

The Alabama Department of Mental Health Division of Administration

New Service or Site User Guide



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Workflow Roles

Provider

Associate Commissioner

Role type: Registered user

Selected user: Hibbard

brooke.hibbard@mh.alabama.gov(brooke.hibbard@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

Central Office

Role type: Group of roles

Roles: Planning & Quality Specialist I, Planning & Quality Specialist II, Provider Network Manager

Certification Team Member

Role type: Selected user

Selected user from field: Certification Team Member

Commissioner

Role type: Registered user

Selected user: Boswell

kimberly.boswell@mh.alabama.gov(kimberly.boswell@mh.alabama.gov)

Conditional PPQ Reviewer

Role type: Get user data from form

We don't use name field for this role

Form field for user email: Conditional PPQ Reviewer

DD Associate Commissioner

Role type: Registered user

Selected user: Cumuze

Camille.cumuze@mh.alabama.gov(camille.cumuze@mh.alabama.gov)

DD Certification Director

Role type: Registered user

Selected user: Orange

Fredericka.Orange@mh.alabama.gov(fredericka.orange@mh.alabama.gov)

Executive Assistant to the Assoc. Comm. DD

Role type: Registered user

Selected user: Davis jonathan.davis@mh.alabama.gov(jonathan.davis@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: Walden

Nicole.Walden@mh.alabama.gov(nicole.walden@mh.alabama.gov)

MHSU Certification Director

Role type: Registered user

Selected user: Bergeron

Beth.Bergeron@mh.alabama.gov(beth.bergeron@mh.alabama.gov)

OCA ASA III

Role type: Vacant

Selected user: vacant

Administration Attorney

Role type: Registered user

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

OCA Director

Role type: Registered user

Selected user: McCoy, III Fred.McCoy@mh.alabama.gov(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: Williams

Melanie.Williams@mh.alabama.gov(melanie.williams@mh.alabama.gov)

Planning & Quality Specialist II

Role type: Registered user

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

PPQ Director

Role type: Registered user

Selected user: Moss nakema.moss@mh.alabama.gov(nakema.moss@mh.alabama.gov)

Provider Network Manager

Role type: Registered user

Selected user: Woods latoya.woods@mh.alabama.gov(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

SU Program Manager

Role type: Selected user

Selected user from field: SU Program Manager

DD Workflow Start

Select Application

To choose a path, the applicant selects it from the drop-down menu labeled "Select Application" and clicks "Submit."

The screenshot shows a web form titled "Certification Application" for the Alabama Department of Mental Health (ADMH). The form has three tabs: "Application Selection" (active), "Application", and "Hidden". A dropdown menu labeled "Select Application *" is open, showing options: "-- Select one --", "DD", "MH", "SU", and "Prevention". A blue "Next" button is visible to the right of the dropdown.

Application Selection Application Hidden

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

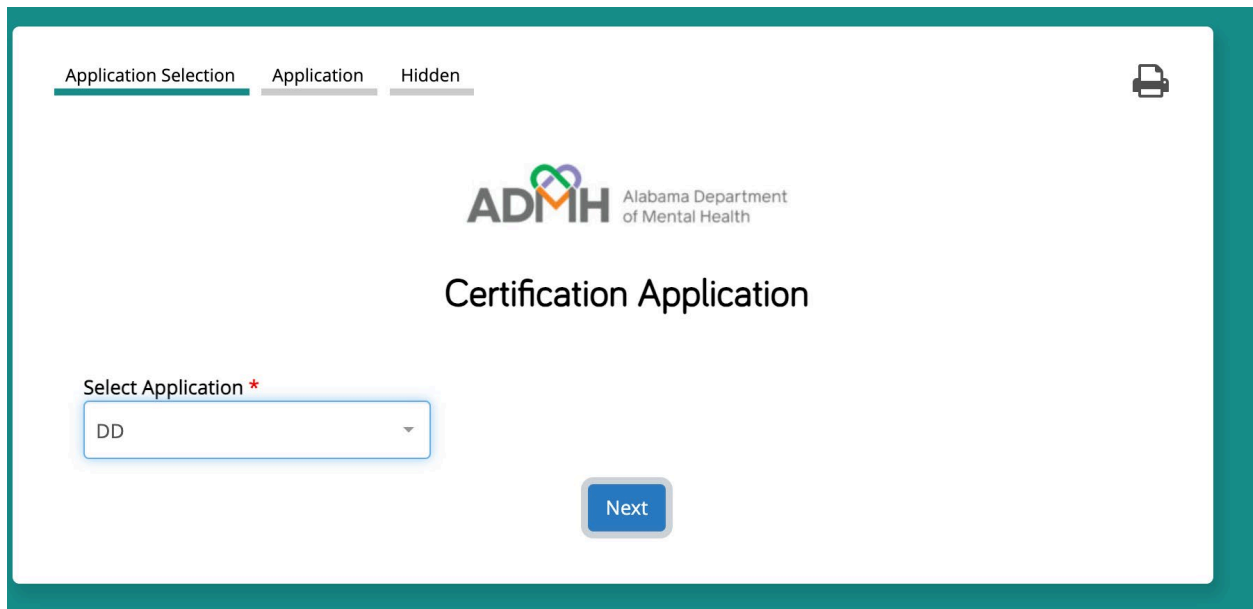
SU

Prevention

Next

DD Provider

After selecting DD from the drop-down menu, two tabs will appear. The applicant will then go to the Application tab to fill out the 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". A printer icon is located in the top right corner. The ADMH logo, featuring a stylized heart and the text "Alabama Department of Mental Health", is centered above the title "Certification Application". Below the title, there is a label "Select Application *" followed by a drop-down menu. The menu is open, showing the option "DD". Below the drop-down menu 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 begins entering information and will allow the applicant to select from the options that appear.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test

Street Address *

Lincoln Park 1

County *

Autauga County

City *

Test

State *

AL

Zip *

11111

Telephone *

(123) 345-6789

Name of Executive Director *

Test Test

Executive Director Email *

test@sample.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Board Member Information

The applicant fills out information about the board member.

