

# Prospective Community Provider Certification Orientation

## PHASE 2

**JULY 23-24, 2025**

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# Contact Information



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RSA Union Building  
100 N. Union Street  
P.O. Box 301410  
Montgomery, AL 36130-1410

Office of Certification Administration

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LaToya Woods, DDD/Provider Network Manager

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Developmental Disabilities—Certification

Fredericka Orange, DDD Certification Director

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Mental Health and Substance Use Services — Certification

Beth Bergeron, MHSU Certification Director

(334) 242-3969

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# Prospective Community Provider Certification Orientation

## PHASE 2

According to Alabama law, any community program providing services to people living with developmental disabilities, mental illnesses, and/or substance use disorders, must be certified by the Alabama Department of Mental Health prior to providing services. To become certified, prospective providers must go through a multi-phase orientation and application process, demonstrating compliance with standards outlined in the [Alabama Administrative Code](#). Prior to attempting certification, prospective providers should read the Administrative Code standards for their respective service areas.

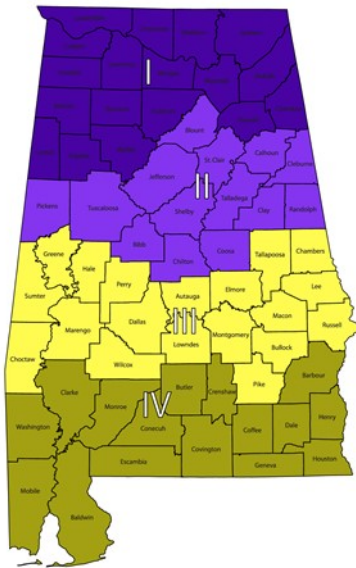
Programs unable to demonstrate the ability to meet the Alabama Administrative Code standards for service, will not be certified. Please keep the following in mind:

- Completing the Prospective Provider Orientation does not mean your program is certified to provide services. In fact, it is only the first step in the certification process.
- Becoming certified by ADMH does not mean you will obtain referrals or clients for services.
- Becoming certified by ADMH does not mean you will receive funding from ADMH or payment for services.
- Being a licensed business in Alabama is different than being certified. Please go to the [Alabama Secretary of State website](#) to review the requirements for establishing a business.
- Not all services are in high demand across the state. Consider whether the services you would like to provide are needed in your area. Consider community partnerships with other providers and organizations who support people who may need the services you want to provide.

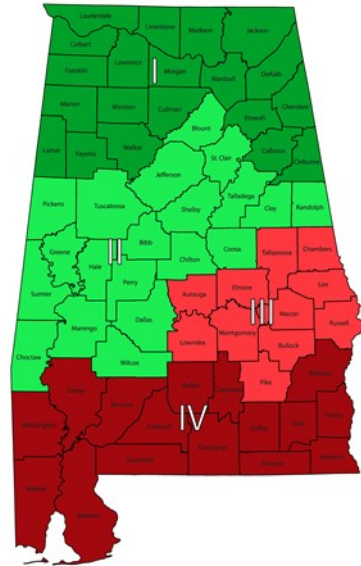


# Community Service Regions

Substance Use Disorder Service Regions



Mental Illness Service Regions



Intellectual/Developmental Disabilities Service Regions



# ADMH Mission, Vision, and Values

**Mission**

Serve · Empower · Support

**Vision**

Promoting the health and well-being of Alabamians with mental illness, developmental disabilities, and substance use disorders

**Values**

Honesty, Respect, Selflessness, Communication, Dedication, Integrity, and Collaboration

## Provider Directory

For a search tool of providers, visit the ADMH website at:

<https://mh.alabama.gov/providers-search/>

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## ADMH Administrative Code

You can find links to certification requirements outlined in the Alabama Administrative Code by visiting the ADMH website at:

<https://mh.alabama.gov/certification-administration/>

# Office of Certification

The Office of Certification is responsible for certification of all community facilities providing services to ADMH consumers in Alabama.

Responsibilities:

- Maintain database of all certified community programs
- Process applications for certification to appropriate ADMH service division
- Coordinate and schedule comprehensive site visits
- Compile ADMH provider site visit reports and certificates for distribution
- Process community provider plans of action to appropriate ADMH service division and notify community provider of the ADMH service division's decision

## Application Process

Please use this email address, [applications.oca@mh.alabama.gov](mailto:applications.oca@mh.alabama.gov) to send applications in PDF format. (New provider applications, new executive director, site replacement, change of service, change of occupancy, etc.)

## Contact the Office of Certification

Please use this email to correspond with the Office of Certification Administration: [contactoca.dmh@mh.alabama.gov](mailto:contactoca.dmh@mh.alabama.gov). Your email will be answered as quickly as possible.



# Office of Certification Administration (OCA)

FRED MCCOY, III, DIRECTOR



Alabama Department  
of Mental Health  
connecting mind and wellness

## OCA Staff & Contact Information

### Staff

- Fred McCoy, III, Director
- Courtney Pritchett, ASA III

### Contact Information

- Fred McCoy, III, Director  
Phone: (334) 353-9085
- Courtney Pritchett, ASA, III  
Email: [Courtney.pritchett@mh.alabama.gov](mailto:Courtney.pritchett@mh.alabama.gov)  
Phone: (334) 353-9081

#### OCA Electronic Mailboxes:

- Applications: [applicationsoca.dmh@mh.alabama.gov](mailto:applicationsoca.dmh@mh.alabama.gov)
- General Inquiries: [contactoca.dmh@mh.alabama.gov](mailto:contactoca.dmh@mh.alabama.gov)

#### Mailing Address:

Office of Certification Administration  
RSA Union Building  
100 N Union Street, Suite 540  
P.O. Box 301410  
Montgomery, AL 36130-1410

**NEW** Effective **August 1, 2025**, all prospective providers **must submit** the certification application for DD and MHSU utilizing the newly automated Certification Automation Database, ACAP (Alabama Certification Automation Program).

The **New Provider Certification Application** link will be available on the ADMH website at : <https://mh.alabama.gov/division-of-administration/certification-administration/>



## TOPICS OF DISCUSSION

### Alabama Administrative Code

§580-3-23-.02	§580-3-23-.04	§580-3-23-.04	§580-3-23-.08(7)	§580-3-23-.10
<b>Statutory Authority</b> Establishes standards for all operations and activities of the State related to the provision of services to persons with mental illness, intellectual or developmental disabilities, and/or substance use	<b>Compliance</b> <ul style="list-style-type: none"> <li>Your entity must first be certified by ADMH to provide care or treatment for individuals receiving mental health, substance use, or intellectual or developmental disabilities services</li> <li>ADMH Certification Staff will monitor compliance with programmatic standards via Site Visits</li> </ul>	<b>Application Process</b> <ul style="list-style-type: none"> <li>Submitted application and supplemental docs to OCA within 60 days of expected service implementation</li> <li>OCA Quality Review</li> <li>Electronic CBC request for the Executive Director only</li> <li>App forwarded to MHSU or DD</li> <li>Review for approval</li> <li>\$1,500 Admin Fee Request</li> <li>CSD Site Inspection (DD only)</li> <li>Life Safety Inspection</li> <li>6-month TOA issued</li> </ul>	<b>Application Process (cont'd)</b> Upon successful completion and compliance with Life Safety standards for operation, the certified site is granted a 6-month Temporary Operating Authority (TOA) followed by a programmatic Site Visit.	<b>Site Visits</b> <ul style="list-style-type: none"> <li>The initial programmatic certification Site Visit is conducted by either MHSU or DD Certification Staff prior to the expiration of the 6-month TOA</li> <li>You may be required to submit additional documents prior to your certification Site Visit</li> <li>Scores of ≥90% will yield a 2-year certification period</li> <li>Scores of ≤89% will yield a 1-year certification period</li> <li>If a provider fails to meet substantial compliance with minimum programmatic standards, a provisional certification status (up to 60 days) may be granted with additional follow-up requirements</li> </ul>

# Current Certification Application Submission Process



Only **ORIGINAL** and **COMPLETED** application packets will be forwarded to MHSU or DD.

An application is not considered complete until all information (including supplemental documents) is received and signed/dated by the Executive Director of the applying agency.

Incomplete or incorrect applications will be returned to the provider.

Alabama Department of Mental Health  
**CERTIFICATION APPLICATION**  
FOR COMMUNITY PROGRAMS PROVIDING MENTAL HEALTH AND/OR  
DEVELOPMENTAL DISABILITIES AND/OR SUBSTANCE ABUSE SERVICES

Orientation Number: ☐ New Provider ☐ Expanded Service/Existing Provider ☐ New Service/Existing Provider

Applying for Designated Mental Health Facility (DMHF)/Setting: Yes ☐ No ☐ If yes, please check all that apply:  
Non-Hospital Outpatient Commitment ☐ Non-Hospital Inpatient Commitment ☐  
OR  
Currently Certified as DMHF/Setting: Yes ☐ No ☐

**I. APPLICANT**  
NAME OF AGENCY \_\_\_\_\_  
STREET ADDRESS/PO BOX \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE & FAX \_\_\_\_\_  
NAME OF EXECUTIVE DIRECTOR \_\_\_\_\_

**II. SUBAPPLICANT (If Applicable)**  
NAME \_\_\_\_\_  
STREET ADDRESS/PO BOX \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE & FAX \_\_\_\_\_  
NAME OF EXECUTIVE DIRECTOR \_\_\_\_\_

**III. FACILITY/SETTING**  
Specify Name of Facility/Setting to be on the Certificate \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
ZIP CODE \_\_\_\_\_  
TELEPHONE & FAX \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_

**TYPE OF OWNERSHIP:**  
Non-Profit \_\_\_\_\_ Profit \_\_\_\_\_ Public \_\_\_\_\_  
**STATUS OF OWNERSHIP:**  
Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Board President's Mailing Address and/or Email Address and Names/Titles of Officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TYPE OF OWNERSHIP:**  
Non-Profit \_\_\_\_\_ Profit \_\_\_\_\_ Public \_\_\_\_\_  
**STATUS OF OWNERSHIP:**  
Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Names/Titles of Officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Classification of Facility/Setting:**  
MH \_\_\_\_\_ DD \_\_\_\_\_ SA \_\_\_\_\_  
**Type of Facility/Service/Setting:**  
(e.g. Residential, Day, Outpatient, etc.) \_\_\_\_\_  
Number of Beds: Certified \_\_\_\_\_ Total Beds: \_\_\_\_\_  
OR:  
Total Occupancy Requested: \_\_\_\_\_  
Application for: New Site \_\_\_\_\_ Replacement Site \_\_\_\_\_  
(Replacement Site of What Address?) \_\_\_\_\_

