

The Alabama Department of Mental Health

Designated Mental Health Facility Application



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Workflow Roles

Provider

Associate Commissioner

Role type: Registered user

Selected user: Blair LaVonda –
lavonda.blair@mh.alabama.gov(lavonda.blair@mh.alabama.gov)

C&F Program Coordinator

Role type: Group of users

Form fields: Child & Family Services Program Coordinator

C&F Program Director

Role type: Selected user

Selected user from field: Child & Family Services Program Director – Beverly Johnson-
Beverly.Johnson@mh.alabama.gov

Central Office

Role type: Group of roles

Roles: Planning & Quality Specialist I, Planning & Quality Specialist II, Latoya Woods –
Provider Network Manager – latoya.woods@mh.alabama.gov

Certification Team Member

Role type: Selected user

Selected user from field: Certification Team Member

Commissioner

Role type: Registered user

Selected user: Kimberly Boswell – ADMH Commissioner
Kimberly.boswell@mh.alabama.gov

MH Program Coordinator

Role type: Selected user

Selected user from field: Program Coordinator

MH Program Director

Role type: Selected user

Selected user from field: MH Program Director

MHSU Associate Commissioner

Role type: Registered user

Selected user: Nicole Walden – Nicole.walden@mh.alabama.gov

MHSU Certification Director

Role type: Registered user

Selected user: Bergeron Beth – Bergeron@mh.alabama.gov

OCA ASA III

Role type: Registered user

Selected user: Pritchett Courtney – courtney.pritchett@mh.alabama.gov

OCA Attorney

Role type: Registered user

Selected user: Penn Bryan – bryan.penn@mh.alabama.gov

OCA Director

Role type: Registered user

Selected user: McCoy Fred – fred.mccoy@mh.alabama.gov

OCA Review Group

Role type: Group of roles

Roles: Conditional PPQ Reviewer, OCA ASA III, OCA Director

Planning & Quality Specialist I

Role type: Registered user

Selected user: Melanie Williams – melanie.williams@mh.alabama.gov

Planning & Quality Specialist II

Role type: Registered user

Selected user: Nettles Tina – tina.nettles@mh.alabama.gov

Policy, Planning & Quality Director

Role type: Registered user

Selected user: Moss Nakema – nakema.moss@mh.alabama.gov

Provider Network Manager

Role type: Registered user

Selected user: Woods Latoya – latoya.woods@mh.alabama.gov

SU Executive Assistant

Role type: Selected user

Selected user from field: SU Program Director Executive Assistant

SU Program Director

Role type: Selected user

Selected user from field: SU Program Director

Denice Morris – Denice.morris@mh.alabama.gov

SU Program Manager

Role type: Selected user

Selected user from field: SU Program Manager

Program Manager- Luciana Coleman- Luciana.Coleman@mh.alabama.gov

Program Manager- Elana Merriweather Elana.merriweather@mh.alabama.gov

Program Manager- Lashanda Craig – Lashanda.craig@mh.alabama.gov

Program Manager – Brooke Whitfield – Brook.Whitfield@mh.alabama.gov

Medicaid Specialist - Richetta Muse – Richetta.muse@mh.alabama.gov

Workflow Start

Select Application

To initiate the application process, the applicant chooses the desired application from the "Select Application" drop-down menu and then clicks "Submit."

