

## Rule 132 Questions and Answers

Wednesday, June 26, 2019 and Thursday, June 27, 2019

**1. Could you please review one more time the full-time LPHA status and requirements?**

A: This question is vague; are you asking about the definition of who is classified as the LPHA? Or is your question related to #2? If so, please refer to Section 132.25 "Definitions" as to who may serve in this role as well as to 89 Ill. Adm. Code 140.453. For additional clarification, CMHC's are required to have a full-time LPHA who can be shared across CMHC locations. A CSP requires a LPHA on staff who does not need to be full-time.

**2. Under 132.80 (a) an LPHA has to oversee and direct the clinical functioning of the CMHC. Can this be a "working" LPHA that provides services, but also supervision? What are the expectations of this LPHA?**

A: The time of the full-time LPHA is not restricted to specific duties. This individual's job responsibilities must include the provision of clinical oversight and may include other tasks, including direct service provision.

**3. Will the slides be made available?**

A: Yes, they are available at: <http://www.dhs.state.il.us/page.aspx?item=85711>

**4. Additionally, when will the link from the DMH page contain an accurate link to the current rule 132?**

A: Rule 132 can be accessed here: <http://www.dhs.state.il.us/page.aspx?item=85711> or <http://www.ilga.gov/commission/jcar/admincode/059/059001320C00800R.html>

**5. Can we please get a summary of the status of the IM-CANS, who needs to use it, when they need to use it by, whether agencies who have electronic health records can/should build the IM-CANS into their system or if they should only use the Word or PDF's?**

A: This is a question for HFS and, as such, has been forwarded to them for answer. Please check their website at:

<https://www.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx> for information about the IATP.

**6. With the new IATP, what are the timelines for completing? And does an "L" have to sign off on Assessment portion and the Treatment Plan portion, or just once after completion?**

A: This is a question for HFS and, as such, has been forwarded to them for answer. Please check their website at:

<https://www.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx> for information about the IATP.

- 7. For the PSR Programming, is it a requirement that after an initial IM + CANS is completed, that it be reviewed in 14 days by the LPHA, bill for it again on the 14th day of the review, and is another IM + Cans required to be completed every 30 days ongoing?**

A: Any questions regarding the IATP and the IM+CANS will need to be answered by HFS.

Please check their website at:

<https://www.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx> for information about the IATP. Your question has been forwarded to HFS.

- 8. Can there be multiple appointments to complete an IM-CANS, and if so, what is the time frame for related deadlines (like how long between finalization and starting services)? Which date is the starting point? Client signature date? L signature date?**

A: Any questions regarding the IATP and the IM+CANS will need to be answered by HFS.

Please check their website at:

<https://www.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx> for information about the IATP. Your question has been forwarded to HFS.

- 9. Our license expired 3/31/2019 and has been extended until 7/30/2019 - can we expect a BALC audit prior to 7/30/2019 in order to be certified past 7/30/2019?**

A: Your Rule 132 certification was extended until 7/30/19 and BALC will extend it as necessary if they are unable to complete the certification review process prior to 7/30/19.

- 10. Under 132.70, where CMHC's define their geographic service area, what is the process for this? When and how do we provide that to DMH?**

A: The entity can define their geographic service area by zip code. This form of tracking would allow IDHS-DMH to ensure safety net coverage across the state. The agency's operation within their reported service area will be verified by BALC and IPI during the onsite certification review process.

- 11. Will compliance with Rule 40 be monitored using a separate process than the certification reviews for Rule 132? So, there will be 2 annual reviews instead of one?**

A: We assume you are referring to Rule 140. This is an HFS rule and they will be determining compliance with that rule. We have forwarded your question to HFS.

- 12. It would be helpful to have the points made verbally in the training that were not written on the slides to be documented and included in the Q&A.**

A: Thank you, all information including a recording of the training has been uploaded to the IDHS websites and a link has been added to the DCFS website.

**13. Does Section 132.70 b) 11 refer to the ability to provide Crisis Intervention 24/7 and prescreening for the State Operated Facilities?**

A: There is no requirement for CMHC's to provide crisis intervention 24/7. An entity is required to provide crisis services 24/7 to individuals they are serving in ACT or under another funding stream.

**14. Will guidelines for certification reviews be distributed prior to when those reviews begin?**

A: Once the guidelines have been approved through the IDHS process, they will be available on the IDHS and DCFS web pages.

**15. If our Agency is not due for certification review until Spring of 2020 and we have already been certified as a CMHC, will we need to "re-certify" next Spring?**

A: If your agency is currently certified under Rule 132 and the certification expires in Spring of 2020, you are certified under old rule 132. When your agency is selected for recertification, you will be recertified according to the terms of Rule 132 adopted on January 1, 2019. The Certifying State Agency (CSA) will contact you regarding the certification review process prior to your current certificate expiring.

