Assessment of Opportunities to Enhance Deemed Status: A Crosswalk of Administrative Rules to Accreditation Standards

Prepared for the Illinois Dept. of Human Services/Division of Mental Health

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Contents

CONTENTS 2

PURPOSE 3

METHODOLOGY 4

FINDINGS 5

SUMMARY GRIDS 7

RULE 103 8

RULE 115 12

RULE 125 37

RULE 132 49

RULE 135 63

Purpose

Illinois, like most states, is experiencing budget pressures. Behavioral health providers have received cuts and will likely have more in the coming years. Because of these financial pressures and the administrative burden, providers have been pressuring the state to make accreditation optional instead of mandatory, and to decrease redundancy between various state certifications/audits and accreditation by increasing areas that are included in deemed status.

In response, DHS/DMH asked Parker Dennison and Associates (*Parker Dennison*) to coordinate an update to crosswalks between various accreditation standards and Rules 103, 115, 125, 132 and 135. Under DHS/DMH direction, *Parker Dennison* sought participation by The Joint Commission (TJC), The Council on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), the Council on Quality Leadership (CQL) and the Healthcare Facilities Accreditation Program (HFAP) to crosswalk each of their applicable standards to the Rules. DHS/DMH asked *Parker Dennison* to: 1) provide coordination of each participating accrediting organization's crosswalk process to ensure consistency of review, 2) summarize results, and 3) offer preliminary recommendations to DHS/DMH regarding opportunities for changes in the specific elements of these Rules that may be deemed as a result of a provider's accreditation. Additionally, DHS/DMH will be seeking feedback from each accrediting organization regarding their benchmarks for thresholds for agency budget/contract size above which accreditation cost-benefit becomes reasonable.

Changes to deemed status elements would require a change to Rules and therefore will be subject to inter-departmental negotiations and the established Rule making process. Accordingly, any resulting changes to deemed status will likely not be ready to go into effect until FY10.

Methodology

Parker Dennison contacted accrediting bodies to seek cooperation in completing a crosswalk between their standards for accreditation and selected Illinois rules. Once the accrediting body had agreed to participate, they were sent a copy of the rules in a crosswalk grid and asked to place any pertinent accreditation standards for each rule into the grid. They were also asked to make copies of their accrediting standards available to DHS/DMH for verification and clarification. Each accrediting body then completed the grids and returned them, where they were compiled into a comprehensive crosswalk for each Rule.

Included Rules were 103, 115, 125, 132, and 135.

Accrediting bodies invited to participate were:

- The Council on Accreditation (COA)
- The Council on Quality and Leadership (CQL)
- Council on Accreditation of Rehabilitation Facilities (CARF)
- Healthcare Facilities Accreditation Program (HFAP)
- The Joint Commission (TJC)

All invited agencies completed the process. CARF completed the grid for both its Behavioral Health Accreditation and for its Supported Employment and Community Support Accreditation. HFAP completed the process only for Rule 115 (CILA) and provided information about both their Hospital standards and their Community Mental Health Standards.

Following receipt of all the crosswalks, the accrediting standards were compared to the Rules. Each standard was judged to ether meet or not meet the Rule. In order to be judged as meeting the rule, the standard had to explicitly meet or exceed the language of the Rule. The guiding principle was whether the State could be confident that an accredited agency would meet or exceed the audit standard based only on the Rule. Unclear, global, or nonspecific accreditation standards were considered as not meeting the Rule.

Source documents from each accrediting body and detailed analysis grids were provided electronically to DHS/DMH under separate cover.

Findings

1. **Organizational Scope**—Accrediting bodies have moved in different directions as to the universality of their standards. The Joint Commission uses a unified set of standards for providers. The Council on Accreditation has specific standards by type of service (such as Case Management; Counseling Support and Education; Crisis Response; Group Living; Outpatient Mental Health Services; Psychosocial Rehabilitation Services; Residential Treatment Services; Substance Use Services; and Vocational Rehabilitation), each of which has a separate set of standards. To make this task manageable, COA predominantly chose the standards relating to psychosocial rehabilitation, case management, and outpatient mental health. So a "Meets standards" check from COA might only refer to one type of service, and a COA-accredited agency might not be accredited for that particular service.

2. **Specificity**—Many of the accrediting standards are less specific than the Rule language. For example, the Rule might say: "Providers have a policy that says that the waiting room is painted yellow or green." The related accreditation standard will say: "Providers develop a policy relative to paint color for the waiting room and follow it." So while the categories of the Rule and the accreditation standards are closely correlated, the detail and specificity of each differ significantly. Unless the standard explicitly included all requirements cited in the Rule, that standard was judged as "not meeting" the Rule.

3. **Global**—A frequent response from the Accrediting Bodies was that a specific rule area was covered by virtue of the fact that there was an accrediting standard that "the provider follow all applicable federal, state and local laws." In all cases on the rating checklist, this was rated as a "Does not meet" response, as the State cannot be assured that the accrediting agency would pull the applicable statures and review against them.

4. **Subject of Rule**—Some of the Rule sections focus on requirements for DHS/DMH, DHS employees, or other state agencies. These Rule sections were not applicable for accrediting bodies to survey providers. Therefore, in all cases where the subject of Rule was not the provider, the rating was "Does not meet/not applicable." This was a predominant finding in Rules 103, 125, and 135.

5. **Relationship of Standards to Certification Procedure**—The current certification procedure is built around compliance with the specific Rule components. There is a wide gap between the Accrediting Standards and the specificity of the Rules, leaving little congruence between the two different processes. This review indicates a shrinking convergence, resulting in the possibility of fewer items being deemed for certification based on accreditation.

6. **Budget Size Thresholds**—None of the accrediting bodies had information on financial/contract standards for requiring accreditation in other states.

Summary Grids

The findings are organized into summary grids for Rules 103, 115, 125, 132, and 135. Each grid contains a column for each accrediting body. Within each cell, there will be a mark indicating whether or not that Rule is met or exceeded by that Accrediting Body. The grids are designed for easy visual recognition of response patterns.

Grid Key

✖ Item does not meet deemed status

✔ Item does meet deemed status

★ Item is currently deemed according to Rule

Rule 103

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 103, GRANTS							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
103.20 Geographic service area	Agency plans shall be developed, presented, and reviewed in the context of the needs and resources within the geographic service area(s) to be served. The objectives stated in the plan shall be integrated into the development of the objectives of a community-based delivery system which is serving individuals through services or a network of services.		✖	✖	✖	✖	✖
	a) The agency shall define and describe the specific geographic area to be served by each program. Agencies are required to provide services in the grant-funded programs, up to the program's capacity and capability, for individuals in the target group who need such services.		✖	✖	✖	✖	✖
	b) All persons requesting services from any Department-funded agency shall receive a preliminary evaluation and be provided with immediate crisis intervention, if needed, regardless of their home area. The agency receiving the request for services shall, if funded for these services, provide the services. If the agency is not funded to provide these services, an immediate referral shall be made to an agency nearby which is funded to provide such services. The agency receiving the referral shall, then, provide the services as requested. Pursuant to the individual's consent in accordance with the Confidentiality Act, linkage to the individual's home area must be undertaken with an agency most suitable for responding to the individual's treatment and training needs.		✖	✖	✖	✖	✖
	c) Agencies receiving federal Community Mental Health Services (CMHS) Block Grant funds (42 U.S.C.A. 300x et seq. (1996), Subpart I and III, Part B, Title XIX, Public Health Services Act, 45 CFR 96 (1996)) through State financing shall assure that individuals admitted to Department facilities are screened and determined appropriate for that level of care or provide other treatment alternatives within the local community.		✔	✔	✖	✔	✔
103.50 General program requirements	Agencies funded by the Department shall meet the following general program requirements for all funded services: a) Service setting. Services shall be provided in the setting most appropriate to the needs of the individual. This may include the individual's home, the agency, or the community. All settings shall be used innovatively in order to reach the target populations.		✖	✖	✖	✖	✖
	b) Recordkeeping 1) Cumulative case records including an individualized service plan shall be maintained for each person.		✔	✔	✔	✖	✔
	2) The individualized service plan shall state the goals for each individual. The individual shall be afforded the opportunity and encouraged to participate in goal/objective selection. Goals/objectives shall include timeframes specified by the agency's professional staff, in consultation with the individual and relevant "Individualized service plan", as used herein, refers to and is equivalent to "individual treatment plan" and "individual habilitation plan".		✔	✔	✖	✔	✔
	c) Behavior management and human rights review Each agency is required to establish or ensure a process for the periodic review of behavior intervention and human rights issues involved in the individual's treatment and/or habilitation. Agencies required to have behavior intervention and human rights review policies and procedures under licensure or certification standards shall continue to comply with those standards.		✔	✔	✖	✔	✔
	d) Abuse and neglect Each agency shall have and use a process for reporting and handling instances of abuse and neglect in accordance with applicable standards,		✔	✔	✔	✔	✔

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 103, GRANTS							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	regulations and laws.						
	e) Admission to programming 1) Grant agencies shall not discriminate in the admission to and provision of needed services to individuals on the basis of race, color, sex, religion, national origin, ancestry, or disability.		✘	✘	✘	✘	✘
	2) Admission policies and procedures shall be set forth in writing and be available for review.		✔	✘	✘	✔	✔
	f) Compliance with life safety standards and requirements All program facilities shall be in compliance with applicable State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.		✔	✔	✘	✘	✘
	g) Personnel requirements 1) A licensed physician (MD or DO) shall assume medical and legal responsibility for medical services offered in any program, including prescription of medications.		✘	✔	✘	✘	✘
	2) All services shall be provided by appropriately trained staff, operating under the supervision of qualified clinical professionals		✔	✘	✘	✘	✘
	h) Mandated services 1) Mandated services shall be provided according to the requirements as stated in the Department's rules at 59 Ill. Adm. Code 125, Recipient Discharge/Linkage/Aftercare. 2) The Department shall monitor the provision of mandated follow-up monitoring services as outlined in 59 Ill. Adm. Code 125.		✘	✘	✘	✘	✘
	i) Utilization review Utilization review is the ongoing review of services delivered, their intensity and their duration, to determine adherence to generally accepted guidelines or standards regarding the individual's assessment, eligibility for service and appropriateness of services rendered. Agencies shall engage in a utilization review process for all program services.		✘	✘	✘	✔	✘
	J) Compliance with 89 Ill. Adm. Code 509 Each agency shall comply with the Department of Human Services Fiscal/Administrative Recordkeeping and Requirements (89 Ill. Adm. Code 509).		✘	✘	✘	✘	✘
103.70 Special organization	a) Comprehensive community mental health centers 1) As a part of the Public Health Services Act, Title XIX, Part B (42 U.S.C.A. 300x (1996)) the CMHS Block Grant funds services provided to persons with mental illness by comprehensive community mental health centers.		✘	✘		✘	✘
	2) Comprehensive community mental health centers receiving CMHS funds shall provide specialized outpatient services, 24-hour a day emergency care, day treatment or other partial hospitalization, screening to determine the appropriateness of admissions to State mental health		✘	✘		✘	✘

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 103, GRANTS							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	facilities and consultation and education services. Agencies receiving block grant funds shall also provide services to individuals residing in a defined geographic area, with special attention to persons with severe and persistent mental illness, regardless of ability to pay, current or past health condition, or any other factor. These services shall be available and accessible promptly and in a manner which preserves human dignity and assures continuity and high quality care.						
	3) CMHS Block Grant funds shall not be used to: provide inpatient services; purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; satisfy any requirements for the expenditures of non-federal funds as a condition for the receipt of federal funds; provide financial assistance to any entity other than a public or nonprofit private entity; or make cash payments to intended individuals.		✖	✖		✖	✖
	b) Community mental health (708) boards 1) As required by the Community Mental Health Act [405 ILCS 20], community mental health boards (708) shall develop and submit a comprehensive plan for mental health and developmental disabilities programs in their geographic area by October 1 of each year for the ensuing 12-month and 3-year periods. Such plans shall be submitted annually for the ensuing 12 months to the Department.		✖	✖		✖	✖
	2) When there is more than one 708 board within the geographic service area, the Department encourages the development of a single plan and a single delivery system for the entire geographic service area.		✖	✖		✖	✖
	3) Pursuant to Section 3e(h) of the Community Mental Health Act, the Department will not make grant awards without consideration to the review and comments submitted by the 708 boards		✖	✖		✖	✖
	4) Programs operated by a 708 board are eligible for grant funding for no more than two fiscal years and must fully meet the requirements of this Part.		✖	✖		✖	✖
	5) The Department will not participate in the costs of a 708 board which are attributable to the administration of local funds, duties and responsibilities. However, the Department may participate in the administrative costs of a 708 board which are directly attributable to the cost of administering Departmental duties and responsibilities.		✖	✖		✖	✖
	6) Authorized agency representatives and staff of agencies funded by both 708 boards and the Department may not serve concurrently as a member or as staff of the 708 board. Individual exceptions to this provision must be justified in writing and require the written approval of the Secretary. Reasons for exceptions may include but are not necessarily limited to rural areas with limited numbers of mental health professionals.		✔	✖		✖	✖
	c) Public health departments 1) County, multiple county, and municipal public health departments established by either referendum or resolution have the option to provide mental health and developmental disabilities services (see the Department of Public Health's rules at 77 Ill. Adm. Code 615 (Local Health Departments Program Standards Code)). Those public health departments which opt to provide these services are eligible agencies for grant funds, whether they provide services directly or by contract with existing providers of services (either within or outside the geographic service area).		✖	✖		✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 103, GRANTS							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	2) Administrative costs of non-Department funded programs within a public health department are not eligible for funding by the Department.		✖	✖		✖	✖
	3) A mental health and developmental disabilities services advisory committee must be appointed by the health department board.		✖	✖		✖	✖
103.80 Monitoring and evaluation	The agency shall agree to participate in a monitoring and evaluation system as described in the grant agreement. a) Evaluation methodologies Agencies shall develop evaluation methodologies that address the issues of the effective and efficient use of program resources; for example, quality assurance, utilization review, and professional services review organization. The agency shall also provide documentation of the implementation of these evaluation methodologies and demonstrate how the information gained through evaluation efforts is used in the planning process. The Department shall review and provide consultation in this evaluation effort.		✔	✔	✔	✔	✔
	b) Monitoring Monitoring is the review of the agency's compliance with contractual obligations, applicable administrative rules and legislation and insuring that Departmental funds are spent appropriately for services as specified in the grant agreement. Monitoring may include desk review and site review of agency performance.		✖	✖	✖	✖	✖
	c) Performance indicators Performance indicators shall be established for each agency as a part of the annual grant negotiation process. Performance indicator data shall be routinely distributed to the agency as part of the monitoring process. Previous data on performance indicators shall be included in this distribution to allow for analysis of change in functioning over time.		✖	✖	✖	✖	✖
103.120 Audits	a) Each agency receiving a grant from the Department shall have an annual independent audit as of the close of its fiscal year. This audit shall be performed in accordance with Section 89 Ill. Adm. Code 507.		✖	✔ [1]	✖	✔	✔
103.210 Reallocation	Reallocation of funds Agencies may transfer funds between programs within the agency plan guidelines distributed by the Department. Agencies desiring to reallocate funds in excess of agency plan guidelines must request this reallocation in writing prior to the expiration of the grant agreement. Authorization to transfer these funds within the agency plan guidelines distributed by the Department will be allowable, with justification, unless the Department indicates to the contrary within 30 days after notification. The agency must request this reallocation by registered mail prior to the end of the fiscal year.		✖	✖	✖	✖	✖

[1] Only for agencies with a budget > $500,000.

Rule 115

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
115.200 Description	a) A community-integrated living arrangement (CILA) is a living arrangement which promotes residential stability for an individual who resides in his or her own home, in a home shared with others, or in the natural family home and who is provided with an array of services to meet his or her needs. The individual or guardian actively participates in choosing an array of services and in choosing a home from among those living arrangements available to the general public and/or housing owned or leased by an agency. If, over time, less intensive services are needed, the service array shall be changed rather than requiring the individual to move to a different setting unless specific services as funded and provided are no longer needed. If, over time, the individual needs more intensive services, the agency will make a reasonable effort to modify the service array rather than requiring the individual to move to a different setting. The services must continue to be able to be provided within the scope and resources of the CILA program. The individual may remain in his or her own home. Once accepted for service by an agency, termination of services may only occur by voluntary withdrawal of the individual or resulting from the recommendation of the interdisciplinary process and based on the criteria contained in Section 115.215.		✖	✖	✖	✖	✖	✖
	b) Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular type or level of disability (e.g., an agency that serves only individuals with autism) and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability. No otherwise qualified persons shall be denied placement in a CILA solely on the basis of his or her physical disability. The CILA agency or service provider associated with such agency must provide a reasonable accommodation for such persons, unless the accommodation can be documented to cause the agency or other service provider an undue hardship or overly burdensome expense.		✖	✖	✖	✖	✖	✖
	c) Services shall be oriented to the individual and shall be designed to meet the needs of the individual with input and participation of his or her family as appropriate. Individuals are recognized as persons with basic human needs, aspirations, desires and feelings and are citizens of a community with all rights, privileges, opportunities and responsibilities accorded other citizens. Only secondarily are they individuals who have a mental disability.		✔	✔	✖	✖	✔	✔
	d) Based on their needs, individuals shall receive supervision and supportive services which may range from continuous to intermittent. CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process.		✖	✖	✖	✖	✖	✖
	e) The agency shall request in writing to the Department for approval to change the staffing model from the one funded and in use, e.g., from shift staff to foster family home, from foster family home to live-in support staff, in a CILA site. The Department shall review and act upon the request within 15 working days. The Department shall make its decision based on the needs of the individuals receiving services and the ability of the proposed staffing model to equally provide for their needs.		✖	✖	✖	✖	✖	✖
	f) The agency shall have a plan and arrangements for providing relief for employees and contractual workers who have responsibility more than eight consecutive hours or five consecutive days for individuals receiving services, and shall have evidence of implementation of the plan and arrangements. Any such plan shall comply with federal and State labor laws and shall provide recognition of the need for respite in foster care model settings.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

	Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
115.205 Respite services for persons with a developmental disability	a) An individual with a developmental disability not currently receiving CILA services may be considered for a short term stay of no more than two consecutive weeks for respite services in an available CILA site only if: 1) The individual to be provided respite services meets the eligibility criteria as defined in Section 115.210; 2) The space to be used does not cause the applicable CILA site to exceed Department authorized physical capacity as defined by Section 115.300; 3) All individuals and/or guardians of the individuals residing in the home support and understand to the best of their ability the use of and the request for respite services; 4) Space used for respite services is not the space normally used by anyone regularly receiving services at this CILA site who is temporarily away; 5) The individual receiving respite services has bedroom space available for his or her use; and 6) If the agency is requesting funding for respite services, the agency must receive written approval for respite services from the Department prior to placement of the individual in a CILA or within 48 hours after placement of the individual in a CILA for respite services on an emergency basis. The Department will respond to the request for respite services within 48 hours after receiving a request for emergency respite and within 14 days after receiving non-emergency requests.		✖	✖	✖	✖	✖	✖
	b) Prior to accepting an individual for respite services, an agency will require that the individual have a physician statement that he or she does not have any contagious disease. Additionally, the agency will document that the individual will not jeopardize in other ways the health and safety of the individuals living there.		✖	✖	✖	✖	✖	✖
	c) Requests for respite services needed for longer than two weeks must be reviewed and approved by the Department prior to the end of the first two week period. Such extensions will be considered only in emergency situations.		✖	✖	✖	✖	✖	✖
	d) Payment for respite services provided in CILA settings will be determined case by case and will depend upon the needs of the individual and the funding currently available for respite.		✖	✖	✖	✖	✖	✖
	e) Guests (individuals not receiving CILA or respite services at this location) of individuals living at the site may spend the night or weekend if that is agreeable to all other individuals with whom the home is shared and with appropriate arrangements by the CILA provider agency. Such guests shall not be considered to be receiving respite services and shall not be subject to the requirements of this Part.		✖	✔	✖	✖	✖	✖
115.210 Criteria for	a) An individual receiving services in a CILA shall be at least 18 years of age, have a mental disability and be in need of an array of services and a supervised living arrangement. If an agency does not have the capacity to accommodate the individual's particular type or level of disability, this does not render the individual ineligible for CILA services.		✖	✖	✖	✖	✖	✖
	b) The individual or guardian shall give informed consent to participate in a CILA, which shall be documented in the individual's record.		✔	✔	✖	✔	✖	✔
	c) The individual or guardian shall agree to participate in the development and implementation of the individual integrated services plan, which shall be indicated by the individual's or guardian's signature on the plan or a note describing why there is no such signature.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
115.215 Criteria for termination of individuals	a) The community support team shall consider recommending termination of services to an individual only if: 1) The medical needs of the individual cannot be met by the CILA program; or		✖	✖	✖	✖	✖	✖
	2) The behavior of an individual places the individual or others in serious danger; or		✖	✖	✖	✖	✖	✖
	3) The individual is to be transferred to a program offered by another agency and the transfer has been agreed upon by the individual, the individual's guardian, the transferring agency and the receiving agency; or		✖	✖	✖	✖	✖	✖
	4) The individual no longer benefits from CILA services.		✖	✖	✖	✖	✖	✖
	b) Termination of services shall occur only if the termination recommendation has been approved by the Department. For individuals enrolled in the Department's Medicaid DD Waiver, termination of services is subject to review according to 59 Ill. Adm. Code 120.		✖	✖	✖	✖	✖	✖
	c) Absences 1) Whenever individuals are required to be absent from a living arrangement for an extended period of time, an agency shall not consider termination of services unless the absence has been at least 60 days in duration and it is documented that the absence is expected to continue indefinitely. The Department reserves the right to terminate payment within the 60 days during which the individual is absent when it is clear that the individual will be unable to return to the CILA.		✖	✖	✖	✖	✖	✖
	2) If an individual is to be away from his or her residence for an extended time period and the intent is that he or she will return to the residence, the licensed agency shall contact the Department in writing to request authorization for the absence. A request for extension of the absence must be submitted to the Department at the end of 30 consecutive days and after 60 consecutive days. If the absence exceeds 90 consecutive days in duration, funding for CILA services for the individual will cease. Prior to the end of 30 consecutive days and again, prior to the end of 60 consecutive days, the agency shall receive approval from the Department for funding of a continued absence. The request shall be documented and forwarded to the attention of the Department for approval. The Department shall respond to each request within 14 days. Continued funding past 30 days will be determined according to Department guidelines and will consider, but not be limited to, the following: A) Services being provided to the individual by the agency during the absence; B) The continued likelihood of the individual being able to return to the site; and C) Continuing funding available to the agency to support the site.		✖	✖	✖	✖	✖	✖
115.220	Agencies licensed to certify CILAs shall provide for services through a community support team (CST). a) The CST shall consist of the QMRP or QMHP, as indicated by the individual's primary disability, the individual, the individual's guardian or parent (unless the individual is his or her own guardian and chooses not to have his or her parent involved, or if the individual has a guardian and the guardian chooses not to involve the individual's parent), providers of services to the individual from outside the licensed CILA provider agency, and persons providing direct services in the community;		✖	✖	✖	✖	✖	✖
	b) The CST shall be the central structure through which CILA services are provided to one or more individuals. The CST shall: 1) Be responsible for all service functions including assessment, planning, coordination and delivery;	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
	2) Provide direct service in the community or in other facilities, such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities, when the facilities permit;	★	✖	✖	✖	✖	✖	✖
	3) Help the individual to participate in the design of an array of community support services tailored to his or her needs; in their plans; and	★	✖	✖	✖	✖	✖	✖
	4) Be responsible for providing or helping individuals to access the services specified	★	✖	✖	✖	✖	✖	✖
	5) Be available to respond to an individual's needs on a 24-hour basis.	★	✖	✖	✖	✖	✖	✖
	c) The CST shall be directly responsible for: 1) Modifying the services plan based on on-going assessment and recommendations;	★	✖	✖	✖	✖	✖	✖
	2) Linking individuals to resources and services;	★	✖	✖	✖	✖	✖	✖
	3) Advocating on behalf of individuals;	★	✖	✖	✖	✖	✖	✖
	4) Providing informational, educational and advocacy services to family members;	★	✖	✖	✖	✖	✖	✖
	5) Assisting individuals to select, obtain, and maintain CILAs which afford safety and basic comforts;	★	✖	✖	✖	✖	✖	✖
	6) Participating with other providers of direct service during stays in other environments such as State-operated facilities, convalescent care facilities, community hospitals or rehabilitation facilities; continuing in-facility contact, participating in the services plan development, and the on-going interdisciplinary process; providing on-going services to ensure the maintenance of the individual's living arrangement during these times such as paying the rent and utilities;	★	✖	✖	✖	✖	✖	✖
	7) Assisting the individual in developing community supports and fostering relationships with non-paid persons in the community, e.g., neighbors, volunteers and landlords;	★	✖	✖	✖	✖	✖	✖
	8) Providing personal support and assistance to the individual in gaining access to vocational training, educational services, legal services, employment opportunities, and leisure, recreation, religion and social activities;	★	✖	✖	✖	✖	✖	✖
	9) Providing assistance to the individual in obtaining health and dental services, mental health treatment and rehabilitation services (including physical therapy and occupational therapy), and substance abuse services;	★	✖	✖	✖	✖	✖	✖
	10) Providing supportive counseling and problem-solving assistance on an on-going basis and at times of crisis;	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	11) Assisting individuals with activities of daily living through skill training and acquisition of assistive devices;	★	✖	✖	✖	✖	✖	✖
	12) Assisting the individual in accessing medication information including observing and reporting effects and side effects of prescribed medications;	★	✖	✖	✖	✖	✖	✖
	13) Assisting the individual in accessing and providing training to obtain emergency medical services including State-operated facility services;	★	✖	✖	✖	✖	✖	✖
	14) Providing assistance in money management, including representative payeeship, and applying for financial entitlements including assisting individuals to access the Department's Home Services Program (89 Ill. Adm. Code: Chapter IV, Subchapter d); and	★	✖	✖	✖	✖	✖	✖
	15) Assisting individuals to access transportation.	★	✖	✖	✖	✖	✖	✖
	d) The agency shall provide or arrange for those services not indicated in subsection (c) of this Section, but identified in the individual integrated services plan as needed by the individual. If arranged, such services shall be documented in a written agreement between the licensed agency and the other service providers and shall minimally address training, services to be provided, quality assurance requirements and protection of the individual's rights. The agency shall remain responsible for insuring the quality of services and the protection of the individual's rights.	★	✖	✖	✖	✖	✖	✖
	e) A CST member who is a QMRP or a QMHP shall be designated for each individual and shall: 1) Convene the CST as required by Section 115.230 to revise the services plan as part of the interdisciplinary process; 2) Assure that the services specified in the services plan are being provided; 3) Assure the participation of team members and necessary non-team member professionals; 4) Assure and document in the individual's record, at least quarterly, that the individual's residence meets environmental standards as specified in Subpart C of this Part; 5) Identify and address gaps in the service provision; 6) Monitor the individual's status in relation to the services plan; 7) Advocate for the individual's rights and services; 8) Facilitate individual linkage and transfer; 9) Provide for a written record of team meetings within 30 days after each team meeting; 10) Assure that information specified by the services plan is included in the individual's record; 11) Initiate and coordinate the interdisciplinary process as often as specified in the services plan or when required by problems or changes; 12) Assure availability of a written services plan to all team members; and 13) Work with the individual and parent(s) and/or guardian to convene special meetings of the CST when there are issues that need to be addressed as brought to the attention of the team by the individual, parent(s) and/or guardian.	★	✖	✖	✖	✖	✖	✖
	f) A mental health professional may provide all services identified in subsections (e)(1) through (13) except (1), (9), and (11) of this Section.	★	✖	✖	✖	✖	✖	✖
1	Agencies licensed to certify CILAs shall comprehensively address the needs of individuals through an interdisciplinary process.	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

	Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
	a) Through the interdisciplinary process, the CST shall be responsible for preparing, revising, documenting and implementing a single individual integrated services plan for each individual.	★	✖	✖	✖	✖	✖	✖
	b) The following shall be included in the interdisciplinary process: 1) The individual or his or her legal guardian, or both;	★	✔	✔	✔	✖	✔	✔
	2) Members of the individual's family unless the individual is not legally disabled and does not desire the involvement of the family or the family refuses to participate;	★	✔	✔	✖	✖	✔	✔
	3) Significant others chosen by the individual;	★	✖	✖	✖	✖	✖	✖
	4) The QMRP or the QMHP; and	★	✖	✖	✖	✖	✖	✖
	5) Other members of the CST.	★	✖	✖	✖	✖	✖	✖
	c) As needed to meet the individual's needs, the following shall be included in the interdisciplinary process: 1) Persons in addition to the CST who provide habilitation, treatment or training; and services plan.	★	✖	✖	✖	✖	✖	✖
	2) Professionals who assess the individual's strengths and needs, level of functioning, presenting problems and disabilities , service needs and who assist in the design and evaluation of the individual's	★	✖	✖	✖	✖	✖	✖
	d) Upon the individual's entry into a CILA, the QMRP or the QMHP shall: 1) Document in the record those services being provided to the individual until an individual integrated services plan is developed; and	★	✖	✖	✖	✖	✖	✖
	2) Explain all rights enumerated in Section 115.250 and document in the individual's record that this has been done.	★	✖	✖	✖	✖	✖	✖
	e) The agency shall assure that each individual receives an initial assessment and reassessments that shall be documented in the individual's record and the results explained to the individual and guardian.		✖	✔	✖	✖	✔	✖
	1) The assessments shall determine the individual's strengths and needs, level of functioning, the presenting problems and disabilities, diagnosis and the services the individual needs.	★	✖	✖	✖	✖	✖	✖
	2) Assessments shall be performed by employees trained in the use of the assessment instruments.	★	✔	✔	✖	✖	✔	✖
	3) Through the selection of the assessment instruments and the interpretation of results, all assessments shall be sensitive to the individual's: A) Racial, ethnic and cultural background;	★	✖	✔	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
	B) Chronological and developmental age;	★	✖	✔	✖	✖	✖	✖
	C) Visual and auditory impairments;	★	✖	✖	✖	✖	✖	✖
	D) Language preferences; and	★	✖	✖	✖	✖	✖	✖
	E) Degree of disability.	★	✖	✖	✖	✖	✖	✖
	4) Initial assessment for individuals with a mental disability shall include: A) A physical and dental examination, both within the past 12 months, which shall include a medical history	★	✔	✖	✖	✖	✖	✖
	B) Previous and current adherence to medication regime and the level of ability to self-administer medications or participate in a self-administration of medication training program;	★	✖	✖	✖	✖	✖	✖
	C) A psycho-social assessment including legal status, personal and family history, a history of mental disability and related services, evaluation of possible substance abuse, and resource availability such as income entitlements, health care benefits, subsidized housing and social services;	★	✖	✔	✖	✖	✔	✖
	D) An assessment with form DMHDD-1215, "Specific Level of Functioning Assessment and Physical Health Inventory," (SLOF) for individuals with a mental illness and with the Inventory for Client and Agency Planning (ICAP) (Riverside Publishing Co., 425 Spring Lake Drive, Itasca IL 60143 (1986)) or the Scales of Independent Behavior-Revised (SIB-R) (Riverside Publishing Co., 425 Spring Lake Drive, Itasca IL 60143 (1996)) for individuals with a developmental disability;		✖	✖	✖	✖	✖	✖
	E) An educational and/or vocational assessment including level of education or specialized training, previous or current employment, and acquired vocational skills, activities or interests;	★	✔	✔	✖	✖	✔	✔
	F) A psychological and/or a psychiatric assessment; both must be conducted for individuals with both a mental illness and a developmental disability;	★	✖	✖	✖	✖	✖	✖
	G) A communication screening in vision, hearing, speech, language and sign language; and		✖	✖	✖	✖	✖	✖
	H) Others as required by the individual's disability such as physical therapy, occupational therapy and activity therapy.		✖	✖	✖	✖	✖	✖
	5) Annual reassessments for individuals with a mental disability shall include: A) A physical and dental examination including a review of medications;		✖	✖	✔	✖	✖	✖
	B) The SLOF for individuals with a mental illness or ICAP or SIB for individuals with a developmental disability;		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	C) An annual psychiatric examination for individuals with a mental illness;		✖	✖	✖	✖	✖	✖
	D) Other initially-assessed areas, as necessary.		✖	✖	✖	✖	✖	✖
	f) Within 30 days after an individual's entry into the CILA program, a services plan shall be developed that:		✖	✖	✖	✖	✖	✖
	1) Is based on the assessment results;		✔	✖	✖	✖	✔	✔
	2) Reflects the individual's or guardian's preference as indicated by a signature on the plan or staff notes indicating why there is no signature and why the individual's or guardian's preference is not reflected;		✖	✔	✖	✖	✔	✖
	3) Identifies services and supports to be provided and by whom; and		✔	✔	✖	✖	✔	✔
	4) States goals and objectives. Objectives shall: A) Be measurable; B) Have timeframes for completion; and C) Have an employee assigned responsibility.		✔	✔	✖	✖	✔	✔
	g) The individual integrated services plan shall identify the CILA site chosen with the individual's and guardian's participation and shall indicate the type and the amount of supervision provided to the individual.	★	✖	✖	✖	✖	✖	✖
	h) The services plan shall address goals of independence in daily living, economic self-sufficiency and community integration.	★	✖	✖	✖	✖	✖	✖
	i) The services plan shall include the names and titles of all employees and other persons contributing to the plan.	★	✖	✖	✖	✖	✖	✖
	j) The services plan shall be signed by the QMRP and the QMHP and the individual or guardian.	★	✖	✖	✖	✖	✖	✖
	k) The individual or guardian shall be given a copy of the services plan.	★	✖	✖	✖	✖	✖	✖
	l) The services plan shall become a part of the individual's record.	★	✔	✔	✖	✖	✔	✔
	m) At least monthly, the QMRP and QMHP shall review the services plan and shall document in the individual's record that: 1) Services are being implemented;		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	2) Services identified in the services plan continue to meet the individual's needs or require modification or change to better meet the individual's needs; and		✖	✖	✖	✖	✖	✖
	3) Actions are recommended when needed.		✖	✖	✖	✖	✖	✖
	n) The CST shall review the services plan as a part of the interdisciplinary process at least annually for individuals with developmental disabilities and semi-annually for individuals with mental illness and shall note progress or regression which might require plan amendment or modification.		✖	✖	✖	✖	✖	✖
	o) All services specified in the services plan, whether provided by an employee of the licensed agency, consultants, or sub-contractors, shall be provided by or under the supervision of a QMRP or a QMHP, as appropriate, based on the individual's primary disability.		✖	✖	✖	✖	✖	✖
	p) The provider agency must ensure that current copies of individuals' service plans are kept at the individuals' residences. The provider agency must also ensure that direct care workers (including employees, contractual persons, and host family members) are knowledgeable about the individuals' service plans, are trained in their implementation, and maintain records regarding the individuals' progress toward the goals and objectives of the individual service plans.		✖	✖	✖	✖	✖	✖
	q) Through the interdisciplinary process the CST shall be responsible for determining an individual's ability to transition from continuous supervision or support to an intermittent level of supervision or support.		✖	✖	✖	✖	✖	✖
	1) If a determination is made that the individual is appropriate for a less restrictive environment, documentation shall be included in the individual's plan identifying time frames for transition. The individual's QMRP or QMHP shall be responsible for monitoring the individual's transitional plan and for documenting the individual's progress toward intermittent supervision and supports.		✖	✖	✖	✖	✖	✖
	2) If a determination is made that an individual with a developmental disability is appropriate for intermittent supervision and supports, the PAS agency in conjunction with the provider agency must submit a completed CILA rate determination packet to the Department for development of a rate to support the intermittent supervision and supports.		✖	✖	✖	✖	✖	✖
	3) For individuals with a developmental disability, funding will remain at the individual's current level of funding for the first three months. At the end of the first three months, the QMRP or QMHP shall convene the CST to assess the individual's attainment of his or her goal for less restrictive supervision and supports. If the CST determines that the individual requires additional time to complete a successful transition, a request shall be made in writing to the Department for an extension not to exceed a total of six months. If the CST determines that the individual has not met, and is not likely to meet, his or her goal for less restrictive supervision and supports, the individual will continue to receive continuous supervision or support.		✖	✖	✖	✖	✖	✖
	r) An individual who requires continuous supervision or support indefinitely may stay alone or access the community independently under specific circumstances. The CST must determine that the individual has the ability and desire to stay alone safely for brief periods of time, or access specified locations in the community independently, or with supervision and support other than that provided by agency employees. The individual service plan must state the periods of time and restrictions on activities when at home, and locations and time frames for accessing the community. The individual will successfully complete an assessment demonstrating the skills necessary to assure his or her safety, and this must be part of the individual's record. This should occur only as part of the individual's habilitation/treatment process, and not to accommodate staffing concerns.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

	Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
115.240 Medical services and medications	When medical services and/or medications are provided, or their administration is supervised, by employees of the licensed agency, the licensed agency shall certify that they are provided or their administration is supervised in accordance with the Medical Practice Act of 1987 and the Illinois Nursing and Advanced Practice Nursing Act. The agency shall additionally document:		✖	✖	✖	✖	✖	✖
	a) A physician shall be responsible for the medical services provided to individuals, and the management of, individuals' medications.	★	✖	✔	✖	✖	✖	✖
	b) A licensed prescriber shall prescribe and monitor all prescription medications.	★	✖	✔	✖	✖	✖	✖
	c) A physician shall perform an examination of the individual prior to the initiation of psychotropic medications.	★	✖	✖	✖	✖	✖	✖
	d) Screening for and documentation of abnormal involuntary movements, including tardive dyskinesia, in individuals receiving prescribed psychotropics shall be completed at least every six months by employees trained in performing this type of assessment.	★	✖	✖	✖	✖	✔	✖
	e) A physician shall review the medications prescribed and shall see the individual at least every six months, and every three months if psychotropic medications have been prescribed. Physician documentation within the individual's record shall include, but is not limited to, the following:		✖	✖	✖	✖	✖	✖
	1) Rationale for continuing current medications and/or initiating new medications; and		✔	✖	✖	✖	✖	✖
	2) Medication side effects.		✖	✖	✖	✖	✖	✔
	f) A physician or registered professional nurse shall evaluate the ability of the individual to self-administer medications. Ability to self-administer medication shall be reassessed at least quarterly for individuals with mental illness (including those dually diagnosed with a mental illness and a developmental disability) and at least annually for individuals with a developmental disability. Individuals with a developmental disability (including those dually diagnosed with a mental illness and a developmental disability) shall be evaluated using Department approved screening and assessment tools, in accordance with 59 Ill. Adm. Code 116.		✖	✖	✖	✖	✖	✖
	g) A physician will provide the written order for an individual to self-administer medications or participate in a self-administration of medication training program based on the results of the individual's evaluation. The order will become part of the individual's record.		✖	✖	✖	✖	✖	✖
	h) A psychiatrist will either review psychotropic medications or be available for consultation when psychotropic medications have been prescribed.	★	✖	✖	✖	✖	✖	✖
	i) All medications are labeled.	★	✔	✔	✖	✖	✔	✔
	j) Individuals who are able to independently self-administer medications will have access to their medications.	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	k) When agencies supervise the self-administration of medication training programs or administer the medications, medications will be secured from unauthorized access and only a physician, pharmacist, registered or licensed practical nurse or agency employee authorized to supervise the self-administration of medication training program or administer medications will have access to medications. A physician, pharmacist or registered professional nurse will be available at all times to consult with trained, unlicensed direct care employees administering medications or supervising a self-administration of medications training program for persons with developmental disabilities.		✖	✖	✖	✖	✖	✖
	l) A physician or pharmacist will be available to consult, at least monthly, with the QMRP or QMHP in reference to staff's behavioral or other observations relating to the individual's level, dosage, and types of side effects from any prescribed medications.		✖	✖	✖	✖	✖	✖
	m) A physician or pharmacist shall make available to employees, family and individuals information on expected consequences, potential benefits and side effects of any prescribed medication.		✖	✔	✖	✖	✖	✖
115.250 Individual rights and confidentiality	To ensure that individuals' rights are protected and that all services provided to individuals comply with the law, agencies licensed to certify CILAs shall assure that a written statement, in a language the individual understands, is given to each individual and guardian specifying the individual's rights. All individuals enrolled in the Medicaid DD Waiver shall be given a written copy of DHS Medicaid Home and Community-Based Services DD Waiver, Rights of Individuals.		✖	✖	✖	✖	✖	✖
	a) Employees shall inform individuals entering a CILA program of the following: 1) The rights of individuals shall be protected in accordance with Chapter II of the Code except that the use of seclusion will not be permitted.		✖	✖	✖	✖	✖	✖
	2) The right of individuals to confidentiality shall be governed by the Confidentiality Act.		✖	✖	✔	✖	✔	✔
	3) Their rights to remain in a CILA unless the individuals voluntarily withdraw or meet the criteria set forth in Section 115.215.		✖	✖	✖	✖	✖	✖
	4) Their right to contact the Guardianship and Advocacy Commission, Equip for Equality, Inc., the Department's Office of Inspector General, the agency's human rights committee and the Department. Employees shall offer assistance to individuals in contacting these groups giving each individual the address and telephone number of the Guardianship and Advocacy Commission, the Department's Office of Inspector General, the Department, and Equip for Equality, Inc.		✖	✖	✖	✖	✖	✖
	5) Every individual receiving CILA services has the right to be free from abuse and neglect.		✔	✔	✔	✖	✔	✔
	6) Individuals or guardians shall be permitted to purchase and use the services of private physicians and other mental health and developmental disabilities professionals of their choice, which shall be documented in the services plan.		✖	✖	✖	✖	✖	✖
	b) Employee advisement of the individual's rights and justification for any restriction of individual rights shall be documented in the individual's record.		✖	✖	✖		✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	c) Individuals or guardians shall be permitted to present grievances and to appeal adverse decisions of the agency and other service providers up to and including the authorized agency representative. The agency representative's decision on the grievance shall be subject to review in accordance with the Administrative Review Law [735 ILCS 5/Art. III]. For all individuals enrolled in the Medicaid DD Waiver, their rights to present grievances and to appeal adverse decisions of the agency are detailed in 59 Ill. Adm. Code 120.		✖	✖	✖	✖	✖	✖
	d) Individuals shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.		✔	✔	✖	✖	✖	✖
15.300 Environmental management of living arrangements	a) For individuals who receive intermittent supervision and supports and choose to reside with their families or in living arrangements owned or leased by the individuals living there, the licensed agency shall assist individuals in selecting, obtaining and maintaining CILAs which afford safety and basic comfort. Such assistance shall include, but is not limited to: 1) Performing visual inspections;		✔	✖	✔	✖	✖	✖
	2) Purchasing and maintaining in working order safety devices, i.e., smoke detectors, door locks, when needed; and		✖	✖	✖	✖	✖	✖
	3) Advocacy with the landlord to encourage compliance with applicable codes.		✖	✔	✖	✖	✖	✖
	b) For individuals who choose to reside in living arrangements owned or leased by an agency, the licensed agency shall insure that buildings containing owned or leased living arrangements shall comply with locally adopted building codes as enforced by local authorities and the applicable chapters of the editions of the NFPA 101, Life Safety Code (National Fire Protection Association, 1991), as cited in the rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100 and any local fire codes that are more stringent than the NFPA as enforced by local authorities or the Office of the State Fire Marshal. An agency shall make available the report of an inspection that has been made by the local authorities or the Office of the State Fire Marshal prior to providing services to any individual in any CILA site. Non-compliance may be shown by evidence of administrative or judicial action taken against the owners of a building for violations of the applicable housing code within the previous two months, or a letter indicating non-compliance with NFPA requirements from the local authorities or the Office of the State Fire Marshal.		✖	✖	✖	✖	✖	✖
	c) Each living arrangement shall meet standards as identified in local life/safety and building codes. Living arrangements specified in subsection (b) of this Section shall also meet the following additional standards: 1) Each living arrangement shall have a smoke detection system which complies with the Smoke Detector Act [425 ILCS 65].		✖	✖	✖	✖	✖	✖
	2) No more than eight individuals shall be served in any site.		✖	✖	✖	✖	✖	✖
	3) There shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort and compliance with this Part.		✖	✖	✖	✖	✖	✖
	4) Bath and toilet rooms A) At least one bathroom shall be provided for each four individuals. A bathroom shall include a toilet, lavatory, and tub or shower.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

Rule Language	Deemed	TJC	COA	CQL	HFAP	CARF: BH	CARF: E & CS
B) Bathrooms shall be located and equipped to facilitate independence. When needed by the individual, special assistance or devices shall be provided.		✖	✖	✖	✖	✖	✖
C) Bathing and toilet facilities shall provide privacy.		✖	✖	✖	✖	✖	✖
5) Bedrooms A) Each single individual bedroom shall have at least 75 square feet of net floor area, not including space for closets, wardrobes, bathrooms and clearly definable entryway areas.		✖	✔	✖	✖	✖	✖
B) Each multiple bedroom shall accommodate no more than two individuals and each bedroom for two individuals shall have at least 55 square feet of net floor area per individual not including space for closets, wardrobes, bathrooms and clearly definable entryway areas.		✖	✖	✖	✖	✖	✖
C) Storage space for clothing and other personal belongings shall be provided for each individual.		✔	✔	✖	✖	✖	✖
D) Each bedroom shall have: i) Walls that extend from floor to ceiling; ii) A fire-graded mattress and box spring that is suitable to the size of the individual which provides support and comfort, if beds are provided by the agency; iii) At least one outside window; and iv) Electrical light sufficient for reading (a minimum of 40 footcandles).		✖	✖	✖	✖	✖	✖
E) Bedrooms shall maintain a dry and comfortable environment.		✖	✖	✖	✖	✖	✖
F) In living arrangements where more than one individual resides, traffic to and from any room shall not be through an individual's bedroom.		✔	✖	✖	✖	✖	✖
6) The agency shall ensure that: A) Living arrangements shall be safe and clean within common areas and within apartments over which the agency has control.		✔	✖	✖	✖	✖	✖
B) Living arrangements shall be free from vermin.		✖	✖	✖	✖	✖	✖
C) Waste and garbage shall be stored, transferred and disposed of in a manner that does not permit the transmission of diseases.		✖	✖	✖	✖	✖	✖
D) Private water systems shall comply with 77 Ill. Adm. Code 900 (Drinking Water Systems Code).		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	E) Copies of inspections when performed by local and State inspectors in regard to health, sanitation and environment shall be maintained.		✖	✔	✖	✖	✖	✖
	7) The agency shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary, and ensure that: A) Records and reports of fire and disaster training are maintained;		✔	✖	✖	✖	✔	✔
	B) A record of actions taken to correct noted deficiencies in disaster drills or inspections is maintained;		✔	✖	✖	✖	✔	✔
	C) Employees and any other person, compensated or in a volunteer capacity, with responsibility for individuals served know how to react to fire, severe weather, missing persons, psychiatric and medical emergencies, poison control and deaths;		✔	✔	✖	✖	✔	✔
	D) Individuals know how to react to situations identified in subsection (c)(7)(C) of this Section or are receiving training;		✖	✖	✖	✖	✖	✖
	E) Employees and any other person, compensated or in a volunteer capacity, with responsibility for individuals served are trained in the location of fire-fighting equipment, first aid kits, evacuation routes and procedures; and		✔	✔	✖	✖	✔	✔
	F) A telephone is available with a list stating the telephone numbers of the nearest poison control center, the police, the fire department and emergency medical personnel or an indication that 911 is the appropriate number to call.		✖	✖	✖	✖	✖	✖
	8) The agency shall implement procedures for evacuation which ensure that: A) Evacuation drills are conducted at a frequency determined by the agency to be appropriate based on the needs and abilities of individuals served by the particular living arrangement but no less than on each shift annually.		✔	✔	✖	✖	✔	✔
	B) Special provisions shall be made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.		✖	✔	✖	✖	✖	✖
	C) All employees are trained to carry out their assigned evacuation tasks.		✖	✖	✖	✖	✔	✔
	D) Inefficiency or problems identified during an evacuation drill shall result in specific corrective action.		✖	✖	✖	✖	✔	✔
	E) Evacuation drills shall include actual evacuation of individuals to safe areas.		✖	✖	✖	✖	✖	✖
	9) At least one approved fire extinguisher shall be available in the residence, inspected annually and recharged when necessary.		✔	✔	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	10) First aid kits shall be available and monitored regularly by the agency.		✖	✖	✖	✖	✖	✖
	d) For individuals who receive continuous supervision and support and choose to reside with their families or in living arrangements owned or leased by the individuals living there, the licensed agency shall ensure that the living arrangements comply with all the requirements of subsection (c) of this Section except subsections (c)(4), (5), (6)(B), (6)(D), (7)(B), (7)(E) and (10).		✖	✖	✖	✖	✖	✖
	e) Prior to a new site owned or leased by the agency being occupied and prior to a foster care site accepting individuals receiving services, the site must be reviewed by OALC and determined to be in compliance with this Part. Site reviews will be completed within 10 working days after all necessary documentation has been received, e.g., current fire clearances. All sites as described in this subsection will be reviewed at least once during the three year period of licensure to determine on-going compliance with this Part.		✖	✖	✖	✖	✖	✖
115.310 Geographic location of community-integrated living	a) CILA sites shall be located to enable individuals to participate in and be integrated into their community and neighborhood. Homes shall be typical of homes in the community and residential neighborhood and their inclusion should not appreciably alter the characteristics of the neighborhood.		✖	✖	✖	✖	✖	✖
	b) CILA sites shall be located to promote integration of individuals with mental disabilities within the range of communities throughout the State, and to avoid concentrating individuals in CILAs in a neighborhood or community.		✖	✖	✖	✖	✖	✖
	c) CILAs owned or leased by an agency and funded by the Department shall not be located within a distance of 800 feet, measured via the most direct driving route, from any other setting licensed or funded to provide residential services for persons with a developmental disability or mental illness. When an agency owns or leases a multi-unit building, or owns or leases units within a multi-unit building, no more than 8 individuals shall reside in CILAs owned or leased by an agency in each building. These location requirements may not apply to sites in existence on August 13, 1999. Agencies with such sites may request waiver of these requirements. Any such request must be submitted in writing to OALC and will be reviewed based upon the citation in Section 115.310(e)..		✖	✖	✖	✖	✖	✖
	d) Nothing in this Part shall be construed to interfere with the right of individuals with mental disabilities to choose where they rent or buy housing.		✖	✖	✖	✖	✖	✖
	e) If an agency requests a waiver of Section 115.310(c), the agency shall present to the Department its rationale for the waiver request, including evidence of efforts to comply with Section 115.310(c). The request must be submitted before the agency leases, purchases or takes possession of the property to be used as a CILA or in the case of any agency having possession of the property, before the property is used as a CILA site. The Department shall grant the waiver for the duration of the CILA if it determines that the granting of the waiver would meet the following criteria: 1) It is consistent with the goal of community integration of individuals with disabilities in that the requested arrangement promotes, or at least does not diminish, individuals' opportunities and probabilities of interacting with neighbors without a disability and otherwise participating in neighborhood and community activities;		✖	✖	✖	✖	✖	✖
	2) It is consistent with Section 115.310(a), (b) and (d); and		✖	✖	✖	✖	✖	✖
	3) In the case of CILA sites existing prior to August 13, 1999, impact on individuals currently residing there caused by relocating can be shown to be negative.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	f) The Department shall issue a decision on waivers requested under subsection (d) of this Section within five working days after receipt of the written request.		✖	✖	✖	✖	✖	✖
	g) If the Department denies a waiver request, the agency may request a hearing in accordance with Section 115.470. At the hearing, the Department shall have the burden of proving that there was substantial evidence to support the decision to deny the waiver.		✖	✖	✖	✖	✖	✖
115.320 Administrative requirements	a) Governing body 1) Each agency which is owned or operated by any corporation, association, or unit of local government shall have a governing body in which is vested authority and responsibility for the organization, management, control, and operation of the agency and all programs, services, facilities and residences it administers.	★	✖	✔	✖	✖	✖	✖
	2) Each agency shall have provisions for obtaining input from consumers and/or consumer representatives to the governing body.	★	✖	✖	✔	✖	✔	✔
	b) Staffing 1) Mental health and developmental disabilities employees shall be licensed or certified as required by Illinois laws.	★	✔	✖	✖	✖	✔	✔
	2) When paraprofessional or untrained employees are used in direct services, they shall be supervised in the provision of services by professional employees.	★	✖	✖	✖	✖	✖	✖
	3) An agency shall not employ an individual in any capacity, until the agency has inquired of the Department of Public Health as to information in the Nurse Aid Registry concerning the individual. If the Registry has information of a substantiated finding of abuse or neglect against the individual, the agency shall not employ him or her in any capacity.		✖	✖	✖	✖	✖	✖
	c) General program requirements Agencies funded by the Department shall meet the following general program requirements for all funded services: 1) Service setting Services shall be provided in the setting most appropriate to the needs of and reflecting the preferences of the individual. This may include the individual's home, the agency, or the community. All settings shall be used innovatively in order to reach the target populations.	★	✖	✖	✖	✖	✖	✖
	2) Recordkeeping A) Cumulative case records including an individualized service plan shall be maintained for each individual.	★	✖	✖	✖	✖	✖	✖
	B) The individualized service plan shall state the goals for each individual. The individual shall be afforded the opportunity and encouraged to participate in goal/objective selection. Goals/objectives shall include timeframes specified by the agency's professional employees, in consultation with the individual and relevant collaterals. "Individualized service plan", as used herein, refers to and is equivalent to "individual treatment plan" and "individual habilitation plan".	★	✔	✔	✖	✖	✔	✖
	3) Behavior management and human rights review Each agency is required to establish or ensure a process for the periodic review of behavior intervention and human rights issues involved in the individual's treatment and/or habilitation. Agencies required to have behavior intervention and human rights review policies and procedures under licensure or certification standards shall continue to comply with those standards.	★	✔	✔	✖	✖	✔	✔

