .

How to Request a Claim Review

Providers have the right to request a review of any claim decision made by CountyCare within 60 calendar days from the date of the explanation of payment (EOP) or remittance notice. Provider claim reviews may be submitted electronically through the provider portal or by mail using the Claim Review form for any of the following denial reasons: timely filing, review of contract rate/payment, duplicate claim, authorization or other unforeseen reasons.

For more detailed information on claims submission and adjudication, please view the provider manual on **countycare.com/providers**.

Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care. If you have any questions or would like additional information, please contact CountyCare Provider Services at countycareproviderservices@cookcountyhhs.org or your assigned provider relations

representative. You can also reach CountyCare Provider Services by phone at 312-864-8200, option 3.