

The Alabama Department of Mental Health Division of Administration

ADMH - Replacement Setting or Facility



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Workflow Roles

Provider

Associate Commissioner of Administration

Role type: Registered user

Selected user: Hibbard brooke.hibbard@mh.alabama.gov(brooke.hibbard@mh.alabama.gov)

Central Office CWP

Role type: Group of roles

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

Central Office DD

Role type: Group of roles

Roles: Planning & Quality Specialist I, Planning & Quality Specialist II, PNM

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)

Community Services Director (CSD)

Role type: Get user data from form

We dont use name field for this role

Form field for user email: Community Services Director Email

Conditional PPQ Reviewer

Role type: Get user data from form

We dont use name field for this role

Form field for user email: Conditional PPQ Reviewer

CWP Provider Network Manager

Role type: Registered user

Selected user: McGraw

donald.mcgraw@region3.mh.alabama.gov(donald.mcgraw@region3.mh.alabama.gov)

DD Associate Commissioner

Role type: Registered user

Selected user: Cumuze Camille.cumuze@mh.alabama.gov(camille.cumuze@mh.alabama.gov)

DD Cert. 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)

LS - Barry Robbins

Role type: Registered user

Selected user: Robbins Barry.Robbins@mh.alabama.gov(barry.robbins@mh.alabama.gov)

LS - Dewayne Flowers

Role type: Registered user

Selected user: Flowers dewayne.flowers@mh.alabama.gov(dewayne.flowers@mh.alabama.gov)

LS - Russ Smith

Role type: Registered user

Selected user: Smith Russ.Smith@mh.alabama.gov(russ.Smith@mh.alabama.gov)

LS – James (Jim) Jackson

Role type: Registered user

Selected user: Jackson james.jackson@mh.alabama.gov(james.jackson@mh.alabama.gov)

LS Inspector

Role type: Selected user

Selected user from field: Assign Inspector

LS Supervisor

Role type: Registered user

Selected user: Thomas philip.thomas@mh.alabama.gov(philip.thomas@mh.alabama.gov)

MH Program Coordinator

Role type: Selected user

Selected user from field: MH Program Coordinator

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: Registered user

Selected user: vacant

OCA Director

Role type: Registered user

Selected user: McCoy, III Fred.McCoy@mh.alabama.gov(fred.mccoy@mh.alabama.gov)

Placement Coordinator

Role type: Get user data from form

We don't use name field for this role

Form field for user email: Placement Coordinator Email

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)

PNM

Role type: Registered user

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

PP Director

Role type: Registered user

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

Prevention Program Coordinator

Role type: Selected user

Selected user from field: Program Coordinator

Selected Program Director

Role type: Selected user

Selected user from field: Program Director

SU Executive Assistant

Role type: Selected user

Selected user from field: Program Director Executive Assistant

SU Program Manager

Role type: Selected user

Selected user from field: SU Program Manager


1. DD Path Start


1.1 Application Selection

To choose the path, the applicant selects the application path from the Select Application drop-down and clicks 'Submit'.

ADMH - Replacement Setting or Facility Exit workflow

Select Application



 Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

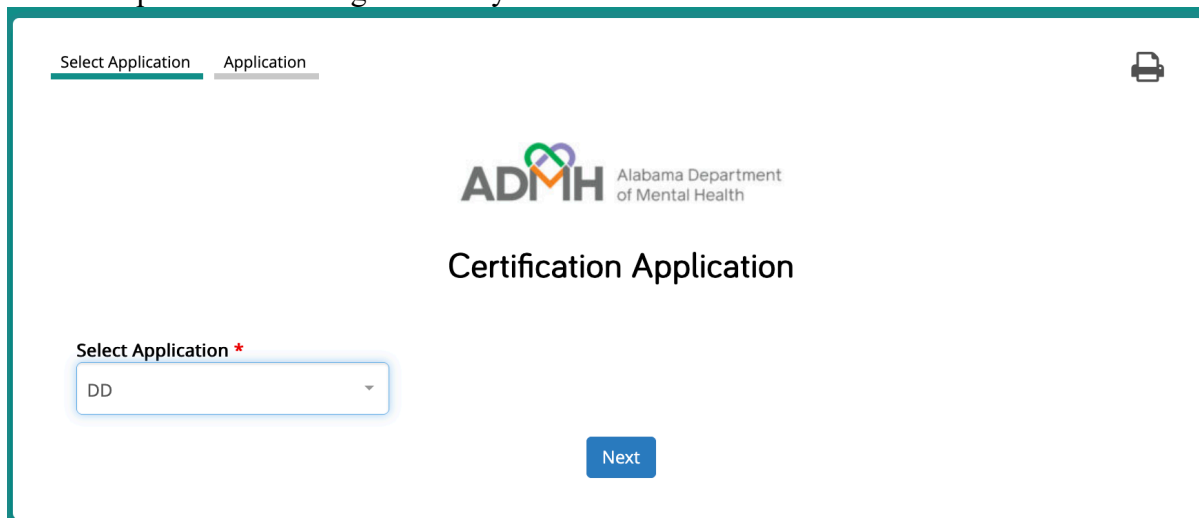
SU

Prevention

Submit

1.2 DD Replacement Setting or Facility

Once DD is selected from the drop-down, two tabs display. The applicant goes to Application to fill out Replacement Setting or Facility information.



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

Fill out the required fields marked with * in the Applicant section.

