

# Adult Rehabilitative Mental Health Services (ARMHS) Provider Application Instructions

## Instructions:

ARMHS applications are submitted online via AGILE Apps.

To submit an application first ensure your agency has completed the application requirements (below) and saved them in either .word or .pdf format for submission

Next, complete the [webform](#) with information about your agency and the individuals that attended the ARMHS information session recently.

- You will need the Trainlink ID's of the individuals that attended the ARMHS information session and AGENCY NPI#

Once the webform is reviewed and approved, your agency contact will receive a link to apply on AGILE Apps w/in 3 business days.

The ARMHS application requirements below must be completed and uploaded into AGILE Apps after completing your agency information within AGILE Apps.

Instructions for using AGILE Apps can be found on the [ARMHS webpage](#).

## ARMHS Application Requirements

Please reference the [ARMHS section of the MHCP Provider Manual](#), [MN Statutes 256B.0623, 245I.01-245I.13](#) and any notes/handouts from the ARMHS Information Session you attended.

Please follow these instructions for submitting the required application attachments:

1. Attachments must be clearly labeled in the upper right corner (example, B1a, B1b, B1c).
2. Attachments must be labeled according to contents. For example: Attachment A1-A5, B1-C2, etc.
3. Attachments **must be submitted in the order of the following sections**.

### Section A: Can the organization support the implementation of ARMHS?

1. An **organizational chart** including names, titles, functions and credentials.
2. A copy of your **Minnesota Secretary of State certificate of incorporation**. (Counties and tribes are exempt from this requirement). **The registered address must match the address on your application for approval with MHCP.**
3. Your organization's original work **ARMHS quality assurance plan(s) (QAP)**, specifically how you plan to measure client outcomes and program objectives. **(minimum of 1 agency outcome and 1 client outcome)**
4. A description of your organization's internal policies and procedures for **verification of staff qualifications**, including documentation and retention policy. Include **who is responsible** for verification within your organization.
5. Your organization's **grievances or complaints procedure**, including time frames for resolution and client options for filing a grievance or complaint **outside of your agency**.

## Section B: Does the organization fit into or add to the local mental health (MH) system?

1. A detailed description of your organization's **experience in providing adult mental health services**, including but not limited to ARMHS. Include at a minimum experience of owner(s) and treatment supervisor(s).
2. A description of how your organization **plans to collaborate** with other social services within the local or county mental health system(s) you plan to serve.
3. A description of how your ARMHS program will **enhance the local mental health system**, including your **focus population, demographics and geographical areas**.
4. A description of how your ARMHS program will **assess, adapt, and provide culturally-specific services** relevant to the delivery of ARMHS.

## Section C: Does the organization's application and documentation ensure the Department of Human Services (DHS) they can provide the ARMHS?

1. Describe in your own words (**not a copy/paste of statute**) how your organization will provide **treatment supervision**.  
Minimally, include the following:
  - required timelines and frequency
  - treatment supervision planning
2. Describe in your own words (**not a copy/paste of statute**) your understanding of required training for staff.  
Minimally, include the following:
  - Training plan requirements
  - Documentation of training
  - Required trainings and timelines
3. In your own words, **describe the differences** between an ARMHS practitioner and an ARMHS rehabilitation worker, **specific to scope of practice and supervision**.
  4. In your own words, **describe the differences** between a Certified Peer Specialist I and Certified Peer Specialist II, **specific to scope of practice and supervision**.
  5. A copy of your ARMHS **client relapse prevention plan/crisis stabilization plan**. Describe how the plan will be developed and documented. Include local mental health crisis resources.

## Section D: Is the organization able to provide a link between the medical necessity of ARMHS and the recovery-oriented needs of the person in developing, designing and delivering services? Are the services described as “rehabilitative services”?

1. A complete and fully executed mock recipient file, **developed internally by your hired or contracted mental health professional** that includes the following. All documents must include required dates, signatures, and meet statutory requirements for documentation.
  - a. A diagnostic assessment, including a level of care recommendation
  - b. A functional assessment
  - c. An individual treatment plan (ITP) which includes:
    - i. **Two** rehabilitation goals
    - ii. **Two-three** objectives per goal
    - iii. At least one intervention for each objective
  - d. Progress note(s) that implement(s) **all goals and objectives** identified in the ITP

- e. A fully updated ITP that clearly addresses progress and/or barriers to all goals and objectives

Recycled applications and/or mock files submitted will be automatically declined. Original work is required.