Alabama Department of Mental Health  
**CERTIFICATION APPLICATION**  
 FOR COMMUNITY PROGRAMS PROVIDING MENTAL HEALTH AND/OR  
 DEVELOPMENTAL DISABILITIES AND/OR SUBSTANCE ABUSE SERVICES

Orientation Number: \_\_\_\_\_

☐ New Provider  
☐ Expanded Service/Existing Provider  
☐ New Service/Existing Provider

Applying for Designated Mental Health Facility (DMHF)/Setting: Yes ☐ No ☐ If yes, please check all that apply:

Non-Hospital Outpatient Commitment ☐ OR Non-Hospital Inpatient Commitment ☐

Only for providers applying for the MHSU Services

Currently Certified as DMHF/Setting: Yes ☐ No ☐

**I. APPLICANT**

**NAME OF AGENCY** \_\_\_\_\_

**STREET ADDRESS/PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE & FAX** \_\_\_\_\_

**NAME OF EXECUTIVE DIRECTOR** \_\_\_\_\_

**II. SUBAPPLICANT (If Applicable)**

**NAME** \_\_\_\_\_

**STREET ADDRESS/PO BOX** \_\_\_\_\_

**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**TELEPHONE & FAX** \_\_\_\_\_

**NAME OF EXECUTIVE DIRECTOR** \_\_\_\_\_

**III. FACILITY/SETTING**

Specify Name of Facility/Setting to be on the Certificate \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_

**TELEPHONE & FAX** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**Executive Director's Email** \_\_\_\_\_

**TYPE OF OWNERSHIP:**  
 Non-Profit ☐ Profit ☐ Public ☐

**STATUS OF OWNERSHIP:**  
 Individual ☐ Corporation ☐ Partnership ☐

**Board President's Mailing Address and/or Email Address and Names/Titles of Officers**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TYPE OF OWNERSHIP:**  
 Non-Profit ☐ Profit ☐ Public ☐

**STATUS OF OWNERSHIP:**  
 Individual ☐ Corporation ☐ Partnership ☐

**Names/Titles of Officers:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Classification of Facility/Setting:**  
 MH ☐ DD ☐ SA ☐

**Type of Facility/Service/Setting:**  
 \_\_\_\_\_  
 (e.g. Residential, Day, Outpatient, etc.)

**Number of Beds:** Certified \_\_\_\_\_ Total Beds: \_\_\_\_\_

**OR:**  
**Total Occupancy Requested:** \_\_\_\_\_

**Application for: New Site** \_\_\_\_\_ Replacement Site \_\_\_\_\_

(Replacement Site of What Address?) \_\_\_\_\_

**Bed/Occupancy Increase From #** \_\_\_\_\_ **to #** \_\_\_\_\_

IV. I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made.

**Executive Director Signature and Date:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Agency:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Disclaimers:**  
Programmatic certification and/or life safety (physical facility/setting) certification does not imply that the Department of Mental Health will contract with your program.

**Projected Occupancy Date:** \_\_\_\_\_

New Executive Director \_\_\_\_\_

Clinical Director \_\_\_\_\_

Will the home be occupied by persons who require ADA accommodations? Yes ☐ No ☐

If yes, what type? \_\_\_\_\_

**FOR DMH USE ONLY**  
 V. APPROVAL OF APPLICATION: (Division)  
 Authorized Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**MAIL APPLICATION TO:**  
 DMH Office of Certification Administration  
 100 N. Union Street, Suite 540  
 P.O. Box 301410  
 Montgomery, Alabama 36130-1410

# Required DD Supplemental Documents

- Copy of transcript & diploma as proof of degree
- 5 years' experience with service provision to ID population (Executive Director/Owner/Operator)
- Articles of Incorporation/Articles of Organization
- Board Bylaws/LLC Operating Agreement
- Board/Executive Committee minutes for the past year
- Documentation indicating at least a 90-day cash reserve
- Fiscal Policy (organizational fiscal practices, covers at least accounting guidelines, risk control, financial planning, financial reporting, revenue and expenditures, and asset management)
- Operational Budget
- Organizational Chart
- Curriculum vitae (resume) of the Executive Director
- Copy of the program policies and procedures
- Description of the primary geographic area to be served
- Quality Improvement Plan
- Copy of the individual rights policies and procedures
- Emergency Crisis Response Plan
- Written description of each program for which certification is requested
- Curriculum vitae (resume) of the Clinical Director, Program Coordinators, Directors, Supervisors, Qualified Intellectual Disabilities Professional (QIDP)
- Copy of staff training required prior to staff working with individual receiving services
- Copy of staffing pattern for services to be provided
- Prospective Provider Certificate of Attendance
- New Provider HCBS Compliance Agreement (signed)



# REQUIRED MHSU SUPPLEMENTAL DOCUMENTS

- Articles of Incorporation
- Bylaws
- Governing Body/Board of Directors duties/responsibility & list of Board Members
- Governing Body/Board of Directors Meeting Minutes
- Organizational Chart (depicting lines of supervision)
- Executive Director (all required documents must be attached and meet qualifications per Administrative Code 580-2-20)
  - Resume
  - Transcripts
  - Job Description
  - Copy of any licensure/certification
- Clinical Director (all required documents must be attached and meet qualifications per Administrative Code 580-2-20 [If you do not have a Clinical Director identified at the time of application, you must submit an ADMH Certification Application along with all required documents prior to initiating services with a TOA])
  - Resume
  - Transcripts
  - Job Description
  - Copy of licensure/certification
- Agency Policy and Procedure Manual (must be include with the application and meet the Administrative Code)
- ADMH Application and Program Description for each service and/or level of care the agency is applying to provide

## Application Submission



VS



1-sided  
pages

2-sided  
pages



Staples



Please *do not* submit the application packet in a binder of any sort. Use binder clips or rubber bands. **No two sided or legal sized documents will be accepted.**



# Application Process

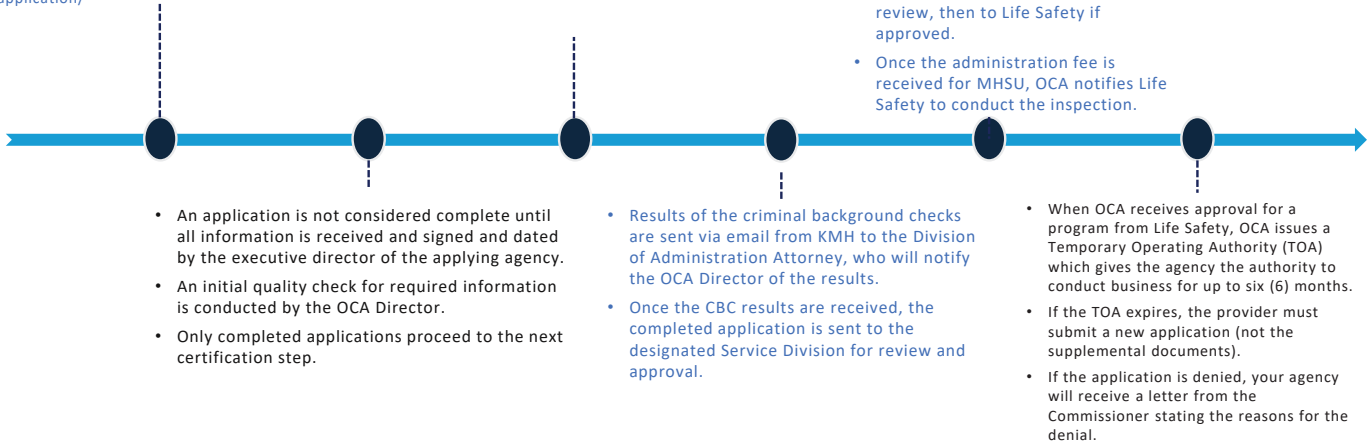
- Application packets are submitted to the Office of Certification Administration (OCA) via the following address:

Attn: Office of Certification Administration  
100 North Union Street, Suite 540  
Montgomery, AL 36130

- A printable or fillable copy of the application is available at: <https://mh.alabama.gov/certification-application/>

- An electronic criminal background check (CBC) is then requested for the Executive Director.
- Completed criminal background check requests are now processed electronically via KnowMyHire (KMH). Note: All required fields must be entered on the Certification application including an email address.

- Once approved, the application is returned to OCA, and a letter is mailed to the provider requesting the \$1,500 administration fee. There is no fee for the CWP programs.
- Once the administration fee is received for Developmental Disabilities Providers. The application is emailed to the Community Service Director in that region to schedule a review, then to Life Safety if approved.
- Once the administration fee is received for MHSU, OCA notifies Life Safety to conduct the inspection.



## **NEW** Certification Application Submission Process



## New Provider Certification Application Template

Select the Program Area:

- DD
- DMHF-Hospital Only
- MH
- SU
- Prevention

Select Next

Enter the Orientation Number

Enter required Applicant fields

13

## New Provider Certification Application Template (Cont'd)

Enter the Board Member Info

For DD Providers, select the appropriate waiver.

Select the service type

14

## New Provider Certification Application Template (Cont'd)

**Waiver Type**

Select the appropriate waiver: \*

ID/LAH

Which type of service are you applying to offer? \*

Community Based Residential Ser..

7

**\*\*For DD Providers\*\***

In accordance with the waiver type, enter either the Setting or Service info.

**Waiver Type**

Select the appropriate waiver: \*

ID/LAH

Which type of service are you applying to offer? \*

Hourly Services - Community Eng..

9

**Setting**

Please submit a separate application for each Setting

Name of Setting to be on the Certificate \*

Telephone \*

Name of Contact Person \*

Setting Address \*

County \*

City \*

State \*

Zip \*

Number of Beds: Total \*

Projected Occupancy Date \*

Will the home be occupied by persons who require accommodations? \*

Is the setting owned or operated by your agency? \*

8

**Service**

Name of Service to be on the Certificate or TOA \*

Telephone \*

Name of Contact Person \*

Email of Contact Person \*

Service Address \*

County \*

City \*

State \*

Zip \*

Total Individuals Served \*

10

15

## New Provider Certification Application Template (Cont'd)

**Certification**

General Comments (optional)

Any relevant information you would like the Office of Certification Administration to know.

