



## **Adult Mental Health Rehabilitation Services**

### **Local Certification Process and Application**

**March 2016**

**Community Social Services and Mental Health  
Fifth Floor Government Center  
2100 Third Avenue  
Anoka, MN 55303**

**ADULT REHABILITATIVE MENTAL HEALTH SERVICES (ARMHS)  
ANOKA COUNTY LOCAL CERTIFICATION APPLICATION**

Provider Entity Legal Name: \_\_\_\_\_

Provider Entity Main Corporate Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

Type of Organization (check one):

Governmental Unit  For Profit  Non Profit  Partnership   
Proprietorship  Federal Tax I.D. # \_\_\_\_\_

Names, Titles, Addresses of Organization Officers:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title City, State, Zip

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title City, State, Zip

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Title City, State, Zip

Provider Entity Anoka County Services Address:

Contact Person Name & Title: \_\_\_\_\_  
(for certification purposes)

Contact Person Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

Contact Person Phone Number: \_\_\_\_\_

Contact Person Fax Number: \_\_\_\_\_

Contact Person E-mail Address: \_\_\_\_\_

**Purpose of Local Certification:**

Legislative language related to Adult Rehabilitation 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.”

In line with the above stated purpose, as a provider entity seeking Anoka 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 Anoka County’s health and human services system. The guide to Adult Mental Health Local Resources found on the Anoka County Adult Mental Health website, and the Anoka County Community Resource Guide published by ACCAP, available online at [www.accap.org](http://www.accap.org), will be included in this training. These and other resources identified by our agency will be available for staff reference and updated as needed.
- 2) Our agency assures it will work with Anoka County as needed to assure overall coordination of the service system.
- 3) Our agency assures it will screen clients for potential eligibility for county services and request clients sign a release for coordination with county services.
- 4) 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 service.
  - 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. Finally, as permitted by each client through completion of a release of information, our agency assures it will provide evidence of its efforts to respond in a timely manner to and notify of significant events and/or changes with a client to family, others significant in the life of a client and other service providers, by documenting these efforts in client progress notes.
- 5) The rehabilitation services provider entity will have representation at the meetings of the local mental health advisory council as necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

**Anoka County Adult Mental Health Resources**

Anoka County Chemical Dependency Assessment (Rule 25)	763-422-7078
Anoka County Vulnerable Adult/Adult Protection	763-422-7168
Anoka County Income Maintenance	
Families with children	763-717-7730
Adults only	763-422-7246
Anoka County Public Health	763-422-6970
Anoka County Adult Mental Health Intake	763-422-3283
Anoka County Pre-Petition Screening	763-422-7070
Anoka County Mental Health Case Management (Rule 79)	763-422-3283
Anoka County Mental Health Advisory Council	763-712-2911
Anoka County Crisis Services	763-755-3801