

The Alabama Department of Mental Health Division of Administration

New Service or Site User Guide

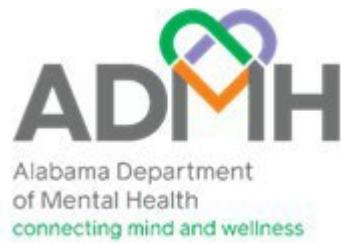


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Workflow Roles

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

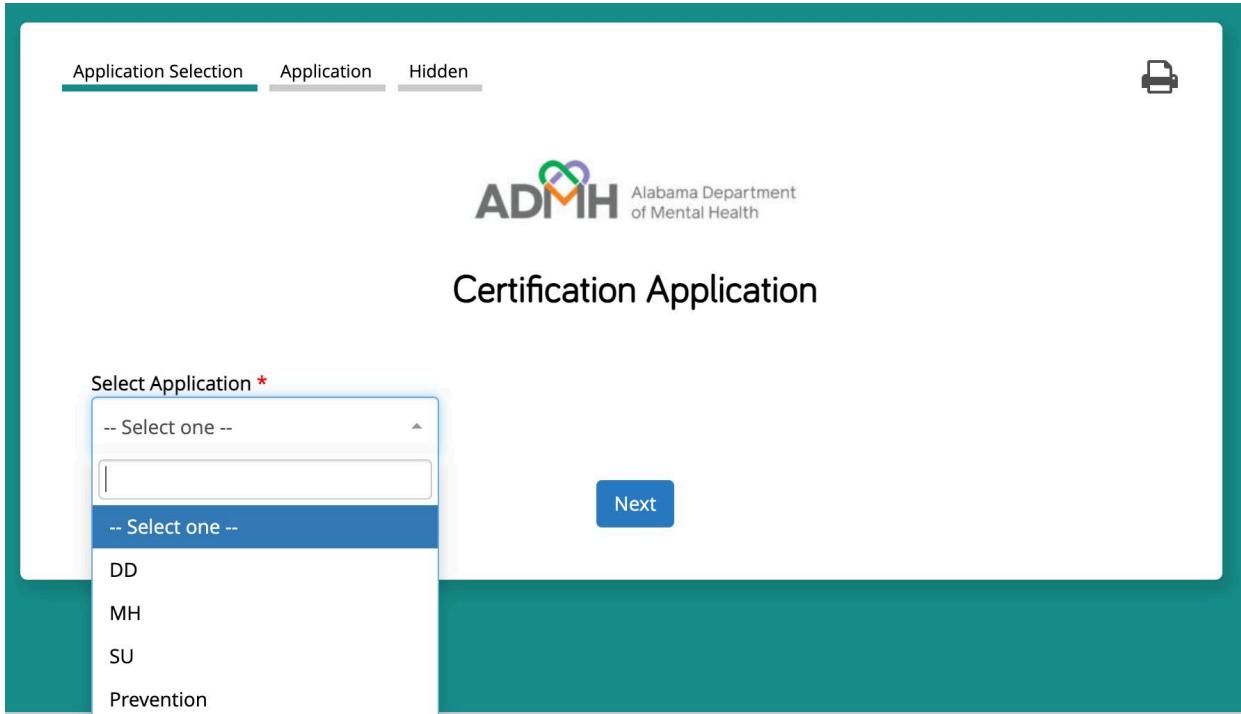
Role type: Selected user

Selected user from field: SU Program Manager

DD Workflow Start

Select Application

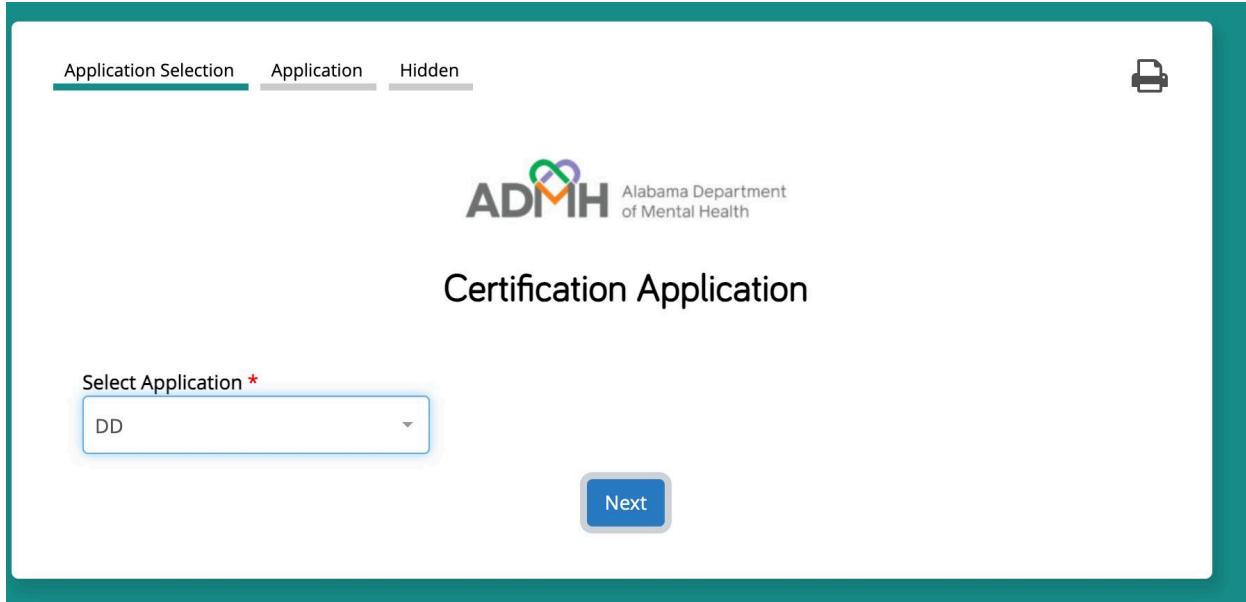
To choose a path, the applicant selects it from the drop-down menu labeled "Select Application" and clicks "Submit."



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The top navigation bar includes tabs for "Application Selection" (which is active and underlined in blue), "Application", and "Hidden". A printer icon is also present in the top right corner. The main content area features the ADMH logo with the text "Alabama Department of Mental Health". Below the logo, the title "Certification Application" is displayed. A prominent dropdown menu is open, labeled "Select Application *". The dropdown menu contains the following options: "-- Select one --" (which is the current selection, highlighted in blue), "DD", "MH", "SU", and "Prevention". To the right of the dropdown menu is a blue "Next" button. The background of the application interface is a teal color.

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-based application interface for a 'Certification Application'. At the top, there is a navigation bar with three tabs: 'Application Selection' (underlined in blue, indicating it is the active tab), 'Application', and 'Hidden'. To the right of the tabs is a printer icon. Below the tabs, the 'ADMH' logo is displayed, followed by the text 'Alabama Department of Mental Health'. The main title 'Certification Application' is centered above a form field. The form field is labeled 'Select Application *' and contains a dropdown menu with the option 'DD' selected. A 'Next' button is located to the right of the dropdown. The entire interface is framed by a thick teal border.

Applicant

The applicant will fill out the required fields marked with an asterisk (*) in the Application section. The address fields will pre-populate as soon as the applicant 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: *

CWP

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 section

Specify area to be served *

CWP - Family Empowerment



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 *

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: *

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

Copy of program policies and procedures *

Select files...

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

Certification

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

Certification

General Comments (optional)

Test



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

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

Executive Director Signature *

Test Name

Type Draw Upload Clear

Date *

10/08/2025

Agency *

Test

Address *

Tescott, KS 67484, USA

Attach Supporting Documents

Select files...