Board Member Information

Board President's Mailing Address *

i [REDACTED]

Board President's Email Address *

amoshkin@simpligov.com

Names/Titles of Officers *

Test - Test



Subapplicant

The applicant completes information about Subapplicant if applicable along with Subapplicant Board Member Information.

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test

Street Address/Po Box *

Lincoln Park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

Telephone *

(123) 467-8900

Name of Executive Director *

Test Test

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Waiver

The applicant selects one of the options from the "Waiver Type" drop-down menu. Depending on the option chosen, the subsequent fields will change.

Waiver & Service Selection

Select the appropriate waiver: *

Which type of service are you applying to offer? *

CWP - Community Transportati..

Residential

CWP - Community Integration
Connection and Skills Training

CWP - Community
Transportation Services

CWP - Family Empowerment

services, CWP services, ID/LAH Waiver Service Provider/Vendor Services, or Non-waiver
g section

c area to be served *

CWP

After selecting CWP from the "Waiver Type" drop-down menu, the options in the "Services" menu will update. The applicant will then select an option and fill out the required fields that appear.

applying to offer? *

CWP - Community Transportati..

Service

If you are applying to offer Hourly Services, CWP services, ID/LAH Waiver Service Provider/Vendor Services, or Non-waiver services, please complete the following section

Description of primary demographic area to be served *

Select files...

Description of each service for which certification is requested *

Select files...

Copy of program policies and procedures *

Select files...

Name of Service to be on the
Certificate or TOA *

What you will call this Service as it will
appear on the certificate or TOA

Telephone *

Name of Contact Person *

Service Address *

County *

-- Select one --

CSD

Note: If the applicant selects the options "Certified Residential Services," "Community-Based Residential Services," or "Day Services" in the "Which type of service are you applying to offer?" field, the application will also be sent to the CSD for review. In that case, the application will require an additional step for approval.

Waiver & Service Selection

Select the appropriate waiver: *

CWP

Which type of service are you applying to offer? *

-- Select one --

-- Select one --

Community Based Residential Services

CWP - Adult Family Home

CWP - Assistive Technology and Adaptive Aids

CWP - Breaks and Opportunities-Respite

CWP - Community Based Residential

es, CWP services, ID/LAH Waiver Service Provider/

area to be served *

certification is requested *

Copy of program policies and procedures *

Select files...

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 *

x 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, the applicant clicks "Submit." A confirmation page displaying the application number should then appear.

ADMH - New Service or Site

Exit workflow



Application successfully submitted

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

NewService/Site#00004

OCA Quality Review

The OCA Director will receive an email with a link to the next stage. They will click "Next Stage".



Action Required

A **Certification Application for New Service/Site** has been submitted and requires your review.

Application Details:

- **Facility Name:** 1
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00013
- **Submission Date:** 11/21/2025

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 message.

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 there. The OCA Director will select the disposition from the dropdown

menu labeled "OCA Disposition." Depending on the option selected, the application will either be returned to the applicant or forwarded to the next stage. The OCA Director should then click "Submit."


The screenshot shows the "OCA Quality Review" stage of a "Certification Application" within the "Alabama Department of Mental Health (ADMH)" system. At the top, there are two tabs: "Application" and "OCA Quality Review", with a red arrow pointing to the "Application" tab. The main heading reads "Certification Application" followed by "OCA Quality Review". Below this is a dropdown menu with the following options: "-- Select one --", "Approve and forward", "Return to Provider for Changes", "Hold", and "-- Select one --". A red arrow points to the "Approve and forward" option. At the bottom, there are three buttons: "Update form values", "Back", and "Submit".


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

A warning dialog box is displayed with the title "Warning!". The message inside reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right of the dialog, there are two buttons: "No" and "Yes".

DD Planning & Quality Specialist II

The next stage is the DD Planning and Quality Specialist II. In this stage, the Planning and Quality Specialist II must choose a disposition. They can either forward the application to the next stage or hold it and click "Submit."

[Application](#) [OCA Quality Review](#) [Planning & Quality Specialist II](#) 



DD Planning & Quality Specialist II

Planning & Quality Specialist II Disposition *

-- Select one --

-- Select one --
Forward to DD Certification Director
Hold

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

DD Review

The next step is for the DD Provider Certification Director to either approve or deny the application and request additional information, if necessary, before signing the decision.



DD Provider Certification Director & DD Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Request Additional Information



Signature *

× Test Name



Test Name Type Draw Upload Clear

Update form values Back Submit

Letter Creation and TOA Creation

The next stages are "Letter Creation" and "TOA 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. On the "TOA Creation" stage, the OCA Director will select the time period for which certification will be granted. The system will automatically calculate the certification period based on the start date.



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

10/08/2025
Test Test
Executive Director
Test
Lincoln Park 1
Test, AL

Temporary Operating Authority For
Test
Test
Lincoln Park 1, Lincoln Park, NY 12401
Community Transportation Services DD

Dear Test Test:

Based on the representations made by you in your application for certification and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby issue your agency Temporary Operating Authority (TOA) for Test, Test, to provide Community Transportation Services DD for qualified persons with intellectual disabilities at Lincoln Park 1, Lincoln Park, NY 12401. This TOA will be effective immediately and will expire Default End Date.

Prior to the expiration of your TOA, this site will undergo a site certification review. Should this review indicate that this program does not sufficiently comply with applicable departmental standards, the program will not be certified to operate, and upon notice from this department, may be ordered to cease all ongoing operations.

