

For Certification/ Recertification complete form in full and sign second page. Signature required for validation.



Adult Rehabilitative Mental Health Services (ARMHS) Ramsey County Local Certification/ Recertification Application

Purpose of Local Certification

Legislative language related to Adult Rehabilitative Mental Health Services states, "If an entity seeks to provide services outside its host county, it must obtain additional certification from each county in which it will provide services. The additional certification must be based on the adequacy of the entity's knowledge of that county's local health and human service system, and the ability of the entity to coordinate its services with the other services available in that county."

Provider Entity Legal Name

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Provider Entity Main/ Corporate Address

Street Address		
City/ Town	State	Zip Code

Provider Entity Ramsey County Address (if different from above)

Street Address		
City/ Town	State	Zip Code

Type of Organization (check one):

Governmental Unit		Non-Profit		Profit	
Partnership		Proprietorship			

Names, Titles and Addresses of Organization Officers:

Name/ Title	Address
Name/ Title	Address

ARMHS Contact Person Information

Name and Title	Phone Number
Address	
Email Address	Fax Number



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In line with the above stated purpose, as a provider entity seeking Ramsey County Local Certification our agency, _____ agrees to the following:

(Name of Provider Agency)

1. Our agency assures that agency staff who provide direct service and who supervise direct service staff will, within six weeks of starting work with our agency, receive training about Ramsey County's health and human services system.
2. Our agency assures it will work with Ramsey County as needed to assure overall coordination of the service system.
3. With regard to service coordination for specific clients:
 - A. Our agency assures that agency staff who provide direct service and who supervise direct service staff will, within six weeks of starting work with our agency, receive training about how to coordinate services with family, persons identified by a client as significant in their life and other providers of services.
 - B. Further, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its efforts to coordinate the development of treatment plans with family members, others identified as significant in the life of a client and other service providers, including a client's case manager, by documenting these efforts and involvement of these parties in treatment plan development.
 - C. In addition, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its efforts to notify family, others significant in the life of a client and other service providers, of significant events and/or changes with a client, by documenting these efforts in client progress notes.
 - D. Finally, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its timely responses to family, others significant in the life of a client and other service providers, by documenting these efforts in client progress notes.

Name and Title

Date

Send completed form to Julie Jones.
Email:
Julie.Jones@Co.Ramsey.MN.US Fax
Number: 651-266-4438