1115 Waiver Housing Services
Questions from Provider Information Session
As of July 7, 2026

1. Q: **Do providers need to be non-profits in order to bill Medicaid?**
   A: No, organizations do not need to be non-profits in order to bill Medicaid for services.

2. Q: **Who determines whether the individual qualifies for services?**
   A: The individual will qualify for services if they meet the social and clinical criteria in the Housing Assessment and are enrolled in a Medicaid managed care plan with full coverage. The Housing Assessment can be completed by a staff from any organization that provides human services and the Managed Care Organization will verify and approve the service.

3. Q: **How do I enroll to become a Medicaid Provider?**
   A: Organizations will need to register on the State of Illinois' IMPACT website as a HRSN Housing Provider. Additional directions will be forthcoming on the 1115 Waiver website.
   https://hfs.illinois.gov/medicalproviders/cc/1115transformation.html

4. Q: **What criteria will the managed care organizations (MCOs) use to determine whether an individual qualifies for services?**
   A: The Managed Care Organizations will be using the responses on the Housing Assessment Tool that organizations submit to seek service approval for clients. If the Assessment is complete and that assessment indicates that the individual meets the clinical and social criteria, and the individual has full benefit coverage with the MCO, they will qualify.

5. Q: **What reassurance does the provider have that clients won't be denied by the MCOs?**
   A: Because these are services being provided under a Medicaid waiver the MCOs are not assuming financial risk for payments. This means they will only need to ensure an individual qualifies for services.

6. Q: **Will reimbursement for this service be unit-based (e.g., 1 unit = 15 minutes)?**
   A: Yes, organizations will need to submit billing based in 15-minute increments.

7. Q: **What is the maximum number of units that will be authorized per client per month?**
   A: The maximum number of units is 80 units (20 hours) per client per month for each service.

8. Q: **Is an individual who was homeless at entry to our program, but is housed as of today eligible for the tenancy sustaining services?**
   A: They may be eligible if they meet the definition of At-risk for Homelessness as defined in 24 CFR 91.5.

9. Q: **How long do you anticipate it will take for a new organization to become a Medicaid billing organization?**
   A: The time required to complete the process of enrolling in the IMPACT system and being approved will vary depending on how quickly and completely the organization completes all of the steps. It can take anywhere from 12 weeks to six months.

10. Q: **Is receiving domestic violence victims services a qualifying criteria?** A: An individual or family receiving domestic violence victims services may qualify if they meet the HUD definition of homeless as defined in 24 CFR 91.5.

11. Q: **How can I find a list of the continuum of care providers in Illinois so we can connect with them?**
    A: A list of CoCs with contact information can be found at the IDHS website here: https://www.dhs.state.il.us/?item=177211

12. Q: **Would Townships be eligible to become Medicaid billing organizations?**
    A: Townships are **not excluded** from becoming Medicaid billing organizations. To bill for 1115 Waiver services an organization will need to meet the qualifications discussed.

13. Q: **How will rent be covered, in our experience not having the income to fully cover rent is the biggest issue people who are homeless or at risk of homelessness face.**
    A: Rent is not covered under the 1115 Waiver Housing services being implemented. Rental support or subsidies will need to be provided from another source. For additional resources please refer to the Office to Prevent and End Homelessness website here: https://www.dhs.state.il.us/page.aspx?item=159358

14. Q: **Are MCO's AND providers able to identify the client's meeting the social and clinical risk criteria on the Housing Assessment?**
    A: Yes, both MCOs and Community Based Organizations (CBOs) can complete the Housing Assessment to determine an individual's eligibility for HRSN services. The individual will need to meet the social and clinical criteria on the assessment and have full coverage with a Medicaid Managed Care Organization.

15. Q: **Does the Housing Assessment have to be completed in-person, or does only the CHOIS assessment need to be in person?**
    A: The Housing Assessment does not need to be completed in-person, as long as the person completing the assessment has the information and experience with the individual to complete the assessment accurately. The CHOIS assessment does need to be completed in-person by the individual but can be completed with assistance.

16. Q: **Are people currently in Permanent Supportive Housing Programs eligible under the social risk criteria of "at risk of homelessness?"**
    A: Yes, they can be considered at risk of homelessness as long as they meet the criteria described in 24 CFR 91.5.

17. Q: **Is HFS still considering home remediation services to be included under housing HRSN services in the future?**
    A: HFS is still looking at whether it is fiscally feasible to include home remediation services in future budget years.

18. Q: **Can we complete the assessments and then refer to qualified housing navigators such as MCOs.**
    A: Yes, individuals can be referred to other organizations to assist with obtaining housing.

19. Q: **If services are approved, what is the general timeline for reimbursement?**
    A: 30-60 days?

20. Q: **Will HFS monitor MCO denial rates for these services? How will this information be shared or reported?**
    A: Yes, HFS will be evaluating and monitoring the success of the 1115 waiver which includes an examination of denial rates.

21. **Is a documented diagnosis with an ICD-10 code (mental health, physical health, or both) required for an individual to qualify for these services?**
    A: An ICD-10 diagnosis is not required for an individual to qualify for HRSN housing services, but the referral for services should be based on established clinical diagnoses.