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	4) Abuse and neglect Each agency shall have and use a process for reporting and handling instances of abuse and neglect in accordance with applicable standards, regulations and laws that shall include notification of the individual allegedly abused or neglected and his or her guardian or parent of the allegation within 24 hours after receiving the allegation.	★	✖	✔	✖	✖	✖	✖
	5) Admission to programming A) Agencies shall not discriminate in the admission to and provision of needed services to individuals on the basis of race, color, sex, religion, national origin, ancestry, or disability.	★	✖	✖	✖	✖	✔	✔
	B) Admission policies and procedures shall be set forth in writing and be available for review.	★	✔	✖	✖	✖	✔	✔
	6) Compliance with life safety standards and requirements All program facilities shall be in compliance with applicable State licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.	★	✔	✔	✖	✖	✖	✖
	7) Personnel requirements A) A licensed physician (MD or DO) shall assume medical and legal responsibility for medical services offered in any program, including prescription of medications.	★	✖	✔	✖	✖	✖	✖
	B) All services shall be provided by appropriately trained employees, operating under the supervision of qualified clinical professionals.	★	✔	✖	✖	✖	✖	✖
	8) Mandated services A) Mandated services shall be provided according to the requirements as stated in the Department's rules at 59 Ill. Adm. Code 125 (Recipient Discharge/Linkage/ Aftercare).	★	✖	✖	✖	✖	✖	✖
	B) The Department shall monitor the provision of mandated follow-up monitoring services as outlined in 59 Ill. Adm. Code 125.	★	✖	✖	✖	✖	✖	✖
	9) Utilization review Utilization review is the ongoing review of services delivered, their intensity and their duration, to determine adherence to generally accepted guidelines or standards regarding the individual's assessment, eligibility for service and appropriateness of services rendered. Agencies shall engage in a utilization review process for all program services.	★	✖	✖	✖	✖	✔	✖
	10) Visits to programs The agency shall ensure that Department-authorized consumer interest groups shall be permitted, with the consent of individuals, to visit agencies and living arrangements owned or leased by an agency.	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

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	d) Training 1) Direct service employees and any other compensated persons with responsibility for direct care of individuals served shall demonstrate competence in training areas listed in subsections (d)(1)(A) through (M) as a part of an orientation program. Anyone specified in this subsection (d)(1) without previous experience in direct service to individuals shall receive training and demonstrate competence prior to unsupervised responsibility for direct service unless trained employees are on site and available for on-the-job training. Direct service providers as specified above who have completed training in the below mentioned areas, and demonstrated competence as documented in their records, shall not be required to repeat that training as part of their orientation. Anyone specified in this subsection (d)(1) who has not demonstrated competence shall receive training until he or she can demonstrate competence in the following areas, as recorded in his or her records. All direct service employees and any other compensated persons, regardless of staffing model, shall receive training and demonstrate competence as documented in employee records in the following training areas: A) Cardiopulmonary resuscitation (CPR), Heimlich maneuver and first aid;		✖	✖	✖	✖	✖	✖
	B) Concepts of treatment, habilitation and rehabilitation including behavior management, normalization, age appropriateness and psycho-social rehabilitation depending on the needs of the individuals served or to be served;		✖	✖	✖	✖	✖	✖
	C) Safety, fire, and disaster procedures;		✖	✖	✖	✖	✖	✖
	D) Abuse, neglect and unusual incident prevention, handling and reporting;		✖	✖	✖	✖	✖	✖
	E) Individual rights in accordance with Chapter II of the Code and maintaining confidentiality in accordance with the Confidentiality Act;		✖	✖	✖	✖	✖	✖
	F) The nature and structure of the individual integrated services plan;		✖	✖	✖	✖	✖	✖
	G) The type, dosage, characteristics, effects and side effects of medications prescribed for individuals. The agency shall assure that there is sufficient training in this area to provide coverage during expected and unexpected absences of caregivers by others who have been determined competent;		✖	✖	✖	✖	✔	✔
	H) Screening for involuntary muscular movement, which may be indicative of tardive dyskinesia;		✖	✖	✖	✖	✔	✔
	I) Development and implementation of an individual integrated services plan;		✖	✖	✖	✖	✔	✔
	J) Formal assessment instruments used and their role in the development of the services plan;		✖	✖	✖	✖	✔	✖
	K) Documentation and recordkeeping requirements with reference to the services plan;		✖	✔	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS							
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L) Other training which relates specifically to the type of disability or treatment and intervention techniques being used specific to individuals living in CILAs geared toward assisting employees to execute objectives obtained in the services plans;		✖	✖	✖	✖	✖	✖
M) The techniques associated with monitoring and regulating hot water temperatures prior to and during an individual's use to ensure safe hand-washing, hair-washing, bathing and showering procedures; and		✖	✖	✖	✖	✖	✖
N) In CILA programs for persons with developmental disabilities, all unlicensed, direct care employees, prior to assuming responsibility for supervising the self-administration of medication training programs or for administration of medications for persons with developmental disabilities, will successfully complete a Department approved training program provided by an agency Nurse-Trainer pursuant to 59 Ill. Adm. Code 116. i) All agency Nurse-Trainers will be registered professional nurses. ii) All agency Nurse-Trainers will be trained by the Department's Master Nurse-Trainer.		✖	✖	✖	✖	✖	✖
2) After completion of training specified in subsection (d)(1) of this Section, each direct service employee shall participate in ongoing employee development activities as outlined in the agency's employee development plan.		✖	✖	✖	✖	✖	✖
3) All training shall be documented and shall be readily available for review by Department surveyors.		✔	✖	✖	✖	✖	✖
4) The agency shall implement a written training plan which lists training to be offered to meet the requirements of this Part, the methods used for completion of any required training, and the process used to determine competency.		✖	✔	✖	✖	✖	✖
e) Volunteer training The agency shall provide an orientation and training program for volunteers specific to volunteer duties and shall provide supervision as necessary. Volunteers with responsibility for care of individuals served must complete and demonstrate competency in the training areas specified in subsection (d) above.		✖	✖	✖	✖	✖	✖
f) Quality assurance 1) There shall be a written quality assurance plan and ongoing activities designed to review and evaluate services to individuals, operation of programs and to resolve identified problems.	★	✖	✖	✔	✖	✖	✖
2) The agency's quality assurance program shall be the basis for annually certifying to the Department that individuals are receiving appropriate community-based services consistent with their services plans, that all programs and services are supervised by the agency and comply with this Part. A) If a certified CILA does not continue to meet standards, the agency shall correct deficiencies within 30 days; or B) If deficiencies in a certified CILA cannot be corrected within 30 days, the agency shall withdraw certification of the CILA program in question and notify the Department. The agency shall remain responsible for those individuals who live in or lived in the affected CILA.	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	g) Unusual incidents 1) The agency shall have written policies and procedures for handling, investigating, reporting, tracking and analyzing unusual incidents through the agency's management structure, up to and including the authorized agency representative. The agency shall ensure that employees demonstrate their knowledge of, and follow, such policies and procedures. Unusual incidents shall include, but are not limited to, the following: A) Sexual assault; B) Abuse or neglect; C) Death; D) Physical injury; E) Assault; F) Missing persons; G) Theft; and H) Criminal conduct.		✔	✔	✔	✖	✔	✔
	2) Within 24 hours of occurrence the agency shall report any incident which is subject to the Criminal Code of 1961 [720 ILCS 5] to the local law enforcement agencies.		✖	✖	✖	✖	✖	✖
	3) The agency shall ensure that suspected instances of abuse or neglect against individuals in programs which are licensed by the Department are reported to the Office of Inspector General (Section 6.2 of the Abused and Neglected Long Term Facility Residents Reporting Act [210 ILCS 30/6.2]).		✖	✖	✖	✖	✖	✖
	h) Individuals' records 1) The agency shall ensure the confidentiality of individuals' records in accordance with the Act and shall ensure safekeeping of all records against loss or destruction.	★	✔	✔	✖	✖	✔	✖
	2) The agency shall maintain a chronological record for each individual. Records shall be located at the program site at which individuals are being served. A) Each entry shall be legible, dated and authenticated by the signature and title of the person making the entry.	★	✖	✖	✖	✖	✖	✖
	B) Corrections shall be initialed and made in such a way as to leave the original incorrect entry legible.	★	✖	✖	✖	✖	✖	✖
	C) When symbols or abbreviations are used, the agency shall provide a legend to explain them which shall be standardized throughout the agency.	★	✔	✖	✖	✖	✖	✖
	3) On an individual's entry into the agency, the following information shall be obtained, recorded and updated as necessary in the individual's record: A) Identifying information including name, date of birth, sex, race, social security number and legal status;	★	✔	✖	✖	✖	✖	✖
	B) The name, address and telephone number of the legal guardian or the person to be notified in case of an emergency;	★	✖	✖	✖	✖	✔	✖
	C) The language spoken or understood by the individual including, in the case of an individual who is hearing impaired, the individual's preferred mode of communication, e.g., American sign language, signed English, aural, oral or tactile communications device;	★	✔	✔	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS

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	D) Prescribed medications, reactions and side effects to medications, allergies to foods, other medications and substances	★	✔	✖	✖	✖	✖	✖
	E) Physical and dental examinations, and medical history;	★	✖	✖	✖	✖	✖	✖
	F) Consent to receive emergency medical services; and	★	✖	✖	✖	✖	✖	✖
	G) Copies of the authorization for release of information.	★	✖	✔	✖	✖	✔	✖
	4) The following shall be entered in the individual's record during the period of service: A) Written informed consent by the individual or guardian to participate in a CILA;	★	✔	✔	✖	✖	✔	✔
	B) Prior service history;	★	✖	✔	✖	✖	✔	✔
	C) Initial assessment and individual integrated services plan, and reassessments, and individual integrated services plan as described in Section 115.230;	★	✔	✔	✖	✖	✖	✖
	D) Documentation of approval to use special procedures and the results of their use;	★	✖	✖	✖	✖	✖	✖
	E) Progress notes, which shall be entered chronologically and at least monthly, documenting the individual's involvement in and response to the services plan.	★	✖	✖	✖	✖	✖	✖
	5) Electronic signature or computer-generated signature codes are acceptable as authentication of record content. A) In order for an agency to employ electronic signatures or computer-generated signature codes for authentication purposes, the agency must adopt a policy that permits authentication by electronic or computer-generated signature.	★	✖	✖	✖	✖	✖	✖
	B) At a minimum, the policy shall include adequate safeguards to ensure confidentiality of the codes, including, but not limited to, the following: i) Each user must be assigned a unique identifier that is generated through a confidential access code. ii) The agency must certify in writing that each identifier is kept strictly confidential. This certification must include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier, or that the identifier has otherwise been inappropriately used. iii) The user must certify in writing that he or she is the only person with user access to the identifier and the only person authorized to use the signature code. iv) The agency must monitor the use of identifiers periodically and take corrective action as needed. The process by which the agency will conduct monitoring shall be described in the policy.	★	✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
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	C) A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provisions: i) The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps or obvious contradictory statements appearing within those designated fields. The system shall also require that correction or supplementation of previously authenticated entries shall be made by additional entries, separately authenticated and made subsequent in time to the original entry. ii) The system must make an opportunity available to the user to verify that the document is accurate and the signature has been properly recorded. I ii) The agency must periodically sample records generated by the system to verify the accuracy and integrity of the system.	★	✖	✖	✖	✖	✖	✖
	D) Each report generated by a user must be separately authenticated.	★	✖	✖	✖	✖	✖	✖
	i) Financial and operational requirements Agencies licensed to provide CILAs shall comply with Department rules regulating their contractual and financial relationship with the Department.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
115.321 Application for waiver of the prohibition against employment	a) Hiring of direct care employees An agency shall not knowingly hire or retain any person after January 1, 1998 in a full-time, part-time or contractual direct care position if that person has been convicted of committing or attempting to commit one or more of the following offenses unless the applicant or employee obtains a waiver pursuant to subsections (i) through (l) of this Section (Section 25 of the Health Care Worker Background Check Act [225 ILCS 46/25]): 1) Murder, homicide, manslaughter or concealment of a homicidal death (Sections 9-1 through 9-3.3 of the Criminal Code of 1961 [720 ILCS 5/9-1 through 9-3.3]); 2) Solicitation of murder and solicitation of murder for hire (Sections 8-1.1 and 8-1.2 of the Criminal Code of 1961 [720 ILCS 5/8-1.1 and 8-1.2]); 3) Kidnaping or child abduction (Sections 10-1, 10-2, 10-5 and 10-7 of the Criminal Code of 1961 [720 ILCS 5/10-1, 10-2, 10-5 and 10-7]); 4) Unlawful restraint or forcible detention (Sections 10-3, 10-3.1 and 10-4 of the Criminal Code of 1961 [720 ILCS 5/10-3, 10-3.1 and 10-4]); 5) Assault, battery or infliction of great bodily harm (Sections 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.2, 12-4.3, 12-4.4, 12-6 and 12-7 of the Criminal Code of 1961 [720 ILCS 5/12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.2, 12-4.3, 12-4.4, 12-6 and 12-7]); 6) Sexual assault or abuse (Sections 12-13, 12-14, 12-15 and 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-13, 12-14, 12-15 and 12-16]); 7) Indecent solicitation of a child (Section 11-6 of the Criminal Code of 1961 [720 ILCS 5/11-6]); 8) Predatory criminal sexual assault of a child (Section 12-14.1 of the Criminal Code of 1961 [720 ILCS 5/12-14.1]); 9) Sexual exploitation of a child (Section 11-9.1 of the Criminal Code of 1961 [720 ILCS 5/11-9.1]); 10) Exploitation of a child (Section 11-19.2 of the Criminal Code of 1961 [720 ILCS 5/11-19.2]); 11) Child pornography (Section 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-20.1]); 12) Endangering the life or health of a child (Section 12-21.6 of the Criminal Code of 1961 [720 ILCS 5/12-21.6]); 13) Cruelty to children (Section 53 of the Criminal Jurisprudence Act [720 ILCS 115/53, repealed by P.A. 89-234, effective January 1, 1996); 14) Abuse or gross neglect of a long-term care facility resident (Section 12-19 of the Criminal Code of 1961 [720 ILCS 5/12-19]); 15) Criminal neglect of an elderly or disabled person (Section 12-21 of the Criminal Code of 1961 [720 ILCS 5/12-21]); 16) Theft, financial exploitation of an elderly or disabled person, robbery or burglary (Sections 16-1, 16-1.3, 16A-3, 18-1, 18-2, 19-1 and 19-3 of the Criminal Code of 1961 [720 ILCS 5/16-1, 16-1.3, 16A-3, 18-1, 18-2, 19-1 and 19-3]); 17) Aggravated robbery (Section 18-5 of the Criminal Code of 1961 [720 ILCS 5/18-5]); 18) Criminal trespass (Section 19-4 of the Criminal Code of 1961 [720 ILCS 5/19-4]); 19) Home invasion (Section 12-11 of the Criminal Code of 1961 [720 ILCS 5/12-11]); 20) Arson (Sections 20-1 and 20-1.1 of the Criminal Code of 1961 [720 ILCS 5/20-1 and 20-1.1]); 21) Unlawful use of weapons or aggravated discharge of a firearm (Sections 24-1 and 24-1.2 of the Criminal Code of 1961 [720 ILCS 5/24-1 and 24-1.2]); 22) Armed violence (Section 33A of the Criminal Code of 1961 [720 ILCS 5/33A]); 23) Heinous battery (Section 12-4.1 of the Criminal Code of 1961 [720 ILCS 5/12-4.1]); 24) Tampering with food, drugs or cosmetics (Section 12-4.5 of the Criminal Code of 1961 [720 ILCS 5/12-4.5]); 25) Aggravated stalking (Section 12-7.4 of the Criminal Code of 1961 [720 ILCS 12-7.4]); 26) Ritual mutilation and ritualized abuse of a child (Section 12-32 and 12-33 of the Criminal Code of 1961 [720 ILCS 5/12-32 and 12-33]); 27) Forgery (Section 17-3 of the Criminal Code of 1961 [720 ILCS 5/17-3]); 28) Vehicular hijacking and aggravated vehicular hijacking (Sections 18-3 and 18-4 of the Criminal Code of 1961 [720 ILCS 5/18-3 and 18-4]); 29) Manufacture, delivery or trafficking of cannabis (Sections 5, 5.1 and 9 of the Cannabis Control Act [720 ILCS 550/5, 5.1 and 9]); 30) Delivery of cannabis on school grounds (Section 5.2 of the Cannabis Control Act [720 ILCS 550/5.2]); 31) Delivery of cannabis by a person at least 18 years of age to a person under 18 who is at least three years his or her junior (Section 7 of the Cannabis Control Act [720 ILCS 550/7]); and 32) Manufacture, delivery or trafficking of controlled substances (Sections 401, 401.1, 404, 405, 405.1, 407 and 407.1 of the Illinois Controlled Substances Act [720 ILCS 570/401, 401.1, 404, 405, 405.1, 407 and 407.1]).		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	b) definitions. Omitted here							
	c) Nurse Aide Registry For all applicants for nurse aide positions, the agency shall check the Nurse Aide Registry to determine the date of the applicant's last UCIA criminal history record check. If it has been more than one year since the records check, the agency must initiate or have initiated on its behalf a UCIA criminal history record check for the nurse aide. (Section 30(b) of the Health Care Worker Background Check Act [225 ILCS 46/30(b)])		✖	✖	✖	✖	✖	✖
	d) Conditional offers Effective January 1, 1996, if the agency makes a conditional offer of employment to an applicant other than a nurse aide who is not exempt under subsection (m) of this Section for a direct care position, the provider shall initiate or have initiated on its behalf a UCIA criminal history record check except as provided for in subsection (e)(2) of this Section. (Section 30(c) of the Health Care Worker Background Check Act [225 ILCS 46/30(c)])		✖	✖	✖	✖	✖	✖
	e) Initiation of UCIA criminal history record check 1) By January 1, 1997 the agency must initiate a UCIA criminal history record check for all direct care employees who were hired before January 1, 1996, who have not already had a UCIA criminal history record check and who are not exempt in accordance with subsection (m) of this Section. (Section 30 of the Health Care Worker Background Check Act [225 ILCS 46/30]) 2) If the agency initiated a criminal background check on an employee hired after January 1, 1996 and before January 1, 1998, the agency does not need to initiate an additional criminal history record check to determine if the employee has a record of conviction of any of the offenses enumerated in subsections (a)(2), (7), (9) through (13), (17), (19), (22) through (28), (30) and (31) of this Section. (Section 25.1 of the Health Care Worker Background Check Act [225 ILCS 46/25.1])		✖	✖	✖	✖	✖	✖
	f) Request for UCIA criminal history record check The agency shall request the UCIA criminal history record check in accordance with the requirements of the Department of State Police. (See 20 Ill. Adm. Code 1265.) The agency shall notify the applicant or employee of the following whenever a non-fingerprint UCIA Criminal History Record search is made. (Section 30 of the Health Care Worker Background Check Act [225 ILCS 46/30]): 1) That the agency shall request or have requested on its behalf a UCIA criminal history record check pursuant to the Health Care Worker Background Check Act; 2) That the applicant or employee has a right to obtain a copy of the criminal records report, challenge the accuracy and completeness of the report and request a waiver in accordance with subsection (j)(1) of this Section; 3) That the applicant, if hired conditionally, may be terminated if the criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the applicant's identity is validated and it is determined that the applicant or employee does not have a disqualifying criminal history record based on a fingerprint-based records check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section; 4) That the applicant or employee cannot work in a direct care position while a waiver request is pending; 5) That the applicant, if not hired conditionally, shall not be hired if the criminal records report indicates that the applicant has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the applicant's record is cleared based on a fingerprint-based record check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section; 6) That the employee may be terminated if the criminal records report indicates that the employee has a record of conviction of any of the criminal offenses enumerated in subsections (a)(1) through (32) of this Section unless the record is cleared based on a fingerprint-based records check pursuant to subsection (h) of this Section or the employee receives a waiver pursuant to subsection (j)(1) of this Section.		✖	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CH. I: DHS; PART 115 STANDARDS AND LICENSURE REQUIREMENTS FOR COMMUNITY-INTEGRATED LIVING ARRANGEMENTS								
	Rule Language	**Deemed**	**TJC**	**COA**	**CQL**	**HFAP**	**CARF: BH**	**CARF: E & CS**
	g) Conditional employment The agency may conditionally employ an applicant to provide direct care for up to three months pending the results of a UCIA criminal history record check. (Section 30(g) of the Health Care Worker Background Check Act [225 ILCS 46/30(g)])		✖	✖	✖	✖	✖	✖
	h) Request for fingerprint-based UCIA criminal records check An applicant, employee, or nurse aide whose UCIA criminal history record check indicates a conviction for committing or attempting to commit one or more of the offenses enumerated in subsections (a)(1) through (32) of this Section may request that the agency commence a fingerprint-based UCIA criminal records check by submitting information in a form and manner prescribed by the Department of State Police (see 20 Ill. Adm. Code 1265) within 30 days after receipt of the criminal records report to validate identity and clear one's record. (Section 35 of the Health Care Worker Background Check Act [225 ILCS 46/35])		✖	✖	✖	✖	✖	✖
	i) Eligibility for waiver 1) An applicant, employee, or nurse aide may request a waiver of the prohibition against employment. (Section 40 of the Health Care Worker Background Check Act [225 ILCS 46/40]) 2) The Department may grant a waiver based on any mitigating circumstances, which may include but not be limited to: A) The applicant's, employee's or nurse aide's age at the time that the crime was committed; B) The circumstances surrounding the crime; C) The length of time since the conviction; D) The applicant or employee's criminal history since the conviction; E) The applicant or employee's work history; F) The applicant or employee's current employment references; G) The applicant or employee's character references; H) Nurse Aide Registry records; and I) Other evidence demonstrating the ability of the applicant or employee to perform the employment responsibilities competently and evidence that the applicant or employee does not pose a threat to the health or safety of residents, recipients or clients. (Section 40(b) of the Health Care Worker Background Check Act [225 ILCS 46/40(b)])		✖	✖	✖	✖	✖	✖
	J, k, l, m omitted							
115.325 Monitoring and	The agency shall agree to participate in a monitoring and evaluation system as described in the contractual agreement between the Department and the agency.	★	✖	✖	✖	✖	✖	✖
	a) Evaluation methodologies Agencies shall develop evaluation methodologies that address the issues of the effective and efficient use of program resources; for example, quality assurance, utilization review, and professional services review organization. The agency shall also provide documentation of the implementation of these evaluation methodologies and demonstrate how the information gained through evaluation efforts is used in the planning process. The Department shall review and provide consultation in this evaluation effort.	★	✔	✔	✔	✖	✔	✔
	b) Monitoring Monitoring is the review of the agency's compliance with contractual obligations, applicable statutes and administrative rules insuring that Departmental funds are spent appropriately for services as specified in the contractual agreement. Monitoring may include desk review and site review of agency performance.		✖	✖	✖	✖	✖	✖

