

PROCESS FOR BECOMING A CERTIFIED COMMUNITY MENTAL HEALTH CENTER (CMHC) OR PROCESS FOR AN ENTITY ADDING A CMHC SITE IN ACCORDANCE WITH PART 132 2019

AGENCY CONTACT INFORMATION

DHS/DMH: DHS.DMHProviderAssist@illinois.gov

DHS/BALC: DHS.Rule132BALC@illinois.gov

DCFS/Designee: DCFS.Medicaid@illinois.gov

HFS/PEU: IMPACT.Help@illinois.gov

STEP 1: ENTITY COMPLETES ENROLLMENT APPLICATION IN THE IMPACT SYSTEM

The requesting entity shall gain access to the IMPACT System and enroll the CMHC site by completing all required steps, as well as any optional steps as applicable, outlined on the "Business Process Wizard" application screen. Each CMHC site must have their own separate and distinct enrollment in the IMPACT System.

The following link accesses the IMPACT System: <https://impact.illinois.gov/>

Specific IMPACT Enrollment Instructions:

The "Enrollment Type" selected in IMPACT should be "Facility/Agency/Organization"

The "Specialties" and "Subspecialties" selected in the "Add Specialties" step on the Business Process Wizard is at the discretion of the entity but at a minimum must include a "Specialty/Subspecialty" of "Outpatient/None"

The step for "License/Certification/Other" is an optional step and should be skipped

The site must associate with the Department of Human Services (DHS) or the Department of Children and Family Services (DCFS), whomever will be the predominant funding source for community mental health services, on the "Associate MCO Plan" step. If funding from DHS and DCFS are predicted to be equal, then associate with DHS. To associate with DHS, enter the "Plan ID" of 3000004. To associate with DCFS, enter the "Plan ID" of 3000007.

The taxonomy code listed in IMPACT should be that which is associated to the NPI number in NPPES, that being 261QM0801X.

Questions about IMPACT or enrollment should be addressed to:

Email: IMPACT.Help@illinois.gov

Phone: 1-877-782-5565 select option #1 (English), option #2 (provider), option #1 (IMPACT)

For difficulties experienced in logging into the IMPACT System, contact:

Email: IMPACT.Login@illinois.gov

Phone: 1-888-618-8078

During the enrollment process, the site shall receive an **Application Identification Number**. This number needs to be retained for future reference.

Once the IMPACT application is completed for an individual site, the application should be submitted for initial review by the Illinois Department of Healthcare and Family Services/Provider Enrollment Unit (HFS/PEU).

NOTE: The IMPACT System serves as the SYSTEM OF RECORD for the receipt of Federal funding, therefore, all CMHC sites are responsible for maintaining their IMPACT enrollment up-to-date and accurate at all times.

START WORKFLOW HERE

PRELIMINARY REQUIREMENTS TO STEP 1: ENTITY OBTAINS A NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER FOR EACH CMHC SITE AND HAS A W9 CERTIFIED BY THE ILLINOIS STATE COMPTROLLER FOR THE ENTITY

- a. Each CMHC site, operating under a single entity/FEIN (Federal Employer Identification Number), must have a separate and distinct NPI number to enroll in the IMPACT (Illinois Medicaid Advanced Cloud Technology) System with this NPI number associated with the taxonomy code of 261QM0801X (Community Mental Health Center). To obtain a NPI number for each separate and distinct CMHC site, refer to the [National Plan and Provider Enumeration System \(NPPES\) website](#); and
- b. A W9 must be certified and on file by the Illinois State Comptroller for the entities FEIN prior to accessing the IMPACT System. If in need of having a W9 certified, electronically forward the completed W9 to IMPACT.Help@illinois.gov. This mailbox is triaged on all business days with any W9 received being forwarded to the Illinois State Comptroller for certification. Notification will be received once the W9 is certified. There may be a slight delay between the Illinois Comptroller's Office and the Impact System recognizing that the FEIN has been certified, therefore, wait 1-2 days prior to starting the IMPACT enrollment application.



STEP 2: ENTITY ACCESSES A PART 132 APPLICATION PACKET

The entity shall access a Part 132 Application Packet on the [DHS/DMH website](#) or shall contact their respective Certifying State Agency (CSA) for the packet. If contacting a CSA, the agency contacted shall be based upon the predominant funding source for community mental health services as outlined below. The entity, if requesting the packet in writing or by email, shall indicate their **IMPACT Application ID Number** and their NPI number on the request.