After entering the required information, 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."

Application OCA Quality Review

ADMH Alabama Department of Mental Health

Certification Application
OCA Quality Review

-- Select one --

Approve and forward

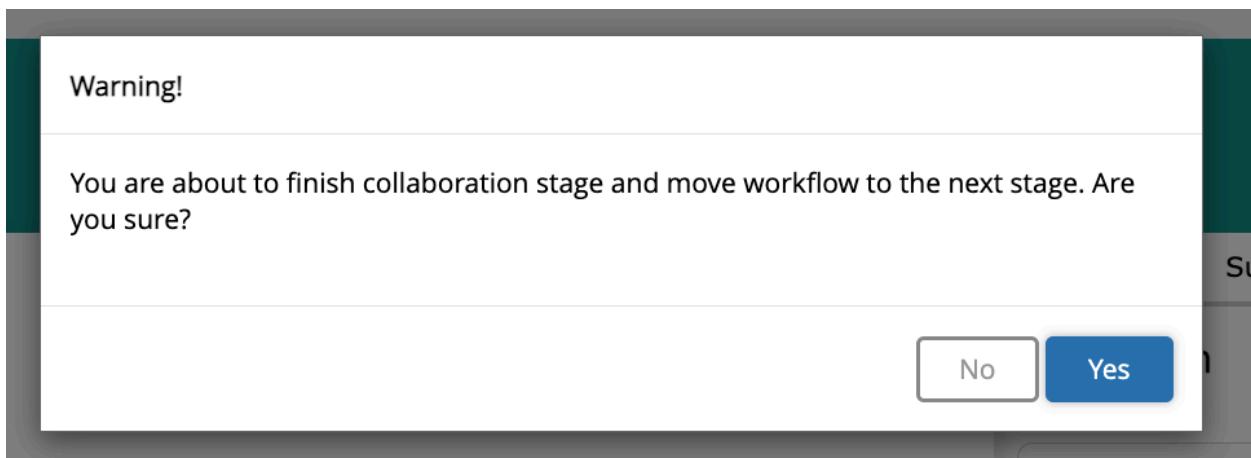
Return to Provider for Changes

Hold

-- Select one --

Update form values Back Submit

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

 Alabama Department of Mental Health

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 --

Approve

Deny

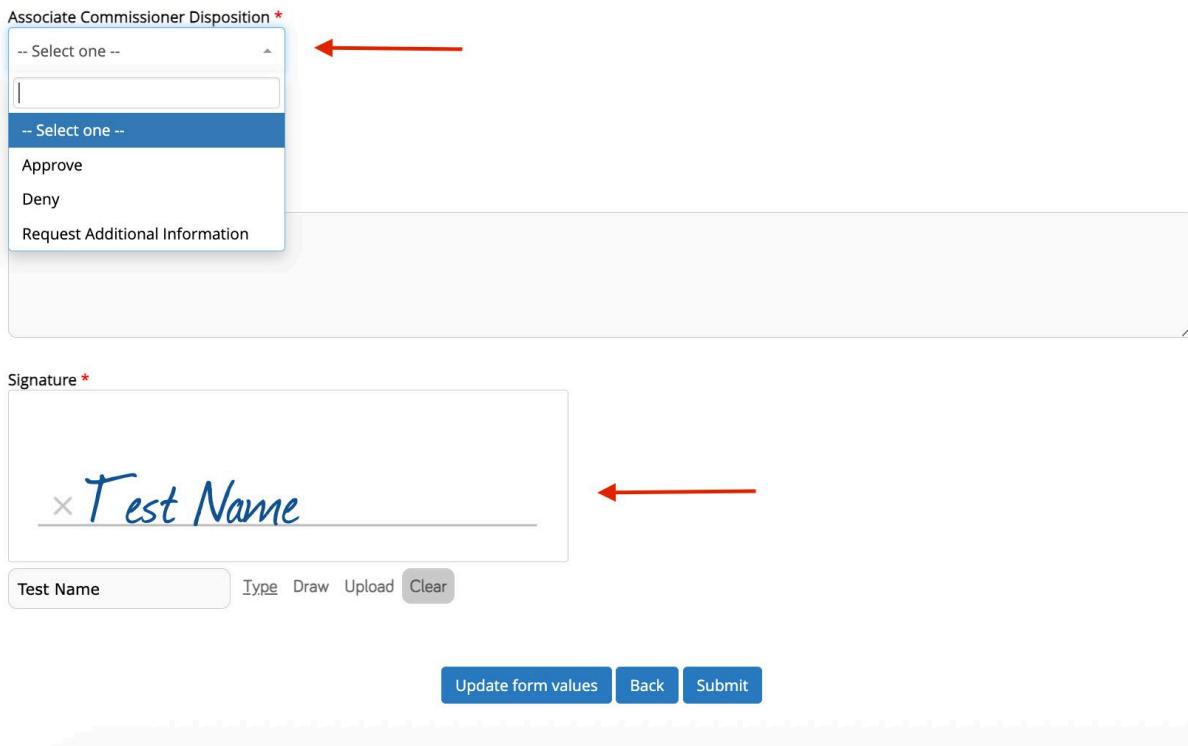
Request Additional Information

Signature *

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.



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

Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

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

 Alabama Department of Mental Health

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