Application Selection

 Alabama Department of Mental Health

Certification Application

Select Application *

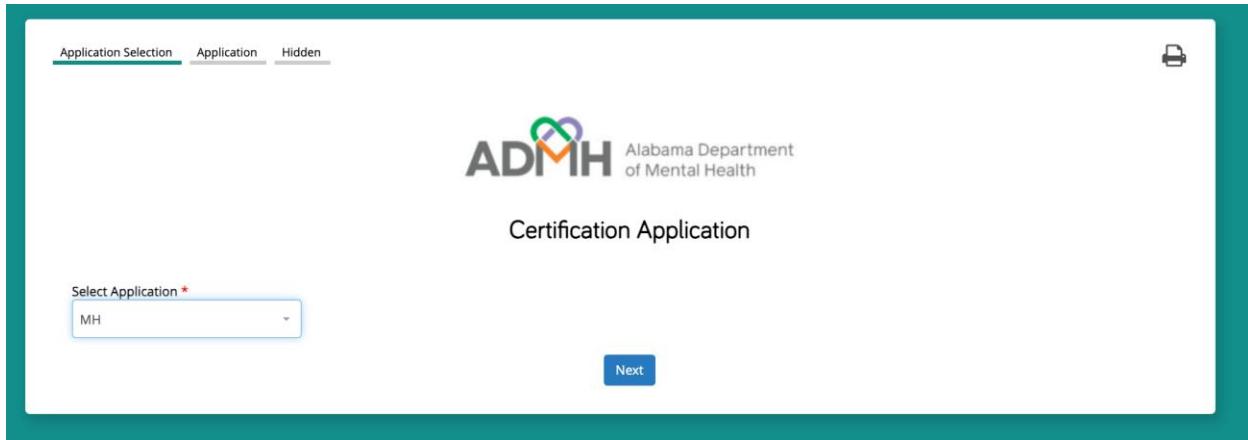
-- Select one --

This field is required

Submit

MH Provider

After selecting MH from the drop-down menu, two tabs will appear. The applicant will then go to the Application tab to fill out the New Provider information.



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The top navigation bar has three tabs: 'Application Selection' (underlined in green, indicating it is the active tab), 'Application' (disabled, with a grey background), and 'Hidden' (disabled, with a grey background). In the top right corner, there is a small printer icon. The main content area features the ADMH logo (a stylized 'ADMH' with a green heart shape above the 'A') and the text 'Alabama Department of Mental Health'. Below this, the title 'Certification Application' is centered. A dropdown menu is open, labeled 'Select Application *', with the option 'MH' selected. A blue 'Next' button is located at the bottom right of the form area. The entire interface is framed by a thick teal border.

Applicant

The applicant will fill out the required fields marked with an asterisk in the "Application" section. The address fields will pre-populate as soon as the applicant starts entering information and selects from the options that appear. The applicant must upload documents to all required fields and check "Hospital Inpatient Commitment".

Application Selection Application



Certification Application

Please check all that apply: *

- Select all--
- Hospital Inpatient Commitment

Program Description *

Select files...

Certification Number of Program and Facility *

1234

Name of Agency *

Test

Street Address *

Test

County *

Autauga County

City *

Test\$

State *

AL

Zip *

11111

Telephone *

(123) 123-1231

Name of Executive Director *

Test

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Facility/Setting

The applicant must fill out the "Facility/Setting" section with valid information.

Facility/Setting

Please submit a separate application for each Facility

Specify Name of Facility/Setting to be designated as a DMHF *

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

CRFTest

Street Address *

Test

County *

Autauga County

City *

Test

State *

AL

Zip *

11111

Telephone *

(123) 123-1231

Contact Person *

Test

Executive Director's Email *

amoshkin@simpligo.com

Total Beds *

1

Projected Occupancy Date *

11/12/2025

Input reason here for submitting a projected occupancy date of less then 60 days *

1



Board Member Information

The applicant will fill in information about the board member.

Board Member Information

Board President's Mailing Address *

amoshkin@simpligov.com

Board President's Email Address *

amoshkin@simpligov.com

Names/Titles of Officers *

Test - Test



Certification

The applicant enters their name and date in the Certification section, checks the agreement, and clicks "Next."

Certification

General Comments (optional)

Test



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. *

I hereby certify that the Office of Certification Administration will be notified of closure in the event site closes. *

