

**PROCESS FOR A CERTIFIED COMMUNITY MENTAL HEALTH CENTER
(CMHC) BECOMING A CERTIFIED SPECIALTY PROVIDER (CSP) IN
ACCORDANCE WITH PART 132
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

START WORKFLOW HERE

STEP 1: ENTITY REQUESTS CURRENT ENROLLMENT IN THE IMPACT (ILLINOIS MEDICAID PROGRAM ADVANCED CLOUD TECHNOLOGY) SYSTEM TO BE MADE "IN-ACTIVE/CLOSED"

The entity shall request that the CMHC enrolled in IMPACT be made "In-Active/Closed" by accessing the enrollment in the system and completing the following steps on the "Business Process Wizard" screen:

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

The following link accesses the IMPACT System: <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

Once the IMPACT steps above are completed, 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 1.1 ILLINOIS DEPARTMENT OF HEALTHCARE
AND FAMILY SERVICES/PROVIDER ENROLLMENT
UNIT (HFS/PEU) CLOSURES THE CMHC ENROLLMENT IN
THE IMPACT SYSTEM**

HFS/PEU shall approve the closure of the CMHC site in the IMPACT System.

The site shall electronically receive an IMPACT generated notification regarding the approval of the CMHC site closure.



STEP 2: ENTITY ACCESSES A PART 132 APPLICATION PACKET

The entity shall access a Part 132 Application Packet on the [Illinois Department of Human Services \(DHS\)/Division of Mental Health \(DMH\) 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.

If 50% or more of the funding source for services is from DHS or if funding from both DHS and DCFS (Department of Children and Family Services) 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 entity, if requesting the Part 132 Application Packet in writing or by email, shall indicate on the request the following:

Entities Name, General Mailing Address, General Email Address and General Telephone Number

Primary Contact Name/Title, Primary Contact Mailing Address, Primary Contact Email Address and Primary Contact Telephone Number

Federal Employee Identification Number (FEIN)

Population being served (by zip code and/or county)

If/if not fire clearance has been achieved by the Office of the State Fire Marshal

If/if not inspection has been completed for compliance with local and/or county building requirements/ordinances

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 and a listing of policies/procedures to submit for review. In addition, information (Form 2, "REQUEST FOR CHANGE TO DHS/DMH PROVIDER RECORD - SITE LOCATION INFORMATION") required by the DHS State Contractor/The Collaborative shall be part of this packet and will need to be completed and returned with all the other required 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 and Form 2 to their respective CSAs email address as listed on the Part 132 Application 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:

- Entities having questions in regards to the completion of Form 2 required by the DHS State Contractor/The Collaborative shall address these questions to DHS.DMHPProviderAssist@illinois.gov .
- Entities having questions in regards to the Part 132 Application Packet (excluding 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.
- Entities having questions in regards to the Part 132 Application Packet (excluding 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:

- a. review, within 30 calendar days of receipt of the packet, the submitted documents excluding Form 2, to validate compliance with Part 132 requirements as well as to ensure that the program is operating in accordance with best practice; and
- b. issue a **Notice of Violation** via email to the entity **if** a determination is made that the documents submitted fail to meet Part 132 requirements and/or best practice; and

An entity receiving a Notice of Violation shall have 30 calendar days to remedy/address 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 CSP enrollment request during the enrollment process shall notify their respective CSA.



STEP 5: PROVISIONAL CERTIFICATE ISSUED BY DHS/BALC OR DCFS/DESIGNEE

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

- a. approval of the sites Part 132 Application Packet by DHS/BALC or DCFS/Designee; and
- b. receipt of documentation evidencing compliance with the fire clearance requirements as outlined in Part 132 Section 132.65.

NOTE: Work flow assumes that the CSP site is the same site as to where the CMHC site was operational and thus fire clearance having already been achieved. If this is not the case, fire clearance will need to be validated at the new proposed CSP site to ensure compliance with Part 132 Section 132.65. 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.

The Provisional Certificate shall allow for the operation of the CSP site effective with the date indicated on the certificate. DHS/BALC or DCFS/Designee shall forward to the site 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.

STEP 5.1: DHS/DMH NOTIFIES THE RESPECTIVE REGIONAL DIRECTOR REGARDING THE ISSUING OF A PROVISIONAL CERTIFICATE

All Provisional Certificates received by DHS/DMH shall electronically be forwarded to the respective Regional Director and to any other party so designated by DHS/DMH.

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





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 CSP site will or will not be granted an extension to their Provisional Certification date.

STEP 6: 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 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).

NOTE: If an entity should not successfully achieve Full Certification following a Provisional Certificate having been issued, a *Notice of Violation* shall be issued to the site 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 further information.



STEP 6.1: DHS/DMH NOTIFIES THE RESPECTIVE REGIONAL DIRECTOR REGARDING THE ISSUING OF A FULL CERTIFICATE

All Full Certificates received by DHS/DMH shall electronically be forwarded to the respective Regional Director and to any other party so designated by DHS/DMH.

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