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

Sincerely,
Kimberly G. Boswell
Commissioner





Certification Application

TOA Expiration

Certification Term *

-- Select one --

-- Select one --

60 Days

6 Months

1 Year

2 Year

Update form values

Back

Submit

TOA Start Date *

10/08/2025

TOA Expiration Date *

10/08/2027


Update form values


Back

Submit

Administrative Review

The next step is for the Associate Commissioner to either forward the application or request more information. If the Associate Commissioner decides to request additional information, it is best to leave a comment in the comment field below, so the applicant knows exactly what information to provide.

[Application](#) [OCA Quality Review](#) [Planning & Quality Specialist II](#) [DD Certification Director](#) [Letter Creation](#) [TOA Creation](#) [Associate Commissioner Review](#) 



Associate Commissioner Review

Date
10/08/2025

Associate Commissioner Disposition *

-- Select one --

-- Select one --
Forward to Commissioner
Request Additional Information

Update form values

Back

Submit

23

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, the Commissioner will click on the field below to sign and then 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

Certification Packet Processing

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](#)

Central Office Processing

Right after that, the Central Office will receive an email containing all the data. The Central Office will then be able to confirm that the information is correct or update the previously entered data.

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

Central Office Processing CWP



Central Office Processing

Please confirm that the **Provider Network Manager**, **Quality & Assurance Specialist II**, and **CWP Network Manager** have taken all necessary action before pressing "Submit" to complete this application.

Internal Comments

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

Certification Approved

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

Certification Application Approved NewService/Site#00004

 Summarize



Application Accepted

A **Certification Application for New Service/Site** has been reviewed and approved by the Division and OCA. A TOA Letter has been attached.

Application Details:

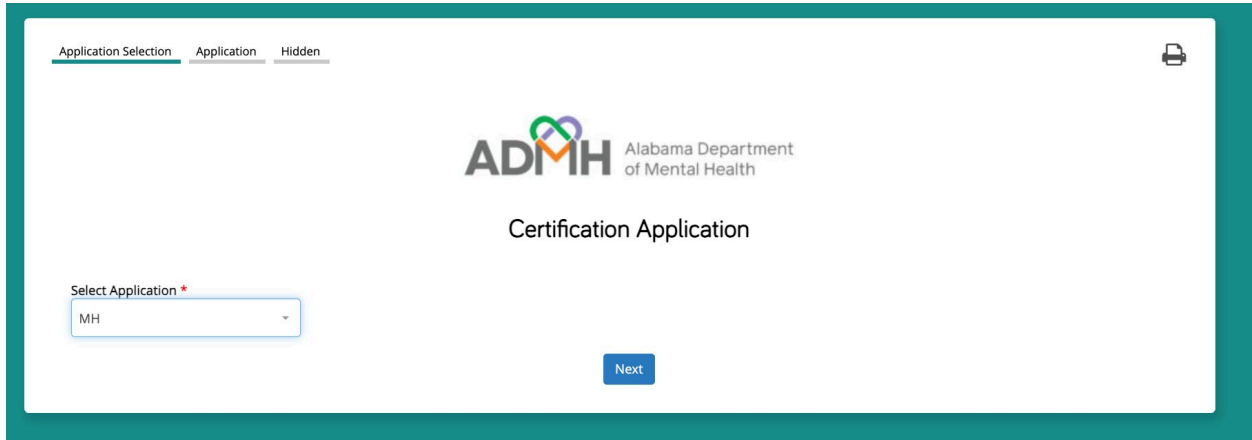
- **Facility Name:** Test
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00004
- **Submission Date:** 10/08/2025

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

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MH Provider

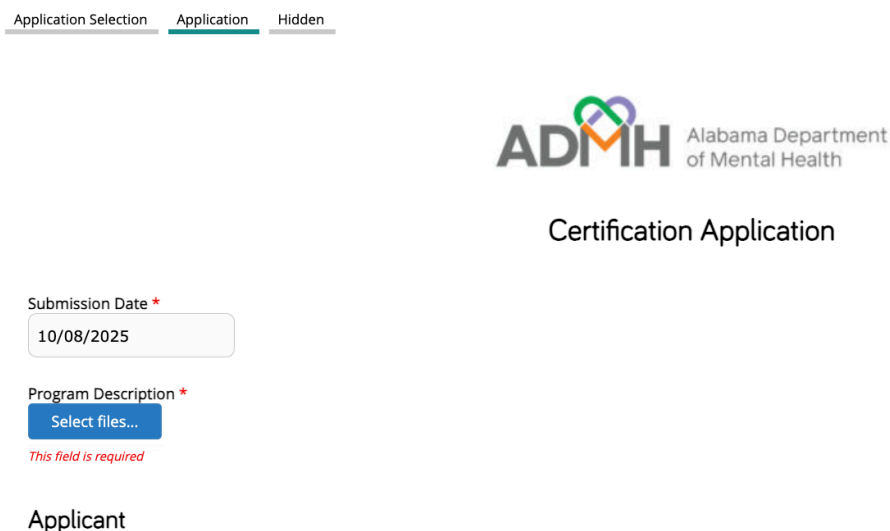
After selecting MH from the drop-down menu, two tabs will appear. The applicant will then go to the Application tab to fill out the Provider information.



The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection' (active), 'Application', and 'Hidden'. The ADIMH logo and 'Alabama Department of Mental Health' text are centered. Below the logo, the title 'Certification Application' is displayed. On the left, there is a dropdown menu labeled 'Select Application *' with 'MH' selected. A blue 'Next' button is located at the bottom right of the form area.

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 selecting from the options that appear. The applicant must upload the program description to the respective field.



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection', 'Application' (active), and 'Hidden'. The ADIMH logo and 'Alabama Department of Mental Health' text are centered. Below the logo, the title 'Certification Application' is displayed. On the left, there is a date input field labeled 'Submission Date *' with the value '10/08/2025'. Below that is a file upload button labeled 'Program Description *' with the text 'Select files...'. A red error message 'This field is required' is visible below the button. At the bottom, the text 'Applicant' is displayed.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test

Street Address *

Lincoln Park 1

County *

Autauga County

City *

Test

State *

AL

Zip *

11111

Telephone *

(123) 345-6789

Name of Executive Director *

Test Test

Executive Director Email *

test@sample.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Board Member Information

The applicant will fill out information about the board members.