Address fields will pre-populate as soon as the applicant enters the Administrative Services Number/Certification Number of Facility and selects from the options that appear.

Applicant

Certification Number of Facility *

1239+

1239+

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Test Name

Executive Director Email *

test@simpligov.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☒ Corporation
☐ Partnership

Fills out the Board Member Information including the Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

If subapplicant is applicable for this request, check the corresponding "Is there a subapplicant" checkbox and fill out the information below:

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test Agency Name

Street Address/Po Box *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Director Test Name

Type of Ownership *

- ☐ Non-Profit
☒ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☐ Corporation
☒ Partnership

The

Subapplicant Board Member Information section is required for completion as follows:

Subapplicant Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Complete the Waiver Type section:

Select the appropriate waiver from the drop-down list and specify which type of setting is being replaced. The selected waiver determines which additional sections will appear next:

Waiver Type

Select the appropriate waiver *

CWP

Which type of setting are you replacing? *

Community Based Residential

Fill out all required fields marked with * in the Setting section.

Upload a copy of the property lease and enter information such as setting name, address, contact person, lease holder, and number of beds.

Check the ownership box if applicable and select “Yes” or “No” for ADA accommodations:

Setting

Please submit a separate application for each Setting

Current Setting Name *

Test Current Name

Current Setting Address *

123 William Street

Current Setting County *

Winston County

Current Setting City *

Manhattan

Current Setting State *

NY

Current Setting Zip *

10038

☒ Is the setting owned or operated by your agency?

Please attach a copy of the lease. *

Select files...

✓ Done



ISRA_RCF_Complete.pdf

File(s) uploaded successfully.

Who holds the lease to this property? *

Test Owner

Specify Name of Setting to be on the Certificate *

Note: All Community Based Residential Services settings must include "CRF" in the name

Test Specify Name

Telephone *

(999) 999-9999

Name of Contact Person *

Test Contact Person Name

Setting Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Number of Beds: Certified *

Number of Beds: Total *

10

Total Occupancy Requested *

11

Projected Occupancy Date *

10/13/2025

Will the home be occupied by persons who require American Disabilities Act (ADA) accommodations? *

☐ Yes

☒ No

Complete the Certification section by entering optional comments, signing the form in the Executive Director Signature field, and providing the date, agency name, and address. Upload any supporting documents(optional) and click “Submit” to finalize the application:

Certification

General Comments (optional)

Test General Comments (optional)

Executive Director Signature *

✕ Tets Name

Tets Name

Type Draw Upload Clear

Date *

10/13/2025

Agency *

Test Agency Name

Address *

123 William St, New York, NY 10038, USA

Attach Supporting Documents

Select files...

Back

Submit



Alabama Department
of Mental Health

Application successfully submitted

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

Setting/FacilityReplace#00003

Click ‘Exit workflow’.

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.3 OCA Quality Review

At this stage, the application is going to be reviewed by OCA, Approved, Returned, or set on Hold. This scenario is for the approval, so in the OCA Quality Review tab, “Approve and forward” option must be selected and “Submitted”:

Application OCA Quality Review



OCA Quality Review

Date

10/13/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values

Back

Submit



Application successfully submitted

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

Setting/FacilityReplace#00003

Click ‘Exit workflow’.

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:** Community Based Residential DD
- **Site Name:** Test Specify Name
- **Address:** 123 William Street, Manhattan, NY 10038
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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1.4 Application and Setting Review Form

The Community Services Director (CSD) completes the Application and Setting Review Form by reviewing the pre-filled Provider Name, selecting the Provider Status (“New” or “Existing”), and entering the “Date new application received”.

Application Application and Setting Review Form



Application and Setting Review Form

Provider Name: *

Test Name

Date new application received: *

10/13/2025

Provider Status: *

- ☐ New
☒ Existing

Answer the required “Yes” or “No” questions to verify the agency’s certification status and confirm the information:

Part A To be verified by the Regional Community Services Director

1. Is the agency currently on a Provisional Certification status? *

- ☒ Yes
☐ No

2. Has the agency been on a Provisional Certification within the last two regular site visits? *

- ☒ Yes
☐ No

The RCS Office reviews site details and answers “Yes” or “No” questions about location, safety, accessibility, and proximity to other facilities.

Additional comments can be added if needed.

Part B To be completed by Regional Community Services (RCS) Office

1. Is the setting adjacent to or under the same roof as a building that houses a publicly or privately-operated setting which provides inpatient institutional care: skilled nursing setting (SNF), immediate care setting for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), or hospital? *

- ☒ Yes
☐ No

2. Is the setting located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care (Skilled Nursing Setting (SNF), Intermediate Care Setting for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), or hospital? *

- ☒ Yes
☐ No

3. Does the setting otherwise have the effect of isolating individuals receiving Medicaid-funded HCBS from the broader community of individuals not receiving Medicaid-funded HCBS and therefore, presumed institutional? *

- ☐ Yes
☒ No

4. Does the setting have more than 6 beds? *

- ☒ Yes
☐ No

5. Would this proposed setting be located on the same street, court, etc., where these types of settings constitute more than 25% of all settings? *

- ☐ Yes
☒ No

6. Is the setting adjacent (next to or shares a property line) to another setting? *

- ☒ Yes
☐ No

7. Is the setting physically accessible, and free from obstructions such as steps, lips in a doorway, narrow hallways, etc., or otherwise have any other safety concerns such as lighting, unsanitary conditions, exposed electrical wiring, area known for violent crimes, drug use, etc.? *

- ☒ Yes
☐ No

8. Is the site recommended for Life Safety inspection? *

- ☒ Yes
☐ No

Additional Comments/Observations:

Test Additional Comments/Observations:

At this stage, the application is reviewed by the Community Services Director.