Rule 125

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
125.10 Purpose	a) The intent of this Part is to define and describe the role of the Department of Human Services once the decision has been made by direct service personnel that a recipient is a candidate for discharge from a State-operated facility. A person shall not remain in a State-operated facility after it has been clinically and professionally determined that therapeutic services as defined within the Mental Health and Developmental Disabilities Code [405 ILCS 5] are no longer needed by the recipient. Adequate discharge planning, linkage and aftercare within an appropriate setting with individualized follow-up services will be provided for each recipient. Recipients will not be discharged from State-operated facilities without assurance that linkage will occur, unless the recipient refuses individualized follow-up services.		✖	✖	✖	✖	✖
	b) The policies and procedures within this document are consistent with the statutes which contain the Mental Health and Developmental Disabilities Code and the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705] and provide uniform direction to Department employees beginning with the decision to discharge a recipient and continuing through the follow-up process. The approach contained in this Part should enhance the quality of delivery of services to recipients and provide for improved public accountability.		✖	✖	✖	✖	✖
	c) This Part shall be used to assist in the orientation and training of staff as well as to provide guidance which may be necessary on a day-to-day basis. It is written in such a way that the policy expectations of the Department in terms of the roles and responsibilities of those involved in the discharge/linkage/aftercare process are addressed, including: 1) Central Office personnel; 2) Department facility and regional personnel; 3) Follow-up staff; and 4) Community providers.		✖	✖	✖	✖	✖
	d) The Department has always placed a special emphasis upon the necessity of continuity of care among service providers. Evidence of collaborative interagency agreements which assure prompt access to needed services is a requirement for the receipt of Department of Mental Health and Developmental Disabilities grant funds. Nationally recognized accreditation organizations have also emphasized the importance of this area through the development of standards concerning discharge planning, linkage and aftercare services.		✖	✖	✖	✖	✖
	e) The programmatic issue of assuring linkage of a recipient of services to the receiving agency/facility as distinguished from the monitoring and tracking of the recipient through the system has been given special consideration. Consequently, the Department's primary emphasis is to assure this linkage. The contents of this Part reflect this emphasis.		✖	✖	✖	✖	✖
	f) The provision and delivery of aftercare services to the recipient are the responsibility of the receiving agency/facility. The assurance that the services are appropriate and continue to be provided are the responsibility of the case coordinator and/or the designated mandated follow-up staff.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	g) Facilitating the linkage of each recipient to a receiving agency while at the same time respecting the individual's rights as set forth in the Mental Health and Developmental Disabilities Confidentiality Act [740 ILCS 110] requires that any recipient identifying information contained in the Department's automated linkage system be maintained on a time limited basis. Confirmation of linkage for a time period, not exceeding 180 days from the date of absolute discharge from a state-operated facility is maintained in the automated linkage system. An exception to this practice will exist for those recipients placed by the Department into licensed long-term care facilities. In these cases, the Department will maintain recipient identifying information for a minimum of one year in order to fulfill the mandated follow-up responsibility specified in Sections 15 through 16 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/15 through 16].		✖	✖	✖	✖	✖
	h) The policies and procedures contained in this Part articulate specific activities which must be accomplished. Further, terminology used in this Part has been standardized to facilitate its usefulness as well as gain greater clarity in communications among responsible personnel.		✖	✖	✖	✖	✖
125.20 Recipient rights	a) The rights of recipients of mental health and developmental disabilities services in the public as well as the private sector are set forth in Sections 2-100 through 2-111 of the Code [405 ILCS 5/2-100 through 2-111].		✖	✖	✖	✖	✖
	b) The observation and protection of recipient rights, as specified in the statute, are applicable to all sections of this Part.		✔	✖	✖	✖	✖
	c) As a general rule, individuals lose none of their rights, benefits, or privileges because they receive mental health or developmental disabilities services. For example, a recipient does not lose the right to vote, attend religious services or any other rights guaranteed by federal and State constitutions and laws.		✔	✖	✔	✖	✖
	d) A summary of rights to which the recipients of services are entitled include the following: 1) Adequate and humane care and services in the least restrictive environment and an individualized services plan.		✖	✖	✖	✖	✖
	2) To communicate with other people in private, without obstruction or censorship by the staff at the facility. This right includes mail, telephone calls, and visits. There are limits upon this right, e.g., communication by these means may be reasonably restricted by the facility director, but only to protect the recipient or others from harm, harassment or intimidation. All letters addressed by a recipient to the Governor, members of the General Assembly, Attorney General, judges, state's attorneys, officers of the Department, or licensed attorneys at law must be forwarded at once to the persons to whom they are addressed without examination by the facility authorities. Letters in reply from the officials and attorneys mentioned above must be delivered to the recipient without examination by the facility authorities.		✖	✖	✖	✖	✖
	3) To receive, possess, and use personal property unless it is determined that certain items are harmful to the recipient or others. On discharge all lawful property must be returned to the recipient.		✖	✖	✖	✖	✖
	4) To use money as a recipient chooses, unless the recipient is under 18 or under a court imposed restriction, including the appointment of a guardian.		✔	✔	✖	✖	✖
	5) To deposit money in a bank or place it for safekeeping with the facility. If the facility deposits a recipient's funds, any interest earned will be the recipient's. Neither the facility nor any of its employees may act as payee to receive any payment or assistance directed to a recipient, including Social Security and pension, annuity, or trust fund payments without informed consent of the recipient/guardian.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	6) To be paid for work a recipient was asked to perform which benefits the facility; the recipient may be required to do personal housekeeping chores without being paid.		✔	✖	✖	✖	✖
	7) To refuse services, including medication. If refused, the recipient will not be given such services except when necessary to prevent serious harm to self or others.		✔	✔	✖	✖	✖
	8) To have restraints used only to protect the recipient from physically harming self or others, or as a part of a medical/surgical procedure.		✔	✖	✖	✔	✖
	9) Seclusion used only to prevent the recipient from physically harming self or others.		✔	✖	✖	✔	✖
	10) A recipient will not receive electro-convulsive therapy (electroshock) without informed consent as provided for in Section 2-110 of the Code [405 ILCS 5/2-110].		✔	✖	✖	✖	✖
	11) Any unusual, hazardous, or experimental services require the recipient's written and informed consent.		✖	✔ ✔	✖	✖	✖
	12) Except in emergencies, medical or dental services will not be provided without informed consent of the recipient/guardian.		✖	✖	✖	✖	✖
	13) If recipient rights are restricted, the facility must notify the following (using form MHDD-4, "Notice Regarding Rights of Recipient"): A) Recipient and the person of the recipient's choice; B) Parent or guardian, if the recipient is under age 18; C) Court-appointed guardian for adult recipient; D) The Guardianship and Advocacy Commission, if so designated (see Section 2-201 of the Code [405 ILCS 5/2-201]).		✖	✖	✖	✖	✖
125.30 Overview	a) Department facilities are primarily intensive treatment/habilitation resources which provide therapeutic services to recipients unable to adjust to community settings. As recipients respond to the intensive services provided in Department facilities, they are encouraged to attain greater degrees of independence in alternate living situations within the community, either in their homes, or in residential facilities.		✖	✖	✖	✖	✖
	b) The optimal transition of recipients from State-operated facilities requires active interaction among public and private sector service providers. The components described in this Part, including the regional discharge/linkage/aftercare (DLA) plan, discharge planning, and interagency agreements, are designed to facilitate such interaction. Full implementation of these components should result in the enhancement of the quality of the service system and provide improved public accountability.		✖	✖	✖	✖	✖
125. 110 Rep.	c) Responsibilities of receiving agency reporting through the extramural system ensuring the accomplishment of the following functions: 1) Recipient's authorization for release of information to the Department discharging facility for the confirmation of linkage and initial service delivery after discharge.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	2) Communication with the discharging facility to achieve the following: A) Providing the agency's ID number for the recipient (current number if an open case); or the ID number for a recipient whose case had been closed and is now being reopened; or the new ID number assigned to a recipient being opened to the agency for the first time; B) Active participation in the development of the discharge plan; C) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the discharge plan.		✖	✖	✖	✖	✖
	3) Confirmation and accounting for services provided to the recipient through the extramural system and the aftercare linkage system.		✖	✖	✖	✖	✖
	d) Responsibilities of receiving agency/facility not reporting through the extramural system consist of ensuring communication with the discharging facility to achieve the following: 1) Active participation in the development of the discharge plan.		✖	✖	✖	✖	✖
	2) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the aftercare services plan.		✖	✖	✖	✖	✖
	3) Confirmation of the initial service provided to the recipient after discharge.		✖	✖	✖	✖	✖
125.130 Case coordination	a) Case coordination is a mechanism for assuring and coordinating services to meet the needs of those recipients who require this service. It provides the necessary advocacy function to facilitate the linkage of a recipient who has identified service needs to the available resources. The case coordinator principally focuses on the service delivery system from the vantage point of the individual recipient in need of the service, and engages in resource identification and linkage.		✔	✔	✖	✔	✔
	b) Case coordination attends to the practical level of synchronizing the efforts of multiple service providers and other supportive resources which enable the recipient to live successfully in a community setting. However, the case coordination function does not displace the responsibility of other service providers to work directly with the recipient or with the family, community supportive resources or other service organizations as provided for in the individualized services plan. Rather, the case coordinating function complements and integrates the usual services for those recipients whose need is so substantial so as to require an extraordinary level of service attention. Case coordinators rely, in large part, on: 1) Working knowledge of the nature and consequences of the recipient's disability; 2) Functional knowledge of the service delivery system, recipient eligibility requirements and procedures; 3) A working understanding of potential recipient resources, particularly those available through federal, State and local governmental agencies; and 4) The ability to work cooperatively with the many individuals and organizations which can provide services and assistance to the recipient.		✔	✖	✖	✔	✔
	c) Typical settings – Case coordination shall be provided through various organizational entities: 1) By the Department; 2) Through an entity which also provides direct recipient services or other indirect services; or 3) Through a free-standing entity whose sole function is the provision of case coordination services.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	d) Typical activities – Activities a case coordinator engages in may include: 1) Assessment of service need: Participates with direct service staff in assessing an individual's needs and readiness to move into alternate services or settings, utilizing clinical evaluation of intellectual, emotional and functioning levels. Where appropriate, standardized assessment instruments, such as the Illinois Client Information System (ICIS) for developmentally disabled recipients, will be used in conjunction with the professional evaluation of need. 2) Development of recipient individualized services plan: Participates with responsible program staff in developing a plan for the most effective and appropriate continuum of generic and specialized services. 3) Arrangement for service delivery: Assists recipient in identifying appropriate providers of care, screening and assistance in the eligibility process for Department or Department-supported programs as well as other public or private programs, and facilitating the linkage of recipients to service provider(s), and case coordination in a new location, if appropriate. 4) Coordination and advocacy with service providers: Is responsible for enabling continuity, accessibility and the most effective delivery of services as prescribed in the individualized services plan including the facilitation of coordination activities among multiple providers. 5) Follow-up: Conducts scheduled activities to monitor and evaluate the recipient's progress toward established service goals, and the need for continuing services. While follow-up activities focus on recipient status, they also may provide commentary on service irregularities or deficiencies and provide recommendations on the status and quality of care provided by the service delivery system.		✔	✔	✖	✔	✔
125.140 Mandated follow-up monitoring services	a) Provisions contained within Sections 15 through 16 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/15 through 16] mandate specific types of follow-up services for recipients who are being discharged from Department State-operated facilities and placed in licensed long-term care facilities, as defined by Section 1-113 of the Nursing Home Care Act [210 ILCS 45/1-113].		✖	✖	✖	✖	✖
	b) Before discharge from a state-operated facility can be considered, a clinical and professional decision must have been made that a recipient will derive benefits from a proposed placement, is legally competent (or is in the process of having legal competency restored), has a guardian if declared legally incompetent (or is in the process of having a guardian appointed), and requires the medical and personal care and/or supervision as described in the Nursing Home Care Act. The lack of a guardian, however, shall not inhibit discharge planning and placement once it has been deemed that continuing State-operated treatment/habilitation services will no longer be of benefit to a recipient. Department staff will do all that is possible to obtain suitable guardians; however, if these efforts prove to be unsuccessful the regional office of the Guardianship and Advocacy Commission shall be contacted and all appropriate information, such as but nor limited to, the recipient, the recipient's condition, the inability to locate a person to serve as guardian and the need for guardianship, forwarded.		✖	✖	✖	✖	✖
	c) Mandated follow-up services may be delegated by the Department to community agencies. This delegation shall be based on but not limited to caseload needs, availability of staff and available resources. This arrangement, however, will require a special contract between the Department and the agency. This contract establishes that the community agency acts as an agency of the Department and is bound by this Part. In addition, employees of any community agency that has a long-term care monitoring contract with the Department, is subject to the same conflict of interest rule as Department employees (59 Ill. Adm. Code 101.80).		✖	✖	✖	✖	✖
	d) As required by the Mental Health and Developmental Disabilities Confidentiality Act the recipient's confidentiality shall be protected.		✔	✔	✖	✔	✔
125. 150 Pre-	a) In order to fulfill statutory directive as well as providing due process for persons placed in licensed long-term care facilities, designated DLA staff shall assure that requirements of the Mental Health and Developmental Disabilities Code summarized in Section 125.40 and of the Nursing Home Care Act are followed.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	b) Consideration shall also be given to the interests and the needs of the recipient and the capacity of the facility to address those needs. 1) Out-of-region placement of recipients is permissible and requires written approval between the designated regional staff of the regions involved. Approval will be based on criteria in Section 125.160(f)(1).		✖	✖	✖	✖	✖
	2) The Department shall not place discharged recipients in facilities located outside of the State of Illinois unless appropriate facilities are not available within the State, or if placement in a contiguous state results in locating a recipient in a facility closer to home or family.		✖	✖	✖	✖	✖
	3) When it becomes necessary for arrangements to be made for placement in a state other than Illinois, the designated DLA staff shall notify the appropriate regional administrator who approves of the transfer based on criteria in Section 125.160(f)(1), and who shall notify the Department's Interstate Services Branch. 4) The Department is responsible for providing follow-up services to all recipients placed residentially in out-of-state facilities and shall indicate the regional DLA plan how follow-up services will be provided. A recipient cannot be placed in an out-of-state facility if it is not licensed by the state in which the facility is located. Subsequent to placement, if an appropriate facility within the State becomes available at a distance equal to or closer to the recipient's home or family, the recipient shall be returned and placed at this facility. AGENCY NOTE: Three months after an out-of-state placement has been made, the Department must send copies of visitation reports to the recipient's parent(s), guardian or nearest responsible relative (see Section 15.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/15.1]).		✖	✖	✖	✖	✖
125.160 Follow-up monitoring guidelines	Designated mandated follow-up staff shall assure compliance with the provisions of the Mental Health and Developmental Disabilities Administrative Act and compliance with the following Departmental policies.		✖	✖	✖	✖	✖
	a) Recipient monitoring 1) Provide or contract for the provision of individual monthly monitoring of recipients placed in a licensed long-term care facility for at least 12 months, including visits on a weekly basis during the first month.		✖	✖	✖	✖	✖
	2) Interview the recipient during the course of follow-up visits and discuss program involvement and/or other needs with staff in the licensed long-term care facility.		✖	✖	✖	✖	✖
	3) Observe, review and document the following: A) The recipient's comments and concerns; B) The recipient's overall adjustment to the facility; and C) The adequacy of the recipient's current individualized services plan as maintained by the facility.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
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	4) The adequacy of the programs and services available in the facility and in the community for meeting the needs of the recipient which may include, but are not limited to: A) Activities; B) Social (re)habilitation; C) Restoration nursing; D) Diagnostic testing; and E) Psychological and social services. 5) Sufficiency of the nursing and medical services to meet the physical health needs of the recipient. AGENCY NOTE: For the conditionally discharged recipient, designated staff must visit or consult with the recipient and the family on the condition of the recipient and advise the family of care that will be most favorable for the recipient. This visitation and contact requirement shall remain in effect while the recipient is on conditional discharge and shall terminate when such status is terminated.		✖	✖	✖	✖	✖
	b) Reporting and records 1) Reports of deaths, accidents and unusual occurrences A) All deaths of recipients, or accidents and unusual occurrences, such as reports of abuse, neglect and improper care, involving a recipient, shall be reported by the facility by telephone within twelve hours to the designated mandated follow-up staff, guardians (including the Office of the State Guardian, where appointed) and next of kin and confirmed in writing no later than the next working day with a complete statement of circumstances. The facility must promptly notify the coroner of all deaths pursuant to Section 3-3013 of the Counties Code [55 ILCS 5/3-3013]. B) Designated staff shall close cases in which death occurs in the Department's extramural reporting system by filing form DMHDD-1006, "Case Information".		✖	✖	✖	✖	✖
	2) Monthly facility report – Designated staff shall report on the results of their onsite visits to each facility on the monthly evaluation report for long-term care facilities. Copies of this report shall be submitted to the licensed long-term care facility and to the designated regional staff, with a copy being retained by the designated mandated follow-up staff.		✖	✖	✖	✖	✖
	3) Semiannual facility report A) The regional administrator will submit to the associate directors, semiannually, a summary of the monthly facility reports for each facility within the region. B) These reports may be used for the evaluation and continued approval or denial of placements in licensed long-term care facilities.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
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	4) Monthly and annual information report Monthly and annually a report shall be produced for Central Office and regional use by the Department's Bureau of Information Services including the following information by disability: A) The total number of facilities serving the Department's mandated follow-up recipients; B) The total number of Department recipients placed during the current month and year-to-date; C) The total number of Department mandated follow-up recipients in each facility; D) The total number of Department mandated follow-up recipients being monitored on a weekly and monthly basis; E) The number of mandated follow-up recipients readmitted to state-operated facilities from licensed long-term facilities for the current month and year-to-date; F) The number of mandated follow-up recipients transferred to another licensed long-term care facility, to a State-operated facility, to independent living for the current month and year-to-date; G) The number of deaths of Department mandated follow-up recipients for the current month and year-to-date; and H) The total number of drug abusers for the current month and year-to-date.		✖	✖	✖	✖	✖
	c) Program development and monitoring 1) When necessary, designated mandated follow-up staff may provide training as outlined in Section 15 of the Mental Health and Developmental Disabilities Administrative Act as outlined to assist facilities in meeting the unique needs of persons previously served by the Department.		✖	✖	✖	✖	✖
	2) Designated mandated follow-up staff will assist a facility in arranging for resources to program for these populations, e.g., activity programs, treatment/habilitation programs and other specialized programs. These program development functions may include: A) Providing time limited direct services in an effort to train facility staff; B) Providing workshops on special programs or procedures; C) Consulting with program staff or licensed long-term care facilities regarding the development of individualized services plans; D) Developing methods of implementation; and E) Evaluating programs available in the licensed long-term care facility.		✖	✖	✖	✖	✖
	3) At least annually, the Department must review facility training records prescribed by Department of Public Health standards for licensure of long-term care facilities (Minimum Standards for the Licensure of Long-Term Care Facilities for the Developmentally Disabled (77 Ill. Adm. Code 350); Minimum Standards for the Licensure of Long-Term Care Facilities – Persons Under Twenty-Two (22) Years of Age (Divisions 1 through 73); Minimum Standards for the Licensure of Long-Term Care Facilities – Sheltered Care Facilities (77 Ill. Adm. Code 330); and Minimum Standards for the Licensure of Long-Term Care Facilities – Skilled Nursing Facilities and Intermediate Care Facilities (77 Ill. Adm. Code 300)) and make recommendations regarding future training needs. Specific recommendations regarding orientation and inservice staff training must be included in the semiannual facility report. This report must also contain a judgment as to the sufficiency and capability of the staff in the facility.		✖	✖	✖	✖	✖
	4) Program development and monitoring activities must be documented and maintained in a file readily available to the appropriate region office. AGENCY NOTE: Designated mandated follow-up staff shall not provide consulting services for the purpose of meeting Department of Public Health licensure requirements, nor can fees be charged for the program development services provided by the Department or its contracted agents performing follow-up monitoring services.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
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	d) Termination from mandated follow-up services 1) Termination of follow-up monitoring services occurs after the 12-month period, except in cases of death, discharge to other than a licensed long-term care facility, or discharged for leaving against staff advice. Termination which is an individualized programmatic and clinical decision is based on the following criteria: A) A clinical determination has been made that mandated follow-up services to the recipient are no longer necessary to maintain adjustment in the licensed long-term care facility.		✖	✖	✖	✖	✖
	B) Appropriate and necessary linkage to community resources have been established which will enable the recipient to function independently.		✖	✖	✖	✖	✖
	C) The developmentally disabled recipient is receiving specialized programmatic services to meet the objectives for further personal development as contained in the individualized services plan, and that procedural continuity is established which is essential to maintain adaptive levels and/or to prevent behavioral/developmental regression.		✖	✖	✖	✖	✖
	D) The recipient has substantially achieved the objectives outlined in the individualized services plan.		✖	✖	✖	✖	✖
	E) The facility has demonstrated its ability to provide the necessary continuing support and appropriate programming to the recipient. AGENCY NOTE: When the decision to terminate has been made, designated staff shall check the follow-up notes and recipient records to insure that the recipient's recorded progress clinically supports the decision to terminate. In cases of developmentally disabled individuals on conditional discharge, who are being considered for termination from mandated follow-up services, a copy of the community placement termination summary will be forwarded to the regional administrator or designee as the recommendation for termination. The regional administrator or designee must give approval before the termination is effected.		✖	✖	✖	✖	✖
	2) The termination of recipients from mandated follow-up services, however, does not necessarily mean that contact with these persons shall cease. Statutorily required follow-up monitoring services and reporting shall cease, services including but not limited to those covered in the individualized services plan may continue to be provided. Supportive services and/or case coordination, if appropriate, should be provided based on the recipient's on-going needs.		✖	✖	✖	✖	✖
	e) Continuing mandated follow-up status Monthly comments will be forwarded to the designated Department region staff on each community placement recipient who exceeds one year in continuing mandated follow-up status. Comments will relate to specifics pertaining to inadequate adjustment of the recipient or any other cause considered significant enough to maintain the case in mandated status.		✖	✖	✖	✖	✖
	f) Transfers of recipients 1) Transfers, when necessary, from one long-term care facility to another may be to assure the recipient's health and well being. Primary attention shall be given to the needs and choices of the individual recipient (a recipient cannot be moved against the recipient's will except in an emergency). A transfer is indicated if the facility cannot meet the current needs of the recipient; or the recipient has been neglected, abused or improperly cared for; or if the facility is not in substantial compliance with previously cited licensure standards or has not developed an acceptable plan of correction as determined by the Illinois Department of Public Health.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	2) If a transfer is indicated, designated staff shall cooperate in the transfer of mandated follow-up recipients from one licensed long-term care facility to another. The regional DLA plan shall specify how transfer activities shall be coordinated with involved State agencies.		✖	✖	✖	✖	✖
	3) In times of disaster or emergency, designated staff may need to be involved in the transfer of recipients who have been terminated from mandated follow-up monitoring services. AGENCY NOTE: Designated staff must document all transfer activities and maintain the documentation in the recipient's record.		✖	✖	✖	✖	✖
	4) Routine transfers A) All recipients shall be transferred insofar as possible, in or near the communities in which the recipients reside or in which the recipients' families or significant others, such as a guardian or a friend, reside. The same considerations and procedures followed for the initial planning for discharge/linkage/aftercare shall apply (see Section 125.40).		✖	✖	✖	✖	✖
	B) Transfers may be initiated at the request of the recipient or legally responsible party. Transfers may also be initiated by the long-term care facility's administrator. Under such situations, designated staff will work with the Department of Public Aid and other involved agencies.		✖	✖	✖	✖	✖
	5) Inter-region transfers Recipients may be moved between regions provided there is a prior agreement with both regional administrators or their designated agents involved in the transfer.		✖	✖	✖	✖	✖
	6) Emergency transfers A) The Department of Public Health under Sections 3-401 through 3-423 of the Nursing Home Care Act [210 ILCS 45/3-401 through 3-423] and the Department under Section 15 of the Mental Health and Developmental Disabilities Administrative Act are empowered to take specific action to transfer recipients who are not receiving appropriate services and/or when conditions exist in a facility which imperil the health or pose a serious and imminent threat to the life or safety of those recipients.		✖	✖	✖	✖	✖
	B) Both Departments must make all reasonable efforts to eliminate any threats to the safety and well-being of any recipient, through consultation with the facility, the attending physician, and the recipient, spouse, parents, responsible relative or guardian (see Section 15 of the Mental Health and Developmental Disabilities Administrative Act).		✖	✖	✖	✖	✖
	C) The Department of Public Health is given broad statutory authority and primary responsibility to transfer any individual who is not receiving appropriate services in licensed long-term care facilities. The Department's legal authority deals specifically with individual recipients who have been placed by the Department in these facilities.		✖	✖	✖	✖	✖
	D) The Department must work in close cooperation with the Department of Public Health to effect the transfer of recipients whose life or safety is in imminent danger. However, the Department may, in the proper exercise of its statutory mandate, initiate action to provide for the health and welfare of mandated follow-up recipients residing in a facility.		✖	✖	✖	✖	✖
125. 170 Staff	a) Designated mandated follow-up staff shall personally observe the recipient, review individual progress and adjustment within the placement setting, and review the following considerations: 1) The recipient's rights and desires have been taken into consideration;		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	2) The receiving agency/facility continues to meet recipient needs;		✖	✖	✖	✖	✖
	3) The individualized services plan is being constantly updated by staff of the receiving agency;		✖	✖	✖	✖	✖
	4) Joint planning for the recipient's progress continues; and		✖	✖	✖	✖	✖
	5) On an on-going basis, the recipient has not been abused, neglected or improperly cared for.		✖	✖	✖	✖	✖
	b) As mandated follow-up or other visits are made, designated staff shall review for: 1) Prolonged understaffing;		✖	✖	✖	✖	✖
	2) Suspected abuse/neglect;		✖	✖	✖	✖	✖
	3) Inappropriate level of care;		✖	✖	✖	✖	✖
	4) Unattended medical needs;		✖	✖	✖	✖	✖
	5) Unexplained weight loss or gain;		✖	✖	✖	✖	✖
	6) Filth, dirt and odors; and		✖	✖	✖	✖	✖
	7) Inquiries from family, media or elected officials.		✖	✖	✖	✖	✖
	c) If these or other untoward or extraordinary situations such as room temperature extremes, contagious diseases and natural catastrophes are noted, the following steps shall be undertaken and fully documented:		✖	✖	✖	✖	✖
	1) Consultation with the licensed long-term care facility administrator and/or appropriate staff shall occur to discuss any deficient conditions. This consultation and any actions agreed to shall be fully documented. If resolution is achieved, further steps need not be taken. Regional offices of the Department of Public Health shall be kept informed.		✖	✖	✖	✖	✖
	2) If resolution is not reached, immediate verbal reports to the regional and central offices of the Department of Public Health, as well as to the regional administrator and appropriate associate directors of the Department must be made, followed by written confirmation within 24 hours.		✖	✖	✖	✖	✖