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 *

A large, empty rectangular box with a thin gray border, intended for a digital signature. There is a small 'X' mark in the top-left corner of the box.

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.

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

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.



Application Selection Application Hidden

ADMH Alabama Department of Mental Health

Certification Application

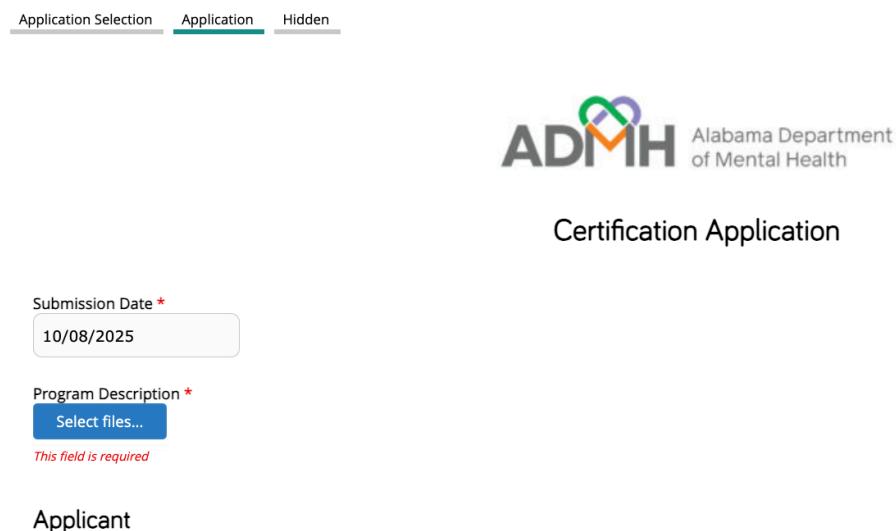
Select Application *

MH

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



Application Selection Application Hidden

ADMH Alabama Department of Mental Health

Certification Application

Submission Date *

10/08/2025

Program Description *

Select files...

This field is required

Applicant

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 *

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.

