

Thank you for joining today's WebEx event. Please make sure you either have a hard copy of [Rule 132](#) or a pen and paper to take notes. The training will reference sections of [Rule 132](#) and we want to make sure you can refer to the rule if you have questions or concerns.

<http://www.ilga.gov/commission/jcar/admincode/059/05900132sections.html>



State of Illinois  
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# Rule 132 Certification

Illinois Department of Human Services-  
Division of Mental Health (DHS-DMH)  
Bureau of Accreditation, Licensure and  
Certification (BALC)

Illinois Department of Children and Family  
Services (DCFS)  
The Infant-Parent Institute (IPI)



Thank you for joining us today for this informational webinar. As a reminder, all individuals have been placed in listen only mode during the presentation. We will allow time for questions and answers following the presentation, and ask that you type your questions into the chat box during the presentation and we gather all of them to include in a document to be posted on the IDHS and DCFS websites along with a recorded copy of this presentation.

The purpose of today's training is to explain how the Certifying State **Agencies** will be operationalizing the revised Rule 132. Each entity that seeks certification is held to all Rule standards, and as such, is required to have a full understanding of the Rule. This PowerPoint will contain excerpts of the Rule and an explanation of the processes that has been developed to complete the certification of entities under Rule 132. To make it easier for you to follow along, please make sure you have a hard copy of the rule, and a way to track which sections will require further exploration on your part following this event to ensure you are compliant with all requirements. Let's take a few seconds to make sure everyone is organized.

**DHS-DMH**  
The Federally Recognized State Mental Health Authority

- Ensures the existence of the mental health safety net, of community mental health centers to provide such services as screening, outpatient treatment, emergency mental health services and rehabilitative programs and supports.
- Provides policy direction related to the implementation of Evidence Based Practices.
- Approves/authorizes entities within the State to pursue grants from SAMHSA.
- Ensures a continuum of services including prevention/promotion, outreach, engagement and education.



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DHS-DMH as the Federally Recognized State Mental Health Authority, has responsibility to ensure that all regulations to which providers are subject be developed and implemented consistent with best practices and emerging trends in mental health care. Over the past decade the most significant trend has been to move the system from a fee for services based reimbursement model to one that incentivizes outcomes. The current revisions to Rule 132 reflect the Division's intention to reduce administrative burden and support the move to incentive based payment for providers. By defining parameters for programs of care, the Division will be able to guide providers in documenting their qualifications to provide evidence based and best practices, which are at the basis of performance based payment models.

In addition, the State Mental Health Authority is charged with ensuring the existence of the mental health safety net. Historically, the Division has relied on the Community Mental Health Provider System to be integrated into their communities and to develop services based on the unique needs of that community, thus ensuring the availability of the safety net. By clearly delineating the elements of that safety net within the CMHC definition, the Division can ensure that the state's most vulnerable citizens maintain access to care, regardless of payor source. The Division continues to believe that CMHC's are the most qualified entities to identify needs, and as such, are the preferred

provider type by the Division and will be the entities we rely on when pursuing federal grant funding opportunities for innovation or pilot projects.

## Important things to expect!

- BALC and IPI will still complete the Certification process.
- Implementation of on site reviews will begin on July 1, 2019.
- The Certificate will have a new look!



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The certification process will begin with the entities that are currently operating under a certificate that has been extended temporarily and we anticipate it will take roughly 3 months for this process to be completed. Please note that one of the most important changes to your certificate will be in how it looks. The new certificate will not include services! The services have been moved to HFS Rule 140, and all of your policies that make reference to the provision of services consistent with Rule 132 will need to be changed to reflect this. The entity will be certified as either a Certified Comprehensive Community Mental Health Center or a Certified Specialty Provider. It will be through your impact enrollment that you register to provide services. Not included in this presentation is the process IDHS-DMH will be rolling out for entities seeking Specialty Program Certification. These certifications will cover the following Programs: Interdisciplinary Care, Assertive Community Treatment, Psycho-social Rehabilitation, Community Support Team, and Intensive Out Patient.

