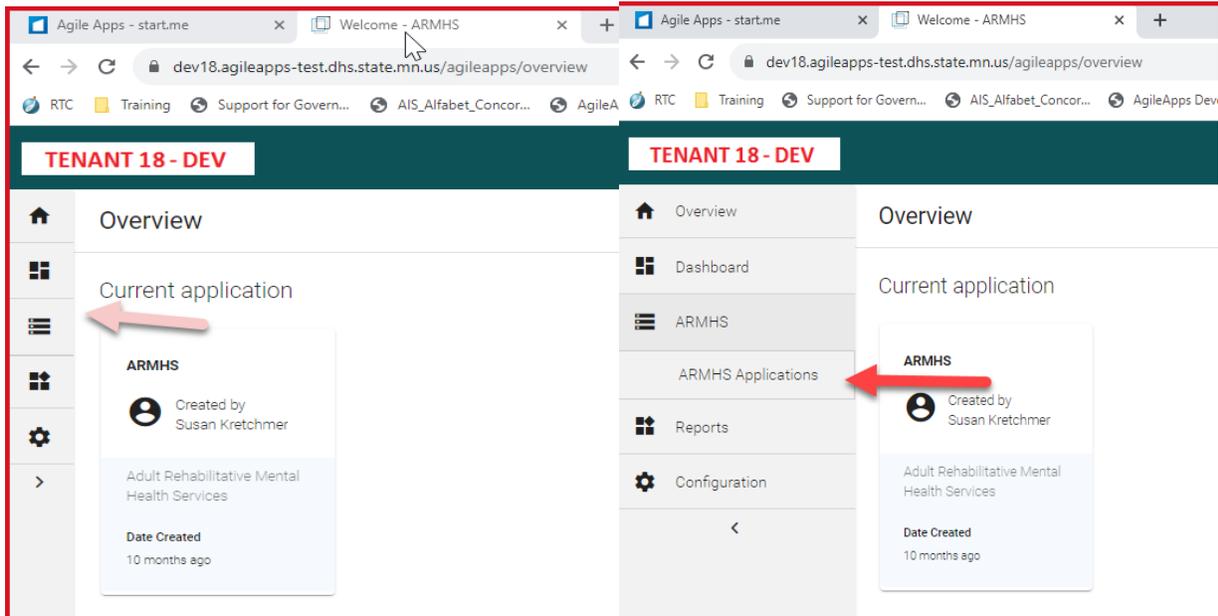
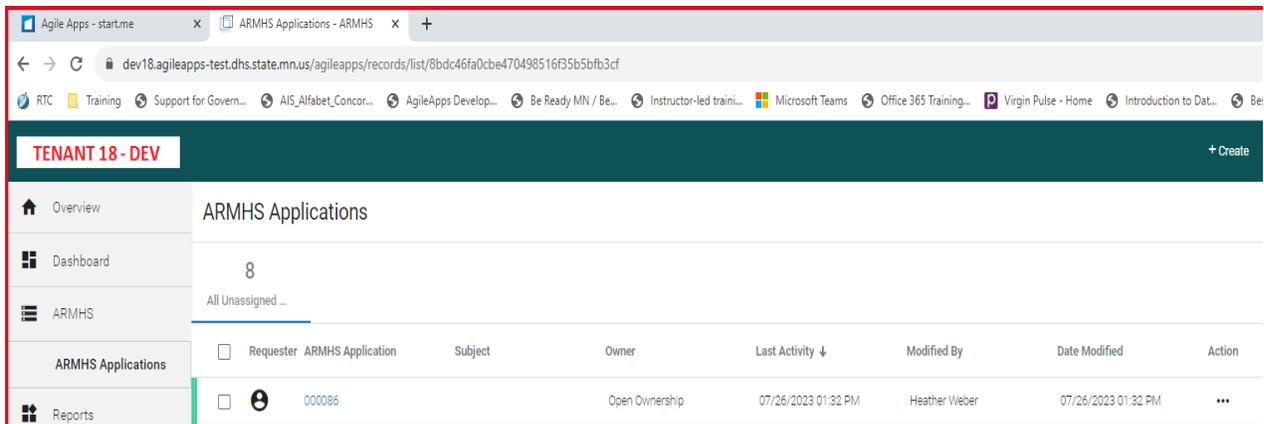


Instructions for Submitting an ARMHS Application in Agile Apps

1. After clicking the link you were emailed you will see the following screen. Click on the 3 bars on the left as shown, then click ARMHS Applications as shown in the 2nd image:



2. The application you will be submitting will show. Click on the **application number** as shown below:



3. Complete ALL information in the first tab, named, ARMHS Request.

Overview 000086 Cancel Save

Status Draft

ARMHS Request Locations Associated Staff Application Documentation Submission

Application Type *

Application

Recertification

Branch Application

Refer to the ARMHS section of the MNCP Provider Manual, MN Statutes 256B.0623, and any notes/handouts from the ARMHS information session you attended.

Will you be providing culturally specific services?