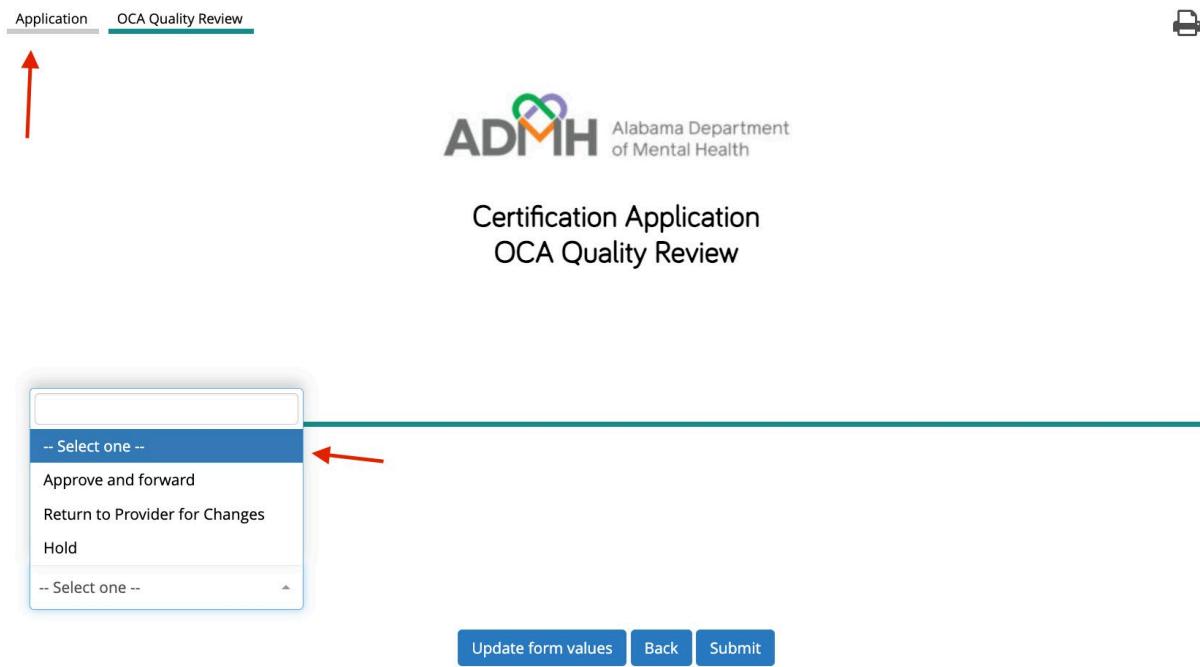
To access the application, please use the following link: [Next Stage](#)

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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."