	TITLE 59: MENTAL HEALTH; CHAPTER. I: DEPARTMENT OF HUMAN SERVICES; PART 125 RECIPIENT DISCHARGE/LINKAGE/AFTERCARE						
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	3) Initiate regional interagency review with involved state agencies and formulate necessary action to resolve the situation. The right to a neutral hearing as provided for in Sections 3-703 through 3-802 of the Nursing Home Care Act [210 ILCS 45/3-703 through 3-802] and Sections 2-704, 3-207, 3-903, 4-209 and 4-709 of the Code must, however, be observed.		✖	✖	✖	✖	✖
	4) If a regional solution is not reached, the appropriate associate directors are notified and requested to facilitate resolution with the appropriate state agencies.		✖	✖	✖	✖	✖
	5) If resolution is not reached, the region will be instructed to initiate transfer by: A) Consulting with each recipient potentially involved in the transfer and documenting the recipient's response and notifying family or legal guardian; B) Locating and arranging for suitable alternative placement; C) Coordinating the transfer with the Department of Public Health and applicable funding agencies; D) Assuring that records required in this Part are maintained and personal effects are properly safeguarded; and E) Submitting a follow-up report to the associate directors.		✖	✖	✖	✖	✖
	d) Report of abuse or neglect of a recipient by an owner, licensee, administrator, employee, or agent of a facility shall be made to local law enforcement officials as provided in the Abuse and Neglected Long Term Care Facility Residents Reporting Act [210 ILCS 30].		✖	✖	✖	✖	✖