Enter any comments

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made. \*

Check the attestation box

Executive Director Signature \*

Signer's Name

Type Draw Upload Clear

Date \*

06/23/2025 (auto-fills)

Attach Supporting Documents

Select files...

Upload the DD Supporting Documents

Disclaimer: Programmatic certification and/or life safety (physical facility/setting) certification does not imply that the Department of Mental Health will contract with your program.

Back Next

Select Next

11

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## New Provider Certification Application Template (Cont'd)

Application Selection Application Supporting Documentation - DD

**ADMH** Alabama Department of Mental Health

**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**CERTIFICATION APPLICATION AND SUPPORTING DOCUMENTATION**

**SERVICES TO BE PROVIDED TO TARGETED POPULATION**

Use the letters and numbers below to complete the chart below. For example, if you propose to have Residential Services for men and women, put C in the Gender Served column, 1, 2, or 3 in the Age Group column, and the total number of people in the Number to be Served column.

Gender Served	Age Group	Number to be Served
A = Male B = Female C = Both	1 = Children (4-12) 2 = Adolescents (13-20) 3 = Adults (21+)	

Services to be Provided:

12

Use the letters and numbers below to complete the chart below. For example, if you propose to have Residential Services for men and women, put C in the Gender Served column, 1, 2, or 3 in the Age Group column, and the total number of people in the Number to be Served column.

**Utilize the following key for entering Residential & Hourly Services data.**

Gender Served	Age Group	Number to be Served
A = Male B = Female C = Both	1 = Children (4-12) 2 = Adolescents (13-20) 3 = Adults (21+)	

**Services to be Provided:**

**Supported Employment Services**

**Hourly Services - Personal Care or Respite**

**Day Habilitation**

**Other (specify)**

Enter the Background Check Info

**BACKGROUND INFORMATION**

1. Have you, your corporation or any other businesses owned/operated by you, or the business entity that is the subject of this application ever been the subject of any investigation for fraud or false claims related to Medicaid or any other state or federal program, or have you, your corporation, or any other businesses owned/operated by you, or the business entity you now represent ever been found in either an administrative or judicial proceeding to be guilty of fraud or false claims in conjunction with Medicaid or any other state or federal program? \*

☐ Yes  
☐ No

2. Have you, your corporation or any other businesses owned/operated by you, or the business entity that is the subject of the application, or any business entity in which you have an ownership or control interest\* ever had an application for certification denied by the Alabama Department of Mental Health (ADMH) or by any other state or federal licensing/certification authority, or having been certified or licensed by any such authority, have you, your corporation or any other business owned/operated by you, or the business entity that is the subject of this application, ever had a license/certification revoked or been decertified by the Alabama DMH/MH or by any other state or federal licensing/ certification authority? \*

☐ Yes  
☐ No

\* An individual is considered to have an ownership or control interest in a provider entity if he has direct or indirect ownership of 5 percent or more, or is a managing employee (e.g., a general manager, business manager, administrator, or director) who exercises operational or managerial control over the entity, or who directly or indirectly conducts the day-to-day operations of the entity as defined in under 42 CFR section 1001.1001(a)(1).

13

**DOCUMENTS TO BE INCLUDED WITH APPLICATION**

- Copy of college transcript and diploma for Executive Director/Owner/Operator \*
- Resume for the Executive Director/Owner/Operator demonstrating five years professional experience with service provision with the intellectual and/or developmental disabilities (ID/DD) population \*
- Articles of Incorporation/Articles of Organization \*
- Board Bylaws/LLC Operating Agreement \*
- Board/Executive Committee minutes for the past year \*
- Documentation/business bank statement indicating at least a 90-day cash reserve for operations \*

To upload, select each required file.

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## New Provider Certification Application Template (Cont'd)

16. Resume, College Transcript, College Degree, and Professional License of Clinical Directors, Program Coordinators, Directors, Supervisors, RN/LPN, and/or Qualified Development Disabilities Professional (QDDP), QDDP training module certificate of completion \*

Select files...

17. Copy of staff training required prior to staff working with Individual receiving services \*

Select files...

18. Copy of staffing pattern/anticipated staff work schedule for services to be provided \*

Select files...

19. Prospective Provider Certificate of Attendance \*

Select files...

20. New Provider HCBS Compliance Agreement (Initialed and signed in all designated areas) \*

Select files...

**Select Submit**

Back Submit

15

**Application Submission Validation**

**ADMH** Alabama Department of Mental Health

**Application successfully submitted**

Please allow approximately 2-6 weeks for your application to complete the full review process including any required inspections.

16

**Exit workflow**

To exit the workflow, select the arrow.

17

18

## New Provider Certification Application Template (Cont'd)

### Select the Program Area:

- DD
- DMHF-Hospital Only
- MH
- SU
- Prevention

Application Selection Application Supporting Documentation - MHSU

**\*\*\*For MHSU Providers\*\*\***

ADMH Alabama Department of Mental Health

Certification Application

Select Application \*

MH

-- Select one --

DD

DMHF - Hospital Only

MH

SU

Prevention

Select Next

Next

1

### Enter required Applicant fields

Applicant

Name of Agency \*

Telephone \*

Name of Executive Director \*

Executive Director Email \*

Name of Clinical Director \*

Clinical Director Email \*

Clinical Director Phone \*

Street Address \*

County \*

City \*

State \*

Zip \*

Type of Ownership \*

☐ Non-Profit

☐ Profit

☐ Public

Status of Ownership \*

☐ Individual

☐ Corporation

☐ Partnership

3

Application Selection Application Supporting Documentation - MHSU

ADMH Alabama Department of Mental Health

Certification Application

For community programs providing mental health and/or developmental disabilities and/or substance use services

Orientation Number \*

Enter the Orientation Number

Are you applying for a Designated Mental Health Facility (DMHF)? \*

☐ Yes

☐ No

Check Yes or No for the DMHF entry

2

Board Member Information

Enter the Board Member Info

Board President Mailing Address \*

Board President Email \*

Email Address of Officers and Names/Titles of Officers \*

4

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## New Provider Certification Application Template (Cont'd)

Facility

Please submit a separate application for each Facility

MH Target Population \*

-- Select one --

Select the service to which you are applying as a new applicant \*

-- Select one --

Name of Facility to be on the Certificate \*

Note: All Residential Settings must include "CRF" in the name

Telephone \*

Name of Contact Person \*

Email of Contact Person \*

Facility Address \*

County \*

City \*

State \*

Zip \*

Verify Facility Meets ADA Accommodations (Reminder: Federal Law Requires ADA Accommodations) \*

☐ Yes ☐ No

5

Facility

Please submit a separate application for each Facility

MH Target Population \*

Adult

-- Select one --

Adult

Child and Adolescent

Note: All Residential Settings must include the name

6

Select the service to which you are applying as a new applicant \*

-- Select one --

-- Select one --

Administrative Services

General Outpatient

Consultation and Education

Adult Seclusion And Restraint

Nurse Delegation (NDP)

Outreach Services - Adult Case Management

7

In accordance with the service type, enter each field in the Facility section.

20

## New Provider Certification Application Template (Cont'd)

**Facility**

Please submit a separate application for each facility.

MH Target Population \*

Adult

Select the service to which you are applying as a new applicant \*

General Outpatient

**Name of Facility to be on the Certificate \***  
(For All Residential Settings must include "CH" in the name)

Telephone \*

Name of Contact Person \*

Email of Contact Person \*

Facility Address \*

Country \*

City \*

State \*

Zip \*

Verify Facility Meets ADA Accommodations (Reminder: Federal Law Requires ADA Accommodations) \*

☐ Yes ☐ No

Enter the Certificate data

8

Enter any comments

Check the attestation box

The Executive Director must type, draw, or upload a signature.

Upload the MHSU Supporting Documents

**Certification**

**General Comments (Optional)**

Any relevant information you would like the Office of Certification Administration to know.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made. \*

**Executive Director Signature \***

Signer's Name

Date \*

06/24/2025 (auto-fills)

**Attach Supporting Documents \***

Select files...

Disclaimer: Programmatic certification and/or life safety (physical facility/setting) certification does not imply that the Department of Mental Health will contract with your program.

Back Next

9

21

## New Provider Certification Application Template (Cont'd)

Application Selection Application Supporting Documentation - MHSU

ADMH Alabama Department of Mental Health

**Certification Application**

**ADMH Mental Health and Substance Use Application Checklist:**

The following items must be submitted to process your agency's application. Failure to provide all required documents will delay processing or result in denial of your agency's application to become a Mental Health and/or Substance Use Treatment Provider.

**Agency Policy and Procedure Manual \***  
Failure to include all required Policies and Procedures per applicable Administrative Codes will delay review process and may result in denial of application.

Select files...

**Articles of Incorporation \***

Select files...

**Bylaws \***

Select files...

**Governing Body/Board of Directors duties/responsibility and list of Board Members \***

Select files...

To upload, select each required file.

10

**Executive Director**

All required documents must be attached and meet qualifications per Administrative Code 580-2-20

**Resume \***

Select files...

**Transcripts \***

Select files...

**Job Description \***

Select files...

**Copy of any Licensure/Certification**

Select files...

**Clinical Director**

All required documents must be attached and meet qualifications per Administrative Code 580-2-20 (If you do not have Clinical Director identified at the time of application, you must submit an ADMH Certification application along with all required documents prior to initiating services with TGA)

**Resume \***

Select files...

**Transcripts \***

Select files...

**Job Description \***

Select files...

**Copy of any Licensure/Certification**

Select files...

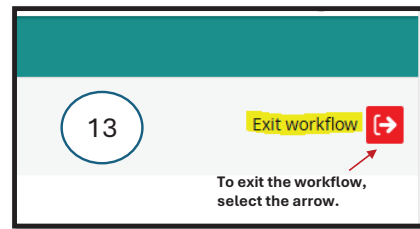
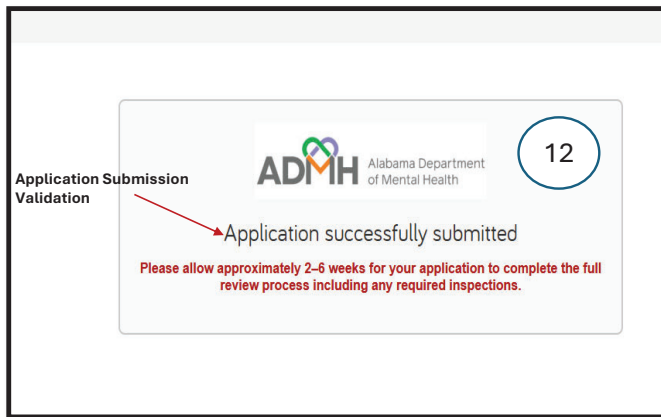
Back Submit

Add the required uploads for the Executive Director.

