

MEDICAID COMMUNITY MENTAL HEALTH SERVICES PROGRAM  
GUIDELINES, INSTRUCTIONS AND CHECKLIST  
Effective August 20, 2023

Provider

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Date of Review

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**Type of Review:**

- Initial Certification for a Provisional Certificate 132.95  
 Initial On-site Certification 132.100  
 Retention of Certification 132.105

**Certifying Agency:**

- \_\_\_\_\_ DHS  
\_\_\_\_\_ DCFS

**Agency Accredited**

- Yes  
 No

**Accrediting Organization**

- By: \_\_\_\_\_  
Type: \_\_\_\_\_  
Renewal Date: \_\_\_\_\_  
Date sent to DHS/DCFS: \_\_\_\_\_

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**Client Records Reviewed (Initials and/or last four SSN)**

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**LPHA Records Reviewed**

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**QMHP Records Reviewed**

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**MEDICAID COMMUNITY MENTAL HEALTH SERVICES PROGRAM  
CSP and CMHC GUIDELINES, INSTRUCTIONS AND CHECKLIST  
Effective February 18, 2022**

Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Scoring Y/N/NA
<b>Section 132.30 Client Rights</b>			
	<p>To assure that a client's rights are protected and that all services provided to clients comply with the law, all providers under this Part shall ensure that:</p> <p>a) A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].</p> <p>b) The right of a client to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act and the federal Health Insurance Portability and Accountability Act of 1996.</p> <p>c) Staff shall inform the client upon intake and annually of the following:</p> <ol style="list-style-type: none"> <li>1) The rights in accordance with subsections a) and b);</li> <li>2) The right to contact the Illinois Guardianship and Advocacy Commission and Equip for Equality, Inc. The provider shall offer assistance to a client in contacting these groups, giving each client the address and telephone number of the Guardianship and Advocacy Commission and Equip for Equality, Inc;</li> <li>3) The right to be free from abuse, neglect, and exploitation;</li> <li>4) The right to be provided mental health services in the least restrictive setting;</li> </ol>	<p><u>G: This section is for having a compliant policy.</u></p> <p>I: The policy must include a reference to Chapter 2 of the Mental Health and Development Disabilities Code, Confidentiality Act and HIPAA.</p>	

Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Scoring Y/N/NA
	<p>5) The client's right or the guardian's right to present grievances up to and including the provider's Executive Director or comparable position. The client or guardian will be informed of how his or her grievances will be handled at the provider level. A record of, and the response to, those grievances shall be maintained by the provider. The Executive Director's decision on the grievance shall constitute a final administrative decision (except when the decisions are reviewable by the provider's governing board, in which case the governing board's decision is the final authority at the provider level);</p> <p>6) The right not to have services reduced, denied, suspended or terminated for exercising any rights;</p> <p>7) The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances;</p> <p>8) The right to have disabilities accommodated as required by the Americans With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5]; and,</p> <p>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.</p>	<p>Scored above</p>	



Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Scoring Y/N/NA
		<p>G: This section is for having a compliant document(s) in the client record.</p> <p>G: If the written document(s) does not specifically reference Chapter 2, all the rights enumerated in Chapter 2 must be included in the documents(s).</p> <p>G: The written document(s) must specifically reference the Confidentiality Act and HIPPA.</p> <p>G: The written document(s) must specifically reference components of Section 132.30(c).</p> <p>G: If the client record only contains a signature page for the staff who explained the rights, the signature page must reference the clients' rights version that was explained. If the version explained was not fully compliant, cite that here.</p>	
	<p>d) The sharing of information consistent with this Section shall be communicated in a language or a method of communication that the client understands.</p> <p>Documentation that this information was shared in that manner shall be noted in the clinical record.</p>	<p>G: To ensure implementation of the policy, there must be a signed and dated statement by the staff person attesting to having explained the clients' rights document to the client and to his or her belief that they were understood. There must be written evidence that these rights were explained at intake.</p>	
		<p>G: To ensure implementation of the policy, for annual compare the previous date of client rights explanation to the date of the most recent client rights explanation.</p>	
<b>Section 132.45 General Requirements</b>			
	<p>a) The CSP shall operate in a manner compliant with all applicable State and federal laws, regulations, and adopted policies and procedures.</p>	<p>I: This item is not scored. However, the state agency can note and take action based on evidence of non-compliance with applicable laws, regulations and procedures.</p>	

Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Scoring Y/N/NA
	<p>b) The CSP shall establish and maintain policies and procedures to be used by all CSP staff in the administration of programs and the delivery of services from any CSP site or location.</p>	<p>G: The operating policies and procedures must describe how the provider operates its programs and delivers services. Ensure that all staff have access to policies and procedures.  I: Review policies and procedures which guide staff in the administration of programs. Ensure there is a policy for eligibility determination, enrollment, and release from care.  I: Review how information is distributed to staff, how the outcome of policies and procedures are monitored, and how often policy/procedures are evaluated and updated.</p>	
<b>Section 132.50 Quality Systems Requirements</b>			
	<p>a) 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.</p>	<p>G: Review policy for continuous quality improvement. Must see reports demonstrating an active implementation of the quality improvement system.  I: The policies MAY include things such as: The purpose of improving the quality and effectiveness of care by identifying problems/areas of need/ and client outcomes; implementation and monitoring actions to address problems/needs/client outcomes; customer satisfaction; a Continuous Quality Improvement (CQI) committee comprised of a multi-disciplinary team; how often CQI committee meets; CQI committee meeting minutes; and/or evidence that the provider is engaging in a process that examines the effectiveness of programs and continues to ensure improved outcomes for clients.  I: Review any data and reports that support the policies.  I: Must review written policy on providing services to clients in the least restrictive setting possible.</p>	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	b) 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.	G: Review policy for Utilization Review. Must see reports demonstrating an active utilization review plan	
	c) The CSP shall establish and maintain a system for obtaining feedback from individuals served and community stakeholders.	G: Review policy for obtaining feedback. I: Review any documentation and results of the system the entity uses to obtain feedback. System must address both individuals served and community stakeholders.	
<b>Section 132.55 Personnel and Staffing Requirements</b>			
	<p>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 duties and qualifications for all positions, including volunteers, interns and unpaid personnel.</p> <ol style="list-style-type: none"> <li>1) Documentation of current education, experience, licensure and certification;</li> <li>2) Employment status of the individual (e.g., hire date, employee/contractor termination date, etc.)</li> <li>3) Review of individual employee's performance within the last 12 months; and</li> <li>4) Documentation of training and continuing education units, as applicable.</li> </ol>	<p>G: Review policy manual. Must include all policies specifically addressed in Rule.</p> <p>I: The provider must show personnel record(s) that covers all of the elements.</p> <p>I: If job descriptions are in the personnel files, review them individually for the staff chosen for personnel record review. If they are not in personnel records ask how they are kept and ensure that the provider does have written job descriptions and that it includes interns and volunteers when applicable.</p> <p>I: Select staff names. These will be staff from the list received from the provider. If you have interns and/or volunteers, please obtain a list of those individuals as well. Utilize Sampling Guidelines to determine number of files to review.</p>	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	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:	Scored below	
	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.	G: Must see a copy of the Health Care Worker Registry search as outlined in 77 Ill. Adm. Code 955.220(c). I: Review the same staff records chosen above.	
	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.	I: If any of the staff reviewed were NOT active in the Registry, there must be evidence in the personnel record that the provider initiated a Background Check for the staff member and that the Background Check cleared before the staff member was hired or allowed to work alone with clients. Also includes DCFS CANTS Clearance, Illinois Sex Offender Clearance G: For DCFS providers, this will be the background check through DCFS. Also includes CANTS or SACWIS Clearance, Illinois Sex Offender Clearance	
	3) Reviewing the Provider Sanctions List, provided by the HFS Office of Inspector (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.	G: Must see a copy of the HFS-OIG Sanctions search (it will be a screen shot of a spreadsheet that is on the website). I: Ask if the provider contracts with other agencies. If they do, ask to see documentation that they checked the HFS-OIG list for sanctions.	
	c) Annually, at a minimum, comply with all requirements set forth in the Health Care Worker Background Check Act and DPH rules.	G: CANTS or SACWIS as applicable, Illinois Sex Offender Registry Clearance, and Health Care Worker Registry search.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	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.	G: Review policy	
		G: To ensure implementation of the policy, review assessment and treatment plans for LPHA signature. Review previous three years. I: Beginning 2/1/2019 this will be the IATP for providers of Medicaid services and should include initial, updates and full reassessments. For CSP non-Medicaid providers review what they consider their assessment and individual treatment plan.	
