

# 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](mailto:lavonda.blair@mh.alabama.gov)([lavonda.blair@mh.alabama.gov](mailto: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](mailto: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](mailto: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](mailto: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](mailto:Nicole.walden@mh.alabama.gov)

**MHSU Certification Director**

Role type: Registered user

Selected user: Bergeron Beth – [Bergeron@mh.alabama.gov](mailto:Bergeron@mh.alabama.gov)

**OCA ASA III**

Role type: Registered user

Selected user: Pritchett Courtney – [courtney.pritchett@mh.alabama.gov](mailto:courtney.pritchett@mh.alabama.gov)

**OCA Attorney**

Role type: Registered user

Selected user: Penn Bryan – [bryan.penn@mh.alabama.gov](mailto:bryan.penn@mh.alabama.gov)

**OCA Director**

Role type: Registered user

Selected user: McCoy Fred – [fred.mccoy@mh.alabama.gov](mailto: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](mailto:melanie.williams@mh.alabama.gov)

### **Planning & Quality Specialist II**

Role type: Registered user

Selected user: Nettles Tina– [tina.nettles@mh.alabama.gov](mailto:tina.nettles@mh.alabama.gov)

### **Policy, Planning & Quality Director**

Role type: Registered user

Selected user: Moss Nakema – [nakema.moss@mh.alabama.gov](mailto:nakema.moss@mh.alabama.gov)

### **Provider Network Manager**

Role type: Registered user

Selected user: Woods Latoya – [latoya.woods@mh.alabama.gov](mailto: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](mailto: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](mailto:Luciana.Coleman@mh.alabama.gov)

Program Manager- Elana Merriweather [Elana.merriweather@mh.alabama.gov](mailto:Elana.merriweather@mh.alabama.gov)

Program Manager- Lashanda Craig – [Lashanda.craig@mh.alabama.gov](mailto:Lashanda.craig@mh.alabama.gov)

Program Manager – Brooke Whitfield – [Brook.Whitfield@mh.alabama.gov](mailto:Brook.Whitfield@mh.alabama.gov)

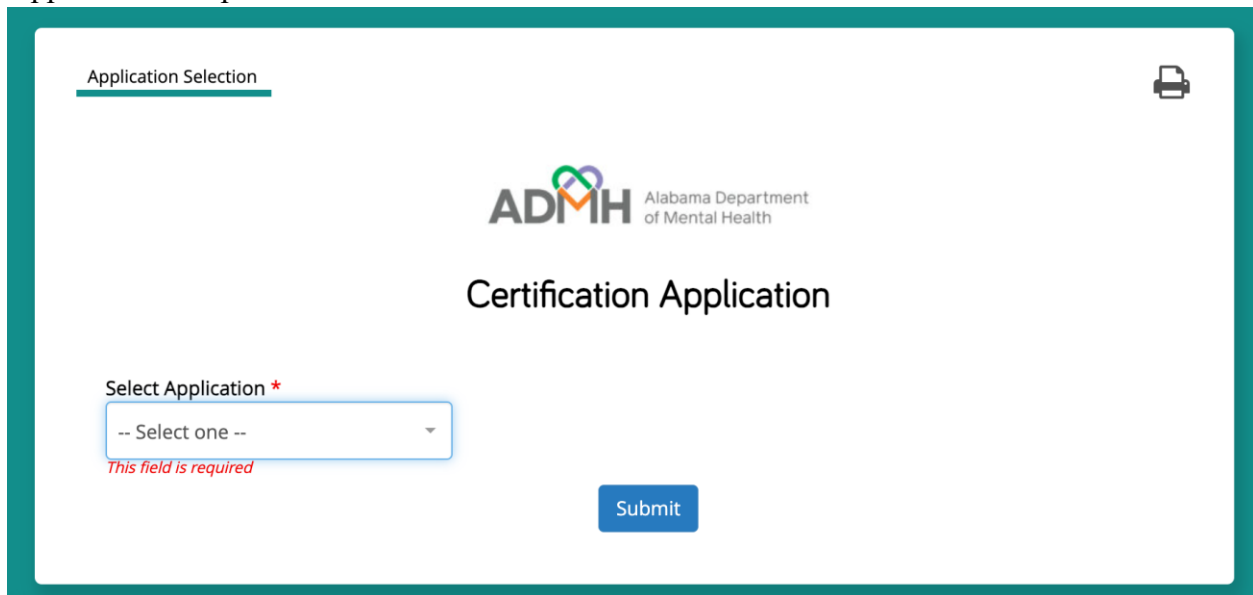
Medicaid Specialist - Richetta Muse – [Richetta.muse@mh.alabama.gov](mailto:Richetta.muse@mh.alabama.gov)



# 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

ADMH Alabama Department of Mental Health

Certification Application

Select Application \*

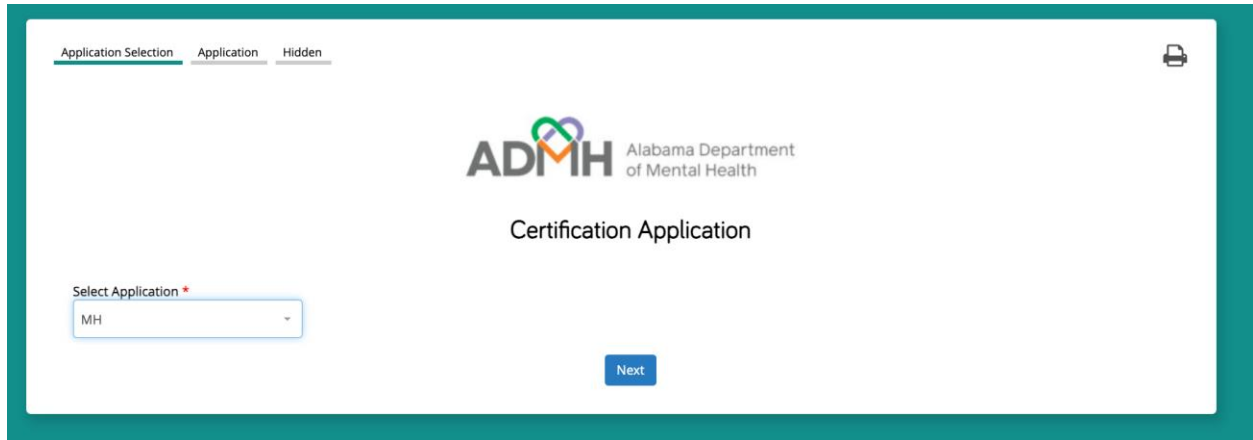
-- Select one --

*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 application interface for the Alabama Department of Mental Health (ADMH). At the top, there are three tabs: "Application Selection" (which is active and underlined), "Application", and "Hidden". In the top right corner, there is a small printer icon. The main heading in the center is "ADMH" with a logo consisting of three interlocking loops in green, orange, and purple, followed by the text "Alabama Department of Mental Health". Below this, the title "Certification Application" is displayed. On the left side, there is a label "Select Application \*" above a dropdown menu that currently shows "MH". At the bottom center, there is a blue button labeled "Next".

## 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 than 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

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.



Application successfully submitted

**Please allow approximately 2 weeks for the initial review of your application.**

**DMHF#00002**

## 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](#)

---

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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."

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No 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

[Clear](#)

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 ▾

[Clear](#)

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 \*

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** 



### 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 Commissioner Review **OCA Final Submission** 



### 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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