Add the required uploads for the Clinical Director.

11

22



23

1. Application approval **does not** constitute certification or contracting. It is only the approval to begin the certification process.
2. Becoming certified **does not** mean that you will automatically receive funding from ADMH or Medicaid.
3. **You** are responsible for your funding source.
4. Attending this orientation **does not** mean that you are a certified provider. You will only receive a **certificate of attendance** which will expire in **one year** from the date of attendance.
5. **DO NOT** rent or buy a house, building, or apartment.
6. It is **your** responsibility to read and follow the directions that you have received today and submit the correct information.



#### Site Visits

- The initial programmatic certification Site Visit is conducted by either MHSU or DD Certification Staff prior to the expiration of the 6-month TOA
- You may be required to submit additional documents prior to your certification Site Visit
- Scores of ≥90% will yield a 2-year certification period
- Scores of ≤89% will yield a 1-year certification period
- If a provider fails to meet substantial compliance with minimum programmatic standards, a provisional certification status (up to 60 days) may be granted with additional follow-up requirements

### Certification Certificates

Degree of compliance based on a 100% score	
<u>SCORE</u>	<u>RECOMMENDATION</u>
90 – 100%	2-Year Certification
80 – 89%	1-Year Certification
79 – 0 %	1 to 60-day Provisional Certification

#### Agency Specific

- Community Mental Health Center
- Mental Health Service Provider
- Intellectual/Developmental Disability Service Provider
- Substance Use Service Provider

#### Location/Site/Service Specific

- Community Residential Facility
- Day Service Site
- Support Coordination
- Hourly Services

Certificates must be displayed in certified sites. If there is no physical facility, the certificate should be displayed in the agency's main office.

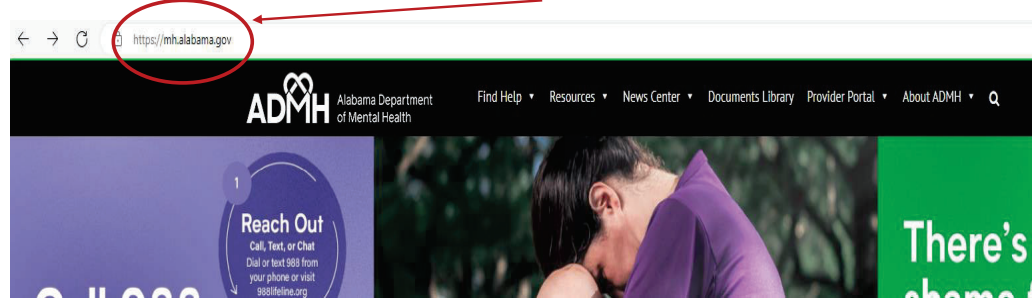


The certificate that you receive at the Prospective Community Provider Orientation **does not mean that you are certified. It is only a certificate of attendance.**

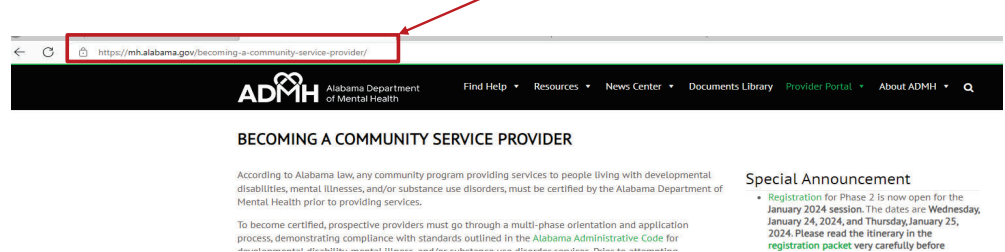


## CERTIFICATION RESOURCES

The ADMH web page is located at [www.mh.alabama.gov](http://www.mh.alabama.gov)



The Provider Portal is located at <https://mh.alabama.gov/becoming-a-community-service-provider/>



The Office of Certification Administration webpage is located at <https://mh.alabama.gov/division-of-administration/certification-administration/>

## RESOURCES: ALABAMA ADMINISTRATIVE CODE

The Alabama Department of Mental Health Administrative Code is located at <https://admincode.legislature.state.al.us/administrative-code/580>

- Certification Administration – Read Chapters in the 580-3 Series
- Mental Health – Read Chapters in the 580-2 Series
- Developmental/Intellectual Disabilities – Read Chapters in the 580-5 Series
- Substance Use Disorders – Read Chapters in the 580-9 Series

# Life Safety and Technical Services

Many federal, state and local regulations and standards have to be met by the programs that provide services to persons with intellectual disabilities, mental illness, or substance abuse problems and varying mental health needs. None are more important than those contained within the National Fire Protection Association (NFPA) Life Safety Code. This is a set of fire protection requirements designed to provide a reasonable degree of safety from fire. It covers construction, protection, and operational features designed to provide safety from fire, smoke, and panic. The code is revised periodically and is a publication of National Fire Protection Association (NFPA), which was founded in 1896 to promote the science and improve the methods of fire protection.

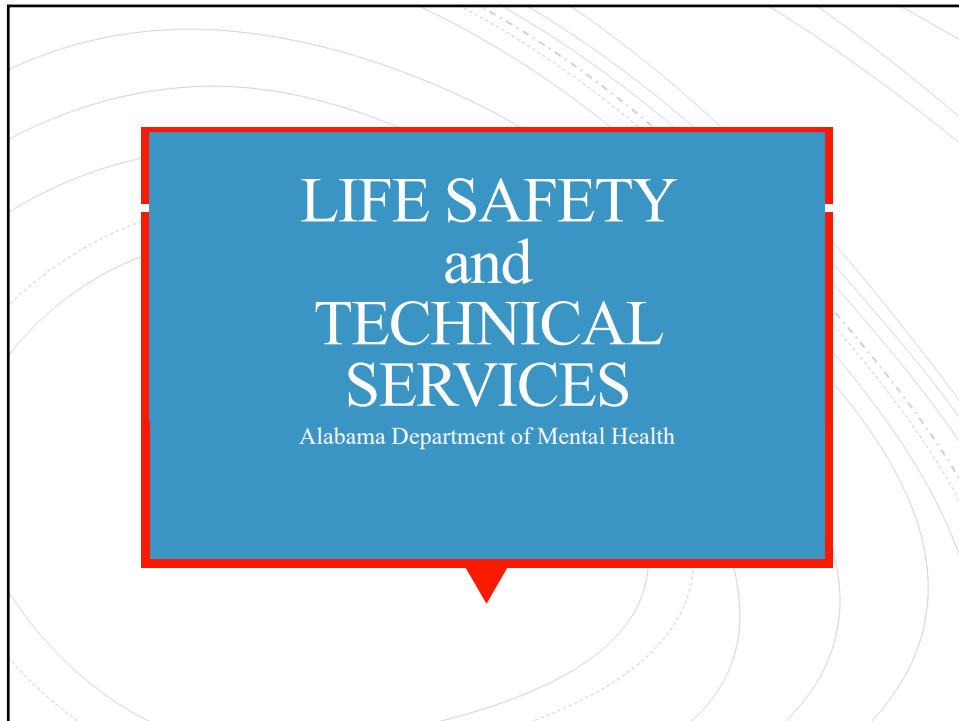
Life Safety & Technical Services is responsible for life safety inspections of all community facilities used for providing services to DMH consumers in Alabama. The office is responsible for achieving compliance with the life safety standards and also for conducting initial, routine, and complaint inspections in all ADMH community facilities.

Life Safety & Technical Services provides technical assistance for code compliance for all renovations or new construction projects for facilities that are already certified or will be seeking certification from the department. Also, the office provides technical assistance to our department's state-operated facilities. The office reviews plans and specifications from architects for construction or renovation projects and responds accordingly.

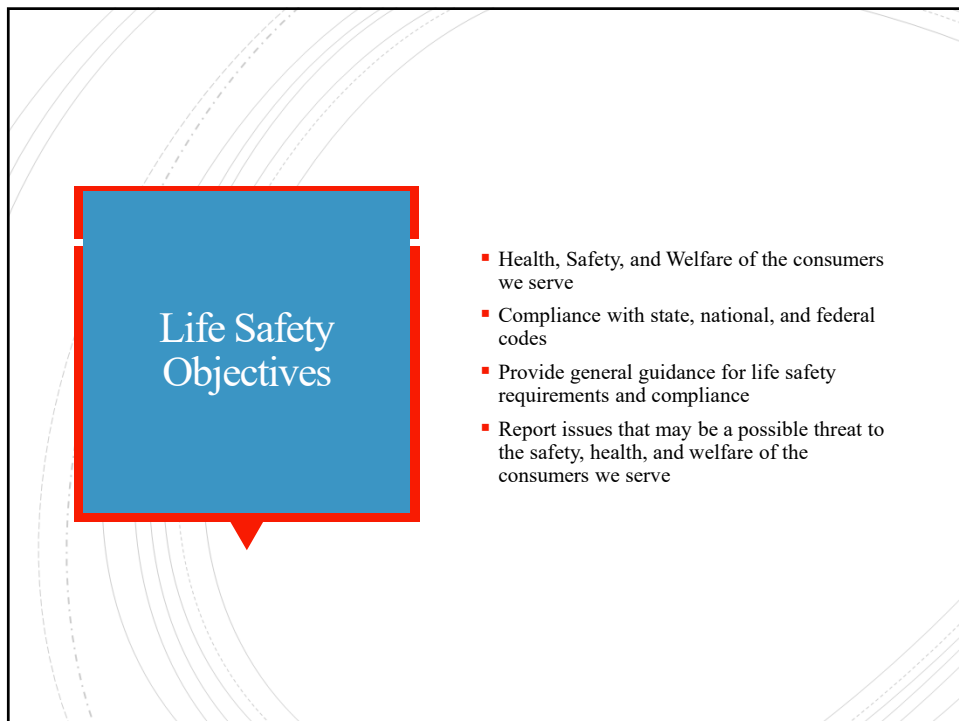
## COMMON LINKS TO THE OFFICES OF CERTIFICATION ADMINISTRATION AND LIFE SAFETY/TECHNICAL SERVICES INCLUDE THE FOLLOWING:

- View DMH Minimum Standards for Physical Facilities (Chapter 580-3-22) <https://mh.alabama.gov/certification-administration/>
- View National Fire Protection Association Life Safety Code at [www.nfpa.org](http://www.nfpa.org)





1



2

## Scheduling a Life Safety Inspection

Life Safety inspections are scheduled based on a first come first served basis in most cases.

