DEPARTMENT OF HUMAN SERVICES

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 <u>ARMHS Applications</u> as shown in the 2nd image:



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

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

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Reports	Application Type * Agency Name	
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	Refer to the ARMA'S section of the MHOP Provider Manual, MN Statutes 2568.0523, and any notes/handouts from the ARMAHS Information 1231231231	
	Session you attended. Provider Type *	
	Will you be providing culturally specific services?	v
	Ves ∪ No Accreditation Number ¹ 2 ²	
	Agency Email	
	Private Provider License Number	
	Counties you intend to provide services in	
	Agency Lookup	
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4. Next, click the LOCATIONS tab to get to the following screen, and enter all information.

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5. Next, click the Associated Staff tab.

a. Click Add new Record

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- 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.

Back Information Back Informa	Associated Staff		
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Treatment Supervisor Indication Education Contract Administrative Staff Administrati	Check the box next to all roles this person has in Agency		
Medication Education	Treatment Supervisor		
Cover or Board Chair Administrative Staff	Medication Education		
Administrative Staff heads the box below if this person should be cold on correspondence emails. Only one person can be the designated contact. Designated Contact and Manae at Name Incomposition at Name Incomposition Incomposition at Address	Owner or Board Chair		
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- 6. Click Application Documentation Tab
 - a. Click Add New Record

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			There are no items to display				

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 ARM/HS 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/ifserver/Public/DHS-7181-ENG	
Document Type	
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Document	
Select a file	
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- 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

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Reports	Once you have entered all of the information, click the "Submit to DHS" checkbox, then click Save Status						
Configuration	Submitter Name Draft						
<	Certification Begin Date						
	Bigniture Attest Milly (d)	e	(
	By submitting this application, you agree that the provider agency understands and will comply with the application requirements, and that the Certification End Date						
	content of this application is accurate, completed by individuals directly associated with the provider agency and indicates the agency a intern. MM/dd/yyyy	E					
	Li Submit to DHS						
	Date Submitted Time						
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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.