

**PROCESS FOR A CERTIFIED COMMUNITY MENTAL
HEALTH CENTER (CMHC) SITE MODIFYING
SPECIALTIES AND/OR SUBSPECIALTIES
2019**

AGENCY CONTACT INFORMATION

DHS/DMH: DHS.DMHPProviderAssist@illinois.gov

DHS/BALC: DHS.Rule132BALC@illinois.gov

DCFS/Designee: DCFS.Medicaid@illinois.gov

HFS/PEU: IMPACT.Help@illinois.gov

STEP 1: CMHC SITE MODIFIES ENROLLMENT IN THE IMPACT (ILLINOIS MEDICAID PROGRAM ADVANCED CLOUD TECHNOLOGY) SYSTEM

The CMHC site, modifying their specialties and/or subspecialties, shall access their enrollment in the IMPACT System and modify the enrollment by selecting and completing the following steps on the "Business Process Wizard" screen:

- a. "Specialties" step;
- b. "Complete Modification Checklist" step; and
- c. "Submit Modification Request for Review" step.

To access the IMPACT System, click on the link below:

<https://impact.illinois.gov/>

General 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](tel:1-888-618-8078)

Once the IMPACT modification has been submitted, the entity shall receive a **Request Number** which needs to be retained for future reference.

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.

**STEP 2: ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES/PROVIDER
ENROLLMENT UNIT (HFS/PEU) CONDUCTS REVIEW OF THE SUBMITTED IMPACT MODIFICATION
AND APPROVES OR DENIES**

All submitted IMPACT modifications in reference to the changing of specialties and/or subspecialties shall be reviewed by HFS/PEU staff. HFS/PEU shall approve or deny the modification(s) based upon their set policies and procedures.

STEP 2.1: ENTITY COMPLETES FORM 2 AND A CURRENT W9 FOR THE STATE CONTRACTOR/THE COLLABORATIVE

The entity shall access Form 2 on the [Illinois Department of Human Services \(DHS\)/Division of Mental Health \(DMH\) website](#) or shall contact DHS.DMHPProviderAssist@illinois.gov to request a copy. Any questions in regards to the completion of this form should be addressed to DHS.DMHPProviderAssist@illinois.gov.

For access to a current W9, the following link may be used: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

STEP 2.2: ENTITY SUBMITS FORM 2 AND CURRENT W9

Once Form 2 and the W9 are completed by the entity, the entity shall submit the documents to

DHS.DMHPProviderAssist@illinois.gov so as the State Contractor/The Collaborative may be notified.