- Life Safety Inspections are only scheduled after an **approved application** is received from the Office of Certification Administration.
- After an approved application is received from Certification, a Life Safety Inspector will contact the provider to schedule an appointment. We only have four inspectors to cover the entire State. We conduct over 5,000 annually. So please be patient.
- Once the inspection has been conducted, a report is sent to the provider noting any corrections or additional requirements needed for the facility to be considered code compliant.
- All corrections are expected to be completed within 6 months of the initial inspection, if not the application will have to be resubmitted and a new inspection will be required.

3

## Basis of Life Safety Inspections

- Life Safety and Fire Safety Maintenance
- Accessibility and Proper Egress
- Property Maintenance
- Sanitation
- Code basis for Life Safety Standards:
  - 2021 (IBC) International Building Code
  - 2021 (IRC) International Residential Code
  - 2021 (NFPA) National Fire Protection Association
  - (2010 ADA) Americans with Disabilities Act
  - **Minimum Standards for Physical Facilities (ADMH Administrative Code Chapter 580-3-22)**

4

## Life Safety

- Exposed wiring
- Water temperature exceeding 120° F
- Overloaded circuits
- Flammable liquids stored inside facility
- Open flame devices
- Lack of safe electrical devices near water
- Fire drills




5

## Fire Exit Drill Requirements

Alabama Department of Mental  
Health Life Safety Standards  
580-3-22

- Unannounced fire drills shall be conducted on a monthly basis with one drill per quarter conducted during periods when the residents are most vulnerable. (between the hours of 10:00 pm and 5:00 am)
- Fire drills shall be conducted by initiating the fire safety equipment, emphasizing orderly evacuation and amount of time required to evacuate the facility.
- A signed log of fire exit drills containing, date, time of day, number of participants, and the time taken to evacuate shall be kept at each location for review during the Life Safety inspection.

6

## Fire Safety Maintenance

- Current fire alarm system inspected and tagged annually
- Tagged fire extinguishers
- Annual sprinkler system inspected and tagged annually
- ANSUL system inspected and tagged annually
- Operable electric smoke detectors



7

## Accessibility (2010 Americans with Disabilities Act)

- Handicap ramps and door widths
- Handicap toilets, i.e., grab bars, toilet heights etc.
- Handicap hardware
- Audible/Visual fire alarms



8

## Egress (Exits)

- Unobstructed path to exits
- Emergency lighting
- No locked exit doors
- Adequate window sizes in residential bedrooms (Minimum 5.7 Square Feet of clear opening required). Minimum 20" width, minimum 24" height.



9

## Maintenance

- Water leaks, roof or plumbing
- Rotted wood
- Lawn maintenance
- Damaged wall, floors and ceilings



10

## Sanitation

- No open sewerage or sewerage backup in the facility
- Lids on all trash cans in kitchen area
- Proper control of insects and rodents
- Proper food storage and food preparation



11

## Life Safety Deficiencies:

### ■ Category “A”

#### 24 Hour Correction period

- Fire alarm system showing trouble, silenced or out of service.
- Automatic sprinkler system out of service.
- No water supply in house.
- Hot water temperature exceeding 120°F.
- No electrical service.
- No heat or A/C causing unacceptable temperatures
- Sewerage back up in house or yard.
- Loss of structure or roof.
- Gas leakage

### ■ Category “B”

#### 10 Day Correction period

- Fire alarm system not serviced and tagged for the current year.
- Automatic sprinkler system not serviced and tagged for the current year.
- Non-approved type gas / electric space heaters cited as deficiencies and not removed.

**Failure to comply may result in Decertification.**

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Life Safety is NOT the final  
step in the certification  
process!!!

A facility is not certified until a Certificate is issued by the  
Office of Certification Administration

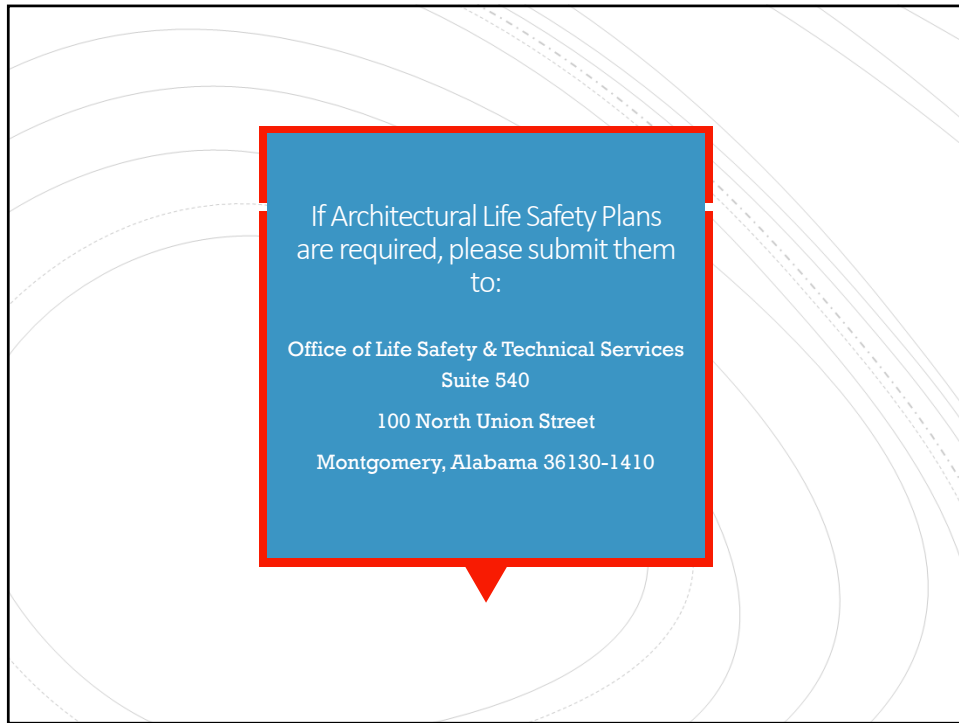
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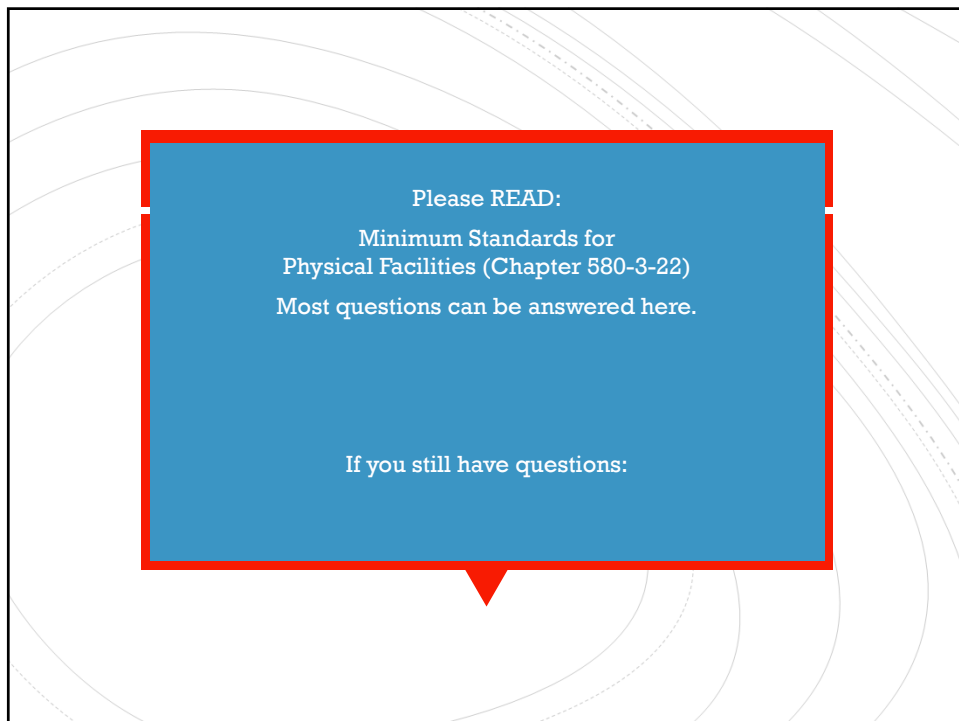
## Questions and Answers

- Website: Alabama Department of Mental Health
- Provider Portal
- Click “Administrative Code”
- Click “Administrative Code” again
- Click “M” for Mental Health
- Click “580 Mental Health...”
- Scroll to “Chapter 580-3-22”
- Minimum Standards for Physical Facilities (Chapter 580-3-22)