Rule 132

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
132.65 Organizational Requirements	a) The provider shall operate in a manner consistent with all applicable State laws and federal regulations, and adopted procedures.	★	✔	✔	✖	✔	✔
	b) A provider shall have written operating policies and procedures that detail and explain the operation of programs and the delivery of services, including a description of staff decision-making authority.	★	✖	✖	✖	✔	✔
	c) A provider shall have proof of insurance against professional and physical liabilities.	★	✖	✔	✖	✔	✔
	d) A provider shall ensure the availability of staff or consultants capable of using languages or methods of communication used by Medicaid-eligible clients served by the provider.	★	✔	✔	✖	✖	✖
	e) The provider shall have an active system of program evaluation.	★	✔	✔	✔	✔	✔
	2) The evaluation system shall include mechanisms for producing evaluation reports that describe the outcome of monitoring activities and provide for the use of the results to improve the program.	★	✔	✖	✖	✖	✖
	1) This system shall monitor quantitative characteristics such as caseload information and qualitative characteristics such as client satisfaction.	★	✔	✔	✖	✔	✔
132.70 Personnel and Administrative Recordkeeping	a) The provider shall have a comprehensive set of personnel policies and procedures that include, but are not limited to: 1) Job descriptions and qualifications and documentation of current licensure and certification for all staff, including those on contract with the provider or with an entity subcontracting with the provider. The provider shall also maintain job descriptions for volunteers and unpaid personnel;	★	✔	✖	✖	✖	✖
	2) Documentation that staff providing or supervising services pursuant to this Part meet the staff qualifications defined in this Part, and that their individual performance is evaluated no less frequently than once every 12 months; and	★	✔	✖	✖	✖	✖
	3) Documentation that the provider has written personnel policies concerning hiring, evaluating, disciplining and terminating staff.	★	✔	✖	✖	✖	
	b) The provider must show documentation indicating that staff have engaged in professional development and continuing education activities. Acceptable documentation may include, but is not limited to, training approval forms, reimbursement/payments for training, training calendars, outlines of training activities, or a list of notifications or training events.	★	✔	✔	✖	✔	✔
	c) A provider certified or funded by DHS shall not employ a person in any capacity until the provider has inquired of the Department of Public Health as to information in the 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.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH								
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	d) Each provider shall develop, implement and maintain a plan for clinical supervision of QMHPs, MHPs and RSAs who perform Part 132 services. Group supervision is acceptable and the size of the group should be conducive to the provision of clinical supervision. Supervision must be documented in a written record. Supervision of staff as noted in this subsection must be for a minimum of one hour per month through face-to-face, teleconference or videoconference. 1) QMHPs must be supervised by an LPHA. 2) MHPs and RSAs must be supervised by, at a minimum, a QMHP. 3) LPHAs are not required to have clinical supervision under this Section.		✖	✖	✖	✖	✖
132.80 Fiscal Requirements	a) Providers shall have a formal accrual accounting system in accordance with any generally accepted accounting principles (GAAP).		✖	✖	✖	✖	✖
	b) The provider shall submit to the Certifying State Agency within 180 days after the end of the State fiscal year the State of Illinois Consolidated Financial Report, unless the State agency extends the time-frame for a provider.		✖	✖	✖	✖	✖
	c) The provider shall comply with the requirements governing audits, false reporting and other fraudulent activities pursuant to 89 Ill. Adm. Code 140.30 and 140.35 for services provided to Medicaid-eligible clients.		✖	✖	✖	✖	✖
	d) Billings for services rendered under the Medicaid community mental health services program shall be submitted only by the provider of the service and only to the public payer with which the provider has contracted for the service.		✖	✖	✖	✖	✖
	e) The provider shall determine if there are any third party payers liable for treatment costs incurred by a client and shall follow procedures for seeking payment from these parties and for calculating subsequent Medicaid charges as outlined in 89 Ill. Adm. Code 140. A third-party payer is any entity, other than the client or public payer, with an obligation to the client to pay for services defined in this Part.		✖	✖	✖	✖	✖
132.85 Recordkeeping	a) The provider shall maintain records, including but not limited to the following: 1) All payments received, including cash;	★	✖	✔	✖	✖	✖
	2) All payments made, including cash;	★	✖	✔	✖	✖	✖
	3 Corporate papers, including stock record books and minute books;	★	✖	✖	✖	✖	✖
	4) All arrangements and payments related in any way to the leasing of real estate or personal property, including any equipment;	★	✖	✖	✖	✖	✖
	5) All accounts receivable and payable;	★	✖	✖	✖	✖	✖
	6) Service billing files;	★	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	7) Clinical records as defined in Section 132.100; and		✖	✖	✖	✖	✖
	8) Individual client information, including: guardianship, representative payee, trust beneficiary and resource availability.	★	✖	✔	✖	✔	✖
	b) Required records shall be retained for a period of not less than 6 years from the date of service, 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) Required records shall be readily available for inspection, audit and copying during normal business hours by personnel representing the Certifying State Agency, the public payer, HFS, or the Centers for Medicare and Medicaid Services (CMMS), U.S. Department of Health and Human Services. Reviewing personnel shall make all attempts to examine such records without interfering with the professional activities of the provider.		✖	✖	✖	✖	✖
	d) The compilation and storage of and accessibility to client information and clinical records shall be governed by written policies and procedures, in accordance with the Confidentiality Act and HIPAA.		✔	✖	✖	✖	✖
	e) Clinical records and other client information shall be secured from theft, loss, or fire.	★	✔	✔	✖	✔	✖
	f) Electronic signature or computer-generated signature codes are acceptable as authentication of record content.		✔	✔	✖	✔	✖
	1) In order for a provider to employ electronic signatures or computer-generated signature codes for authentication purposes, the provider shall adopt a policy that permits authentication by electronic or computer-generated signature.		✖	✖	✖	✖	✖
	2) At a minimum, the policy shall include adequate safeguards to ensure confidentiality of the codes, including, but not limited to, the following: A) Each user shall be assigned a unique identifier that is generated through a confidential access code.		✖	✖	✖	✖	✖
	B) The provider shall certify in writing that each identifier is kept strictly confidential. This certification shall include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier or that the identifier has otherwise been inappropriately used.		✖	✖	✖	✖	✖
	C) The user shall certify in writing that he or she is the only person with user access to the identifier and the only person authorized to use the signature code.		✖	✖	✖	✖	✖
	D) The provider shall monitor the use of identifiers periodically and take corrective action as needed. The process by which the provider will conduct monitoring shall be described in the policy.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	3) A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provisions: A) The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps or obvious contradictory statements appearing within those designated fields. The system shall also require that correction or supplementation of previously authenticated entries shall be made by additional entries, separately authenticated and made subsequent in time to the original entry.		✖	✖	✖	✖	✖
	B) The system shall make an opportunity available to the user to verify that the document is accurate and the signature has been properly recorded.		✖	✖	✖	✖	✖
	C) The provider shall periodically sample records generated by the system to verify the accuracy and integrity of the system.		✖	✖	✖	✖	✖
	4) Each report generated by a user shall be separately authenticated.		✖	✖	✖	✖	✖
132.90 Provider Sites[2]	a) The provider shall use sites deemed accessible in accordance with the Americans With Disabilities Act of 1990 (42 USC 12101 et seq.). "Accessibility" is determined by the extent to which the provider has adapted sites where services are provided to render its parking lot, entrances, hallway and physical facilities (lavatories, drinking fountains, ramps, etc.) available to persons with disabilities as well as the provider's arrangement to provide services to otherwise eligible clients for whom their site is inaccessible. The Certifying State Agency may waive or require specific accommodations to meet the needs of clients served at a particular site.		✖	✖	✖	✖	✖
	b) Provider sites shall be in compliance with approved State and local ordinances and codes relating to fire, building and sanitation, and health and safety requirements as follows: 1) Fire safety in accordance with rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100.		✖	✖	✖	✖	✖
	2) Building requirements shall be in compliance with the uniform or national building code adopted by the local or county ordinance. Documentation may include a written statement from an electrician or licensed architect stating that the site is in compliance with applicable electrical codes and a written statement from a licensed plumber or licensed architect stating that the site is in compliance with applicable plumbing codes.		✖	✖	✖	✖	✖
	c) To ensure the sanitation, health and safety of the sites, the provider shall: 1) Have written policies and procedures for the provision of housekeeping services at the sites.		✖	✖	✖	✖	✖
	2) Develop and maintain a written external and internal emergency disaster plan, including a fire evacuation plan. External disasters include such occurrences as tornados, earthquakes and floods. Internal disasters include such occurrences as fire and heating and cooling systems failures.		✖	✖	✖	✖	✖

[2] Note: For the purpose of this Part, provider sites are discrete locations, other than a licensed foster family home, that are owned or leased by a provider for the purpose of providing Medicaid community mental health services

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	3) Designate space, equipment, and furnishings for the provision of services which shall be conducive to privacy, comfort and safety. This includes such aspects as child size furniture in children's programs, rooms sufficiently large to accommodate groups or families, and doors that close to afford privacy.		✖	✖	✖	✖	✖
	d) The Certifying State Agency shall not review the requirements in this Section if the provider delivers Medicaid services exclusively in locations other than provider sites.		✖	✖	✖	✖	✖
132.95 Utilization Review	The provider shall have a written utilization review (UR) plan and ongoing activities to assess the appropriateness of Medicaid community mental health services, intensity/level of services, and continued services for the client. Such services may be subject to utilization management parameters established by the public payer. These parameters may include, but not be limited to, the volume of service delivered to a single client over a fixed period of time or significant changes in volume of service billed by a specific provider. The written UR plan shall address:		✖	✖	✖	✖	✖
	a) The methods and procedures for performing and recording individual case reviews by persons not involved in providing services to the clients whose records are reviewed;	★	✖	✖	✖	✖	✖
	b) The authority and functions of the individual case review designated unit, which may be: 1) A representative committee, chaired by a QMHP, and including QMHPs, MHPs, and RSAs; or 2) A QMHP;		✖	✖	✖	✖	✖
	c) Procedures describing the method for selecting cases for quarterly case review and the procedures for reviewing 10 percent of the clients served under this Part annually;		✖	✔	✖	✖	✖
	d) Procedures to ensure that the review includes and summarizes the client's progress over the previous 90 days;	★	✖	✖	✖	✖	✖
	e) Policies and procedures for documenting and reporting individual case reviews findings, determinations and recommendations to the supervising QMHP and, if applicable, the billing department;	★	✖	✖	✖	✖	✖
	f) Procedures for appeal by clients and staff affected by the UR decisions with which they disagree;	★	✖	✖	✖	✖	✖
	g) Provisions for ensuring confidentiality of individual case reviews, determinations, results and/or recommendations in accordance with the Confidentiality Act and HIPAA; and		✖	✖	✖	✖	✖
	h) Procedures for following up on case review recommendations.	★	✖	✖	✖	✖	✖
132.100 Clinica l	The client's clinical record shall contain, but is not limited to the following: a) Identifying information, including client's name, Medicaid recipient identification number, address and telephone number, gender, date of birth, primary language or method of communication (e.g., Spanish, American Sign Language, communication board), name and phone number of emergency contact, date of initial contact and initiation of mental health services, third party insurance coverage, marital status, and source of referral;	★	✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	b) Documentation of consent for or refusal of mental health services;	★	✔	✔	✖	✔	✖
	c) Assessment and reassessment reports;	★	✔	✔	✖	✔	✔
	d) A single consolidated ITP within a provider organization. The ITP must be current;	★	✖	✖	✖	✖	✖
	e) Admission Note, if applicable;	★	✖	✖	✖	✖	✖
	f) Documentation concerning the prescription and administration of psychotropic medication as specified in Section 132.150(d)(1);	★	✔	✔	✖	✔	✖
	g) Documentation of missed appointments;	★	✖	✖	✖	✖	✖
	h) Documentation of client referral or transfer during any active service period to or from the provider's programs or to or from other providers;	★	✖	✖	✖	✖	✖
	i) Documentation to support services provided for which reimbursement is claimed shall be in the format specified by the public payer, shall be legible and shall include, but not be limited to, the following elements: 1) The specific service, including whether the service was rendered in a group, individual or family setting and a note in the periodic report indicating the specific Part 132 mental health services billed by name or code;		✖	✖	✖	✖	✖
	2) The date the service was provided;		✖	✖	✖	✖	✖
	3) The start time and duration for each service;		✖	✖	✖	✖	✖
	4) The name and credential of the staff providing the service;		✖	✖	✖	✖	✖
	5) The specific provider site or off-site location where services were rendered; and		✖	✖	✖	✖	✖
	6) Written documentation describing the interaction that occurred during service delivery, including the client's response to the clinical interventions and progress toward attainment of the goals in the ITP.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	j) ITP reviews describing the client's overall progress;	★	✖	✖	✖	✖	✖
	k) A written record of the client's major accidents or incidents that occur at the site with regard to a specific client, whether self-reported or observed, and resulting in an adverse change in the client's physical or mental functioning; and	★	✔	✖	✖	✖	✖
	l) Discharge summary documenting the outcome of treatment and, as necessary, the linkages for continued services.	★	✔	✔	✖	✔	✔
132.142 Clients' Rights	To assure that a client's rights are protected and that all services provided to clients comply with the law, providers shall ensure that: a) A client's rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code [405 ILCS 5].		✖	✖	✖	✖	✖
	b) The right of a client to confidentiality shall be governed by the Confidentiality Act and the Health Insurance Portability and Accountability Act of 1996.		✔	✖	✖	✖	✖
	c) Justification for restriction of a client's rights under the statutes cited in subsections (a) and (b) shall be documented in the client's clinical record. In addition, the client affected by such restriction, his or her parent or guardian and any agency designated by the client pursuant to subsection (d)(2) shall be notified of the restriction.		✖	✖	✖	✖	✖
	d) Staff shall inform the client prior to evaluation services of the following: 1) The rights in accordance with subsections (a), (b) and (c);		✖	✔	✖	✖	✖
	2) The right to contact the Guardianship and Advocacy Commission and Equip for Equality, Inc. Staff 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.;		✖	✖	✖	✖	✖
	3) The right to be free from abuse, neglect, and exploitation;		✔	✖	✖	✔	✔
	4) The right to be provided mental health services in the least restrictive setting;		✖	✖	✖	✖	✖
	5) The 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 on how his or her grievances will be handled at the provider level. A record of such grievances 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 such 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);		✖	✖	✖	✖	✖
	6) The right not to be denied, suspended or terminated from services or have services reduced for exercising any rights; and		✔	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	7) The right to contact the public payer or its designee and to be informed of the public payer's process for reviewing grievances.		✔	✖	✖	✖	✖
	e) The information in subsection (d) shall be explained using language or a method of communication that the client understands and documentation of such explanation shall be placed in the clinical record.		✖	✖	✖	✔	✖
132.145 General Provisions	a) A provider shall, at a minimum, directly provide mental health assessment, ITP development, review, modification (see Section 132.148(c)) and at least one additional Part 132 mental health service. Directly provided means that the QMHP and LPHA who signed the mental health assessment and ITP are employed by or contractual employees of the provider. The public payer may waive the requirement of at least one additional Part 132 mental health service if it deems that such waiver increases the availability of mental health services to Medicaid-eligible clients.		✖	✖	✖	✖	✖
	b) A provider may subcontract for services authorized by this Part. All subcontractors must be certified to participate in the Illinois Medical Assistance program and enrolled as a provider with HFS. There shall be a written agreement between the provider and the subcontractor that defines their contractual agreement and assures the subcontractor's compliance with applicable service provisions of Subpart C. All subcontracts must be approved by and on file with the State agency and, when applicable, the public payer. For purposes of this subsection, a contractual employee or an individual on contract is not considered to be a subcontractor.		✖	✖	✖	✖	✖
	c) Unless specified otherwise, services under this Part shall be provided to clients with a diagnosis of mental illness as defined in Section 132.25 and whose level of role functioning, in the absence of treatment or medication, is impaired. The provision of mental health services is expected to result in an improvement or prevention of regression in the client's existing condition.		✖	✖	✖	✖	✖
	d) Consent 1) Prior to the initiation of mental health services, the provider shall obtain written or oral consent from the client and the client's parent or guardian, as applicable.		✖	✖	✖	✖	✖
	2) Consent must be given by the parent or guardian for a child under 12 years of age, except a child 12 through 17 years of age can consent to treatment for 5 outpatient sessions of no more than 45 minutes in duration.		✖	✖	✖	✖	✖
	3) If the client is determined to be in need of crisis intervention services, or if the assessment is court ordered for the client, consent is not required.		✖	✖	✖	✖	✖
	4) Legally competent adults who participate in treatment services are deemed to have consented.		✖	✖	✖	✖	✖
	5) Oral consent shall also be documented in the record.		✖	✖	✖	✖	✖
	e) An LPHA shall provide the clinical direction and recommend medically necessary services as documented by his or her dated signature on the mental health assessment and ITP. The public payer, or his or her designee, may provide additional clinical direction in determining whether services are medically necessary. If the public payer or its designee and the LPHA do not concur on medical necessity, an appeal may be initiated in writing or by phone in accordance with the Service Authorization Protocol located on the DHS website at http://www.dhs.state.il.us/ page.aspx?item=33244.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	f) When discharging a client from services, the provider shall ensure the continuity and coordination of services as provided in the client's ITP. The provider shall:	★	✔	✖	✖	✖	✖
	1) Communicate, consistent with the requirements of Section 132.142, relevant treatment and service information prior to or at the time that the client is transferred to a receiving program of the provider or is terminated from service and referred to a program operated by another service provider, if the client, or parent or guardian, as appropriate, provides written authorization; and	★	✔	✖	✖	✖	✖
	2) Document in the client's record the referrals to other human service providers and follow-up efforts to link the clients to services.	★	✔	✔	✖	✖	✖
	g) Services provided under this Part are subject to the provisions of an executed contract between the provider and the public payer. The public payer is not required to reimburse services under this Part not enumerated in the contract.		✖	✖	✖	✖	✖
132.148 Evaluation and Planning	a) Mental health assessment is a formal process of gathering information regarding a client's mental and physical status and presenting problems through face-to-face, video conference or telephone contact with the client and collaterals, resulting in the identification of the client's mental health service needs and recommendations for service delivery. A diagnosis of mental illness is not required prior to beginning a mental health assessment.		✖	✖	✖	✖	✖
	1) A mental health assessment is required prior to the development and implementation of an ITP. A mental health assessment is not required prior to the initiation of crisis services described in Section 132.150(b) and case management services described in Section 132.165(a)(1).		✖	✖	✖	✖	✖
	2) The provider shall complete a mental health assessment report within 30 days after the first face-to-face contact. When a client is hospitalized for crisis services, the first face-to-face contact shall be the initial contact following discharge from the hospital.		✖	✖	✖	✖	✖
	3) A written mental health assessment report shall be a compilation of the following: A) Identifying information: name, gender, date of birth, primary method of communication;		✔	✖	✖	✖	✖
	B) Extent, nature, and severity of presenting problems;		✖	✖	✖	✔	✖
	C) DSM-IV or ICD-9-CM diagnosis;		✔	✖	✖	✔	✔
	D) Family history, including the history of mental illness in the family;		✖	✖	✖	✖	✖
	E) Mental status evaluation, including, at a minimum, attention, memory, information, attitudes, perceptual disturbances, thought content, speech, affect, suicidal or homicidal ideation, and an estimation of the ability and willingness to participate in treatment;		✖	✖	✖	✖	✖
	F) Client preferences relating to services and desired treatment outcomes;		✖	✖	✖	✔	✖
	G) Personal history, including mental illness and mental health treatment;		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
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	H) History of abuse/trauma (childhood sexual or physical abuse, intimate partner violence, sexual assault or other forms of interpersonal violence);		✔	✔	✖	✔	✖
	I) Present level of functioning, including social adjustment and daily living skills;		✔	✖	✖	✔	✖
	J) Legal history and status, including guardianship and current court involvement;		✔	✔	✖	✔	✖
	K) Assessment of risk, including the identification of factors that may endanger either the client or the client's family and other immediate threats to the client's personal safety (e.g., gang involvement, domestic violence, elder abuse);		✖	✖	✖	✖	✔
	L) Education, specialized training, and vocational skills;		✔	✔	✖	✖	✖
	M) Employment history;		✖	✖	✖	✔	✖
	N) Interests, activities and hobbies;		✖	✖	✖	✔	✖
	O) History of current alcohol or other substance use, abuse or dependence;		✔	✔	✖	✖	✖
	P) Name and contact information of the client's primary care physician;		✖	✖	✖	✖	✖
	Q) Previous and current psychotropic medications, including date of most recent psychiatric evaluation;		✖	✖	✖	✖	✖
	R) General physical health, including date of last physical examination, any known symptoms or complaints, and current medications not noted in subsection (a)(2)(Q), including over-the-counter medications;		✖	✖	✖	✖	✖
	S) Resources such as family, community, living arrangements, religion, and personal client strengths; and		✖	✔	✖	✖	✖
	T) Summary analysis, conclusions and recommendations for specific Part 132 services.		✖	✖	✖	✖	✖
	4) An admission note may be used to initiate services prior to the completion of a mental health assessment for a client who is admitted to a specialized substitute care living arrangement; a residential facility designated by the public payer for the purpose of stabilizing a crisis; or ACT prior to the completion of a comprehensive assessment as required in Section 132.150(i)(2)(A). An Admission Note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
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	A) The Admission Note is a written report of an initial assessment and treatment plan and shall include the following: i) Identifying information: name, gender, date of birth, primary language or method of communication, date of initiating assessment;		✖	✖	✖	✖	✖
	ii) Client's current mental health functioning level;		✖	✖	✖	✖	✖
	iii) Provisional diagnosis;		✖	✖	✖	✖	✖
	Iv) Pertinent history;		✖	✖	✖	✖	✖
	v) Precautions (e.g., suicidal risk, homicidal risk, flight risk) and special programming to meet the client's needs;		✖	✖	✖	✖	✖
	vi) Initial treatment plan, including a list of Part 132 services that will be provided and the staff responsible for those services; and		✖	✖	✖	✖	✖
	vii) Other relevant information.		✖	✖	✖	✖	✖
	B) An Admission Note shall be completed by at least an MHP following a face-to-face or video conference meeting with the client.		✖	✖	✖	✖	✖
	C) A QMHP shall be responsible for approving the completed Admission Note as documented by the QMHP's dated signature on the Admission Note.		✖	✖	✖	✖	✖
	5) A QMHP who has had, at a minimum, one face-to-face or video conference contact with the client shall be responsible for the completed mental health assessment report as documented by his/her dated signature on the mental health assessment. MHPs may participate in the mental health assessment.		✖	✖	✖	✖	✖
	6) The client's family or guardian may participate in the mental health assessment during which the family will be given the opportunity to provide pertinent information or support. Participation by the family and other interested persons must be in accordance with the Confidentiality Act and HIPAA.		✖	✖	✖	✖	✖
	7) The mental health assessment report shall be reviewed and approved by the LPHA as documented by the LPHA's dated signature on the mental health assessment. The LPHA shall determine in writing if any additional evaluations are required to assess the client's functioning or service needs.		✖	✖	✖	✖	✖
	8) The mental health assessment shall be updated annually by the QMHP who has, at a minimum, one face-to-face contact with the client prior to the completion of the updated mental health assessment. The annual update must occur within 12 months after the LPHA's signature on the mental health assessment report or the previous update. The QMHP shall be responsible for the completed update as documented by his or her dated signature on the updated mental health assessment. The LPHA shall review and approve the assessment as documented by the LPHA's dated signature on the updated mental health assessment. MHPs may participate in the mental health assessment update.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
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	9) For services initiated by an Admission Note, the provider shall complete a mental health assessment report or a comprehensive assessment for an ACT client within 30 days after the client's admission		✖	✖	✖	✖	✖
	10) The annual update of the mental health assessment shall minimally include all requirements specified under subsection (a)(3) with the exception of requirements listed under subsections (a)(3)(A), (D), (G) and (H). Providers may include requirements under subsections (a)(3)(A), (D), (G) and (H) as medically necessary and clinically indicated as part of the mental health assessment update. Providers may also indicate "no change" where applicable on the mental health assessment update if there has been no change in status.		✖	✖	✖	✖	✖
	b) A psychological evaluation, if recommended, shall: 1) Be conducted within 90 days after completion of the ITP and documented by the provider consistent with the Clinical Psychologist Licensing Act [225 ILCS 15] using nationally standardized psychological assessment instruments; a master's level professional may assist;		✖	✖	✖	✖	✖
	2) Be conducted face-to-face or video conference with the client; and		✖	✖	✖	✖	✖
	3) Result in a written report that includes a formulation of problems, tentative diagnosis and recommendations for treatment or services		✖	✖	✖	✖	✖
	c) Treatment plan development, review and modification is a process that results in a written ITP, developed with the participation of the client and the client's parent/guardian, as applicable, and is based on the mental health assessment report and any additional evaluations. The ITP is also known as a rehabilitation treatment plan or a recovery treatment plan. Active participation by the client and/or persons of the client's choosing, which may include a parent/guardian, is required for all ITP development, whether it is the initial ITP or subsequent reviews and modifications. Participation by the client or parent/guardian shall be documented by the client's or parent's/guardian's signature on the ITP. In the event that a client or a client's parent/guardian refuses to sign the ITP, the LPHA, QMHP or MHP shall document the reason for refusal and indicate by his or her dated signature on a progress note that the ITP was reviewed with the client and that the client or his or her parent/guardian refused to sign the ITP.		✖	✖	✖	✖	✖
	1) The initial ITP shall be completed within 45 days after the completion of the mental health assessment as documented by the LPHA's dated signature on the ITP. When an Admission Note was completed to initiate services, the ITP shall be developed, following the completion of a mental health assessment, within 30 days after the client's date of admission.		✖	✖	✖	✖	✖
	2) A written ITP is a compilation of the following: A) The goals/ anticipated outcomes of services;		✔	✔	✖	✔	✔
	B) Intermediate objectives to achieve the goals;		✔	✖	✖	✔	✔
	C) The specific Part 132 mental health services to be provided;		✖	✖	✖	✖	✖
	D) The amount, frequency and duration of Part 132 services to be provided; and		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	E) Staff responsible for delivering services.		✖	✔	✖	✖	✖
	3) The ITP shall include a definitive diagnosis that has been determined for all five axes in the DSM-IV or the ICD-9-CM. If the diagnosis cannot be determined by the time the ITP is completed or a rule out diagnosis is given, the client's clinical record must contain documentation as to what evaluations will occur in order to provide a definitive diagnosis in the ITP. A diagnosis shall be determined within 90 days and the ITP shall be modified to reflect the diagnosis, as necessary.		✖	✖	✖	✖	✖
	4) Responsibility for development, review and modification of the ITP shall be assumed by a QMHP as documented by his/her dated signature on the ITP. MHPs may participate in the development of the ITP. An LPHA shall provide the clinical direction of mental health services identified in the ITP as documented by his/her dated signature on the ITP.		✖	✖	✖	✖	✖
	5) The LPHA and the QMHP shall review the ITP no less than once every 6 months to determine if the goals set forth in the ITP are being met and whether each of the services described in the plan has contributed to meeting the stated goals. The ITP shall be modified if it is determined that there has been no measurable reduction of disability or restoration of functional level.		✖	✖	✖	✖	✖
	6) The ITP review shall include continuity of care planning with the client or the client's parent/guardian. The ITP review shall also include an estimated transition or discharge date and identify goals for continuing care.		✖	✖	✖	✖	✖
	7) The results of crisis assessments, reassessments or additional evaluations after the client's ITP is completed shall be incorporated into a modified ITP, if appropriate, within 30 days.		✖	✖	✖	✖	✖
	8) The provider shall explain to the client and/or persons of the client's choosing, which may include a parent/guardian, as applicable and as evidenced by a signed and dated statement by the provider and the client or parent/guardian, the process for the development, review and modification of the contents of the ITP.		✖	✖	✖	✖	✖
	9) The ITP and all its revisions shall be signed by the parent or guardian if the client is under 12 years of age. If the client is 12 through 17 years of age, the ITP shall be signed by the client and by the parent/guardian, as applicable, unless the client is an emancipated minor. A client 18 years of age or older or an emancipated minor shall sign the ITP. If the client is 18 years of age or older and has been adjudicated as legally incapable, the ITP shall be signed by the legally appointed guardian.		✖	✖	✖	✖	✖
	10) A copy of the signed ITP shall be given to the client, if not clinically contraindicated, and the client's parent/guardian, as applicable. The ITP and documentation that the signed ITP has been provided to the client or parent/guardian, or proof of clinical contraindication, shall be incorporated into the client's clinical record.		✖	✖	✖	✖	✖
	11) Commencement of Services A) Mental health services may be provided concurrently with ITP development if: i.) The mental health assessment report is completed, signed and dated by the LPHA or the Admission Note is signed and dated by the QMHP; ii.) The service is recommended as medically necessary on the completed mental health assessment; and iii.) The services provided are included in the completed ITP, signed by an LPHA within the designated time frame.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 132, MEDICAID COMMUNITY MENTAL HEALTH							
	Rule Language	Deemed	TJC	COA	CQL	CARF: BH	CARF: E & CS
	B) If services are provided prior to completion of the ITP, and the client terminates services before the ITP is completed and signed, the provider must complete the ITP and document that the client terminated services and was unavailable to sign the ITP.		✖	✖	✖	✖	✖