This workflow is for approval. It provides the assessor's Name and Date, uploads photos (optional), adds the Placement Coordinator and Community Services Director's emails, adds the Director's Signature, and clicks Submit.

Name of person completing Assessment: *

Test Test

Date: *

10/13/2025

9. Is the setting approved for a 6-month Temporary Operating Authority (TOA) following Life Safety Inspection? *

☒ Yes

☐ No

Upload Photos

Select files...

Placement Coordinator Email *

test@simpligov.com

Community Services Director Email *

test@simpligov.com

Community Services Director Signature: *

× Tets Name

Tets Name

Type Draw Upload Clear

Date: *

10/13/2025

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.5 Planning & Quality Specialist II

At this stage, the application is going to be reviewed by the Planning and Quality Specialist. This flow is for the approval, so “Forward to DD Certification Director” must be selected in the Planning & Quality Specialist II disposition dropdown, notes added (optional), and “Submitted”:

Application OCA Quality Review Background Check OCA Background Review **Planning & Quality Specialist II** 





Planning & Quality Specialist II

Planning & Quality Specialist II Disposition *

Forward to DD Certification Direct..

-- Select one --

Forward to DD Certification Director

Hold

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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.

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1.6 Certification Director Review

At this stage, the application is going to be reviewed by the DD Certification Director & Associate Commissioner of DD. This workflow is for the approval, so in the DD Certification Director tab, “Approve” must be selected in the Certification Director disposition dropdown, notes added (optional), Approval Documents attached (optional), Signature added, and “Submitted”:


Application


OCA Quality Review

Application and Setting Review Form

Planning & Quality Specialist II

Certification Director Review



Alabama Department
of Mental Health

DD Provider Certification Director & DD Associate Commissioner Review

Date

10/13/2025

DD Certification Director Disposition *

Approve

Internal Comments

Approval Documents

Select files...

Denial Documents

Select files...

DD Certification Director Signature *

× Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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.

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1.7 Inspector Assignment

The Office of Life Safety and Technical Services assigns an inspector by selecting a name from the Assign Inspector drop-down list.

Once the inspector is selected, the reviewer clicks “Submit” to send the form to the assigned inspector for review.

Application Additional Info **Inspector Assignment**



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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.

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1.8 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review Certification Director Review Life Safety Inspection



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility test

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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



Thank you for your submission!

Setting/FacilityReplace#00003

A thank you page will be displayed:

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.9 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.



Certification Application

Paragraph 1 of the Approval Letter *

Paragraph 1 test

Paragraph 2 of the Approval Letter *

Paragraph 2 test



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

Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Certificate For
Test Name
Test Specify Name
123 William Street, Manhattan, NY 10038
Community Based Residential DD

Dear Test Name:

Paragraph 1 test

Paragraph 2 test

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

1.10 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

Application Application and Setting Review Form Planning & Quality Specialist II Certification Director Review
Life Safety Inspection Letter Creation **Certificate Creation**



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/10/2025

Certificate Expiration Date *

10/10/2026

Update form values

Back

Submit

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.11 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II
Certification Director Review Life Safety Inspection Letter Creation Certificate Creation
Associate Commissioner



Associate Commissioner of Administration Review

Date

10/13/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.12 Commissioner Review

The Commissioner reviews the application, selects a Disposition option “Approve” or “Deny”, adds Internal Comments (optional), signs the form in the Signature field, and clicks Submit:

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II
Certification Director Review Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner
Commissioner Review



Commissioner Review

Date

10/13/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

✕ Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email confirming that the application has been accepted.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00003
- **Submission Date:** 10/13/2025

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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1.13 OCA Final Submission

At the final stage, the OCA user reviews the completed application and clicks Submit to finalize and process the certification record.

This action marks the end of the workflow.

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II
Certification Director Review Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner
Commissioner Review OCA Final Submission



OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing links to download the letter and the certificate.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00007
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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

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1.14 Central Office Processing DD

The application is going to be sent to the Central Office, where the responsible person adds Internal Comments (optional), and clicks Submit:

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II Certification Director Review Life Safety Inspection Letter Creation
Certificate Creation Associate Commissioner Commissioner Review OCA Final Submission 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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00003

Click ‘Exit Workflow’


2. MH Path Start


2.1 Application Selection

The provider chooses the path, the applicant selects the application path from the Select Application drop-down and clicks 'Submit'.

ADMH - Replacement Setting or FacilityExit workflow

Select Application



Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

SU

Prevention


Submit


2.2 MH Replacement Setting or Facility

Once MH is selected from the drop-down, two tabs display. The applicant goes to Application to fill out the Replacement Setting or Facility information.

Select Application

Application





Certification Application

Select Application *


MH


Next

The applicant enters the Submission Date, selects whether they are currently certified as a DMHF “Yes” or “No”, and uploads the required Program Description file before proceeding.

Select Application

Application





Certification Application

Submission Date *

10/14/2025

Currently Certified as a DMHF? *


☐ Yes

☒ No

Program Description *

Select files...

✓ Done

 test.docx

File(s) uploaded successfully.