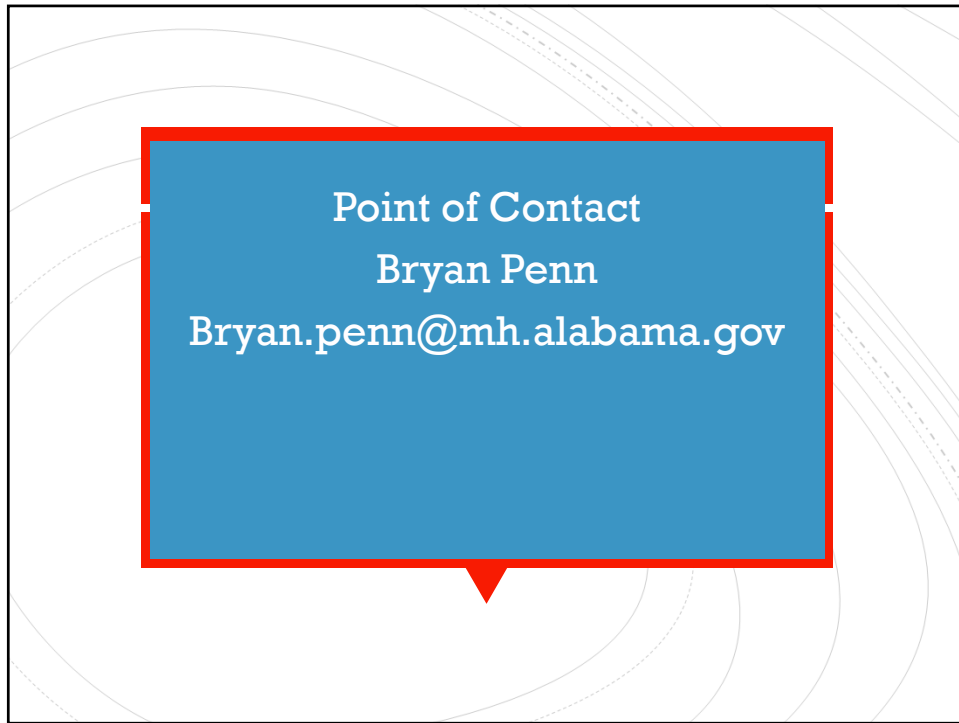
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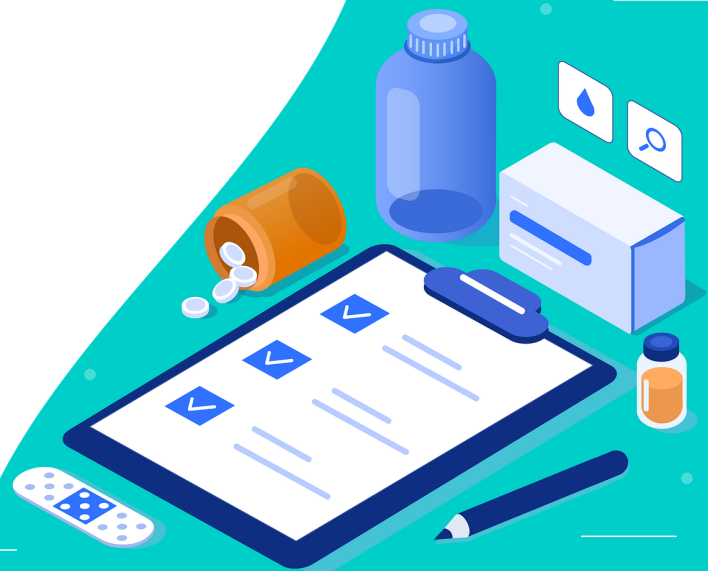


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# Nurse Delegation Program

The Nurse Delegation Program (NDP) is designed to assure that all programs certified by the Alabama Department of Mental Health (ADMH) are compliant with the Alabama Nurse Practice Act, which states, “it shall be unlawful for any persons not licensed under the provisions hereof to practice or offer to practice professional or practical nursing, for compensation, in this state”. The Alabama Board of Nursing Regulations (also called the Nursing Standards of Practice) direct how nurses who work in agencies certified by the Alabama Department of Mental Health may delegate specific limited nursing tasks in specific situations.

The NDP applies to all programs that are certified by ADMH that assist with medications and other nursing tasks, to persons with serious mental illness, developmental disabilities/ intellectual disabilities, or substance use disorders.



**ALABAMA BOARD OF NURSING REGULATION**  
**610-X-7-.06 Alabama Department of Mental Health Residential Community Programs**

This regulation is the foundation for the Nurse Delegation Program (NDP)

- (1) Alabama Department of Mental Health (ADMH) shall train licensed nurses by the ADMH approved nurse delegation program(s): NDP and Medication Administration Supervisor (MAS). Licensed nurse who are MAS trained are accountable and responsible for the outcome of the delegated nursing care delivered by unlicensed mental health worker to residents in the residential community mental health settings.
- (2) Licensed nurses who provide nursing care in the residential community mental health setting and the community extensions, including day habilitation programs, may delegate specific limited tasks to designated unlicensed assistive personnel.
- (3) The MAS registered nurse is responsible and accountable for the completion of a comprehensive assessment and evaluation of patients' nursing care needs.
  - (a) The licensed practical nurse may initiate and document data elements of the comprehensive assessment.
  - (b) The outcome of the comprehensive assessment shall determine the tasks that may safely be performed by the unlicensed assistive personnel in residential community mental health settings. The focused assessment after the completion of the comprehensive assessment may also identify tasks that may be delegated.
  - (c) The nursing tasks delegated by the MAS licensed nurse shall be based on the residents' needs, as documented in the comprehensive and/or focused assessment. The comprehensive assessment shall be reviewed annually, or in the event of a health status change.
- (4) The specific delegated tasks **shall not** require the exercise of independent nursing judgment or intervention. Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:
  - (a) Catheterization, clean or sterile
  - (b) Administration of injectable medications, with the exception of premeasured auto injectable medications for anaphylaxis and opioid-related drug overdose.
  - (c) Calculation of medication dosages, other than measuring a prescribed amount of liquid medication or breaking a scored tablet.
  - (d) Tracheotomy care, including suctioning
  - (e) Gastric tube insertion, replacement or feedings
  - (f) Invasive procedures or techniques
  - (g) Sterile procedures
  - (h) Ventilator care
  - (i) Receipt of verbal or telephone orders from a licensed prescriber.
- (5) The tasks of assisting with the delivery of **prescribed** eye, ear, nose, oral, topical, inhalant, rectal or vaginal medications may be delegated to a mental health worker by the MAS trained licensed nurse only when the following conditions are met:
  - (a) The licensed nurse identifies the appropriate individual(s) to assist in providing prescribed medications who has
    1. Completed the ADMH Medication Assistance Certification (MAC) Training Program Part I with a score of at least 90% on the test for each of the six modules, via a computerized ELearning system/Program.
    2. Completed a minimum of eight hours of ADMH and MAC Training Program Part II, taught by a MAS trained licensed nurse.
    3. Successfully demonstrated all nursing tasks delegated.

- (6) The licensed nurse shall provide and document annual evaluation and monitoring of the unlicensed mental health worker performing the delegated tasks. The MAS trained licensed nurse shall assess and document the following at least annually:
- (a) Competency
  - (b) Documentation
  - (c) Error reporting
  - (d) Identification of the seven (7) rights of assisting with medication
  - (e) Professionalism
  - (f) Reliability
  - (g) Respect
- (7) The MAS trained licensed nurse delegating the task may, at any time, suspend or withdraw the delegation of specific tasks to mental health worker(s).
- (8) The Commissioner of the ADMH shall submit a report(s) to the Alabama Board of Nursing in a format specified by the Board upon request to include, But not limited to:
- (a) Total number of community programs certified by ADMH
  - (b) Total number of community programs certified by ADMH that participate in the NDP
  - (c) Total number of residents served in programs certified by mental health departments that participate in the NDP
  - (d) Total number of MAS trained registered nurses
  - (e) Total number of MAS trained licensed practical nurses
  - (f) Total number of MAC mental health workers that currently participate in the NDP
  - (g) Total number of MAC Workers trained during the reporting period.
  - (h) Total number of medication errors in each category listed below:
    - 1. Wrong person
    - 2. Wrong medication
    - 3. Wrong dose
    - 4. Wrong time/day
    - 5. Wrong route
    - 6. Wrong purpose
    - 7. No documentation
  - (i) Identify and implement a quality improvement plan for medication errors.

**Author:** Alabama Board of Nursing

**Statutory Authority:** Code of Ala. 1975, §34-21-2 (c) (21)

**New Rule:** Filed July 20, 2017; effective September 3, 2017

**ADMH Nurse Delegation Program  
Mandatory NDP Training for All Non-Nursing Personnel  
Overview for Agency Administrators**

The NDP involves the delegation of nursing tasks, including assistance with medication administration

**Other nursing tasks that may be delegated include but not limited to:**

- Taking vital signs
- Monitoring and documenting intake and output
- Monitoring skin condition
- Implementing choking prevention techniques, fall prevention techniques
- Monitoring of side effects/compliance with diet, meds, etc.

Implementing seizure management techniques

The MAC Worker is the eyes, ears, nose, and hands of the licensed nurse – a Nurse Extender

**MAC I Training** – First part of the training for unlicensed (non-nursing) personnel  
(It is recommended by Relias to use Google Chrome to access MAC I training)

- MAC candidate(s) must have a high school diploma or GED with documented verification
- It is the responsibility of the Agency Administrator to ensure that prospective MAC Workers have access to the online MAC I Training **WITHIN** the agency (not at home or at the library)
- MAC I must be completed online only - see instructions for “Obtaining MAC I Curriculum”
  - o Integrity and Security of the online MAC Training
    - It is the responsibility of the Agency Administrator to ensure the integrity and security of the MAC I Training by:
      - Restricting access to the MAC I Training **WITHIN** the agency to only those who are required to take and pass the test
      - Having the prospective MAC Worker complete the MAC I Training in an environment where they can be easily observed and monitored by responsible agency staff
      - Ensuring the prospective MAC Worker does not use “substitutes” (i.e. stand-ins) to take the course and/or tests in their place
      - Not permitting or allowing prospective MAC Workers to copy or record course content or test questions.
- MAC I consist of six (6) ELearning modules which must be completed with a minimum score of 90 on the test at the end of each module.