**16. Is it a requirement to continue to complete the Locus, Columbia and Ohio Scales since we are now doing the IM + CANS assessment tool? What is the work-around to enter on the 1006 for the Locus score if this is no longer required?**

A: The Locus Score is no longer required as part of the registration in the Collaborative's system. The Columbia and Ohio scales are still required, and the outcomes can be utilized as part of the IATP process.

**17. What role does Rule 140 play in this revision of Rule 132?**

A: Rule 140 is where the Medicaid Services and Behavioral Health Clinics are defined. Rule 132 is the certification rule for CSP's and CMHC's.

**18. 132.55 d) Can you please clarify "active involvement of a QMHP". The previous Rule 132 required a Q face-to-face and signature. IMCANS and Rule 140 do not require a Q signature or face-to-face. What specifically will DHS reviewers be looking for?**

A: A policy stating that there is active involvement from a QMHP, followed up with practices supporting this, verified in either case notes or supervisory notes.

**19. If we have a certificate expiring soon (ours expires in August), is it going to be delayed as it is estimated to take three months for those with extensions?**

A: All entities will be reviewed either prior to the expiration of their current certificate, or any extension they might have received.

**20. Section 132.70 Definition, Characteristics and Incentives, will that in the Policy and Practices Review? Will you provide information about how CMHCs will be determined to meet that criteria? I.e. how will we know we meet the standards of #12?**

A: For #12: Policy review and having evidence of educational materials and/or resources offered to the public and is readily available to the surveyor during the review process.

**21. You stated that rights restrictions are only used in inpatient settings. Does this exclude mental health CILA homes from putting restrictions into place?**

A: For clarification, CILA are certified under Rule 115 not Rule 132. CMHC residential sites are certified under Rule 132.

**22. Is it still a requirement for PSR to provide at minimum one group community support activity (community outing) a week?**

A: PSR as a service is defined in Rule 140. Since Rule 140 is an HFS rule, you will have to refer your question to them.

**23. Where can we find the new PSR requirements in rule 140?**

A: This is a Rule 140 question and therefore should be answered by HFS. You might consider beginning your search here:

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

**24. Is there a requirement that each participant attend a minimum of 20 hrs. of PSR per week?**

A: PSR as a service is defined in Rule 140. Since Rule 140 is an HFS rule, you will have to refer your question to them. For clarification, the only requirements for hours that were part of Rule 132 were the minimum number of hours for program operation.

**25. What if the accrediting body doesn't get back to you? Will I be responsible for all those extra requirements that they cover too? Especially for personnel?**

A: Because each accrediting body's criteria for accreditation is proprietary, IDHS/DMH-BALC and DCFS-IPI cannot exercise anything related to Section 132.120 Deemed Status, until such time as the accrediting bodies provide a crosswalk. All elements will be included as a part of certification review by the CSA until rule element can be determined to be deemed via the crosswalk.

**26. Is there an anticipated time frame for when the move from FFS to value-based payment will occur?**

A: Thank you for your question. At this time, we are unaware of a timeline for the implementation of value-based purchasing.

**27. Is there a training/webinar available on becoming a Medicaid provider certified?**

A: This question is unclear. CMHC who are registered in the IMPACT system are certified to bill Medicaid. The link for the Rule 132 training can be located at:

<http://www.dhs.state.il.us/page.aspx?item=85711>

**28. For minors over the age of 12 years, if the sessions are 60 minutes, can the minor receive a higher number of sessions?**

A: The statute states: Any minor 12 years of age or older may 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. For further information please refer to: [\(405 ILCS 5/Ch. III Art. V-A heading\) ARTICLE V-A. RIGHT OF MINORS TO CONSENT TO COUNSELING SERVICES OR PSYCHOTHERAPY ON AN OUTPATIENT BASIS \(Source: P.A. 100-614, eff. 7-20-18.\) \(405 ILCS 5/3-5A-105\)](#)

**29. The FAQ email address appears to contain outdated information. When will this be updated?**

A: The information is now up to date. Information related to Rule 132 has been updated and is available here: <http://www.dhs.state.il.us/page.aspx?item=85711>

**30. Regarding 132.39, do we have the right to restrict services to someone who has been violent or threatening?**

A: There is no Section 132.39 in Rule 132. Section 132.30 is the section on Clients rights. Please review this section and resubmit any pertinent questions to: [DHS.MH@illinois.gov](mailto:DHS.MH@illinois.gov)

**31. My understanding is that you will be able to be CSP's without an LPHA at each physical location if a waiver is granted. How do we get a waiver for this?**

A: It is believed that you have the CSP and CMHC definitions confused. A CSP has only one discrete physical plant location where services are provided under the direction of an LPHA. For CMHC's, Section 132.80 Personnel and Staffing Requirements requires a) the CMHC to employ a full-time LPHA to over see and direct the clinical functions of the CMHC. 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). There are 6 expectations to obtain the waiver that are defined in this section.