Application OCA Quality Review

ADMH Alabama Department of Mental Health

Certification Application
OCA Quality Review

-- Select one --

Approve and forward

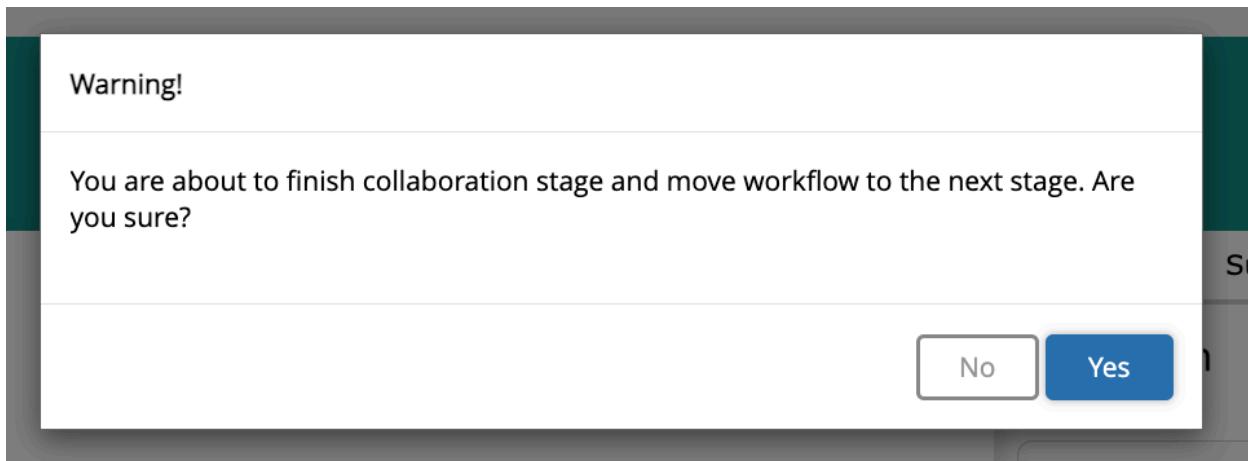
Return to Provider for Changes

Hold

-- Select one --

Update form values Back Submit

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



MHSU Certification Team Selection

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

Application MHSU Certification Team Selection 

 Alabama Department of Mental Health

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 --



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 --
- Clear
- Child & Family Services
- MH Community Programs
- Substance Use Treatment Team

[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** 

ADMH Alabama Department of Mental Health

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  MHSU Program Selection MHSU Certification Director Review

ADMH Alabama Department of Mental Health

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 --

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 *

A rectangular input field containing a handwritten signature in blue ink that reads 'Test name'. To the left of the input field is a small text box with the placeholder 'Test name'. To the right of the input field are four buttons: 'Type', 'Draw', 'Upload', and '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 *

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. This time, the inspector will skip the inspection.

Application OCA Quality Review Life Safety Inspection

 Alabama Department of Mental Health

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.



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



Kay Ivey
Governor

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

Kimberly G. Boswell
Commissioner

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 *

-
-
-
-
-

 **TOA Start Date *****TOA Expiration Date ***

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
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name

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  Letter Creation TOA Creation Associate Commissioner Review **Commissioner Review** 

 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:

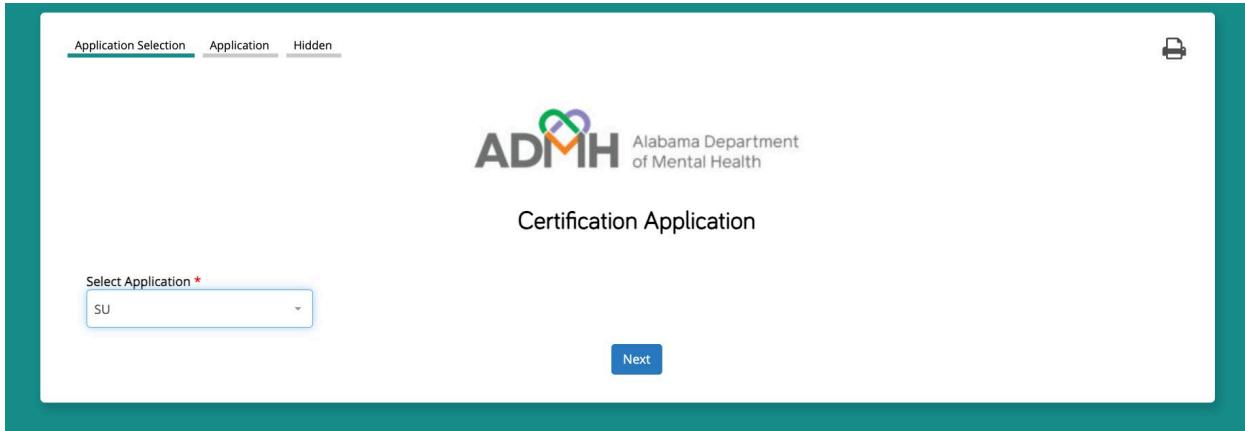
- **Facility Name:** Test
- **Application Type:** New Service/Site Request
- **Reference Number:** NewService/Site#00004
- **Submission Date:** 10/08/2025

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

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.

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 a software interface for application selection. At the top, there are three tabs: 'Application Selection' (underlined in blue), 'Application' (underlined in teal), and 'Hidden'. In the center, the 'ADMH' logo is displayed with the text 'Alabama Department of Mental Health'. Below the logo, the text 'Certification Application' is centered. A dropdown menu labeled 'Select Application *' is open, showing the option 'SU' selected. A blue 'Next' button is located at the bottom right of the application section.