×

Fills out the required fields marked with * in the Applicant section.

Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Certification Number of Facility *

1239+

1239+

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Test Name

Executive Director Email *

test@simpligov.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☒ Corporation
☐ Partnership

Fills out the Board Member Information including the Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

If subapplicant is applicable for this request, checks the corresponding "Is there a subapplicant" checkbox and fills out the information below:

Subapplicant (If Applicable)

☒ Is there a subapplicant?

Subapplicant Agency Name *

Test Agency Name

Street Address/Po Box *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Director Test Name

Type of Ownership *

- ☐ Non-Profit
☒ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☐ Corporation
☒ Partnership

Subapplicant Board Member Information is required to be filled in if there is a subapplicant checked in the previous section:

The

Subapplicant Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

The applicant fills out all required fields marked within the Facility section. Information includes the Facility Name, Address, County, City, State, Zip, and Contact Person details. The applicant also selects the Service of the Facility, specifies the Name to appear on the Certificate, and provides the Telephone number before proceeding.

Facility

Please submit a separate application for each Facility

Current Facility Name *

Facility Test Name

Current Facility Address *

123 William

Current Facility County *

Winston County

Current Facility City *

Manhattan

Current Facility State *

NY

Current Facility Zip *

10038

Select the service of this facility *

-- Select one --

Specify Name of Facility to be on Certificate *

Specify Name of Facility Test

Telephone *

(999) 999-9999

Name of Contact Person *

Test Name of Contact Person

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Completes the Certification section by entering optional comments, signing the form in the Executive Director Signature field, and providing the date, agency name, and address.
Uploads any supporting documents(optional) and clicks “Submit” to finalize the application:

Certification

General Comments (optional)

Test General Comments (optional)

Executive Director Signature *

× Tets Name

Tets Name

Type Draw Upload Clear

Date *

10/13/2025

Agency *

Test Agency Name

Address *

123 William St, New York, NY 10038, USA

Attach Supporting Documents

Select files...

Back

Submit

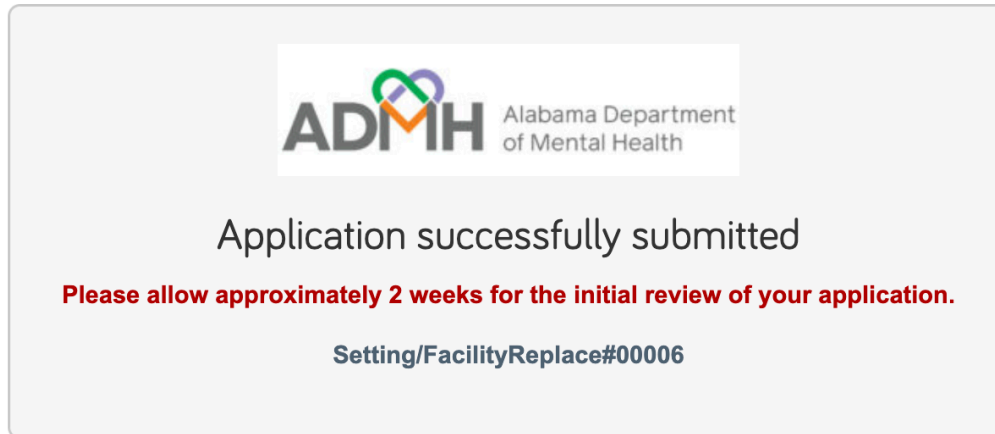
“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Click 'Exit workflow'.

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Tets Specify Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00006
- **Submission Date:** 10/15/2025

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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2.3 OCA Quality Review

At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option must be selected and “Submitted”:

Application

OCA Quality Review





OCA Quality Review

Date

10/13/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values

Back

Submit

“Yes”

option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

Click ‘Exit workflow’.



Application successfully submitted

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

Setting/FacilityReplace#00006

A thank you page will be displayed:

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:** Day Programs - Adult Intensive Day Treatment (AIDT) MH
- **Site Name:** Tets Specify Name
- **Address:** 123 William Street, Manhattan, NY 10038
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00006
- **Submission Date:** 10/15/2025

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2.4 MHSU Certification Team Selection

The Certification Director selects a Disposition option from the drop-down (e.g., “Recommend Approval”), adds any Review Comments (optional), and clicks Submit to move the application to the next stage of review.

Application MHSU Certification Team Selection



Certification Application MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

Click on the link to proceed to the next step



Submission Successful - [Please follow this link to proceed.](#)

Setting/FacilityReplace#00006

2.5 MHSU Program Selection

(Contains 3 sub-flows)

At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” must be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program must be selected from the list, and “Submitted”:

2.5.1.1 Child & Family Services

Child & Family Services Option must be selected from the Program dropdown:

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

MH Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Coordinator *

× Last First (first.last@test.com)

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.2 MH Family and Child Services Review

“Recommend Approval” option must be selected from the Program dropdown:

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



Certification Application MH Family and Child Services Review

Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown and Life Safety Inspection Required set to “Yes”:

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



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval ▼

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.4 MHSU Associate Commissioner

“Approve” option must be selected from the Associate Commissioner Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner



Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

Test

Signature *

x Test Name

Test Name

Type Draw Upload Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.5 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

[Application](#) [Additional Info](#) [Inspector Assignment](#)



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

[Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

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



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility test

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection


MH Family and Child Services Review

MHSU Certification Director Review

MHSU Associate Commissioner

Life Safety Inspection

Letter Creation




Certification Application

Paragraph 1 of the Approval Letter *


I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.