	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 by teleconference and videoconference. All treatment staff must have access to a QMHP who is available for immediate consultation and supervision of treatment services.	G: Review supervision policy. I: Ask entity how they ensure the availability of the QMHP and the process regarding staff accessibility to QMHP. Ask to see any supporting documentation.	
	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) QMHP's must be supervised by an LPHA. MHPs and RSAs must be supervised by, at a minimum, a QMHP.	G: Review supervision I: Ensure one hour per month for the previous 12 months with the correct level of supervisor.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
<b>Section 132.60 Recordkeeping</b>			
	a) The CSP shall maintain records, including but not limited to the following: 1) Clinical Records; 2) Service billing files; 3) Organizational records, including policies and procedures; 4) Personnel records; and 5) All other documents required in this Part.	G: Ensure organization records, policies and procedures are present. G: Ensure personnel records are kept confidential.	
	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.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	c) Required records shall be readily available for inspection, audit and copying during normal business hours by personnel representing the CSA, the public payer, HFS, CMMS, or US Department of Health and Human Services, as applicable	G: The provider must show its policies, procedures or practices indicating compliance with this requirement. I: Ensure all records needed for the review are available.	
	d) The compilation, storage of, and accessibility to records, including electronic records, shall be governed by written policies and procedures, in accordance with the Confidentiality Act, HIPAA, HITECH, and all other applicable State and federal laws.	G: The policies and procedures must reference the Confidentiality Act, HIPAA and HITECH.	
	e) Clinical records and other client information, regardless of format, shall be secured from theft, loss or fire.	I: During the site walk-through, observe the provider's methods for securing clinical records and other client information. If the provider stores these materials at an uncertified site, ask the provider for its policies, procedures, or a description of practices indicating how security is maintained for those materials.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	<p>f) Electronic or digital signature of records is acceptable when the CSP has established the necessary policies and procedures to:</p> <ol style="list-style-type: none"> <li>1) safeguard the issuance and identity of users;</li> <li>2) ensure uniqueness in issuance of signature;</li> <li>3) regularly review the usage of signatures;</li> <li>4) ensure adequate safeguards within the system upon application of signature to documents; and</li> <li>5) audit users to remove unnecessary, unused, and abuses on a regular frequency.</li> </ol>	<p>G: Policies and procedures indicating compliance with this requirement must be present.</p>	
<b>Section 132.65 Physical Plant Location Requirements</b>			
	<p>a) At a minimum, a CSP shall have a single discrete physical location, owned, leased or controlled by the entity seeking certification.</p>		
	<p>b) All additional locations where treatment services occur, if owned, leased or controlled by the CSP, must be certified. Locations meeting the definition of natural settings do not need to be certified.</p>	<p>G: A CSP only has one site. If an agency with multiple sites wants to be a CSP, they will be considered separate CSP entities.</p>	
	<p>c) All locations must meet the following physical plant requirements for certification:</p> <ol style="list-style-type: none"> <li>1) Provide a safe, functional, sanitary and comfortable environment for clients and staff that is conducive to the provision of behavioral health services.</li> </ol>	<p>Scored below</p>	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	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;	G: Each site must have policies and procedures specific to the site for each of the items for this to be a yes. I: For CMHCs will ask for the Emergency Preparedness Plan based on 42 CFR 485.920 I: For CSPs plans must indicate staff safety plans and continued operations should a disaster happen. Disasters include, but are not limited to tornadoes, earthquakes, floods, etc. I: Look for the evacuation plan to be posted at each 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 the employees and the populations being served;	G: Each site must have policies and procedures specific to the site that includes all items to the left for this to be a yes. G: Walk through site for review.	
	2) Meet health and safety standards and State health care occupancy regulations as applicable;	G: Ask to see the occupancy certificate.	
	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 providers sites due to physical inaccessibility;	G: The provider must produce a written policy that indicates that reasonable accommodations due to physical inaccessibility will be made to allow all clients access to services.	
	4) Be in compliance with approved State and local building and fire ordinances and codes as follows: A) Fire safety in accordance with rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100. B) Building requirements in compliance with the uniform or national building code adopted by local or county ordinance.	G: For all sites, the provider must have a copy of a clearance letter, less than 24 months old, from the OSFM or from local fire authority noting compliance with NFPA 101, Life Safety Code. G: Building requirements are the responsibility of county and/or local authorities - ask for proof that county and/or local building requirements have been met (could be a certificate).	