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 software interface. At the top, there are three tabs: 'Application Selection' (underlined in grey), 'Application' (underlined in teal), and 'Hidden'. In the center, the 'ADMH' logo is displayed with the text 'Alabama Department of Mental Health'. Below the logo, the text 'Certification Application' is centered. A field labeled 'Submission Date *' contains the value '10/08/2025'. A field labeled 'Program Description *' has a blue 'Select files...' button. A red note below the file selection button says 'This field is required'. The word 'Applicant' is visible at the bottom left of the application section.

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 *

Select the service to which you are applying for *

Name of Facility to be on the Certificate or TOA *

Telephone *

Name of Contact Person *

Email of Contact Person *

Facility Address *

County *

City *

State *

Zip *

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

Yes No

Certification

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

Certification

General Comments (optional)

Test



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

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

Executive Director Signature *

Test Name

Type Draw Upload Clear

Date *

10/08/2025

Agency *

Test

Address *

Tescott, KS 67484, USA

Attach Supporting Documents

Select files...

After entering the required information, 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.

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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 clicks "Submit."

Application OCA Quality Review

ADMH Alabama Department of Mental Health

Certification Application
OCA Quality Review

-- Select one --

Approve and forward

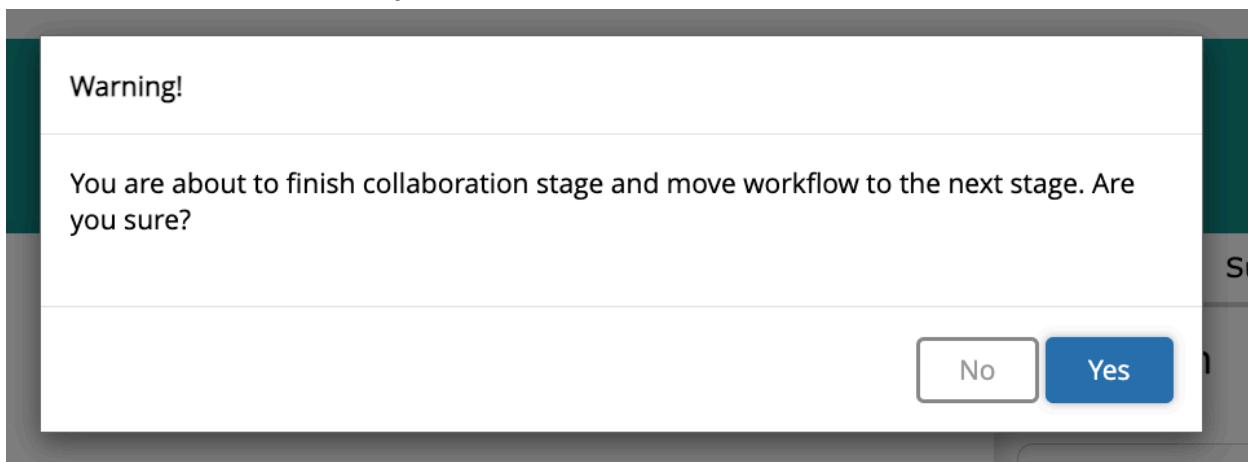
Return to Provider for Changes

Hold

-- Select one --

Update form values Back Submit

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



MHSU Certification Team Selection

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

Application MHSU Certification Team Selection 

ADMH Alabama Department of Mental Health

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 -- 

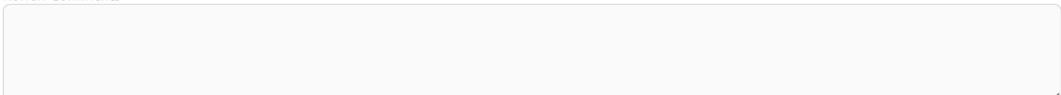
  

Application MHSU Certification Team Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *
Recommend Approval 

Review Comments


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 --

Child & Family Services

MH Community Programs

Substance Use Treatment Team

[Clear](#)

[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@simpli..) [Clear](#)

SU Program Director Executive Assistant *

Moshkin Artem(amoshkin@simpli..) [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

ADMH Alabama Department of Mental Health

**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@mhz... [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

ADMH Alabama Department of Mental Health

**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**

 Alabama Department of Mental Health

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.