Rule 135

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 135 INDIVIDUAL CARE GRANTS FOR MENTALLY ILL CHILDREN								
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
135.30 Parent/ guardian responsibilities	a) The parent/guardian must participate in the child's care, treatment and discharge to family and community.		✖	✔	✖	✖	✖
	b) All public sources of financial support available to or for the child, including but not limited to Social Security benefits (SSA) and supplemental security income (SSI) (42 USC 1381), must be applied to the costs of residential care, to the extent provided by law.		✖	✖	✖	✖	✖
	c) If the child is not already receiving SSI benefits, the parent/guardian must initiate an application for SSI immediately after placement.		✖	✖	✖	✖	✖
	d) The parent/guardian must notify the Department of any changes in the level of financial support from public sources. Declaration of ineligibility, reduction of benefits or loss of benefits through the actions of another governmental agency will not affect the Department's continued funding, unless these actions are the consequence of the parent/guardian's failure to pursue benefits or comply with this Part.		✖	✖	✖	✖	✖
	e) All financial assets of the child exceeding an exempt amount established by the Department must be applied to the costs of residential care. The determination that certain assets may be exempt is subject to the Department's review and approval.		✖	✖	✖	✖	✖
	f) The parent/guardian must notify the Department of any changes of address for the parent/guardian.		✖	✖	✖	✖	✖
	g) The parent/guardian must notify the Department of any changes of guardianship/custody.		✖	✖	✖	✖	✖
135.81 Individual services plan development	a) When the individual has been determined eligible, the ICG Program Office will refer the parent/guardian to the appropriate SASS agency for the purpose of developing an individual services plan.		✖	✖	✖	✖	✖
	b) At the individual services planning meeting the parent/guardian will consider available residential options and may consider alternative in-home/community service options, in lieu of residential placement, if the alternative services meet the needs of the individual and are recommended by the SASS program supervisor. The SASS agency shall provide the documentation of parent/guardian considerations to the ICG Program Office		✖	✖	✖	✖	✖
	c) The development and/or implementation of an individual services plan may be individual services plan may be deferred for one or more of the following conditions: 1) Continuing hospitalization is required; 2) Extended absence from the family due to runaway or a court-ordered transfer of custody or guardianship to a governmental agency; or 3) The parent/guardian does not wish to initiate any services with ICG/MI funding or fails to participate in the individual services planning.		✖	✖	✖	✖	✖
	d) If the individual services plan is not developed and/or implemented within one year after the date of approval for eligibility, the parent/ guardian must reapply to obtain ICG/MI funding.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 135 INDIVIDUAL CARE GRANTS FOR MENTALLY ILL CHILDREN							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
135.85 Alternative In-home/Community Services	a) The ICG Program Office will review individual services plans as well as discharge plans and may approve funding for alternative in-home/community services as described in this Section. The plan to be reviewed and revised every six months by the parent/guardian and appropriate service providers must: 1) Identify specific problems to be addressed; 2) Integrate all of the services to be provided; 3) Define specific goals and objectives and the projected duration and costs of services; 4) Reflect the parent/guardian's approval of the identified service providers; and 5) Identify the licensed physician, clinical psychologist, clinical social worker, or clinical professional counselor under whose clinical direction the services will be provided and obtain by signature his/her approval of the plan.		✖	✖	✖	✖	✖
	b) Alternative in-home/community services include one or more of the following: 1) Therapeutic stabilization; 2) Behavior management intervention; 3) Child support services; and 4) Young adult support services.		✖	✖	✖	✖	✖
	c) ICG/MI funding shall not be used to replace grant-in-aid funded services or other services for which the child and family may be eligible through federal, State, or local funding.		✖	✖	✖	✖	✖
	d) Limits of hours and costs will be authorized on a case by case basis by the Department.		✖	✖	✖	✖	✖
135.90 Residential placement	a) At the individual services planning meeting, SASS staff will discuss with the parent/guardian the potentially appropriate facilities (based on such factors as the child's age, sex and mental health condition, as well as locations and programs of facilities) and the requirements for placement and parental involvement, and will, at the parent/guardian's direction and with appropriately executed consents, prepare clinical referral packets to be sent to the facilities.		✖	✖	✖	✖	✖
	b) The list of facilities appropriate for placement through the ICG/MI program is comprised of facilities which: 1) Meet the standards for licensed private facilities as defined in Section 135.10 of this Part;		✖	✖	✖	✖	✖
	2) Have an educational program approved by the Illinois State Board of Education;		✖	✖	✖	✖	✖
	3) Have a per diem rate that includes residential services, such as room and board, but does not include tuition as established for purchased care services in accordance with the rules of the Illinois Purchased Care Review Board (89 Ill. Adm. Code 900), the Department of Children and Family Services (89 Ill. Adm. Code (356), or the Department (Section 54 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/54]); and		✖	✖	✖	✖	✖
	4) Have entered into a contract with the Department for such services during the current fiscal period.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 135 INDIVIDUAL CARE GRANTS FOR MENTALLY ILL CHILDREN							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	c) If appropriate placement for a child cannot be obtained from a contracted provider, the Department may contract with other private facilities acceptable as provided in subsections (b)(1) and (2) of this Section.		✖	✖	✖	✖	✖
	d) The Department may negotiate for additional services from facilities to augment existing services and/or to develop a specialized resource for a child.		✖	✖	✖	✖	✖
	e) At the time of placement, the ICG Program Office staff will enter in the case record a summary statement about the expected duration and outcomes of the placement derived from the clinical issues presented at the time of the eligibility determination. An individual service plan shall be developed within 30 days after placement by facility staff in consultation with the parent/guardian and the child. Such service plan shall be reviewed and updated annually, including documentation of parental participation and consideration of discharge to in-home/community services. Such updated plans and progress reports will be provided quarterly to the ICG Program Office. Together with the goals as stated in the case record summary, these documents will be the basis for the Department's review and approval for continuing funding for placement, including alternative in-home/community service which are part of the discharge plan. (See Section 135.135 of this Part.)		✖	✖	✖	✖	✖
	f) Parent/guardian responsibilities during placement include the following: 1) Participation in and cooperation with the facility's requirements for the child's care, treatment, and discharge to the family and community;		✖	✖	✖	✖	✖
	2) Completion and submission of such forms and documents as may be required by the Department;		✖	✖	✖	✖	✖
	3) The usual and customary costs of parenthood/ guardianship, including: A) Clothing; B) Medical and dental costs C) Personal allowance and incidentals; and D) Transportation costs, to and from the facility;		✖	✖	✖	✖	✖
	4) Applying to the local education agency for the tuition costs of residential placement or making other arrangements to pay for such costs. A determination by the Department that an individual is eligible for the ICG/MI program is not binding on the local education agency in regards to special education services.		✖	✖	✖	✖	✖
135.120 Termination of funding and/or	a) ICG/MI funding will be terminated in any of the following circumstances: 1) Failure of the parent/guardian to meet annual reporting and eligibility requirements;		✖	✖	✖	✖	✖
	2) The child is no longer enrolled in an approved educational program at the elementary/high school level, or attainment of age 21, whichever occurs first;		✖	✖	✖	✖	✖
	3) Completion of residential treatment and/or alternative in-home/community services;		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 135 INDIVIDUAL CARE GRANTS FOR MENTALLY ILL CHILDREN							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
	4) The parent/guardian is no longer an Illinois resident. Funding and placement for the child may continue until completion of the school year;		✖	✖	✖	✖	✖
	5) Guardianship of the child is ordered by the court to a State agency;		✖	✖	✖	✖	✖
	6) The child's resources, private or public, are sufficient to pay the costs of care; or		✖	✖	✖	✖	✖
	7) Any 12 month period without receiving residential and/or alternative in-home/community services.		✖	✖	✖	✖	✖
	b) The parent/guardian's objection to termination may be addressed via the Secretary's level appeal process in accordance with Section 135.70 of this Part. ICG funding will continue during the appeal process.		✖	✖	✖	✖	✖
135.130 Monitoring	a) Pursuant to the ICG program, the Department retains the right for on site inspection to monitor the care, treatment and progress of children funded through the ICG/MI program		✖	✖	✖	✖	✖
	b) Subsequent to any of these monitoring activities, the Department may require termination of placement and the development and implementation of a discharge plan, including alternative in-home/community services.		✖	✖	✖	✖	✖
	c) If the Department terminates placement, the parent/guardian may appeal that determination pursuant to Section 135.70 of this Part. ICG funding will continue during the appeal process.		✖	✖	✖	✖	✖
135.135 Grant renewal process	a) The ICG is a grant that shall be reviewed annually and may be renewed with documentation of continuing clinical need at the appropriate level of care as well as proof of enrollment in an approved education program at the elementary/high school level, and documentation of the parent/guardian's participation in the child's care, treatment and discharge to family and community.		✖	✖	✖	✖	✖
	b) The ICG Program Office staff shall commence a review of the child's care, his or her current educational status and parent/guardian's participation three months prior to the anniversary date of the child's entry to the ICG Program. The ICG Program Office will rely on the current individual services plan of the provider serving the child, the provider's quarterly reports, proof of enrollment in an approved educational program at the elementary/high school level and the parent/guardian's report		✖	✖	✖	✖	✖
	c) The parent/guardian will be notified by the ICG Program Office of the review and will be invited to provide information as to the child's needs, level of care and parent/guardian participation		✖	✖	✖	✖	✖
	d) The parent/guardian, child (if appropriate) and provider will be notified six weeks prior to the anniversary date of the Department's decision to renew or terminate funding		✖	✖	✖	✖	✖
	e) If ICG funding is terminated pursuant to the grant renewal process, the parent/guardian may appeal that determination pursuant to Section 135.70 of this Part. ICG funding will continue during the appeal process.		✖	✖	✖	✖	✖

TITLE 59: MENTAL HEALTH; CHAPTER I: DEPARTMENT OF HUMAN SERVICES; PART 135 INDIVIDUAL CARE GRANTS FOR MENTALLY ILL CHILDREN							
	Rule Language	**Deemed**	TJC	**COA**	**CQL**	**CARF: BH**	**CARF: E & CS**
135.140 Bed holds	a) The Department may reimburse a community agency for up to 120 consecutive or non-consecutive nights per State fiscal year for an individual on a programmatically approved absence from the residential facility.		✖	✖	✖	✖	✖
	b) An agency will not be reimbursed for an individual's absence after the date of discharge or when his or her treatment plan includes removal from the agency program or after the date of the agency's knowledge of the individual's pending termination		✖	✖	✖	✖	✖
	c) A bed hold billing request by an agency that falls within a 60 day cumulative limit per State fiscal year will be authorized provided it is consistent with the Department's policies and procedures.		✖	✖	✖	✖	✖
	d) Any absence that would exceed 60 cumulative days per State fiscal year must be communicated to and approved by the Individual Care Grant Program staff.		✖	✖	✖	✖	✖
	e) An agency shall incorporate planned home visits and vacations into the child's treatment plan. The plan should be consistent with the treatment goals to avoid extended absences that may inhibit an individual's progress.		✖	✖	✖	✖	✖