## Rule 132 Medicaid Community Mental Health Services Program

- Effective January 1, 2019
  - Repeal of the 2015 version of Rule 132
  - New version of Rule 132 allowing certification for:
    - Certified Specialty Provider (CSP)
    - Certified Comprehensive Community Mental Health Center (CMHC)
    - Certified Specialty Program



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Why is there a new Rule 132?! In 2016 the three Departments of IDHS-DMH/BALC, DCFS/IPI, and HFS were charged with separating the Medicaid services and the community mental health provider certification process into two different rules. Through a collaborative process the new version of Rule 132 was developed. This version of rule 132 significantly reduces the administrative burden of certification while streamlining the certification process. Two provider types are available through certification. Certified Comprehensive Community Mental Health Centers AKA-CMHC's meet the statutory requirements as providers of the safety net. Certified Specialty Providers AKA-CSP's do not fulfill the safety net function, but provide a limited scope of programs and services which the Departments might procure through competitive bid.

## Rule 132: Section 132.10 Purpose

- To facilitate the establishment of a comprehensive and coordinated continuum of community-based programs, sensitive to the needs of local communities, for persons with or at risk for a diagnosis of mental illness.
- To effectuate the Division of Mental Health's role as the federally-recognized State Mental Health Authority with statutory mandates to plan, fund and monitor community-based mental health programs.
- To promote the availability of culturally relevant, evidence-based, developmentally appropriate, trauma-informed mental health programs across the lifespan.
- To maximize the effectiveness and quality of programs to ensure cost efficiency and best possible outcomes in natural settings that reduce the use of institutional care.
- To establish criteria for certification and recertification of Comprehensive Community Mental Health Centers (CMHC) and other entities seeking to offer programs directly funded by DHS-DMH and DCFS.



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The purpose statement was written to support the requirements set forth by Federal and State Statute. This certification rule develops a continuum of safety net services that ensures quality and ethical care is provided in the least restrictive environment through a comprehensive and coordinated continuum of community based programs that are sensitive to the needs of the communities they serve for persons with or at risk for a diagnosis of a mental illness. The needs of the community served should be met through the delivery of culturally relevant, evidence-based, developmentally appropriate, trauma informed services that are provided across the lifespan.

## Rule 132: Section 132.30 Client Rights

9) The right to contact HFS or its designee and to be informed by HFS or its designee of the client's healthcare benefit and the process for reviewing grievances.



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Section 132.30 Clients Rights, we want to call your attention to item number 9 as that is the only item added to this section.

This section will be verified during the certification process through a policy and practice review.

Diligent readers of the Rule may have also noted that the section concerning restriction of rights was removed. This is because such restrictions only occur in inpatient, not community, settings.

Also in this section we want to make sure everyone is aware of the July 2018 change in the Mental Health and Developmentally Disability Code which allows any minor 12 year of age or older to request and receive counseling services or psychotherapy on an outpatient basis. The consent of the minor's parent, guardian, or person in loco parentis shall not be necessary to authorize outpatient counseling services or psychotherapy. However, until the consent of the minor's parent, guardian, or person in loco parentis has been obtained, outpatient counseling services or psychotherapy provided to a minor under the age of 17 shall be initially limited to not more than 8 90-minute sessions.



## Rule 132: Subpart B Certified Specialty Provider

- A Certified Specialty Provider (CSP) is a single site defined as:
  - An entity providing community-based mental health services under the direction of an LPHA.
  - A CSP may or may not be providing Medicaid Community Mental Health Services, but wants to be eligible for DHS-DMH and/or DCFS funding.
- To match the registration in the IMPACT process, CSPs may also be enrolled as Behavioral Health Clinic (BHC) under Rule 140
- If an entity historically certified as a CMHC that operated at more than one site chooses not to retain their CMHC Certification, then each site will be certified as an individual CSP, requiring a full certification review for each individual CSP site.



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There are times when a provider might be providing a contracted service for DHS-DMH or DCFS, but not be interested in being a Medicaid Service provider. DMH and DCFS needed a way to continue to certify these programs who choose not to become CMHCs. The Certified Specialty Provider certification process defined in Subpart B supports this unique role. A good way to remember the difference between subpart B and C: all CMHC's must meet the requirements of a CSP, but CSP's only need to meet the requirements in Subpart B.

## Rule 132: Section 132.50 Quality Systems Requirements

- The CSP shall establish and maintain continuous quality improvement systems to ensure quality of care provided in the least restrictive setting supporting the ongoing purchase of services.
- The CSP shall establish and maintain a Utilization Review Plan for the ongoing review and assessment of delivered services and client outcomes to ensure services are cost effective and result in the expected outcomes.
- The CSP shall establish and maintain a system for obtaining feedback from individuals served and community stakeholders.



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Section 132.50 Quality Systems Requirements: Please note that these are the only Quality System Requirements for CSP's at this time. As Illinois moves towards a value based purchasing system, additional supports related to Quality Systems may be made available. This section will be verified for certification by conducting a policy and practice review which can be located in the Certification Guidelines that will be published on the IDHS and DCFS websites.