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

test name
Executive Director
test name
123 William Street
test, AR 11111

Certificate For
test name
test name
, test name, AR 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values

Back

Next

2.5.1.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review


MHSU Certification Director Review

MHSU Associate Commissioner

Life Safety Inspection

Letter Creation

Certificate Creation



Certification Application
Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/15/2025

Certificate Expiration Date *

10/15/2026

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

[Application](#) [OCA Quality Review](#) [MHSU Certification Team Selection](#) [MHSU Certification Team Review](#) [MHSU Program Selection](#) [MH Family and Child Services Review](#)
[MHSU Certification Director Review](#) [MHSU Associate Commissioner](#) [Life Safety Inspection](#) [Letter Creation](#) [Certificate Creation](#) [Associate Commissioner](#)



Associate Commissioner of Administration Review

Date

10/15/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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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2.5.1.10 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Family and Child Services Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner Commissioner Review



Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

× Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00008
- **Submission Date:** 10/15/2025

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](#)

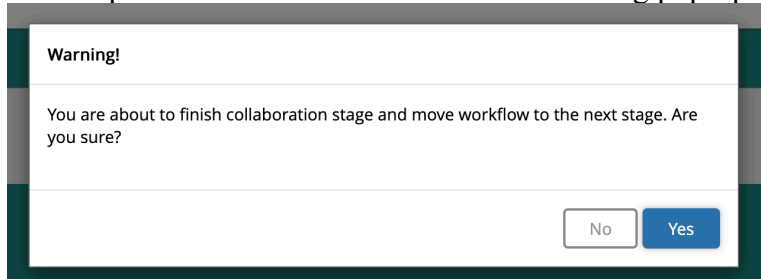
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2.5.1.11 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00008

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.

Application Accepted

A Certification Application for [REDACTED] has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** [REDACTED]
- **Reference Number:** New Enc#00007
- **Submission Date:** 10/09/2025

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

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Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



Kay Ivey
Governor

test name
Executive Director
test name
123 William Street
Test, AR 11111

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

Certificate For

test name
test name
test name, AR 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

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

2.5.2.1 MH Community Programs

MH Community Programs Option must be selected from the Program dropdown:

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 *

MH Community Programs

Program Director *

Last First(first.last@test.com)

[Clear](#)

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.2 MH Program Team Selection

“Recommend Approval” option must be selected from the Program dropdown:

[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 *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown and Life Safety Inspection Required set to “Yes”:

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 Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.4 MHSU Associate Commissioner

“Approve” option must be selected from the Associate Commissioner Disposition dropdown:

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

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

×

TestName

TestName

Type Draw Upload Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.5 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

[Application](#) [Additional Info](#) [Inspector Assignment](#)



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *
Last First(first.last@test.com) [Clear](#)

[Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.

If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review MHSU Certification Director Review MHSU Associate Commissioner **Life Safety Inspection** 



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Test Name of facility

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer.

Once complete, the reviewer clicks “Next” to proceed to certificate generation.

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 Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

test name
Executive Director
test name
test name
test, AL 11111

Certificate For
test name
test name
, test name, CO 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

2.5.2.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

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

Life Safety Inspection

Letter Creation

Certificate Creation





Certification Application

Certificate Expiration

Certification Term *

Certificate Start Date *

Certificate Expiration Date *

10/14/2026

Update form values

Back

Submit

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

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	Life Safety Inspection	Letter Creation	Certificate Creation	Associate Commissioner	



Associate Commissioner of Administration Review

Date

10/14/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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.

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2.5.2.10 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

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 Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner Commissioner Review



Commissioner Review

Date

10/14/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

× test name

test name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00009

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

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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2.5.2.11 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

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	Life Safety Inspection	Letter Creation	Certificate Creation	Associate Commissioner
OCA Final Submission				Commissioner Review



OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00009

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** test name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00009
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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2.5.3.1 Substance Use Treatment Team

MH Community Programs Option must be selected from the Program dropdown:

[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 *

Zdor Bohdan(bzdor@simpligov.co.:. [Clear](#)

Program Director Executive Assistant *

Zdor Bohdan(bzdor@simpligov.co.:. [Clear](#)

[Update form values](#)

[Back](#)

[Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.2 SU Program Director Review

The SU Program Director assigns an SU Program Manager from the drop-down list and adds any Review Comments if necessary.

After verifying the information, the director clicks Submit to forward the application to the assigned Program Manager.


Application


MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review





Certification Application

SU Program Director Review

SU Program Manager *

Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield

-- Select one --

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.3 SU Program Manager Review

The SU Program Manager selects a Disposition option (e.g., Recommend Approval), enters any Review Comments, and clicks Submit to complete the review and move the application forward in the certification process.

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.4 MHSU Certification Director Review

MHSU Certification Director Review: The Certification Director selects a Disposition option (e.g., Recommend Approval) and indicates whether a Life Safety Inspection is required by choosing Yes or No.

Optional Internal Comments can be added before clicking Submit to continue the process.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review
SU Program Manager Review MHSU Certification Director Review



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

- ☒ Yes
☐ No

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for Replacement Settings/Facility has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.5 MHSU Associate Commissioner

The MHSU Associate Commissioner reviews the application, selects a Disposition (e.g., Approve), and enters any Internal Comments if necessary.