Board Member Information

Board President's Mailing Address *

[REDACTED]

Board President's Email Address *

amoshkin@simpligov.com

Names/Titles of Officers *

Test - Test



Subapplicant

If applicable, the applicant will provide information about the Subapplicant, along with the Subapplicant board member information.

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test

Street Address/Po Box *

Lincoln Park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

Telephone *

(123) 467-8900

Name of Executive Director *

Test Test

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Facility

The applicant completes the information fields for the Facility tab.

Facility

Please submit a separate application for each Facility

MH Target Population *

Adult

Select the service to which you are applying for *

Administrative Services

Name of Facility to be on the Certificate or TOA *

Test

Telephone *

(123) 123-1231

Name of Contact Person *

Test Test

Email of Contact Person *

amoshkin@simpligov.com

Facility Address *

Lincoln park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

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

☐ Yes ☐ No

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 *

x 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, the applicant clicks "Submit." A confirmation page displaying the application number should then appear.

ADMH - New Service or Site

Exit workflow



Application successfully submitted

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

NewService/Site#00004

OCA Quality Review

The OCA Director will receive an email with a link to the next stage. They will click "Next Stage."



Action Required

A **Certification Application for New Service/Site** has been submitted and requires your review.

Application Details:

- **Facility Name:** 1
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00014
- **Submission Date:** 11/23/2025

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."

The screenshot shows the "OCA Quality Review" stage of a "Certification Application" within the "Alabama Department of Mental Health (ADMH)" system. At the top, there are two tabs: "Application" and "OCA Quality Review", with a red arrow pointing to the "Application" tab. The main heading reads "Certification Application OCA Quality Review". Below this is a dropdown menu with the following options: "-- Select one --", "Approve and forward", "Return to Provider for Changes", "Hold", and "-- Select one --". A red arrow points to the "Approve and forward" option. At the bottom, there are three buttons: "Update form values", "Back", and "Submit".

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

A warning dialog box is displayed with the title "Warning!". The message inside reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right of the dialog, there are two buttons: "No" and "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 scenario, the Certification Director will recommend approval.

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 Certification Team Review

In this scenario, the MHSU certification team review stage will be skipped because the certification director has recommended approval. Therefore, the user should click “Next”.



Certification Application MHSU Certification Team Review

Certification Team Review Skipped by Certification Director
Please review the MHSU Certification Team Selection tab for details

Update form values

Back

Next

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.

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



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 decision is made to move forward, the Certification Director will need to select a program and click "Submit." For this scenario, the Certification Director will choose "MH Community Programs".

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

-- Select one --

-- Select one --

Child & Family Services

MH Community Programs

Substance Use Treatment Team

[Clear](#)

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

If the program is "Child and Family Services," then it will ask for the Program Director's name. After selecting a representative, an email will be sent to them.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

Child & Family Services

Program Director *

Beverly Johnson(Beverly.Johnson...▼

Clear

Program Coordinator *

-- Select one --

Update form values

Back

Submit

The same goes for the Substance Use Treatment Team. A decision should be made about whom the request should be escalated to next.

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



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team ▼

Review Comments

Program *

Substance Use Treatment Team ▼

Program Director *

Denice Morris(Denice.morris@mh...

[Clear](#)

Program Director Executive Assistant *

Valencia Pernell(Valencia.pernell...

[Clear](#)

[Update form values](#)

[Back](#)

[Submit](#)

MH Program Team Selection

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

MH Program Coordinator Review and MH Program Director Review

According to the choices made in previous sections, these sections will be skipped.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review



Certification Application MH Program Coordinator Review

Program Coordinator Review Skipped by Program Director
Please review the MH Program Team Selection tab for details

Update form values Back Next



MH Program Director Review

Program Coordinator Review Skipped by Program Director
 Please review the MH Program Team Selection tab for details

Update form values Back Next

MHSU Certification Director Review

Now, it is up to the MHSU Certification Director to decide whether to recommend approval or denial, or to request additional information from the applicant.



Certification Application MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values Back Submit

After the choice was made and approval was recommended in this scenario, it should be decided whether a life safety inspection is required. In this case, it is required.



Certification Application MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval ▼

Life Safety Inspection Required? *

- ☒ Yes
☐ No



Review Comments

Update form values

Back

Submit

MHSU Associate Commissioner

At the next stage, the MHSU Associate Commissioner will decide whether to approve the application and, if so, sign it.

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



MHSU Associate Commissioner Review

Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

× Test name

Test name Type Draw Upload Clear

Inspector Assignment

The inspector should be assigned at this stage.

Application Inspector Assignment



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Enter name of the user Clear

This field is required

Back Submit

Life Safety

After the inspector is assigned the tab, the next thing they will see is the Life Safety section. The inspector should fill out all the required fields in this section.



Certification Application Office of Life Safety and Technical Services

☐ Skip Inspection

Name of facility *

Owner/Operator *

Telephone *

Test

Test

(123) 123-1231

Address *

Parent organization

Parent organization name

Parent organization address

Type of facility:

Type *

Administrative Services MH

Area *

8

Number of clients *

Number of staff *

Number of Individuals certified *

Total occupancy *

Regular

Special

Alternatively, if necessary, the inspector can skip it and provide an explanation. This time, the inspector will skip the inspection.

[Application](#) [OCA Quality Review](#) [Life Safety Inspection](#)



Certification Application
Office of Life Safety and Technical Services

☒ Skip Inspection



Explanation *

Name of facility *

Test

Owner/Operator *

Test

Telephone *

(123) 123-1231

Update form values

Back

Submit

Letter Creation and TOA Creation

The next stages are "Letter Creation" and "TOA 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. On the "TOA Creation" stage, the OCA Director will select the time period for which certification will be granted. The system will automatically calculate the certification period based on the start date.