## **MAC I MUST BE COMPLETED PRIOR TO STARTING MAC II**

- Upon completion of MAC I Training, the six (6) certificates must be maintained in the MAC File
  - o MAC I Training transfers from agency to agency; however, there must be documentation of the six (6) MAC I certificates in order to transfer training.
- ✦ Agencies are encouraged to give the MAC Worker a copy of their MAC I certificates (in addition to maintaining a copy in the MAC File)

**The NDP Office does not have access to MAC Certificates**

**MAC II Training** – Second part of training for non-nursing personnel; training must be done face-to-face

### **MUST BE TAUGHT BY A MAS LICENSED NURSE (RN/LPN) WITH CURRENT CERTIFICATION ONLY**

- MAC II Training is face-to-face training including the verification of competency to perform all tasks delegated
- MAC II training must be a minimum of eight (8) hours - not including lunch or breaks

**MAC II must be completed within ninety (90) days of beginning MAC I**

- **MAC Recertification Training** must be taught by a MAS Licensed Nurse with current certification at least **every two (2) years** prior to the expiration date noted on the MAC Worker's current MAC II Certificate
- MAC Recertification must be a minimum of four (4) hours

MAC Training (MAC I and MAC II) includes all elements required to meet ADMH Certification Regulations related to First Aid and Infection Control

ALL MAC Workers are required to have **face-to-face direct supervision by the MAS Licensed Nurse at least annually** (documentation is required on the standard NDP Form # 3 located on the NDP webpage)



## Summary Tables Comparing Old and New MAC Curriculum and NDP Certification Requirements for MAC Workers

OLD Curriculum	NEW Curriculum
MAC I – 12 Hours	<b><u>MAC 1 – 6 Computer Modules</u></b> <ul style="list-style-type: none"> <li>• (Estimated 4-5 hours to complete)</li> <li>• At agency only</li> <li>• Copy or certificates maintained in MAC File</li> </ul>
MAC II – 12 Hours	<b><u>MAC 2 – 8 Hours (Minimum)</u></b> <ul style="list-style-type: none"> <li>• Taught by MAS Nurse, only</li> <li>• Must include competency verification for all tasks delegated</li> <li>• Copy of certificate maintained in MAC File</li> </ul>
Direct Supervision By MAS Nurse annually AS NEEDED	<b><u>Direct Supervision</u></b> <ul style="list-style-type: none"> <li>• By MAS Nurse</li> <li>• Must be done Face-to-Face</li> <li>• Every 12 Months and AS NEEDED</li> <li>• Copy of standard NDP Form maintained in MAC File</li> </ul>
MAC Recertification/ UPDATE Every two years	<b><u>MAC UPDATE – 4 Hours (Minimum)</u></b> <ul style="list-style-type: none"> <li>• Every two (2) years</li> <li>• Must include competency verification for all tasks delegated</li> <li>• Taught by MAS Nurse, only</li> <li>• Copy of UPDATE Certificate maintained in MAC File</li> </ul>

## Instructions to Locate ADMH Regulations

[www.alabamaadministrativecode.state.al.us](http://www.alabamaadministrativecode.state.al.us)

Select 580 Alabama Department of Mental Health

580-2-9	Mental Health
580-5-33	Developmental Disabilities
580-9-44	Substance Abuse

### ADMH REGULATIONS REQUIRING COMPLIANCE WITH NDP

#### **DD Division**

580-5-33-.08 Best Possible Health

- (22) Providers implement policies and procedures approved by their Board of Directors requiring full compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, Alabama Department of Mental Health Residential Community Programs
- (25) Medications, both prescription and non-prescription, are administered and recorded according to valid orders and in compliance with the Alabama Board of Nursing's Regulation 610-X-7-.06, ADMH Residential Community Programs and the Nurse Delegation Program.
- (37) For residential and day services, there is a Medication Assistant Supervisor (MAS) trained RN or LPN as a FT/PT employee or consultant to the provider who is responsible for supervision of delegation of medication assistance to the unlicensed personnel.
- (38) In residential services, access to on-call MAS Nurse must be available twenty four (24) hours a day, seven (7) days a week.

#### **MH Division**

580-2-9-.02 Governing Authority

- (4) The Board shall assure compliance with the Nurse Delegation Program

580-2-13-.03 Mental Illness Program Staff

- (6) For residential services there shall be a RN or LPN as a FT or PT employee or consultant to the provider who is responsible for supervision of delegation of medication assistance to the unlicensed personnel. Access to an on-call nurse must be available 24 hours a day, 7 days a week. Provider will implement policies and procedures approved by their Board of Directors requiring full compliance with the Alabama Board of Nursing regulation 610-X-7-.06 Alabama Department of Mental Health Residential Community Programs.

## **Substance Abuse Division**

### **580-9-44-.13 Program Description**

(24) Pharmacotherapy & Medication Administration. The entity shall develop, maintain and document implantation of written policies and procedures regarding the use, purchase, control, administration and disposal of medication that include a minimum, the following elements:

- (a) Compliance with Regulatory Requirements: The organization shall document compliance with all applicable federal and state laws and regulations regarding the use, purchase, control, administration, disposal, and use of medication including, but not limited to Code of Alabama 1075, Section 334-23-94; Code of Alabama 1975, Section 20-2-1 through 20-2-93; Federal Controlled Substance Act of 1970; Indigent Drug Program Manual for Mental Health Centers; and Nurse Delegation Act.
- (d) Nurse Delegation: Entities utilizing unlicensed personnel to administer medication to clients shall develop, maintain and document implementation of written policies and procedures to assure compliance with Alabama Board of Nursing Regulations.



## THE NURSE DELEGATION PROGRAM

### What is the Nurse Delegation Program?

The Nurse Delegation Program (NDP) was developed by the **Alabama Department of Mental Health (ADMH)**, with guidance from the **Alabama Board of Nursing (ABN)**.

- The collaboration of these two agencies resulted in changes to the **ABN Regulations (also called "Standards of Nursing Practice")**.
- These changes in ABN Regulations allow non-licensed people to assist with medication administration and other nursing tasks in residential programs, day programs, and other community extensions **regulated by ADMH**.





## Some Other NDP tasks.....

Examples of nursing tasks that may be delegated:

- Medication Administration
- Vital signs
- Intake and output
- Use of glucometer and other medical equipment
- Emergency management of seizures, breathing problems, choking, allergic reactions, etc....
- Carrying out the nursing plan of care as directed

## NDP

The Nurse Delegation Program defines the authority and **responsibility for agencies and nurses** related to the delegation of **nursing tasks** in ADMH-certified programs.

NDP provides the necessary education, information, and guidance to **Agencies and Nurses** on state regulations so they can operate **legally** and **safely** within state and federal Laws.



# What is NDP?

The NDP is managed by the ADMH in conjunction with the ABN to help ensure that everyone who receive services from ADMH certified programs receives the best possible nursing care.

NDP IS A **NURSE** DRIVEN PROGRAM

The licensed nurse is responsible and accountable for all nursing care and the outcome related to that care.

## Why NDP?

### *It's the Law*

#### **Code of AL (1975) 34-21-20**

Any person practicing or offering to practice professional/practical nursing in AL for **compensation** shall be required to submit evidence that he/she is qualified so to practice and **shall be licensed**. It shall be **unlawful for any person not licensed** to practice or offer to practice professional/practical nursing for **compensation** in this State.





# Why NDP?



## Code of AL (1975) 34-21-26

The practice of professional/practical **nursing by any person who has not been issued a license** or whose license has been suspended, revoked or has expired, is hereby declared to be inimical to the public welfare and to **constitute a public nuisance**.

The ABN may apply to any court of competent jurisdiction for an injunction (ban/stop order) to enjoin (order/instruct) any person from practicing professional/practical nursing who has not been issued a license.

## Regulations

The AL Board of Pharmacy (ABP) and the AL Board of Nursing (ABN) direct and control the regulations pertaining to

### Medication:

- Packaging
- Storage and
- Administration



# Alabama Board of Pharmacy

*The Alabama Board of Pharmacy has regulations regarding medication labeling, identification, packaging and storage that must be followed as well. The ABP has the power to bring legal actions against violators of these laws.*

## Code of AL (1975) 34-23-12

When it appears to the board (AL Board of Pharmacy) that **any person who is not licensed under the provision of this chapter** is violating any of the provisions of this chapter, the board may in its own name **bring an action in the circuit court** for any injunction <sup>(ban/order)</sup> and said court of this state may enjoin <sup>(order/instruct)</sup> any person from violating the provisions of this chapter regardless of whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

## Why NDP?

Services or Programs regulated by ADMH must comply with not only **ADMH regulations**, but also **regulations of the ABN and ABP** with respect to their guidelines for the **handling and administration of medications and other nursing tasks.**

*NDP is a program that pulls all these rules and regulations pertaining to medications and nursing tasks into one place for Agencies and nurses.*



# Why NDP?

ADMH Certified Programs are required to maintain full compliance with ABN Regulation 610-X-7-.06 while operating under guidelines according to their perspective Division

Division of Developmental/Intellectual Disabilities  
Division of Mental Health/**Substance Use Services**



## There are Four Components of the NDP

1. **Administrative/Agency Requirements**
2. Education and Training
3. Quality Assurance
4. **Certification Compliance**



# The First Requirement

The Administration or Agency Requirements **include but are not limited to:**

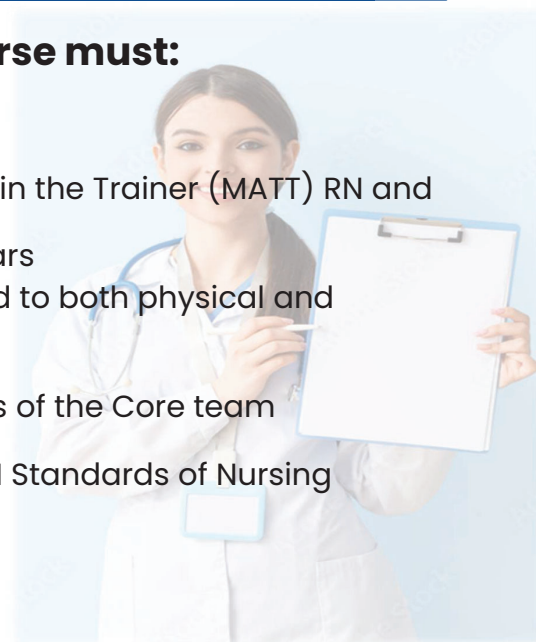
- Providing sufficient resources including appropriate staff mix
  - **Providing the depth and flexibility of licensed nurses to assure the loss of a licensed nurse is covered within the organization**
  - Not using the local ER/Urgent Cares as a backup for licensed nurses
- Providing needed equipment and supplies
- Development and implementation of NDP-related policies and procedures, approved by **the agency's Board of Directors**
- Development of position descriptions for licensed nurses and unlicensed workers in accordance with NDP guidelines and ABN Regulations
- Full compliance with all components of the NDP
  - Administrative/Agency Requirements
  - Educational
  - Quality Assurance
  - Certification Compliance



## The Second Requirement is staff Education and Training (1 of 2)

**A Medication Assistant Supervising (MAS) Nurse must:**

- Be an RN/LPN in good standing with the ABN
- Attend MAS Training taught by a Medication Assistant Train the Trainer (MATT) RN and pass a competency exam
- Attend a four-hour mandatory MAS Update every two years
- Understand disease and symptoms management related to both physical and mental disorders
- Be a part of the Treatment Team/Person Center Planning
- Be able to teach and supervise MACs and other members of the Core team
- Practice according to the Nurse Practice Act and the ABN Standards of Nursing Practice
- Practice within the NDP guidelines (MAS Nurse Manual)



## The Second Requirement is staff Education and Training (2 of 2)

### A MAC Worker must:

- Have a high school diploma or GED
- Be 18 years of age or older
- Successfully complete the approved MAC Training (two-part training)
  - MAC I – Online 6 module (Completed under the **supervision of the Agency**)
  - MAC workers must pass a competency exam after each module. They **ONLY** have 5 attempts per module before they are locked out of the system.
  - MAC II – Face-to-face by a MAS RN/LPN – The MAS Nurse uses Agencies P & Ps to educate MAC on the NDP operations within the facility.
- MACs must also satisfactorily demonstrate the practical skills required by the agency to show competency

## The Third Is Quality Assurance

- Agencies are **required** to submit data for annual ABN Report (Due by June 1 each year) **[ABN 610-X-7-.06(8)]**
- Agencies are required to report ALL Medication Errors electronically according to the ADMH Divisional IPMS Operational Guidelines and the Alabama Board of Nursing regulations **[ABN 610-X-7-.06(8) (h)]**
- Agencies are required to **track, identify** and **implement** a quality improvement plan for medication errors and any reoccurring health condition **[ABN 610-X-7-.06(8) (i)]**

# The Fourth Is Compliance

The ADMH certification process requires **certification surveyors** to assess for compliance with the Nurse Delegation Program.