## Rule 132: Section 132.55 Personnel and Staffing Requirements

The CSP shall:

a) Establish and maintain a comprehensive set of personnel policies and procedures, minimally addressing hiring, training, evaluation, disciplining, termination, and other personnel matters related to staffing. Establish and maintain job descriptions detailing the duties and qualifications for all positions, including volunteers, interns and unpaid personnel. Establish and maintain individual personnel records for all personnel, paid and unpaid, minimally including the following components:

- 1) Documentation of current education, experience, licensure and certification;
- 2) Employment status of the individual (e.g., hire date, employee/contractor, termination date, etc.);
- 3) Review of individual employee's performance within the last 12 months; and
- 4) Documentation of training and continuing education units, as applicable.



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Section 132.55 Personnel and Staffing Requirements: One area that garnered much discussion during the Rule making process was related to the required personnel records, and how to ensure a minimum standard. The items on this slide contain the minimum standards related to staffing practices and employee records, and is consistent with the previous Rule requirements. This section will be certified through a review of policy and then procedure via review of employee records.

## Rule 132: Section 132.55 Personnel and Staffing Requirements

- b) Upon hire, perform sufficient background checks for all employees, volunteers, interns, unpaid personnel, or other individuals who are agents of the CSP or CMHC. At a minimum, the review shall include:
- 1) Searching the Illinois Department of Public Health's (DPH) Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the provider shall not employ him or her in any capacity.
  - 2) Performing background checks in compliance with requirements set forth in the Health Care Worker Background Check Act [225 ILCS 46] and in DPH rules at 77 Ill. Adm. Code 955.
  - 3) Reviewing the Provider Sanctions List, provided by the HFS Office of Inspector General (HFS-OIG), to ensure the provider is not on the list of sanctioned providers. The CSP/CMHC shall not employ or contract with any provider found on the List.
- c) Annually, at a minimum, comply with all requirements set forth in the Health Care Worker Background Check Act and in DPH rules.



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Continuing in Section 132.55:.. It was determined that the items listed on this slide meet minimum requirements for background checks. These items will be verified through a review of policies and procedure and verified by observing a screen shot of the respective web page in the selected personnel files.

## Rule 132: Section 132.55 Personnel and Staffing Requirements

- d) Ensure that all assessment activities and subsequent individual treatment plans are developed with the active involvement of a QMHP and the clinical review of an LPHA.
- e) Ensure management and oversight of all treatment staff by a QMHP. Management and oversight may be face to face or virtual, to include group supervision as well as supervision by teleconference and videoconference. All treatment staff must have access to a QMHP who is available for immediate consultation and supervision of treatment services.
- f) All staff shall receive, at a minimum, one hour of supervision per month delivered face to face, or by teleconference or videoconference.
  - 1) Group supervision is acceptable and the size of the group shall be conducive to the topic being discussed.
  - 2) Supervision must be documented in a written record.
  - 3) LPHAs are not required to have supervision under this Section.
  - 4) QMHPs must be supervised by an LPHA. MHPs and RSAs must be supervised by, at a minimum, a QMHP.



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This section covers the minimum requirements related to provision of care and supervision of direct service staff. All of the items listed in this section will be certified through a policy and procedure review process including documentation in personnel records or supervisory records.

## Rule132: Section 132.60 Recordkeeping Requirements

- b) Required records shall be retained for a period of not less than 10 calendar years from the date of service, or origin of the record, except that, if an audit is initiated within the required retention period, the records shall be retained until the audit is completed and every exception resolved. This provision is not to be construed as a statute of limitations.
- c) Electronic or digital signature of records is acceptable when the CSP has established the necessary policies and procedures to:
  - 1) safeguard the issuance and identity of users;
  - 2) ensure uniqueness in issuance of signature;
  - 3) regularly review the usage of signature;
  - 4) ensure adequate safeguards within the system upon application of signature to documents; and
  - 5) audit users to remove unnecessary, unused, and abuses on a regular frequency.



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Section 132.60 Recordkeeping Requirements: In this section we want to bring your attention to items b and c. Federal CMS issued guidance regarding a 10 year retention cycle for Medicaid managed care providers. To streamline certification and reduce administrative burden we don't want rule 132 requirements to be in conflict with requirements to obtain Medicaid funding.

Please give special attention to the Electronic/digital signature of records item c) which reflects advances in the use of technologies that reduce administrative burden and streamline processes.