Executive Director Signature *

Test Name

Type Draw Upload Clear

Date *

10/08/2025

Agency *

Test

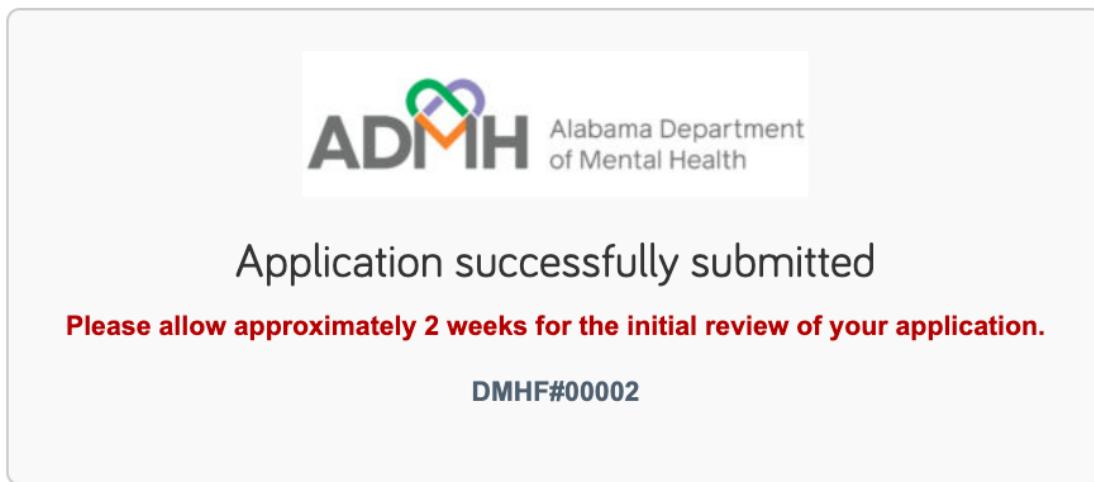
Address *

Tescott, KS 67484, USA

Attach Supporting Documents

Select files...

After entering the required information, click "Submit." A confirmation page displaying application number should then appear.



OCA Quality Review

The OCA Director will receive an email containing a link to the next stage. Click "Next Stage."



Action Required

A Certification Application for Designated Mental Health Facility has been submitted and requires your review.

Application Details:

- **Facility Name:** CRFTest
- **Application Type:** DMHF Request
- **Reference Number:** DMHF#00003
- **Submission Date:** 10/17/2025

Please review the application and submit your decision within 14 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original

After clicking "Next Stage," the OCA director will be directed to a form where they can review all the information previously entered in the "Application" tab. There is no need to change anything. The OCA director will select the disposition from the dropdown menu labeled "OCA Disposition." Depending on the option chosen, the application will either be returned to the

applicant or forwarded to the next stage. The OCA Director will then click "Submit."

Application OCA Quality Review

ADMH Alabama Department of Mental Health

Certification Application
OCA Quality Review

-- Select one --

Approve and forward

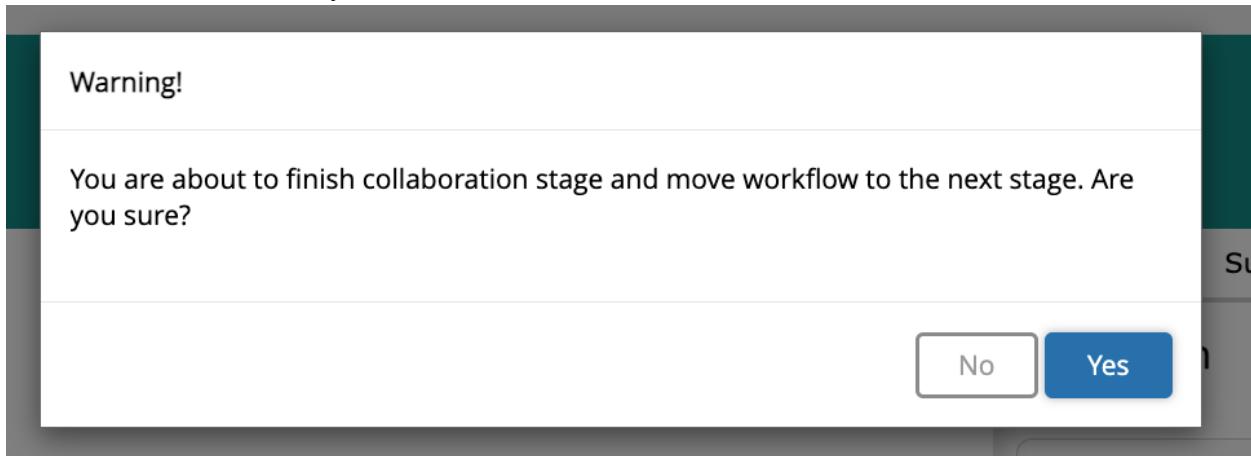
Return to Provider for Changes

Hold

-- Select one --

Update form values Back Submit

This stage is collaborative, so other team members can access it. If the OCA Director wants to end the collaboration, they click "Yes."



MHSU Certification Team Selection

At this stage, the MHSU Certification Director must decide how to proceed. Options include forwarding the application to the certification team, recommending approval or denial, or requesting additional information from the applicant. If the Certification Director decides to forward the application to the certification team, a team member should be selected from the drop-down menu. In this case, I recommend approval as the Certification Director.