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

10/08/2025
Test Test
Executive Director
Test
Lincoln Park 1
Test, AL

Temporary Operating Authority For
Test
Test
Lincoln Park 1, Lincoln Park, NY 12401
Community Transportation Services DD

Dear Test Test:

Based on the representations made by you in your application for certification and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby issue your agency Temporary Operating Authority (TOA) for Test, Test, to provide Community Transportation Services DD for qualified persons with intellectual disabilities at Lincoln Park 1, Lincoln Park, NY 12401. This TOA will be effective immediately and will expire Default End Date.

Prior to the expiration of your TOA, this site will undergo a site certification review. Should this review indicate that this program does not sufficiently comply with applicable departmental standards, the program will not be certified to operate, and upon notice from this department, may be ordered to cease all ongoing operations.

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

Sincerely,
Kimberly G. Boswell
Commissioner





Certification Application

TOA Expiration

Certification Term *

-- Select one --

-- Select one --

60 Days

6 Months

1 Year

2 Year

Update form values

Back

Submit

TOA Start Date *

10/08/2025

TOA Expiration Date *

10/08/2027

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 making a decision, the Commissioner will click the field below to sign 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

Certification Packet Processing

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 OCA Final Submission Letter Creation TOA Creation Associate Commissioner Review Commissioner Review 



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.

Certification Application Approved NewService/Site#00004

 Summarize



Application Accepted

A **Certification Application for New Service/Site** has been reviewed and approved by the Division and OCA. A TOA Letter has been attached.

Application Details:

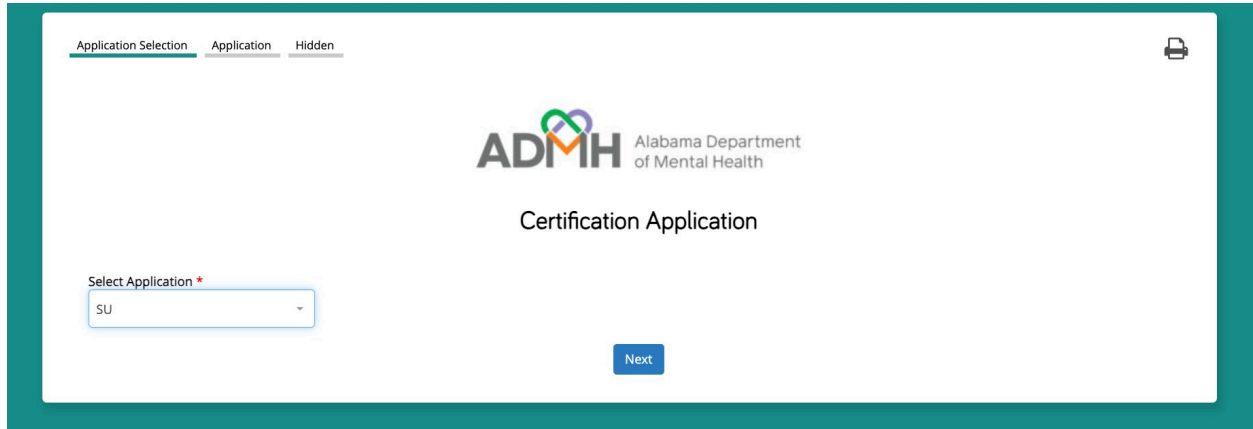
- **Facility Name:** Test
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00004
- **Submission Date:** 10/08/2025

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

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SU Provider

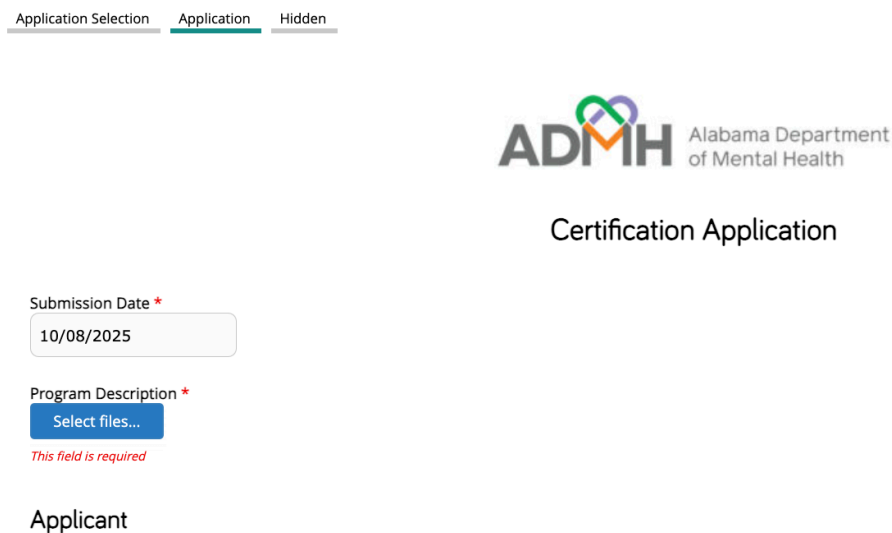
After selecting SU from the drop-down menu, two tabs will appear. The applicant will then go to the Application tab to fill out the New Provider information.



The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection' (active), 'Application', and 'Hidden'. The Alabama Department of Mental Health logo is centered. Below the logo, the title 'Certification Application' is displayed. A dropdown menu labeled 'Select Application *' has 'SU' selected. A blue 'Next' button is located at the bottom right of the form area.

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 the program description to the respective field.