 Alabama Department of Mental Health

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.



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

Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

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
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name

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 **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.



Application Selection Application Hidden

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

Prevention

Next

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.



Application Selection Application Hidden

ADMH Alabama Department of Mental Health

Certification Application

Submission Date *

10/08/2025

Prevention Plan *

Select files...

Prevention Policies and Procedures *

Select files...

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 *

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.

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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 clicks "Submit."

Application OCA Quality Review

ADMH Alabama Department of Mental Health

Certification Application
OCA Quality Review

-- Select one --

Approve and forward

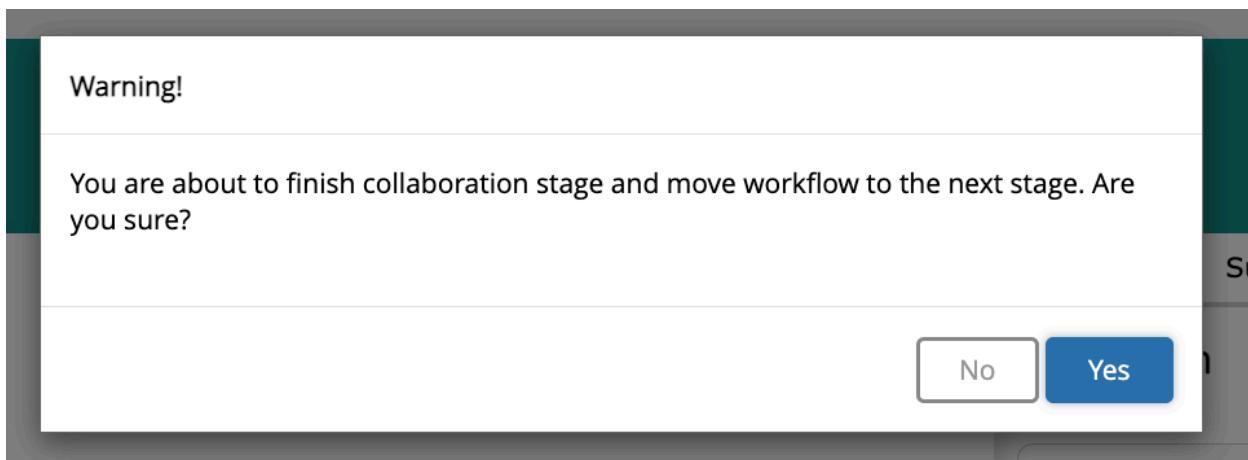
Return to Provider for Changes

Hold

-- Select one --

Update form values Back Submit

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



MHSU Certification Team Selection

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

Application MHSU Certification Team Selection 

ADMH Alabama Department of Mental Health

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

[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** 

ADMH Alabama Department of Mental Health

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**



ADMH Alabama Department of Mental Health

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 --

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? *

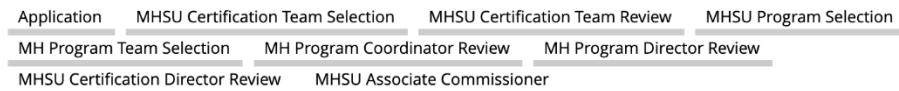
Yes
 No

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.



MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

Internal Comments

(Large empty text area for internal comments)

Signature *

(Large empty text area for 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 *

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

 Alabama Department of Mental Health

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** 

 Alabama Department of Mental Health

Commissioner Review

Date
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name

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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