Application MHSU Certification Team Selection



Certification Application MHSU Certification Team Selection

Certification Director Disposition *

Forward to Certification Team



Review Comments

Certification Team Member *

Cathy Anderson, Lori Burke, Charlene Marshall, Jonathan Melton, Samantha Threatt

-- Select one --



[Update form values](#) [Back](#) [Submit](#)



Certification Application MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval



Review Comments

[Update form values](#) [Back](#) [Submit](#)

MHSU Program Selection

At this stage, the application will either be forwarded to the program team or the applicant will be asked to provide additional information.



Certification Application MHSU Program Selection

Certification Director Disposition *

-- Select one --

- Select one --
- Forward to Program Team
- Request Additional Information

[Update form values](#) [Back](#) [Submit](#)

If the "Child and Family Services" option is chosen, the workflow will be sent to Family and Children Services.

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

Child & Family Services

-- Select one --

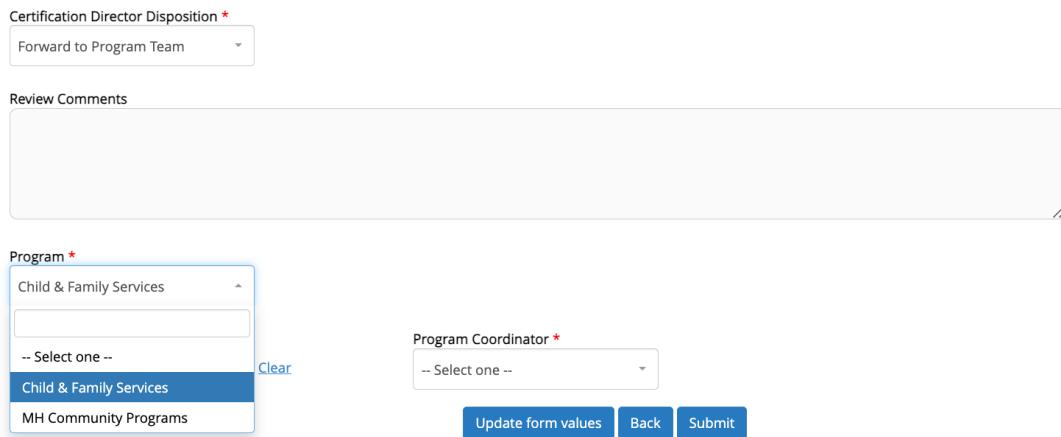
Child & Family Services

MH Community Programs

Program Coordinator *

-- Select one --

Update form values Back Submit



If the "MH Community Programs" option is selected, the workflow will be sent to the MH Program Director.

Certification Director Disposition *

Forward to Program Team

Review Comments

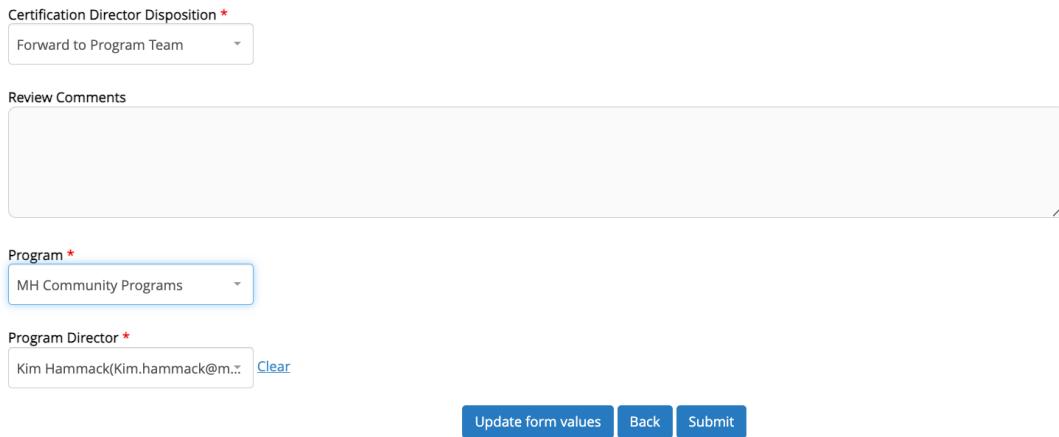
Program *

MH Community Programs

Program Director *

Kim Hammack(Kim.hammack@m..) [Clear](#)

Update form values Back Submit



Family & Children Services and MH Program Director

At this stage, the program director will select a disposition. The options are to forward to the program team, request additional information, recommend approval, or recommend denial. In this scenario, the program director will recommend approval.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection **MH Program Team Selection**



Certification Application MH Program Team Selection

Program Director Disposition*
Selecting a Recommendation option forwards to MHSU Certification Director & skips MH Program Coordinator.

