

Local Recertification

Adult Rehabilitative Mental Health Services (ARMHS)

Local Recertification Instructions and Suggestions

June 2005

INTRODUCTION:

The 2001 legislation creating Adult Rehabilitative Mental Health Services (ARMHS) requires that providers of these services be certified as qualified and meeting standards. The two-part certification process involves the provider obtaining “primary certification” from DHS, and “local certification” from each county the provider intends to provide services in.

Each county creates its own ARMHS “local certification” process based on local criteria for provider “knowledge of resources” and “coordination”.

This same legislation (with amendments) requires that providers of these services be recertified every three years. The recertification process involves two parts: primary recertification and local recertification.

Here are four key points on the local recertification process:

- 1) For the ARMHS recertification process, there is only primary recertification done by DHS and local recertification done by each county agency that has granted local certification. The role of a 'host' county does not apply in the recertification process. It is simply local recertification by each county agency that has granted local certification. NOTE: local recertification only applies to non-county agency ARMHS providers.
- 2) Local recertification is a cooperative effort between the ARMHS provider and the county agency with local certification. Given that, the two entities need to coordinate the completion, submission, and approval of appropriate documentation within the timelines established by DHS.
- 3) The county agency's letter granting local recertification must be received by DHS no later than two months prior to the expiration date. Preference is to have the local recertification letters by the first of the month of the two month period i.e. expiration date September 20, 2005 would be to DHS by July 1, 2005. Having the letters by the first of the month allows DHS to be more timely in the completion of reviews in that it is not taking time from the review process in order to ensure the timely completion of the local recertification process by county agencies.
- 4) DHS does need to be notified if a county agency is not going to grant local recertification.

This document is intended to offer guidance and “samples” of criteria that a county might use or adapt to complete its role in the local recertification of an ARMHS provider, and to help ARMHS providers understand the local recertification process.

STATEMENT OF PURPOSE:

To assure quality services and recipient outcomes by a process that promotes provider-demonstrated knowledge and coordination of mental health and other health services within the local service network

PROCESS:

Provider entity seeking recertification (primary recertification) can begin to seek local mental health authority (county) recertification at the same time. Planning for the coming three years, the local county authority should identify the specific local resources (and contact information) that the authority expects the provider entity to know and possibly meet with. The local county authority should identify the specific coordination expectations that the provider entity should comply with. The local county authority should evaluate and discuss the past performance of the provider entity seeking recertification in demonstrating knowledge and coordination based on the expectations of the local county authority in the initial certification or previous recertification three year period.

OUTCOME OF PROCESS:

The provider entity receives local recertification, local recertification with conditions, or does not receive local recertification from the county authority.

NOTES:

- A provider entity that does not have local certification in a county can not provide ARMHS services in that county.
- The county authority can suspend/terminate with cause the local certification of a provider entity.
- The ARMHS provider does have an appeal right to the DHS commissioner (per Minnesota Statutes 256B.81). See DHS bulletin #02-53-10.
- The local resources knowledge list and specific coordination expectations should be the same for all adult mental health rehabilitative services provider entities within a county unless there is significant reason why knowledge base and coordination activities would be different.
- Local county mental health authority expectations for provider knowledge of resources and coordination must be reasonable; and can not be a method to exclude interested and qualified and cooperating providers from receiving local recertification.
- A county who is certified to provide ARMHS services does not need local certification or local recertification to provide ARMHS services within its county boundaries.

MODEL

LOCAL RECERTIFICATION PROCESS/ APPLICATION

This model is meant to help county agencies understand their role in and examples of what the local recertification might focus on. This model is not required; however, a county needs to develop a recertification application and process.

(COUNTY NAME)

Adult Rehabilitative Mental Health Services Local Recertification Process

Statement of Purpose: The purpose of (county name)'s local recertification process is to assure quality outcomes in the lives of recipients of these adult rehabilitative mental health services by:

- having ARMHS providers who are knowledgeable of health, human services and other resources in the county and region;
- having ARMHS providers who actively coordinate services with the county and other providers and stakeholders in the county mental health system; and
- assure that ARMHS providers have demonstrated this knowledge and coordinated services according to local county authority expectations.

Legislative Language related to local recertification: "...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." And, "Recertification must occur at least every three years."

Process: The ARMHS provider entity seeking recertification (primary recertification) can begin to seek local recertification from (county name) at the same time.

Please call (county contact) at (phone) to obtain a copy of the local recertification application and process for providers of ARMHS.

(County name) will review the completed recertification application of the ARMHS provider entity within (__) weeks of receipt to determine if the application meets local criteria for coordination and knowledge of resources, and that the provider has demonstrated knowledge and coordination of mental health and other health services within the local service network during the past three years.

(County name) may require a face-to-face meeting with the applicant for local recertification to become acquainted, to discussion coordination and resources, and to review evaluation of past performance.

If the application is approved as meeting the local criteria, (county name) will note local re-

certification in written communication to the entity applicant and will inform the Department of Human Services' Mental Health Division.

If the application does not fully meet the (county name) criteria, the applicant will be notified and informed of criteria not met. The applicant is then responsible to resubmit the missing information. (County name) will re-review the application for local re-certification. (County name) may place conditions on the local recertification based on demonstrated knowledge and coordination of mental health and other health services within the local service network during the past three years.

(County Name) may not locally recertify an ARMHS provider entity who has not demonstrated knowledge and coordination based on (county name) expectations.