Yes No

Agency Email

Counties you intend to provide services in

Agency Name

WebTest

Provider NPI

1231231231

Provider Type *

Accreditation Number

Private Provider License Number

Agency Lookup

ABCD Inc

4. Next, click the LOCATIONS tab to get to the following screen, and enter all information.

TENANT 18 - DEV

Overview 000086 Cancel Save

Status Draft

ARMHS Request **Locations** Associated Staff Application Documentation Submission

Main Address 1

Main Address 2

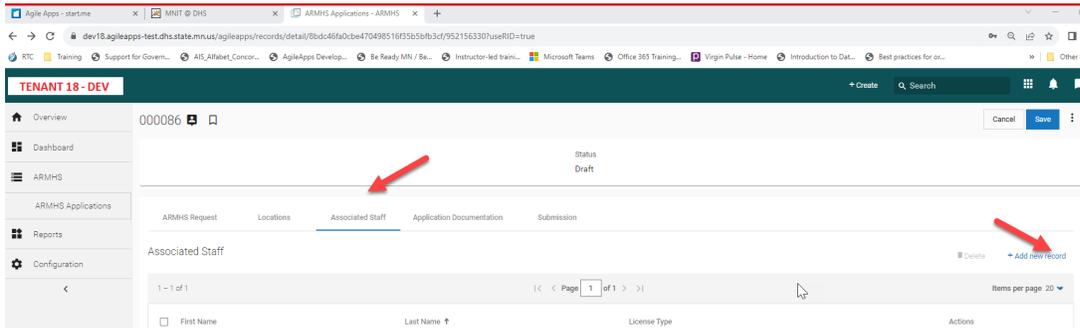
Main City

Main State

MN

Main Zip Code

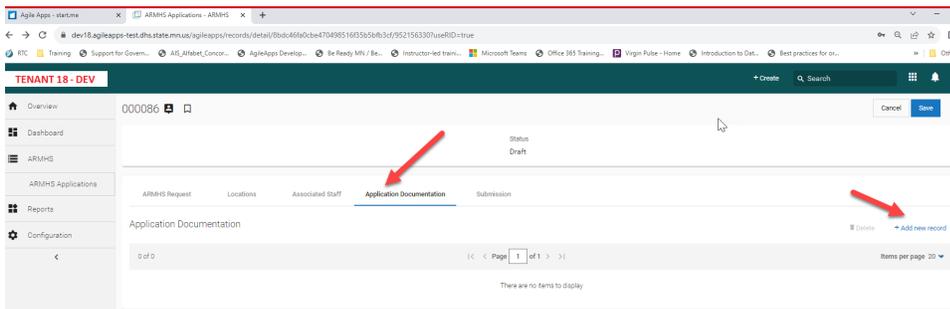
5. Next, click the Associated Staff tab.
 - a. Click Add new Record



- b. Choose which staff you are entering information for, ex. Treatment Supervisor, Owner or Board Chair, etc.
- c. Repeat for each Individual Staff
- d. Only the primary **Treatment Supervisor and Owner(s) are Required**, but you may add more staff.
- e. **Be sure to choose ONE designated contact.** This will be the only agency contact for the purposes of using AGILE Apps.

The screenshot shows the 'Associated Staff' form. The 'Basic Information' section includes checkboxes for 'Treatment Supervisor', 'Medication Education', 'Owner or Board Chair', and 'Administrative Staff'. The 'Designated Contact' section includes a checkbox and a note: 'Check the box below if this person should be cco on correspondence emails. Only one person can be the designated contact.' Below this are input fields for 'First Name', 'Last Name', 'Phone Number', and 'Email Address'. The form has 'Cancel' and 'Save' buttons at the bottom right.

6. Click Application Documentation Tab
 - a. Click Add New Record



- b. Per the instructions, you can attach your application requirements as ONE file, OR, attach it as individual Sections A, B, C, D.

Application Documentation

Basic Information

You can submit your ARMHS Application as ONE File, OR, you can choose to submit it by sections, i.e. Section A, B, C, D.

Your application submitted must be have each section labeled per the instructions on DHS 7181 or your application will be returned and you'll need to resubmit.

If you need to review the instructions you can copy and paste this url to a web browser:

https://edocs.dhs.state.mn.us/fsever/Public/DHS-7181-ENG

Document Type

Document

Select a file

Cancel Save

7. Click the Submission Tab

- a. Click the 'Signature Attest' box FIRST.
- b. Then, click the 'Submit to DHS' box.
- c. Click the BLUE SAVE button in the upper right corner

TENANT 1.8 - DEV

Overview 000094

Dashboard

ARMHS

ARMHS Applications

Reports

Configuration

ARMHS Request Locations Associated Staff Application Documentation Submission

Status Draft

Once you have entered all of the information, click the "Submit to DHS" checkbox, then click Save.

Submitter Name

Signature Attest

Submit to DHS

Date Submitted

Time

Certification Begin Date

Certification End Date

Cancel Save

After your Application is Saved the DHS ARMHS Team will be notified of the submission.

The DHS ARMHS team will review your application and you will receive an email once review is complete.

Please expect reviews to take approximately 90 days. Do not send emails inquiring about the status UNLESS the 90 day timeline has been exceeded.