If 50% or more of the funding source for services is from DHS or if funding from DHS and DCFS are equal, then DHS/BALC (Bureau of Accreditation, Licensure and Certification) shall be contacted for the Part 132 Application Packet:

DHS-BALC or DHS.BALC@illinois.gov

**401 S. Clinton, 7th Floor
Chicago, IL 60627**

If more than 50% of the funding source for services is from DCFS, then DCFS/Designee shall be contacted for the Part 132 Application Packet:

DCFS.Medicaid@illinois.gov

The Part 132 Application Packet shall be issued by the CSA within 10 business days of receipt of an entities written or email request . The packet shall consist of a checklist with questions to answer, a listing of policies/procedures to submit for review and a fire clearance questionnaire. In addition, information (Form 1 and Form 2) required by the DHS State Contractor/The Collaborative for the processing of claims shall be part of this packet and will need to be completed and returned with the other finalized documents.



STEP 3: ENTITY SUBMITS COMPLETED PART 132 APPLICATION PACKET OR SEEKS ASSISTANCE WITH THE SUBMISSION OF DOCUMENTS REQUIRED

Entities shall submit their completed Part 132 Application Packet consisting of the checklist, finalized policies/procedures in line with Part 132, fire clearance questionnaire and Forms 1 and 2 to their respective CSA's email address as listed on the packet. The documents should be submitted all at once rather than in intervals. If multiple emails are required for submission due to the amount of information being forwarded electronically, the emails should be numbered (example: 1 of 3, 2 of 3, 3 of 3).

Questions

- a. Entities having questions in regards to the completion of Form 1 and/or Form 2 required by the DHS State Contractor/The Collaborative shall address these questions to DHS.DMHProviderAssist@illinois.gov .
- b. Entities having questions in regards to the Part 132 Application Packet (excluding Form 1 and/or Form 2) shall address these questions to DHS.Rule132BALC@illinois.gov if 50% or more of the funding source for services is from DHS or if funding from both DHS and DCFS are equal.
- c. Entities having questions in regards to the Part 132 Application Packet (excluding Form 1 and/or Form 2) shall address these questions to DCFS.Medicaid@illinois.gov if more than 50% of the funding source for services is from DCFS.



STEP 4: CSA REVIEWS THE ENTITIES COMPLETED PART 132 APPLICATION PACKET

Following the receipt of the entities completed Part 132 Application Packet, the CSA shall review the documents within 30 calendar days to validate compliance with Part 132 requirements as well as to ensure that the program is operating in accordance with best practice.

STEP 5: FIRE CLEARANCE SCHEDULING

Following the passing of the initial review of the sites IMPACT application by HFS/PEU, DHS/BALC or DCFS/Designee shall schedule a fire clearance with the Office of the State Fire Marshal if one has not already been conducted for the site.

EXCEPTION: The Office of the State Fire Marshal has the authority to determine if an on-site inspection shall be conducted by their office or if the CMHC site being in compliance with local and/or county building requirements/ordinances shall be sufficient due to their level of stringency.

NOTE: If the site has already been granted fire clearance as outlined in Part 132 Section 132.65 (4), proceed to STEP 6.

A **Notice of Violation** shall be issued by the CSA to the entity **if** a determination is made that the documents submitted fail to meet Part 132 requirements and/or best practice. An entity receiving a **Notice of Violation** shall have 30 calendar days to remedy all deficiencies. DHS/BALC or DCFS/Designee shall work with the entity, if needed, to assist in bringing the documents into full compliance so the documents may be resubmitted for re-review.

NOTE: An entity wishing to withdraw their CMHC enrollment request during the enrollment process shall notify their respective CSA. The entities pending IMPACT application will be denied at this time by the CSA.

STEP 6: PROVISIONAL CERTIFICATE ISSUED BY DHS/BALC OR DCFS/DESIGNEE

The Provisional Certificate shall be issued by DHS/BALC or DCFS/Designee to the entity following the:

- a. passing of the initial review of the entities IMPACT application by HFS/PEU;
- b. approval of the sites Part 132 Application Packet by DHS/BALC or DCFS/Designee; and
- c. receipt of documentation evidencing compliance with the fire clearance requirements as outlined in Part 132 Section 132.65.

The Provisional Certificate shall allow for the operation of the CMHC site effective with the date indicated on the certificate. DHS/BALC or DCFS/Designee shall forward to the site/entity via U.S. mail a hard copy of the Provisional Certificate. An electronic copy of this certificate may also be forwarded if so requested.

DMH/BALC or DCFS/designee shall conduct an on-site inspection within the Provisional Certification period and when the site is operational, which shall be within 12 months, unless extended by the CSA. The on-site inspection shall include the new site and, if there are sister sites, may include these sites as well. The number of sites inspected for an entity shall be at the discretion of the CSA.