This section will be verified during a policy and practice review.

## Rule 132: Section 132.65 Physical Plant Location

- c) All locations must meet the following physical plant requirements for certification:
  - 1) Provide a safe, functional, sanitary and comfortable environment for clients and staff that is conducive to the provision of behavioral health services.
    - A) A safe, functional and sanitary environment includes the establishment and maintenance of policies and procedures specific to the operation of each specific physical plant, including an emergency disaster plan, fire evacuation plan, and procedures for managing the basic mechanics of the site.
    - B) A comfortable environment shall be reflective of trauma informed care, ensuring that the interventions being provided and the populations being served have access to an environment that ensures the physical, psychological and emotional safety of both employees and populations being served;



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Section 132.65 Physical Plant Location: When developing emergency disaster plans remember that disasters include both natural disasters including but not limited to, tornadoes, earthquakes, floods, etc.; man made disasters that would include procedures for managing situations that might include but are not limited to electrical outages, ruptured gas main, water boil orders.

As Illinois continues to work towards modernizing service delivery, and we want to ensure that individuals not only have access to evidence-based support, but also that the communities and settings best suit them. Current research indicates that up to 90% of individuals seeking services through the publicly funded mental health system have traumatic experiences in their past. Such history places individuals at increased risk for re-traumatization throughout the treatment process. One way to safeguard consumers as well as employees is through the development of trauma informed environments. One example that entities might want to consider are SAMHSA's 6 principles of trauma informed care related to the physical environment include:

**Safety**

**Trustworthiness and transparency**

**Peer support and mutual self-help**

**Collaboration and mutuality**

**Empowerment, voice, and choice**

**Cultural, historical, and gender issues**

The section will be reviewed during a policy and practice review.



## Rule 132: Section 132.65 Physical Plant Location Requirements, continued

- 3) Be deemed accessible in accordance with the ADA, the Illinois Accessibility Code, and the ADA Accessibility Guidelines, whichever is more stringent. Providers must maintain a written policy for reasonable accommodations for the provision of services to clients unable to access the provider's sites due to physical inaccessibility;



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We want to assure you that for this section, providers will need a policy stating reasonable accommodations will be provided for clients unable to access the providers sites due to physical inaccessibility.

[Reviewers will not be looking for ADA compliance or providing ADA certification.](#)

If an entity is interested in ensuring that a site is ADA compliant, contact The Illinois ADA Project at (877) ADA-3601 to find out who in your area can assist.

## Rule 132: Subpart C Certified Community Mental Health Centers

- The State Mental Health Authority regards CMHCs as the cornerstone of the community based mental health system.
- To become compliant with current Rule 132, entities may discover they need to update some policies and procedures.
- Due to the comprehensive nature of programs provided CMHC's may operate across multiple sites but will be reviewed as a single entity.



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Section 132.70 Definition, Characteristics and Incentives: The Characteristics of a CMHC define the essential elements of what a CMHC is and are consistent with the requirements set forth by SAMHSA to DMH, the Mental Health and Developmentally Disabilities Services Act and Public Act 97-166. By combining all of these responsibilities into the characteristics of Comprehensive Community Mental Health Centers IDHS-DMH has reduced the potential administrative burden of needing to add yet another certification for a program type.

## Rule 132: Section 132.70 Definition, Characteristics and Incentives

CMHCs shall:

- 1) Comply with all requirements of a CSP as articulated in Subpart B, in addition to the requirements set forth in this Subpart C.
- 2) Operate within a system of care that provides treatment, habilitation and support services.
- 3) Provide a comprehensive strengths-based array of mental health services within an identified geographic service area.
- 4) Provide care to individuals with or at risk for SMI/SED by using a person-centered approach to care performed by an interdisciplinary team.
- 5) Serve individuals who have complex needs as a result of child welfare, justice or multisystem involvement, medical co-morbidity, homelessness, dual disorders, etc.
- 6) Ensure the connectability of services in the service area for individuals across the life span.
- 7) Provide services in the client's natural settings.
- 8) Provide a safety net for individuals with SMI/SED who are indigent.
- 9) Provide outreach and engagement to individuals in need of mental health services.
- 10) Provide evidence-based and evidence-informed developmentally appropriate practices in a proficient manner.
- 11) Provide for a screening prior to a referral to a more intensive level of care.
- 12) Provide education and resources to the public on mental health issues, including suicide prevention and wellness.
- 13) Prioritize principles of recovery, system of care, trauma informed care, and culturally relevant practices.
- 14) Provide access or linkage to psychiatric services and other health and social services.