- This includes the requirements documented in the MAS Nurse Manual and ABN regulation **610-X-7-.06**
- Required assessments and documentation for the people served
- Documentation of training and supervision of MAC workers
  - Certification Score Sheets are located on the ADMH website under Documents Library
- MACs must have **24/7 direct** access to a MAS nurse

Noncompliance can result in provisional certification or **decertification** of the agency.

NDP Guidelines  
are developed from State &  
Federal Regulations related  
to Community Health Care,  
Medication administration  
and accountability.

# Alabama Administrative Code ABN Regulation 610-X-7-.06

- 1) ADMH shall train licensed nurses by the ADMH approved nurse delegation program: NDP and the Medication Administration Supervisor (MAS). **Licensed nurses who are MAS trained are accountable and responsible for the outcome of the delegated nursing care delivered by unlicensed mental health workers to residents in the residential community mental health settings.**
- 2) Licensed nurses who provide nursing care in residential community mental health settings and community extensions including day habilitation programs, **may delegate specific limited tasks to designated unlicensed assistive personnel.**
- 3) The **MAS RN** is responsible and accountable for the completion of a **comprehensive assessment and evaluation of patients' nursing care needs.**
  - i. The **MAS LPN may initiate** and document data elements of the comprehensive assessment
  - ii. The outcome of **the comprehensive assessment shall determine the tasks that may be safely performed by the unlicensed assistive personnel** in residential community mental health settings. The focused assessment after the completion of comprehensive assessment may also identify tasks that may be delegated.
  - iii. The **nursing tasks delegated by the MAS LPN shall be based on the resident's needs as documented in the comprehensive and/or focused assessment.** The comprehensive assessment shall be reviewed annually or in the event of a health status change.



# Alabama Administrative Code ABN Regulation 610-X-7-.06

- 4) The specific delegated tasks **shall not** require the exercise of independent nursing judgment or intervention.  
Specific tasks that require independent nursing judgment or intervention that shall not be delegated include, but are not limited to:
  - a) catheterization, clean or sterile
  - b) Administration of injectable meds, except premeasure auto injectable meds for anaphylaxis and opioid-related drug overdose.
  - c) Calculation of med dosages
  - d) Tracheotomy care, including suctioning
  - e) Gastric tube insertion, replacement or feedings
  - f) Invasive procedures or techniques
  - g) Sterile procedures
  - h) Ventilator care
  - i) Receipt of verbal or telephone orders from a licensed prescriber.



# Alabama Administrative Code ABN Regulation 610-X-7-.06

5) The task of assisting with the delivery of **prescribed** eye, ear, nose, oral, topical, inhalant, rectal or vaginal meds may be delegated to a mental health workers by the MAS trained licensed nurse only when the following conditions are met:

- Completion of MAC I
- Completion of MAC II
- Completion of the Skills Checklist



# Alabama Administrative Code ABN Regulation 610-X-7-.06

## MAS Nurse Right

7) The MAS RN/LPN delegating the task may, **at any time**, suspend or withdraw the delegation of specific tasks to mental health workers.

- MACs complete nursing tasks as an extension of the nurse. They **work under the license of the nurse**. If a Nurse determines that a worker cannot be a MAC Worker, the nurse can remove the delegation.
- Only **a MAS nurse can delegate nursing tasks to a MAC Worker**.



# Alabama Administrative Code ABN Regulation 610-X-7-.06(8)

- The ABN agreed to allow the ADMH to have a delegation program provided the department submit information to the ABN annually.
- Each Year on April 1 a letter with a link goes out to all the Providers.
- The information gathered in the link consists of :
  - a) Total # of community programs certified by ADMH
  - b) Total # of community programs certified by ADMH that participate in NDP
  - c) Total # of residents served in programs certified by ADMH that participate in the NDP
  - d) # MAS trained RNs
  - e) # MAS trained LPNs
  - f) # MAC Workers currently participating
  - g) # MAC Workers trained during reporting period (April 1 to April 1)
  - h) Total # of medication errors in each category listed below:
    - Wrong person (This is collected through the Therap system)
    - Wrong med
    - Wrong dose
    - Wrong time/day
    - Wrong route
    - Wrong purpose
    - No documentation
  - i) Identify and implement a quality improvement plan for medication errors

**Completion of this form is a requirement of ADMH and part of the certification process**

## MAS Nurse Responsibilities

Nursing responsibilities include but are not limited to the following:

- **Comply** with the **Alabama Nurse Practice Act**, ABN Regulations & Scope of Practice
- Comply with **ADMH Regulations** and **NDP Guidelines**
- Provide direct (in person) an indirect (telephone) supervision to the MAC Workers as required
- Train and educate the unlicensed worker
- **Collaborate** with the persons' health care providers in the agency (Core Team) and in the community setting (other providers).
- Complete the required **documentation** for the people cared for and the MAC Workers
- Advocate for the person's health care needs

# Alabama Administrative Code ABN Regulation 610-X-6-.01

## **Direct Supervision**

Responsible licensed nurse **physically present** in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.

NDP Example: MAS RN Assessment, Annual MAC supervision, MAC Education

## **Indirect Supervision**

Responsible licensed nurse is **available** for periodic inspection and evaluation through **physical presence, electronic or telephonic communication** for direction, consultation and Collaboration.

NDP Example: Nurse available for call 24/7, written education on new medications

# Alabama Administrative Code ABN Regulation 610-X-6-.05

## **Practice of Practical Nursing**

- 1) The practice of practical nursing includes, but is not limited to:
  - g) Provision of care **UNDER** the direction of a **RN, physician,** or dentist **who considers the following elements:**
    - (i) Evaluation of knowledge, skills and experience of the LPN
    - (ii) Complexity of the assigned tasks
    - (iii) Health status of the patient

**NDP guidelines require the MAS LPN to be supervised by a **MAS RN.****

*A physician or dentist would have to be MAS trained to be able to evaluate a nurses knowledge of NDP.*



# Alabama Administrative Code ABN Regulation 610-X-6

## Documentation

- a) The standards for documentation of nursing care provided by RN/LPNs are based on principles of documentation regardless of the documentation format.
- b) Documentation of nursing care shall be:
- a) Legible
  - b) Accurate
  - c) Complete
  - d) Timely

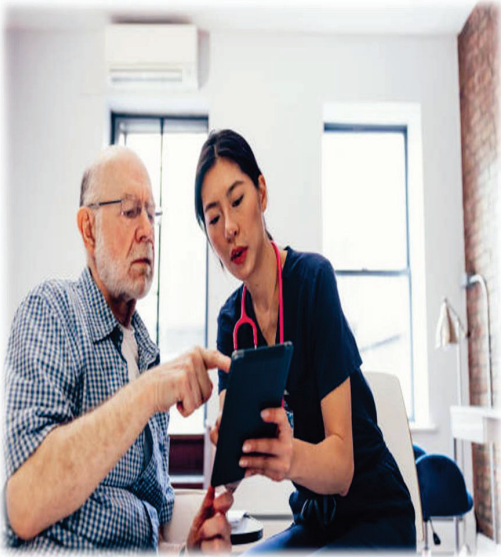


## NDP! Is it right for you ?

- Agencies **DO NOT** have to participate in **NDP**.
- Agencies that **do not** use **unlicensed workers** (MAC) to assist with Nursing tasks (medications) are **not** required to participate in NDP
- **ADMH NDP** training & delegation applies to agencies certified by ADMH only.
- There are several different delegation programs in ALABAMA. 610-x-7-.06 defines what can be done in the ADMH divisions.



# NDP! Things to know



**ALL** the people served through the ADMH waiver whether it is residential, dayhab, respite, shall be assessed for the ability to self medicate by a MAS RN/LPN upon admission to program.

***If they cannot self-medicate:***

They shall be assisted by a MAC Worker who is trained and supervised by a MAS Nurse, **or** they may have medications administered by a licensed nurse

The **assessment shall be documented at least annually in the person's clinical record**

*The people served in community programs have the right to self medicate if they can and choose to.*

# NDP! Things to know

In ADMH certified facilities

- The agency will have policies and procedures that detail the use of NDP.
- **ALL** medication is documented. The agency policy should define the procedure.
- **ALL** medications shall be secured by the agency according to NDP guidelines and State/Federal Laws.



# NDP! Things to know

- NDP can be used in providing nursing services to agencies certified by ADMH that serve the Mental Illness, Intellectually Disabled, & Substance Use population.
- **ALL** unlicensed workers employed by ADMH certified providers, **who assist with medication** (regardless of location) shall be MAC trained and supervised by a MAS RN/LPN.

## Things to know

**Agencies decide the services they will provide.**

Again....

Participation in NDP is the agency **choice**. If the agency does not use unlicensed workers for nursing duties, NDP is NOT needed

A licensed nurse does not have to be trained as a MAS nurse to administer medication

*A MAS Nurse is trained to **delegate**, and **supervise** nursing duties to unlicensed workers*

CHOICE

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Visit the NDP page located under the Provider Portal on the  
ADMH website!!!



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