STEP 7: FULL CERTIFICATE ISSUED BY DHS/BALC OR DCFS/DESIGNEE FOLLOWING THE ISSUING OF A PROVISIONAL CERTIFICATE

Upon completion of the on-site visit following the issuing of the Provisional Certificate by DHS/BALC or DCFS/Designee and the entity being found in compliance with Part 132, the Full Certificate shall be issued. DHS/BALC or DCFS/Designee shall:

- a. forward to the entity via U.S. mail a hard copy of the Full Certificate (an electronic copy of this certificate may also be forwarded if so requested);
- b. modify/update the sites "License/Certification/Other Screen" in the IMPACT System by changing the "End Date" to "12/31/2999" and approving the modification/update. The site should electronically receive an IMPACT generated notification regarding the modification/update being completed and approved when this transaction is done.

NOTE: If an entity should not successfully achieve Full Certification following a Provisional Certificate having been issued, a **Notice of Violation** shall be given within 15 days after the on-site review. The site shall respond to the notice by the due date indicated which shall be approximately 30 days after the date of the notice. See Part 132 Section 132.100 for additional information.

STEP 6.1: NOTIFICATIONS OF PROVISIONAL CERTIFICATES BEING ISSUED

All Provisional Certificates shall electronically be forwarded to the respective Regional Director, HFS/PEU for their files and to any other party so designated by DHS/DMH.

Regional Directors, upon receipt of any Provisional Certificate, shall reach out to the entity to ensure the CMHC site is becoming operational within the 12 month provisional time frame.

STEP 7.1: NOTIFICATIONS OF FULL CERTIFICATES BEING ISSUED

All Full Certificates shall electronically be forwarded to the respective Regional Director, HFS/PEU for their files and to any other party so designated by DHS/DMH.

Regional Directors, upon receipt of any Full Certificate, shall reach out to the entity and/or site to offer any needed assistance and/or to answer any questions.

SITE FAILS TO OPERATIONALIZE

A site failing to fully operationalize within the 12 month time frame, from when the Provisional Certification was issued, shall result in a meeting being convened by DHS/DMH between the CSA and designated DHS/DMH staff with this including the respective Regional Director. The Regional Director shall outline at this meeting the reasons for the site's failure to become operational. Based upon the information presented, a final determination shall be made by the CSA if the CMHC site will or will not be granted an extension to their Provisional Certification date.

If a decision is made to extend the Provisional Certification expiration date, the CSA will change the "End Date" in the IMPACT System in the "License/Certification/Other" step to the new expiration date.

If a decision is made to not extend the Provisional Certification expiration date, the CSA will modify/update the sites IMPACT System "Business Status" to "In-Active/Closed" and indicate the reason in the "Reason for Business Status Change" box (example: unable to meet Licensure/Certification requirements).

STEP 6.2: PROVISIONAL CERTIFICATE INFORMATION ENTERED INTO THE SITES IMPACT APPLICATION AND APPLICATION APPROVED BY THE CSA

DHS/BALC or DCFS/Designee shall enter the Provisional Certificate information into the site's IMPACT application in the "Licensure/Certification/Other" step and approve the application.

The site shall electronically receive an IMPACT generated notification regarding the approval of the application and the effective date of enrollment. This shall serve as further notification that services/care may be rendered and billed.



DHS/DMH NOTIFIES THE COLLABORATIVE

Once DHS/DMH is notified by the CSA of a Provisional Certificate having been issued to a CMHC and have validated that the CMHCs IMPACT application has been approved by the CSA, DHS/DMH shall notify the DHS State Contractor/The Collaborative of the newly certified CMHC by forwarding to them Form 1 and Form 2 as well as a copy of the W9.



STEP 6.3: ENTITY ADDITIONAL IMPACT STEPS

A. CMHC PROFESSIONAL EMPLOYEES ASSOCIATE THEMSELVES WITH THE CMHC IN THE IMPACT SYSTEM

Employees rendering or providing services to clients at the approved CMHC site shall enroll in the IMPACT System as "Individual/Sole Proprietor - Regular Individual/Sole Proprietor or Rendering/Service Provider" and associate themselves with the CMHC. If the employee is already enrolled in the IMPACT system, the employee will need to modify their current IMPACT enrollment by associating themselves with the newly enrolled CMHC and submitting the modification for approval to HFS/PEU.

B. CMHC ENROLLS WITH RELEVANT ILLINOIS MEDICAID MANAGED CARE ORGANIZATIONS (MCOs) AND ASSOCIATES THE CMHC WITH THE MCOs IN THE IMPACT SYSTEM

Enrollment in a Illinois Medicaid MCO is done so with the MCO and not through HFS/PEU or a CSA.

Once enrolled with the MCO, the CMHC must then enter the IMPACT System and modify their current IMPACT enrollment by

- a. completing the "Associate MCO Plan" step
- b. completing the "Complete Modification Checklist" step
- c. completing "Submit Modification Request for Review" step