**32. How do we review the Provider Sanction List?**

A: The following link will lead you to the Illinois Provider Sanction List posted by HFS Office of the Inspector General:

<https://www.illinois.gov/hfs/oig/Pages/NewSanctions.aspx>

**33. What is required in the annual review of staff?**

A: It is unclear what section of rule this question is related to. Please provide clarifying information in a request sent to [DHS.MH@illinois.gov](mailto:DHS.MH@illinois.gov)

**34. My understanding is that clinical records are to be destroyed after 7 years, which appears to contradict Section 132.60. Please clarify how to be consistent with both requirements.**

A. There was never a requirement to destroy records within a specific timeframe, but rather the requirement was the minimum amount of time records had to be retained. The current requirement for 10 years is consistent with a change in federal law that requires 10-year record retention.

**35. I'm a for-profit residential how do I become a CMHC Since I can't be a BHC.**

A: CMHC's must be a nonprofit or local government entity. Therefore, as a for-profit residential you cannot be a CMHC.

**36. Can you provide examples or more information about what is meant by some of the CMHC requirements?**

A: This question is vague, please provide more specific questions to [DHS.MH@illinois.gov](mailto:DHS.MH@illinois.gov)

**37. 132.70 b) 8) What does it mean to provide a "safety net" for individuals with SMI/SED who are indigent?**

A: Please refer to Section 132.25 "Definitions" for what is meant by "Safety Net." An entity could consider the following questions when writing their policy statement and practices: Does the entity provide mental health programming for individuals with SMI/SED who are indigent? Does the entity have a sliding scale? Does the entity offer services at no cost or low cost for individuals who don't have funding? Does the entity offer services to assist in applying for entitlements? Does the entity pursue diversified funding streams from the local community or other sources to support its work with people who are indigent?

**38. 132.70 b) 9) What is the State looking for in terms of providing outreach and engagement to individuals in need of MH services?**

A: An entity could consider the following questions when writing their policy statement and practices: Does the entity engage in outreach and engagement activities in their community to identify individuals in need of services? What might these outreach and engagement activities look like? Does the entity have a phone number or website that an individual in need of services can call or look up online?

**39. 132.70 b) 12) Provide education and resources to the public on mental health issues, including suicide prevention and wellness. I guess we are looking to determine if we are doing enough.**

A: The entity, at a minimum, must have a policy statement for how they are defining education and resources, along with a practice for providing the education and resources. To answer the question, are you doing enough: Each community is unique and therefore has unique needs. If you have defined in policy how you are determining the needs and how you are meeting the needs, then you are doing enough.

The following questions were received at the [DHS.MH@Illinois.gov](mailto:DHS.MH@Illinois.gov) email:

**40. I would like to make sure I am interpreting the revised rule 132.55 c) correctly. Per the new personnel requirements for CMHC, we would have to complete annual background checks for all employees, correct?**

A: The language in 132.55 c) states: Annually, at a minimum, comply with all requirements set forth in the Health Care Worker Background Check Act and in the DPH Rules. The requirement that CSP's and CMHC's adhere to Illinois Department of Public Health's rules at 77 Ill. Adm. Code 955 has not changed. It currently requires an annual background check.

**41. Rule 132.55 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. Does this have to be Face-to-Face QMHP involvement or could it be over the phone, via staffings, etc.?**

A: It is up to the entity via policy to define active involvement of the QMHP consistent with 132.55 e).

**42. We have an RN who we have been billing as a QMHP, as she also has a year of clinical experience. It was brought to our attention that the Nurse Practice Act reference in the rule is only regarding Advanced Practice Nurses (NP's). Would this mean that only APN's can bill as a QMHP? Or is this an oversight in the reference to the act and that, yes, an RN is able to bill as a QMHP?**

A: This is a billing question which would infer that you are asking about billing Rule 140 services. Rule 140 is an HFS rule. We have forwarded your question to HFS. However, we believe your question is mixing up the definition of a LPHA (which includes a Licensed Advanced Practice Registered Nurse with a psychiatric specialty) and a QMHP (which includes a registered professional nurse who holds a valid license in the state of practice, is legally authorized under state law or rule to practice as a registered nurse or registered professional nurse, so long as that practice is not in conflict with the Illinois Nurses Practice Act, and has training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training in the treatment of children and adolescents.)

**43. Are we allowed to bill for labs drawn at our office under Rule 132?**

- A. No, Rule 132 does not govern billing for any services. Since this is a billing question, we have forwarded your question to HFS for consideration under Rule 140, the Medicaid services rule.