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Recommend Approval

Recommend Denial

[Update form values](#) [Back](#) [Submit](#)

“Family & Children Services” will choose a disposition on the “MH Family and Child Services Review”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection **MH Family and Child Services Review**



Certification Application MH Family and Child Services Review

Child & Family Services Director Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

[Update form values](#) [Back](#) [Submit](#)

MHSU Certification Director Review

At this stage, the "MHSU Certification Director" will be able to see all the information previously entered. Based on this information, the decision to approve, deny, or request additional information should be made once again.

[Application](#) [MHSU Certification Team Selection](#) [MHSU Certification Team Review](#) [MH Program Selection](#) [MH Program Team Selection](#) [MH Program Coordinator Review](#)
[MH Program Director Review](#) [MHSU Certification Director Review](#)



MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

Internal Comments

[Update form values](#) [Back](#) [Submit](#)

MHSU Associate Commissioner

This time, there are only two options available for the MHSU Associate Commissioner: Approve or deny. The MHSU Associate Commissioner will also have to sign this decision.

Application MHSU Certification Team Selection MHSU Certification Team Review MH Program Selection MH Program Team Selection MH Program Coordinator Review
MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Review



MHSU Associate Commissioner Review

Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

X

Signer's Name

Type Draw Upload Clear

Update form values Back Submit

Letter Creation

The next stages are "Letter Creation". During the "Letter Creation" stage, OCA Director will see a sample letter that will be sent to the applicant if their application is approved. Some applicant data will be included. OCA Director can edit it if necessary.



Kay Ivey
Governor

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV



Kimberly G. Boswell
Commissioner

11/11/2025

Executive Director

Based on the representations made by you in your application for designation and the recommendation of the Associate Commissioner for Mental Health and Substance Abuse Services, I hereby designate [Hospital Name] as a Department of Mental Health (DMH) Designated Mental Health Facility. This designation is contingent upon continued compliance with the provisions of the Alabama Administrative Code, § 580-2-9-.19, the acknowledgement of which is included in your letter of application. By this designation, the DMH neither accepts nor assumes any liability for financial compensation for patient treatment at your facility, nor will it provide any indemnification for any actions of [Hospital Name] or its employees or contractors.

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at 334-353-9085.

Sincerely,
Kimberly G. Boswell
Commissioner



[Update form values](#) [Back](#) [Submit](#)

Associate Commissioner Review

Associate Commissioner will review an application and decide if it should be forwarded or there is a need to request an additional information.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MH Family and Child Services Review SU Program Director Review SU Program Manager Review
MHSU Certification Director Review MHSU Associate Commissioner Letter Creation Associate Commissioner Review



Associate Commissioner Review

Date

10/15/2025

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

[Update form values](#) [Back](#) [Submit](#)

Commissioner Review

The commissioner should decide what the next step should be for the application. The options are to approve, deny, or request additional information. After deciding, click the field below to place your signature and click “Submit.”

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Letter Creation TOA Creation Associate Commissioner Review **Commissioner Review** 

ADMH Alabama Department of Mental Health

Commissioner Review

Date
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name Type Draw Upload Clear

Update form values **Back** **Submit**

OCA Final Review

This is the final stage in which the OCA Director can review all the data previously entered and submit the form.

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Letter Creation TOA Creation Associate Commissioner Review **OCA Final Submission** 

ADMH Alabama Department of Mental Health

OCA Final Submission

Press 'Submit' to process.

Update form values **Back** **Submit**

Certification Approved

The applicant will receive an email confirming that the request has been approved at the very end.



Application Accepted

A Certification Application for Designated Mental Health Facility has been reviewed and approved by the Division and OCA.

Application Details:

- **Facility Name:** CRFTest
- **Application Type:** DMHF Request
- **Reference Number:** DMHF#00003
- **Submission Date:** 10/17/2025

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