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection', 'Application' (active), and 'Hidden'. The Alabama Department of Mental Health logo is centered. Below the logo, the title 'Certification Application' is displayed. The form contains two required fields: 'Submission Date *' with a date input field showing '10/08/2025', and 'Program Description *' with a 'Select files...' button. A red error message 'This field is required' is visible below the Program Description field. At the bottom, the 'Applicant' section is partially visible.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test

Street Address *

Lincoln Park 1

County *

Autauga County

City *

Test

State *

AL

Zip *

11111

Telephone *

(123) 345-6789

Name of Executive Director *

Test Test

Executive Director Email *

test@sample.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Board Member Information

The applicant will fill in information about the board members.

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



Subapplicant

If applicable, the applicant provides information about the Subapplicant, along with the Subapplicant board member information.

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test

Street Address/Po Box *

Lincoln Park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

Telephone *

(123) 467-8900

Name of Executive Director *

Test Test

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Facility

The applicant completes the information fields for the Facility tab.

Facility

Please submit a separate application for each Facility

SU Target Population *

Adolescent

Select the service to which you are applying for *

Outpatient - Level 0.5 Early Interv..:

Name of Facility to be on the Certificate or TOA *

Test

Telephone *

(123) 123-1231

Name of Contact Person *

Test

Email of Contact Person *

amoshkin@simpligov.com

Facility Address *

Test Farm Road

County *

Autauga County

City *

Willard

State *

NC

Zip *

11111

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

☒ Yes

☐ No

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 *

x 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, the applicant clicks "Submit." A confirmation page displaying the application number should then appear.

ADMH - New Service or Site

Exit workflow 



Application successfully submitted

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

NewService/Site#00004

OCA Quality Review

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



Action Required

A **Certification Application for New Service/Site** has been submitted and requires your review.

Application Details:

- **Facility Name:** 1
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00015
- **Submission Date:** 11/23/2025

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 message.

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 clicks "Submit."

The screenshot shows the 'OCA Quality Review' stage of a 'Certification Application' workflow. At the top, there are two tabs: 'Application' and 'OCA Quality Review', with a red arrow pointing to the 'Application' tab. The Alabama Department of Mental Health (ADMH) logo is centered, with the text 'Alabama Department of Mental Health' below it. The title 'Certification Application' and 'OCA Quality Review' are displayed. Below the title is a dropdown menu with the following options: '-- Select one --', 'Approve and forward', 'Return to Provider for Changes', 'Hold', and '-- Select one --'. A red arrow points to the 'Approve and forward' option. At the bottom, there are three buttons: 'Update form values', 'Back', and 'Submit'.

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

A warning dialog box is displayed with the title 'Warning!'. The message inside reads: 'You are about to finish collaboration stage and move workflow to the next stage. Are you sure?'. At the bottom right, there are two buttons: 'No' and '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 scenario, the Certification Director will recommend approval.

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

Application MHSU Certification Team Selection



Certification Application MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

MHSU Certification Team Review

In this scenario, the MHSU certification team review stage will be skipped because the certification director has recommended approval. Therefore, the user should click “Next”.



Certification Application MHSU Certification Team Review

Certification Team Review Skipped by Certification Director
Please review the MHSU Certification Team Selection tab for details

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

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.

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



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 it is decided to move forward, the Certification Director will need to select a program and click “Submit”.

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

-- Select one --

-- Select one --

Child & Family Services

MH Community Programs

Substance Use Treatment Team

Update form values Back Submit

If the "Substance Use Treatment Team" option is selected, the workflow will be sent to the SU Program Director.



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Select Applicable Programs *

--Select all--

☐ Child and Family Services

☐ MH Community Programs

☒ Substance Use Treatment Team

SU Program Director *

Moshkin Artem(amoshkin@simplici...) Clear

SU Program Director Executive Assistant *

Moshkin Artem(amoshkin@simplici...) Clear

Update form values Back Submit

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](#)



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

Substance Use Treatment Team

Program Director *

Denice Morris(Denice.morris@mh...

[Clear](#)

Program Director Executive Assistant *

Valencia Pernell(Valencia.pernell...

[Clear](#)

[Update form values](#)

[Back](#)

[Submit](#)

The SU Program Manager will either recommend approval of the application, request additional information, or deny it.

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

[SU Program Manager Review](#)



Certification Application SU Program Manager Review

SU Program Manager Disposition *

Recommend Approval

Review Comments

[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

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





Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes

☐ No

Review 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

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





Alabama Department of Mental Health

MHSU Associate Commissioner Review

Associate Commissioner Disposition *


Approve

-- Select one --

Approve

Deny

Signature *



Signer's Name

Type Draw Upload Clear

Update form values

Back

Submit

Inspector Assignment

The inspector should be assigned at this stage.

Application Inspector Assignment



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Enter name of the user

[Clear](#)

This field is required

[Back](#)

[Submit](#)

Life Safety

After the inspector is assigned the tab, the next thing they will see is the Life Safety section. The inspector should fill out all the required fields in this section.



Certification Application Office of Life Safety and Technical Services

☐ Skip Inspection

Name of facility *

Test

Owner/Operator *

Test

Telephone *

(123) 123-1231

Address *

Parent organization

Parent organization name

Parent organization address

Type of facility:

Type *

Administrative Services MH

Area *

8

Number of clients *

Number of staff *

Number of individuals certified *

Total occupancy *

Regular

Special

Alternatively, if necessary, the inspector can skip it and provide an explanation.

[Application](#) [OCA Quality Review](#) [Life Safety Inspection](#)



Certification Application
Office of Life Safety and Technical Services

☒ Skip Inspection



Explanation *

Name of facility *

Test

Owner/Operator *

Test

Telephone *

(123) 123-1231

[Update form values](#)

[Back](#)

[Submit](#)

Letter Creation and TOA Creation

The next stages are "Letter Creation" and "TOA Creation." During the "Letter Creation" stage, the 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. On the "TOA Creation" stage, the OCA Director will select the time period for which certification will be granted. The system will automatically calculate the certification period based on the start date.