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This list is the characteristics of a CMHC; it is not a list of billable services. These comprehensive structures and community interactions are necessary to provide the continuum of service designed to meet the individual and diverse mental health needs of a specified community.

During the rule making process there was much discussion about the purpose and motivation related to #3, we want to make sure that entities understand that they will be defining their service area. The CSA's are not assigning or restricting the number of agencies in any area. Rather, this helps DMH ensure the safety net coverage required by SAMSHA and other statutory obligations as the State Mental Health Authority. Therefore, DMH will be utilizing the information provided by the CMHC's for statewide assessment and planning purposes. For #8 we want to remind everyone that the diagnosis of an SMI or SED requires a DSM 5 diagnosis not a DSM 4, so you will need to change policies as needed.

## Rule 132: Section 132.70 Definition, Characteristics and Incentives

- c) CMHCs are the only entities that may pursue certifications of the following programs:
  - 1) Assertive Community Treatment Programs (ACT); and
  - 2) Psychosocial Rehabilitation Programs (PSR).
- d) DHS-DMH will recognize certified CMHCs as preferred provider types when awarding State grant funds to support mental health treatment programs and services as State laws permit.
- e) DHS-DMH will recognize certified CMHCs as preferred provider types when pursuing federal or other grants within DMH or when awarding federal pass-through funds as federal and State laws permit.
- f) DHS-DMH will recognize certified CMHCs as preferred provider types when establishing technical assistance and training programs.



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Continuing in this section I believe this slide is self explanatory!

Again, DMH as the state mental health authority believes CMHCs are uniquely qualified as our partners in providing not only the mental health safety net, but also in advancing the system of care in innovative ways. As such CMHCs will continue to be our preferred provider types when developing plans for new programs.

## Rule 132: Section 132.75 General Requirements

CMHC's Shall:

a) Establish and maintain policies and procedures to be used by all CMHC staff in the administration of CMHC programs and the delivery of services from any CMHC site or location.

1) Policies detailing the organization's clear commitment to person-centered recovery and resilience principles and the empowerment of families and individuals served. Programs and services should promote personal choice, self-help measures, the strengthening of natural supports, the use of education and interventions in natural settings, and the reduction of the utilization of institutional levels of care.

2) Policies detailing how clients will actively participate in the development, planning and oversight of programs and services.

3) Policies and procedures to ensure co-morbid physical healthcare needs are addressed for clients as needed. A CMHC that is not licensed to provide Level 1 and Level 2 Substance Use services and enrolled to participate in the Illinois Medical Assistance Program shall develop policies and procedures to ensure clients receive referrals for services as needed.

4) Policies and procedures to ensure SAMHSA's principles of trauma informed approaches are embedded into the organizational structure and clinical practices of the CMHC.



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Section 132.75 General Requirements: In this section you will see that much of the certification process is a review of policies and procedures. We want to highlight item a) 2) and ensure that entities understand that this is not related to individual treatment planning but rather the governance structure of the CMHC which requires individuals to be utilized as resources in the development of the policies, practices, and services provided by the organization. This section will be verified during a review of policies and procedures.

## Rule 132: Section 132.80 Personnel and Staffing Requirements

c) When good cause is established by the organization, an exception to the full-time status of the LPHA may be granted by the Department in accordance with the process and criteria outlined in this subsection (c).

- 1) The organization shall submit a request for consideration of waiver to the Department detailing the reasons for the request.
- 2) The organization shall provide a detailed staffing plan that includes the number and credential levels of all staff providing direct services that include a calculation of the hours of clinical supervision necessary to meet the requirements of Section 132.55(e)(4).
- 3) The organization shall provide a projected number of individuals to be served on annual basis and calculation of the hours required for provision of clinical oversight and direction of all clinical functions related to those services. This calculation shall be based on a needs assessment of the service area completed by the organization.
- 4) The organization shall propose a staffing equivalency for clinical oversight and direction by the LPHA that is sufficient to meet the needs identified in Section 132.80(c)(2) and (3).
- 5) The organization shall describe a plan to ensure access to clinical direction and oversight of an LPHA by less-credentialed staff in the event of emergent situations.
- 6) Request for an exception must be submitted to the Department for consideration at least 30 calendar days prior to the anticipated need for the exception.