**MEDICAID COMMUNITY MENTAL HEALTH SERVICES PROGRAM  
CMHC ONLY GUIDELINES, INSTRUCTIONS AND CHECKLIST  
Effective February 18, 2022**

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
<b>Section 132.70 Definition, Characteristics and Incentives</b>			
	a) Certified Comprehensive Community Mental Health Centers... must be nonprofit or local government entities.	G: The provider must show documentation that they meet one of these standards.	
	b) CMHC's 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.	G: These are assessed in the CSP section.	
	2) Operate within a system of care that provides treatment, habilitation and support services.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	3) Provide a comprehensive strengths-based array of mental health services within an identified geographic service area.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	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.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	5) Serve individuals who have complex needs as a result of child welfare, justice or multisystem involvement, medical co-morbidity, homelessness, dual disorders, etc.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	6) Ensure the connectability of services in the service area for individuals across the life span.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	7) Provide services in the client's natural settings.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	8) Provide a safety net for individuals with SMI/SED who are indigent.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	9) Provide outreach and engagement to individuals in need of mental health services.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	10) Provide evidence-based and evidence-informed developmentally appropriate practices in a proficient manner.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	11) Provide for a screening prior to referral to a more intensive level of care.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	12) Provide education and resources to the public on mental health issues, including suicide prevention and wellness.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	13) Prioritize principles of recovery, system of care, trauma informed care, and culturally relevant practices.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
	14) Provide access or linkage to psychiatric services and other health and social services.	G: The provider must show its policies, procedures or practices indicating compliance with this requirement.	
<b>Section 132.75 General Requirements</b>			
	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.	Scored below	
	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 reductions of the utilization of institutional levels of care.	G: The provider must show its policies and procedures indicating compliance with this requirement.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	2) Policies detailing how clients will actively participate in the development, planning and oversight of programs and services.	G: The provider must show its policies and procedures indicating compliance with this requirement. G: This pertains to client involvement in agency development and planning of program/services <b>NOT</b> the individual's personal 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.	G: The provider must show its policies and procedures indicating how they link with substance abuse providers if not licensed to provide those services.	
	4) Policies and procedures to ensure SAMSHA's principles of trauma informed approaches are embedded into the organizational structures and clinical practices of the CMHC.	G: The provider must show its policies and procedures reflecting SAMSHA's principles of trauma informed approaches.	
	b) Ensure the availability of services that are culturally and linguistically appropriate and responsive to the needs of clients served, including but not limited to children/youth, military families, those in the criminal justice system, and the LGBTQ population.	G: The provider must show its policies and procedures indicating compliance with this requirement.	
	c) Ensure the availability of and/or linkage to a psychiatric resource for the purpose of consultation, evaluation, prescription and management of medication as needed by clients served by the CMHC. This may be secured through various arrangements, including but not limited to employment, contractual relationship, or mutual agreement.	G: Ask how they ensure the availability and/or linkage to a psychiatric resource. If psychiatrist is an employee, review personnel records to ensure proper licensure. If psychiatrist is through other arrangements, such as contractual, ask to see the contract and/or linkage agreement.	

			Scoring
Deemed	STANDARD	GUIDELINES AND INSTRUCTIONS	Y/N/NA
	d) Identify a specific geographic service area in which the CMHC will operate and organize the delivery of services and programs and provide interventions to clients.	G: The provider must show its policies and procedures indicating compliance with this requirement. The documents must include the geographic service areas the entity covers.	
	e) Maintain insurance against professional and physical liabilities.	G: The provider must show a certificate or set of certificates demonstrating that the provider is insured for professional and physical liabilities	
	f) Ensure the estimated incidence and prevalence of serious mental illness and severe emotional disturbance are collected. Providers must participate in DHS-DMH surveys to collect data to meet federal reporting requirements via registration information and/or ad hoc surveys.	G: The provider must show its policies and procedures in regard to collecting data which indicates compliance with this requirement.	
<b>Section 132.80 Personnel and Staffing Requirements</b>			
	a) Employ a full-time LPHA to oversee and direct the clinical functions of the CMHC;	G: This will be N/A if they do not have a full-time LPHA and will be addressed in c) below.	
	b) Maintain staff with training and credentialing to provide interdisciplinary person-centered care, evidence based/informed practices, developmentally appropriate trauma informed care, and culturally and linguistically responsive services.	G: The provider must show its policies and procedures indicating compliance with this requirement. I: Ask provider to explain implementation process.	
	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).	G: If the provider does not have a full-time LPHA, the provider must provide the document they received granting the waiver.	