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

10/08/2025
Test Test
Executive Director
Test
Lincoln Park 1
Test, AL

Temporary Operating Authority For
Test
Test
Lincoln Park 1, Lincoln Park, NY 12401
Community Transportation Services DD

Dear Test Test:

Based on the representations made by you in your application for certification and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby issue your agency Temporary Operating Authority (TOA) for Test, Test, to provide Community Transportation Services DD for qualified persons with intellectual disabilities at Lincoln Park 1, Lincoln Park, NY 12401. This TOA will be effective immediately and will expire Default End Date.

Prior to the expiration of your TOA, this site will undergo a site certification review. Should this review indicate that this program does not sufficiently comply with applicable departmental standards, the program will not be certified to operate, and upon notice from this department, may be ordered to cease all ongoing operations.

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

Sincerely,
Kimberly G. Boswell
Commissioner



TOA Start Date *

10/08/2025

TOA Expiration Date *

10/08/2027

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 making a decision, the commissioner will click the field below to sign and click "Submit."

[Application](#) [OCA Quality Review](#) [Planning & Quality Specialist II](#) [DD Certification Director](#) [Letter Creation](#) [TOA Creation](#) [Associate Commissioner Review](#) [Commissioner Review](#) 

 Alabama Department of Mental Health

Commissioner Review

Date

Commissioner Disposition *


Internal Comments


Signature *

×

Certification Packet Processing

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](#) 

 Alabama Department of Mental Health


OCA Final Submission

Press 'Submit' to process.

Certification Approved

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

Certification Application Approved NewService/Site#00004

 Summarize



Application Accepted

A **Certification Application for New Service/Site** has been reviewed and approved by the Division and OCA. A TOA Letter has been attached.

Application Details:

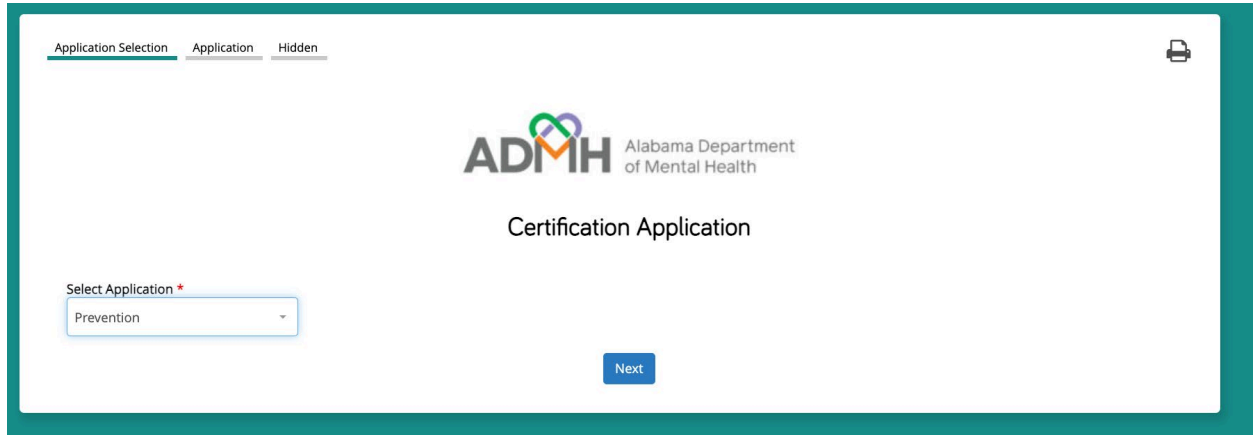
- **Facility Name:** Test
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00004
- **Submission Date:** 10/08/2025

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

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Prevention

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



The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection' (active), 'Application', and 'Hidden'. The ADMH logo and 'Alabama Department of Mental Health' are centered. Below the title 'Certification Application', there is a dropdown menu labeled 'Select Application *' with 'Prevention' selected. A blue 'Next' button is at the bottom right.

Applicant

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 selecting from the options that appear. The applicant must upload the Prevention Plan and Prevention Policies documentation to the respective fields.



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are three tabs: 'Application Selection', 'Application' (active), and 'Hidden'. The ADMH logo and 'Alabama Department of Mental Health' are centered. Below the title 'Certification Application', there are three required fields marked with an asterisk: 'Submission Date *' with a date input field showing '10/08/2025'; 'Prevention Plan *' with a 'Select files...' button; and 'Prevention Policies and Procedures *' with a 'Select files...' button. Two red arrows point to the 'Select files...' buttons for the Prevention Plan and Prevention Policies fields.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test

Street Address *

Lincoln Park 1

County *

Autauga County

City *

Test

State *

AL

Zip *

11111

Telephone *

(123) 345-6789

Name of Executive Director *

Test Test

Executive Director Email *

test@sample.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Board Member Information

The applicant will fill in information about the board members.

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



Subapplicant

If applicable, the applicant will provide information about the subapplicant, along with the subapplicant board member information.

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test

Street Address/Po Box *

Lincoln Park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

Telephone *

(123) 467-8900

Name of Executive Director *

Test Test

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☒ Individual
☐ Corporation
☐ Partnership

Facility

The applicant completes the information fields for the Facility tab.

Facility

Please submit a separate application for each Facility

Name of Facility to be on the Certificate or TOA *

Test

Telephone *

(123) 123-1231

Name of Contact Person *

Test Test

Email of Contact Person *

amoshkin@simpligov.com

Facility Address *

Lincoln Park 1

County *

Autauga County

City *

Lincoln Park

State *

NY

Zip *

12401

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

☒ Yes

☐ No

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 *

x 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, the applicant clicks "Submit." A confirmation page displaying the application number should then appear.

ADMH - New Service or Site

Exit workflow



Application successfully submitted

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

NewService/Site#00004

OCA Quality Review

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



Action Required

A **Certification Application for New Service/Site** has been submitted and requires your review.

Application Details:

- **Facility Name:** 1
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00016
- **Submission Date:** 11/23/2025

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 message.

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 clicks "Submit."

