

Attestation for Collaborative Care Model (CoCM)

Providers delivering the Collaborative Care Model (CoCM) to customers under the Illinois Medical Assistance Program must attest to providing care consistent with the core principles and the specific requirements outlined in the Department of Healthcare and Family Services' (HFS) Collaborative Care Model Guidelines. The attestation must be completed initially as part of the CoCM provider enrollment process and annually thereafter by October 1.

Section 1 – Rendering Provider Information

The rendering provider is the individual practitioner or provider organization that will be delivering CoCM services. A unique attestation is required for each rendering provider of CoCM services.

HFS Provider Type:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Advance Practice Nurse	<input type="checkbox"/> Physician's Assistant	
<input type="checkbox"/> Federally Qualified Health Center	<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Encounter Rate Clinic	
<input type="checkbox"/> Public Health Department	<input type="checkbox"/> School Based Health Clinic		
Provider Name:	NPI:	Medicaid ID:	
Service Location Address:	City:	State:	Zip Code:

Section 2 – Current CoCM Team Members

List all staff responsible for delivering CoCM in the table below. Alternatively, providers may attach a document listing CoCM team members. Staff must meet the qualifications as outlined in the HFS Collaborative Care Guidelines.

Role	Staff Name	Degree/Licensure
Primary Care Practitioner		
Behavioral Health Care Manager		
Psychiatric Consultant		

Section 3 – Attestation of Compliance

Based upon my personal knowledge and belief, I attest that the provider listed herein complies with all the requirements of the CoCM set forth by HFS. Specifically, I attest to the following:

(Check each to verify)

- ☐ I have received and reviewed the HFS CoCM policies, understand them, will implement the CoCM consistent with said policies, and agree to comply with said policies.
- ☐ Staff delivering CoCM will have a sufficient background check in compliance with the requirements of the Health Care Worker Background Check Act [225 ILCS 46] prior to any direct contact with a customer. Background checks must also include verification that staff do not have substantiated findings on the Department of Public Health's Health Care Worker Registry and that staff are not on the HFS Office of the Inspector General list of sanctioned providers.

☐ CoCM will be delivered by a patient-centered team that consists of the following team members:

- I. Primary care/medical provider leading the collaborative care team;
- II. Behavioral health care manager working with the lead medical provider;
- III. Psychiatric consultant working with the lead medical provider; and,
- IV. Customer.

☐ Staff will receive training in CoCM and in related topics, such as evidence-based brief interventions or psychotherapy techniques, necessary to fulfill their role on the CoCM team.

☐ Validated measurement tools (e.g., PHQ-9, GAD7) will be used to track customer symptoms, needs, and progress over time. The measurement tool will be completed once a month for each customer receiving CoCM.

☐ A minimum of one clinical contact with the customer will be completed each month, with at least one face-to-face contact occurring minimally every 90 days.

☐ A patient registry will be maintained to document and track clinical activities, progress, and the monthly administration of the validated measurement tool. All staff delivering CoCM will have access to the patient registry.

☐ The psychiatric consultant will consult with the behavioral health care manager weekly on complex cases and on customers who are not seeing the expected clinical improvements.

☐ The CoCM team will have a process for referring customers to more specialized behavioral health services as deemed necessary.

I understand HFS has the right to validate the information within this attestation. I understand that failure to comply with the requirements of the CoCM may result in denial of payment. I will notify HFS if it is my belief the provider identified herein is no longer able to comply with CoCM guidelines.

The person signing this form must have the authority to attest that the CoCM guidelines are being adhered to within the provider organization/business identified herein.

Printed Name	Signature	Date

Title	Email	Phone Number

All attestations must be completed electronically and submitted to: https://go.uillinois.edu/CoCM_Attestation.

Questions or concerns regarding this form may be submitted via email to: : OMI.IMPACT@uillinois.edu.