Local Resources Knowledge Criteria:

(These are only sample ideas of what might be done!!! Each county creates its own)

_____ County, the Local Mental Health Authority, identifies the following local and regional mental health, health and human services resources for people recovering from mental illness. The provider entity seeking local recertification in this county must (specify which):

- _ agree to reacquaint with these resources within the first year of recertification of ARMHS service provision and refer recipients to these resources as appropriate;
- _ phone the contact person listed at each of these resources to discuss services provided by each and future coordination; or
- _ meet with listed resources to discuss services provided by each and future coordination before recertification.

The resource list of _____ County includes the following:

- 1) (i.e. social services division of county)_____ (agency name, address, phone and contact person)
- 2) (i.e. public health nursing)_____ (agency name, address, phone and contact person)
- 3) (i.e. community mental health center)_____ (agency name, address, phone and contact person)
- 4) (i.e. Rule 79 mental health case managers)_____ (agency name, address, phone and contact person)
- 5) (i.e. other ARMHS providers)_____ (agency name, address, phone and contact person)
- 6) (i.e. emergency room personnel)_____ (agency name, address, phone and contact person)
- 7) (i.e. law enforcement personnel)_____ (agency name, address, phone and contact person)
- 8) (i.e. psychiatric services personnel)_____ (agency name, address, phone and contact person)
- 9) (i.e. Tribal health services personnel)_____ (agency name, address phone and contact person)

- 10) (i.e. psychosocial clubhouses) _____ (agency name, address, phone and contact person.
- 11) (i.e. vocational workshop/services) _____(agency name, address, phone and contact person.
- 12) (i.e. intensive residential treatment services) _____(agency name, address, phone and contact person.
- 13) (i.e. assertive community treatment services) _____(agency name, address, phone and contact person.
- 14) (i.e. children’s mental health services) _____(agency name, address, phone and contact person.
- 15) (i.e. chair of (county name) Mental Health Advisory Council)_____(contact person and phone
- 16) (i.e. housing authority)_____(agency name, address, phone, and contact person)
- 17) (i.e. consumer groups)_____(contact person and phone)
- 18) (i.e. others)_____ (agency name, address, phone and contact person)

_____ (applying provider entity name) must provide (county name) with a signed document indicating that the applying provider entity will meet with/has called/has met with each resource named, the date of the meeting and the representative of the resource contacted.

Local Coordination Expectations Criteria:

(These are only sample ideas of what might be done!!! Each county creates its own)

_____ County, the Local Mental Health Authority, identifies the following expectations of adult mental health rehabilitative services provider entities concerning coordination of services:

- 1) ARMHS services provider entities will screen for recipients currently county services, screen for potential eligibility for county services, request recipient sign a release for coordination with county services, referral for case management, (and will do this before a crisis happens)
- 2) ARMHS services provider entities will have representation at monthly mental health provider coordination meetings. The county will identify times and dates of meetings.
- 3) ARMHS service provider entities will return phone calls from county case managers within two working days.
- 4) With recipient written releases, rehabilitation services provider will coordinate the development of common goals and actions steps in treatment plans of the provider and the community support plans of mental health case managers. County will define specifics of this coordination.
- 5) The ARMHS services provider entity will have representation of the meetings of the local mental health advisory council.
- 6) The ARMHS services provider entity will adhere to written procedures (assuming they exist or are developed) around coordination of crisis/emergency situations.

- 7) The ARMHS services provider entity will report service (non-individual specific) information on _____ to the county mental health authority.
- 8) The ARMHS services provider entity will communicate staff training needs and coordinate with county and others about cooperative planning for training provision.
- 9) The ARMHS services provider entity will make annual presentation to the county board on services provided, clients served (non-private information), organization overview and updates, and needs.
- 10) The ARMHS services provider entity will participate in the _____ Adult Mental Health Initiative.
- 11) Others

Signatures:

_____ (name of applying ARMHS services provider entity) has meet with representatives of _____ County and agrees to meet these coordination expectations of _____ County.

Signature of Representative of Applying ARMHS Provider Entity

(NOTE: This process can be made very simple if the county prefers. A county could just have an applicant sign an agreement saying that the applicant provider intends to do good coordination, without any specifics or definition of what that means. Or, the county can use the local re-certification process to create clear, measurable expectations of knowledge and coordination of the ARMHS provider.)

LETTER TO DHS

LOCAL RECERTIFICATION PROCESS/ APPLICATION

Letter that communicates to applicant and DHS that applicant has met local re-certification criteria.

Date:

Contact name
ARMHS provider entity applicant
address

Dear (contact name);

This letter is to confirm that (provider name) has meet the ___(county name)___ Adult Rehabilitative Mental Health Services (ARMHS) provider criteria for service coordination and knowledge of local resources. Therefore, (provider name) is locally recertified by ___ (county name) ___ as of (date).

A copy of this letter is being forwarded to the Minnesota Department of Human Services (DHS), Mental Health Division so that DHS can enroll (provider name) as a Medical Assistance ARMHS in (county). This assumes (provider name) has received primary recertification as an ARMHS provider.

If you have questions, please call (county contact) at (phone number).

Sincerely,

(Authorized county representative)

cc: Delores Lambert, DHS/Mental Health Division
Chair of County Mental Health Initiative
County Board Chair
County Local Advisory Council Chair
Others