The screenshot shows the "OCA Quality Review" stage of a "Certification Application" in the ADIMH (Alabama Department of Mental Health) system. At the top, there are two tabs: "Application" and "OCA Quality Review", with a red arrow pointing to the "Application" tab. The ADIMH logo is centered, with the text "Alabama Department of Mental Health" below it. The title "Certification Application" and "OCA Quality Review" are displayed. A dropdown menu is open, showing options: "-- Select one --", "Approve and forward", "Return to Provider for Changes", "Hold", and "-- Select one --". A red arrow points to the "Approve and forward" option. Below the dropdown are three buttons: "Update form values", "Back", and "Submit".

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

A warning dialog box is displayed with the title "Warning!". The message reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right, there are two buttons: "No" and "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 scenario, the Certification Director will recommend approval.

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 Certification Team Review

In this scenario, the MHSU certification team review stage will be skipped because the certification director has recommended approval. Therefore, the user should click “Next”.



Certification Application MHSU Certification Team Review

Certification Team Review Skipped by Certification Director
Please review the MHSU Certification Team Selection tab for details

Update form values

Back

Next

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.

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



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 it is decided to move forward, the Certification Director will need to select a program and click “Submit”.

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

-- Select one --

-- Select one --

Child & Family Services

MH Community Programs

Substance Use Treatment Team

[Clear](#)

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

If the program is "Child and Family Services," then it will ask for the Program Director's name. After selecting a representative, an email will be sent to them.

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



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

Child & Family Services

Program Director *

Beverly Johnson(Beverly.Johnson...)

[Clear](#)

Program Coordinator *

-- Select one --

[Update form values](#)

[Back](#)

[Submit](#)

The same goes for the Substance Use Treatment Team. A decision should be made about whom the request should be escalated to **next**.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team ▾

Review Comments

Program *

Substance Use Treatment Team ▾

Program Director *

Denice Morris(Denice.morris@mh...

[Clear](#)

Program Director Executive Assistant *

Valencia Pernell(Valencia.pernell...

[Clear](#)

Update form values

Back

Submit

Prevention Program Team Selection

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

MH Program Coordinator Review and MH Program Director Review

According to the choices made in previous sections, these sections will be skipped.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review



Certification Application MH Program Coordinator Review

Program Coordinator Review Skipped by Program Director
Please review the MH Program Team Selection tab for details

Update form values Back Next



MH Program Director Review

Program Coordinator Review Skipped by Program Director
 Please review the MH Program Team Selection tab for details

Update form values Back Next

MHSU Certification Director Review

Now, it is up to the MHSU Certification Director to decide whether to recommend approval or denial, or to request additional information from the applicant.



Certification Application MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values Back Submit

After the choice was made and approval was recommended in this scenario, it should be decided whether a life safety inspection is required. In this case, it is required.



Certification Application MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval ▼

Life Safety Inspection Required? *

- ☒ Yes
☐ No



Review Comments

Update form values

Back

Submit

MHSU Associate Commissioner

At the next stage, the MHSU Associate Commissioner will decide whether to approve the application and, if so, sign it.

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



MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

Internal Comments

Signature *

Signer's Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

Inspector Assignment

The inspector should be assigned at this stage.



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

Enter name of the user

[Clear](#)*This field is required*[Back](#)[Submit](#)

Life Safety

After the inspector is assigned the tab, the next thing they will see is the Life Safety section. The inspector should fill out all the required fields in this section.



Certification Application
Office of Life Safety and Technical Services

☐ Skip Inspection

Name of facility *

Test

Owner/Operator *

Test

Telephone *

(123) 123-1231

Address *

Parent organization

Parent organization name

Parent organization address

Type of facility:

Type *

Administrative Services MH

Area *

8

Number of clients *

Number of staff *

Number of individuals certified *

Total occupancy *

☐ Regular☐ Special

Alternatively, if necessary, the inspector can skip it and provide an explanation. In this case, the inspector will skip the inspection.

[Application](#) [OCA Quality Review](#) [Life Safety Inspection](#)



Certification Application
Office of Life Safety and Technical Services

☒ Skip Inspection



Explanation *

Name of facility *

Test

Owner/Operator *

Test

Telephone *

(123) 123-1231

Update form values

Back

Submit

Letter Creation and TOA Creation

The next stages are "Letter Creation" and "TOA 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. On the "TOA Creation" stage, the OCA Director will select the time period for which certification will be granted. The system will automatically calculate the certification period based on the start date.



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

11/24/2025

John Doe
Executive Director
First Agency
123 William Street
Manhattan, NY

Temporary Operating Authority For
First Agency
Service CWP
123 William Street, Manhattan, NY 10028
Adult Family Home

Dear John Doe:

Based on the representations made by you in your application for certification and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby issue your agency Temporary Operating Authority (TOA) for First Agency, Service CWP, to provide Adult Family Home for qualified persons with intellectual disabilities at 123 William Street, Manhattan, NY 10028. This TOA will be effective immediately and will expire Default End Date.

Prior to the expiration of your TOA, this site will undergo a site certification review. Should this review indicate that this program does not sufficiently comply with applicable departmental standards, the program will not be certified to operate, and upon notice from this department, may be ordered to cease all ongoing operations.

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

Sincerely,
Kimberly G. Boswell
Commissioner





Certification Application

TOA Expiration

Certification Term *

-- Select one --

-- Select one --

- 60 Days
- 6 Months
- 1 Year
- 2 Year

Update form values

Back

Submit

TOA Start Date *

10/08/2025

TOA Expiration Date *

10/08/2027

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 add the Commissioner's 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

Certification Packet Processing

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

Certification Application Approved NewService/Site#00004

 Summarize



Application Accepted

A **Certification Application for New Service/Site** has been reviewed and approved by the Division and OCA. A TOA Letter has been attached.

Application Details:

- **Facility Name:** Test
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00004
- **Submission Date:** 10/08/2025

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