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Section 132.80 Personnel and Staffing Requirements: It remains the belief of the Certifying State Agencies that a CMHC due to the diverse clinical needs of a community requires a full time LPHA to provide direction over the clinical functioning of the entity. However, due to comments provided during the rule making process an exception to this requirement has been define in Rule. IDHS-DMH will making the clinical determination to approve the request for an exception. Additional information regarding the implementation of this section of the rule will be provided at a later time.

## Rule 132 Section 132.85 Addition and Removal of Physical Plant Locations

- Only CMHC can add or remove physical plant locations.



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Section 132.85 Addition and Removal of Physical Plant Locations: I understand that we are in Subsection C where a CMHC is defined and the certifying requirements are available: However, we want to stress that if an entity is certified as a CSP, they are only allowed to have one discrete site location, if they wish to add sites, then each site must be certified as it's own CSP.

## Rule 132 Certification Process

### Two Certifying State Agencies (CSA):

- DHS Bureau of Accreditation, Licensure and Certification (BALC)
- DCFS/The Infant-Parent Institute (IPI)



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IDHS-DMH, IDHS-BALC and IPI have worked collaboratively on the development of a certifying process that will be utilized by both certifying bodies. This will allow providers regardless of certifying entity to have a similar experience. All entities seeking certification by IDHS or DCFS are required to meet the requirements contained in Subpart B: Certified Specialty Provider. Only those entities seeking to maintain their certification as a Community Mental Health Center and seek to bill HFS for Rule 140 services and/or provide ACT or PSR are responsible for meeting the requirements in Subpart C.



## Section 132.95 CSP and CMHC Certification Process

Refer to Chapter 200 of the Illinois Department of Healthcare and Family Services (HFS) Medical Provider Handbooks.

Select the Medical Provider Handbook titled:

**Community-Based Behavioral Services (CBS) Provider Handbook**

Effective October 1, 2018

<https://www.illinois.gov/hfs/SiteCollectionDocuments/102218CommunityBasedBehavioralServicesHandbook.pdf>

Questions regarding the policies or service requirements outlined within this handbook may be directed to the Bureau of Behavioral Health at 217-557-1000 or [HFS.BHCompliance@illinois.gov](mailto:HFS.BHCompliance@illinois.gov).



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Section 132.95 CSP and CMHC Certification Process: This section defines the process necessary for a new provider to become a CSP or a CMHC. Providers participating in this training are all already certified, so you will not need to complete the application process again. We wanted to take a moment however, to clarify that this process exists in the revised Rule for potential CMHC's to engage in to register with IMPACT to bill Medicaid. As existing providers, you have already completed this process. As always, if you have any questions about the IMPACT system, please refer to the Community-Based Behavioral Services (CBS) Provider Handbook and refer any questions to HFS either by phone or via email.

## Rule 132 Section 132.105 Certification Review Cycle

- The CSAs will maintain a 3 year Certification Review Cycle
- The CSA will notify Healthcare and Family Services (HFS) of retention of certification



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The rule requires the CSA at a minimum to review one-third of all CSP and CMHC's on an annual basis, ensuring that all Rule 132 provider types are reviewed within a three year period. In order to retain certification, all entities must be in compliance with Subpart B and CMHCs must also be in compliance with Subpart C. The CSA that currently holds your certification will notify you when your entity is scheduled for a certification review. At this time, that review will be consistent with when your current certificate expires. Remembering that the new certificate will not have an expiration date, but rather a certification review date.

## Rule 132 132.105 b) 2) Notice of Violation

- Provided within 15 days of the onsite review.
- Entities have 30 days to respond to the Notice of Violation
- Response is required to be in the form of a plan of correction.



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There may be issues of non-compliance that can be immediately resolved during the on-site visit. The CSA will only issue a notice of violation for issues that are not resolved while on-site, and these will follow the guidelines above.

Section 132.110 addresses the appeal of Certification Determination, should your entity ever need to refer to this section.

## Rule 132 Section 132.120 Deemed Status

b) Determination of Covered Standards. In an effort to afford entities and CMHCs a streamlined certification process, DHS shall complete a process to determine covered standards pursuant to Section 3(d-10) of the Community Services Act;

1) Due to the proprietary nature of the intellectual property retained by the AAO within its standards, DHS shall require the AAO to complete the following documents:



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It is the intention of the Certifying State Agencies to implement Section 132.120 just as soon as the Acknowledging Accrediting Organizations comply with the items under b). We did not include on this slide all of the information contained in 132.120 b) as you are free to review it at a later time. It does not require any action on your part, therefore we will not be discussing it here.

Thank You

For additional information:

<http://www.dhs.state.il.us/page.aspx?item=32635>