The commissioner signs the form in the Signature field and clicks Submit to finalize their review.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review 

SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

x TestName

TestName

Type

Draw

Upload

Clear

Update form values

Back

Submit

““Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.6 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

Application Additional Info Inspector Assignment



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *
Last First(first.last@test.com) Clear

Back Submit

“Yes” option is to be selected on the next warning pop-up:

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.7 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review MHSU Certification Director Review MHSU Associate Commissioner **Life Safety Inspection** 



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Test Name of facility

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.8 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

SU Program Director Review SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection

Letter Creation Certificate Creation Associate Commissioner



Associate Commissioner of Administration Review

Date

10/14/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.9 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review

SU Program Manager Review

MHSU Certification Director Review

MHSU Associate Commissioner


Life Safety Inspection

Letter Creation

Certificate Creation

Associate Commissioner

Commissioner Review





Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

test name

test name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00010

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

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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2.5.3.10 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

Application	OCA Quality Review	MHSU Certification Team Selection	MHSU Certification Team Review	MHSU Program Selection	
SU Program Director Review	SU Program Manager Review	MHSU Certification Director Review	MHSU Associate Commissioner	Life Safety Inspection	
Letter Creation	Certificate Creation	Associate Commissioner	Commissioner Review	OCA Final Submission	



OCA Final Submission

Press 'Submit' to process.

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00010

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** Facility
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00010
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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3. SU Workflow Start


3.1 Application Selection

The provider chooses the path, the applicant selects the application path from the drop-down called Select Application, and clicks 'Submit'.

ADMH - New Executive Director Exit workflow

Application Selection




Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

SU

Prevention


Submit


3.2 SU Replacement Setting or Facility

Once SU is selected from the drop-down, two tabs are displayed. The applicant goes to Application to fill out Replacement Setting or Facility information.

Select Application

Application





Certification Application

Select Application *


SU


Next

The applicant enters the Submission Date and uploads the required Program Description document:

Select Application

Application





Certification Application


Submission Date *

10/15/2025

Program Description *

Select files...

✓ Done

 test.docx

File(s) uploaded successfully.

×

The Applicant fills out the required fields marked in the Application section.

Address fields will pre-populate as soon as the applicant starts entering those and selects the options that appear.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☒ Corporation
☐ Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Fills out the Executive Director Information including Name, Email Address, and Provider Agency Name. If "Are you employed at a different provider agency?" radio is "Yes", then checks all options that apply to the applicant's position(s) at the other agency. If "Other" option is

checked, fills out the corresponding field with the custom position name:

Executive Director Information

Name of New Executive Director *	New Executive Director's Email *
<input type="text" value="Test Name"/>	<input type="text" value="test@email.com"/>
Are you employed at a different provider agency?? *	Provider Agency Name *
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text" value="Test Agency Name"/>
What is your position(s) at the other agency? Check all that apply *	Other Position *
<input checked="" type="checkbox"/> --Select all-- <input type="checkbox"/> Clinical Director <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Other	<input type="text" value="Test Position"/>

Adds the applicant's name and date in the Certification section, and checks the agreement:

Certification

General Comments (optional)

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

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

Executive Director Signature *

Type Draw Upload Clear

Date *

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks "Submit"

Agency *

Address *

Attach Supporting Documents

A thank you page will be displayed:



Application successfully submitted

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

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.3 OCA Quality Review


At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option must be selected and “Submitted”:

Application Selection

Application

OCA Quality Review





OCA Quality Review

Date

10/06/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Application successfully submitted

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

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:** Residential - Level III.7-D NTP Medically Monitored Residential Detoxification Narcotic Treatment Program SU
- **Site Name:** Specify Name of Facility to be on Certificate
- **Address:** 123 William Street, Manhattan, NY 10038
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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3.4 MHSU Certification Team Selection

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown.

Application MHSU Certification Team Selection



Certification Application MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Submission Successful - [Please follow this link to proceed.](#)

Setting/FacilityReplace#00013

Click ‘Please follow this link to proceed’

3.5 MHSU Program Selection

(Contains 3 sub-flows)

At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” must be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program must be selected from the list, and “Submitted”:

3.5.1.1 Child & Family Services

Child & Family Services Option must be selected from the Program dropdown:

[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 *

Zdor Bohdan(bzdor@simpligov.co... [Clear](#)

Program Coordinator *

Zdor Bohdan(bzdor@simpligov.co...

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.2 MH Family and Child Services Review

“Recommend Approval” option must be selected from the Program dropdown:

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



Certification Application MH Family and Child Services Review

Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown and Life Safety Inspection Required set to “Yes”:

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



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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2.5.1.4 MHSU Associate Commissioner

“Approve” option must be selected from the Associate Commissioner Disposition dropdown:

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

MHSU Certification Director Review MHSU Associate Commissioner



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

× Teastame

Teastame Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.5 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

Application Additional Info Inspector Assignment



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com)

Clear

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.

If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection 



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility Test

Owner/Operator *

Owner/Operator Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection


MH Family and Child Services Review

MHSU Certification Director Review

MHSU Associate Commissioner

Life Safety Inspection

Letter Creation



Alabama Department
of Mental Health


Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.


Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

test name
Executive Director
test name
123 William Street
test, AR 11111

Certificate For
test name
test name
test name, AR 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values

Back

Next

3.5.1.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review


MHSU Certification Director Review


MHSU Associate Commissioner

Life Safety Inspection

Letter Creation

Certificate Creation





Alabama Department
of Mental Health

Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/14/2025

Certificate Expiration Date *

10/14/2026

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review

MHSU Certification Director Review


MHSU Associate Commissioner

Life Safety Inspection

Letter Creation

Certificate Creation

Associate Commissioner





Associate Commissioner of Administration Review

Date

10/15/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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2.5.1.10 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Family and Child Services Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner Commissioner Review



Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

× Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00013

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

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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3.5.1.11 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

Application	OCA Quality Review	MHSU Certification Team Selection	MHSU Certification Team Review	MHSU Program Selection	
MH Family and Child Services Review	MHSU Certification Director Review	MHSU Associate Commissioner	Life Safety Inspection	Letter Creation	
Certificate Creation	Associate Commissioner	Commissioner Review	OCA Final Submission		



OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00013

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00013
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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3.5.2.1 MH Community Programs

MH Community Programs Option must be selected from the Program dropdown:

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 *

MH Community Programs

Program Director *

Last First(first.last@test.com)

[Clear](#)

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.2 MH Program Team Selection

“Recommend Approval” option must be selected from the Program dropdown:

[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 *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown and Life Safety Inspection Required set to “Yes”:

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 Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.4 MHSU Associate Commissioner

“Approve” option must be selected from the Associate Commissioner Disposition dropdown:

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

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

×

TestName

TestName

Type Draw Upload Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.5 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

Application Additional Info Inspector Assignment



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *
Last First(first.last@test.com) Clear

Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review MHSU Certification Director Review MHSU Associate Commissioner **Life Safety Inspection** 



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Test Name of facility

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer.

Once complete, the reviewer clicks “Next” to proceed to certificate generation.

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 Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

test name
Executive Director
test name
test name
test, AL 11111

Certificate For
test name
test name
, test name, CO 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

3.5.2.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

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

Life Safety Inspection

Letter Creation

Certificate Creation





Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/14/2025

Certificate Expiration Date *

10/14/2026

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

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	Life Safety Inspection	Letter Creation	Certificate Creation	Associate Commissioner	



Associate Commissioner of Administration Review

Date

10/14/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.10 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

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 Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner Commissioner Review



Commissioner Review

Date

10/14/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

test name

test name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

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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3.5.2.11 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

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	Life Safety Inspection	Letter Creation	Certificate Creation	Associate Commissioner
OCA Final Submission				Commissioner Review



OCA Final Submission

Press 'Submit' to process.

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00015

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** pecify Name of Facility to be on Certificate * This field Specify Name of Facility to be
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00015
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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3.5.3.1 Substance Use Treatment Team

MH Community Programs Option must be selected from the Program dropdown:

[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 *

Zdor Bohdan(bzdor@simpligov.co.:. [Clear](#)

Program Director Executive Assistant *

Zdor Bohdan(bzdor@simpligov.co.:. [Clear](#)

[Update form values](#)

[Back](#)

[Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.2 SU Program Director Review

The SU Program Director assigns an SU Program Manager from the drop-down list and adds any Review Comments if necessary.

After verifying the information, the director clicks Submit to forward the application to the assigned Program Manager.

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



Certification Application SU Program Director Review

SU Program Manager *
Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield

-- Select one --

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.3 SU Program Manager Review

The SU Program Manager selects a Disposition option (e.g., Recommend Approval), enters any Review Comments, and clicks Submit to complete the review and move the application forward in the certification process.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review



Certification Application SU Program Manager Review

SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.4 MHSU Certification Director Review

MHSU Certification Director Review The Certification Director selects a Disposition option (e.g., Recommend Approval) and indicates whether a Life Safety Inspection is required by choosing Yes or No.

Optional Internal Comments can be added before clicking Submit to continue the process.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review

SU Program Manager Review

MHSU Certification Director Review



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

- ☒ Yes
☐ No

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.5 MHSU Associate Commissioner

The MHSU Associate Commissioner reviews the application, selects a Disposition (e.g., Approve), and enters any Internal Comments if necessary.

The commissioner signs the form in the Signature field and clicks Submit to finalize their review.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review
SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

x TestName

TestName

Type

Draw

Upload

Clear

Update form values

Back

Submit

““Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.6 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:

[Application](#) [Additional Info](#) [Inspector Assignment](#)



Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

[Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.7 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review MHSU Certification Director Review MHSU Associate Commissioner **Life Safety Inspection** 



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Test Name of facility

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.8 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer.

Once complete, the reviewer clicks “Next” to proceed to certificate generation.

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 Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter *

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

test name
Executive Director
test name
test name
test, AL 11111

Certificate For
test name
test name
, test name, CO 11111
A Medication/Observation/Meals (MOM) MH

Dear test name:

I am pleased to inform you that your request for certification of your [Replacement Facility Name, Service Type], located at [Replacement Facility Address], in [Replacement Facility City], as a replacement site of your [Facility Name], located at [Facility Address], in [Facility City], has been approved. Enclosed please find the certificate of compliance that must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for your [Facility Name, Service Type], located at [Facility Address], in [Facility City], within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

3.5.3.9 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

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

Life Safety Inspection

Letter Creation

Certificate Creation





Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/14/2025

Certificate Expiration Date *

10/14/2026

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.10 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

SU Program Director Review SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection

Letter Creation Certificate Creation Associate Commissioner



Associate Commissioner of Administration Review

Date

10/14/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.2.11 Commissioner Review

The Commissioner reviews the application details, selects “Approve” from Commissioner Disposition dropdown, adds any Internal Comments(optional), signs the application and clicks “Submit”

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 Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner Commissioner Review



Commissioner Review

Date

10/14/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

× test name

test name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00016

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.

Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

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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3.5.3.12 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document must be finally “Submitted”

Application	OCA Quality Review	MHSU Certification Team Selection	MHSU Certification Team Review	MHSU Program Selection	
SU Program Director Review	SU Program Manager Review	MHSU Certification Director Review	MHSU Associate Commissioner	Life Safety Inspection	
Letter Creation	Certificate Creation	Associate Commissioner	Commissioner Review	OCA Final Submission	



OCA Final Submission

Press 'Submit' to process.

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00016

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** Specify Name of Facility to be on Certificate
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00016
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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4. Prevention Workflow Start


4.1 Application Selection

The provider chooses the path, the applicant selects the application path from the drop-down called Select Application, and clicks 'Submit'.

ADMH - Replacement Setting or Facility Exit workflow

Select Application





Alabama Department
of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

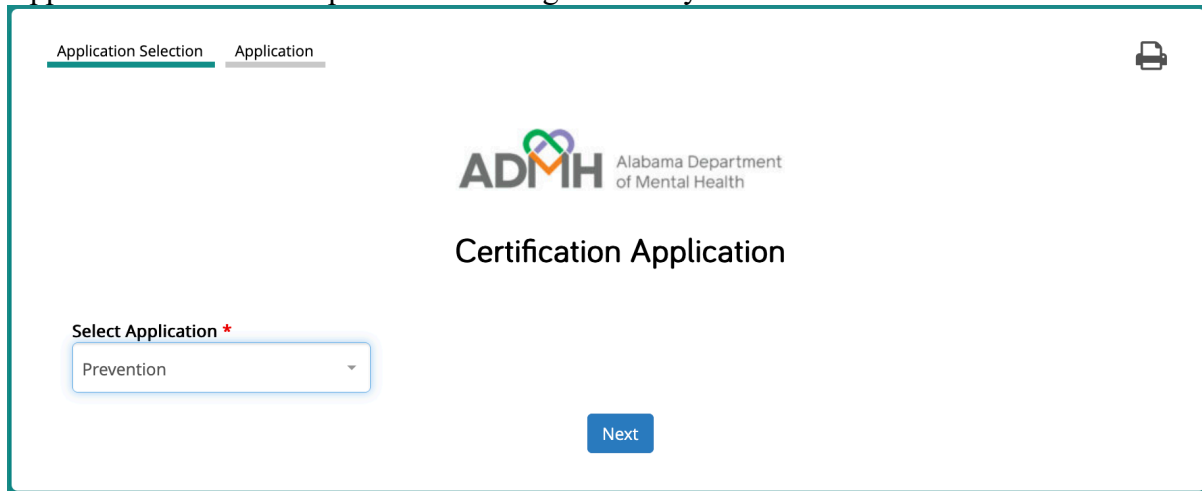
SU

Prevention

Submit

4.2 Prevention Replacement Setting or Facility

Once Prevention is selected from the drop-down, two tabs display. The applicant goes to Application to fill out Replacement Setting or Facility information.



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

Selects date and attaches all the required files below:



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are two tabs: 'Select Application' and 'Application' (active). The Alabama Department of Mental Health (ADMH) logo is centered. Below the logo, the title 'Certification Application' is displayed. A date input field labeled 'Submission Date *' contains the date '10/15/2025'. Below this, a 'Program Description *' section features a blue button labeled 'Select files...'.

Fills out the required fields marked with * in the Application section.

Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Certification Number of Facility *

1239+

1239+

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Test Name

Executive Director Email *

test@email.com

Type of Ownership *

- ☒ Non-Profit
☐ Profit
☐ Public

Status of Ownership *

- ☐ Individual
☒ Corporation
☐ Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Fills out the Facility Information including Current Facility Name and Address.

Facility

Please submit a separate application for each Facility

Current Facility Name *

Test Name

Current Facility Address *

123 William Street

Current Facility County *

Winston County

Current Facility City *

Manhattan

Current Facility State *

NY

Current Facility Zip *

10038

Specify Name of Facility to be on Certificate *

Test Name

Telephone *

(999) 999-9999

Name of Contact Person *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Adds the applicant's name and date in the Certification section, and signs the application:

Certification

General Comments (optional)

Executive Director Signature *

× Test Name

Test Name

Type Draw Upload Clear

Date *

10/15/2025

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks "Submit"

Agency *

Test Agency

Address *

William St, New York, NY 10038, United States

Attach Supporting Documents

Select files...

Back

Submit

A submission confirmation page with the application number must display.



Application successfully submitted

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

Setting/FacilityReplace#00011

Click 'Exit workflow'.


4.3 OCA Quality Review


At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option must be selected and “Submitted”:

Application Selection

Application

OCA Quality Review



 Alabama Department of Mental Health

OCA Quality Review

Date

10/06/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:


Warning!

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

No

Yes

A thank you page will be displayed:
Click ‘Exit Workflow’

 Alabama Department of Mental Health

Application successfully submitted

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

Setting/FacilityReplace#00011

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:**
- **Site Name:** Test Name
- **Address:** 123 William Street, Manhattan, NY 10038
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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.

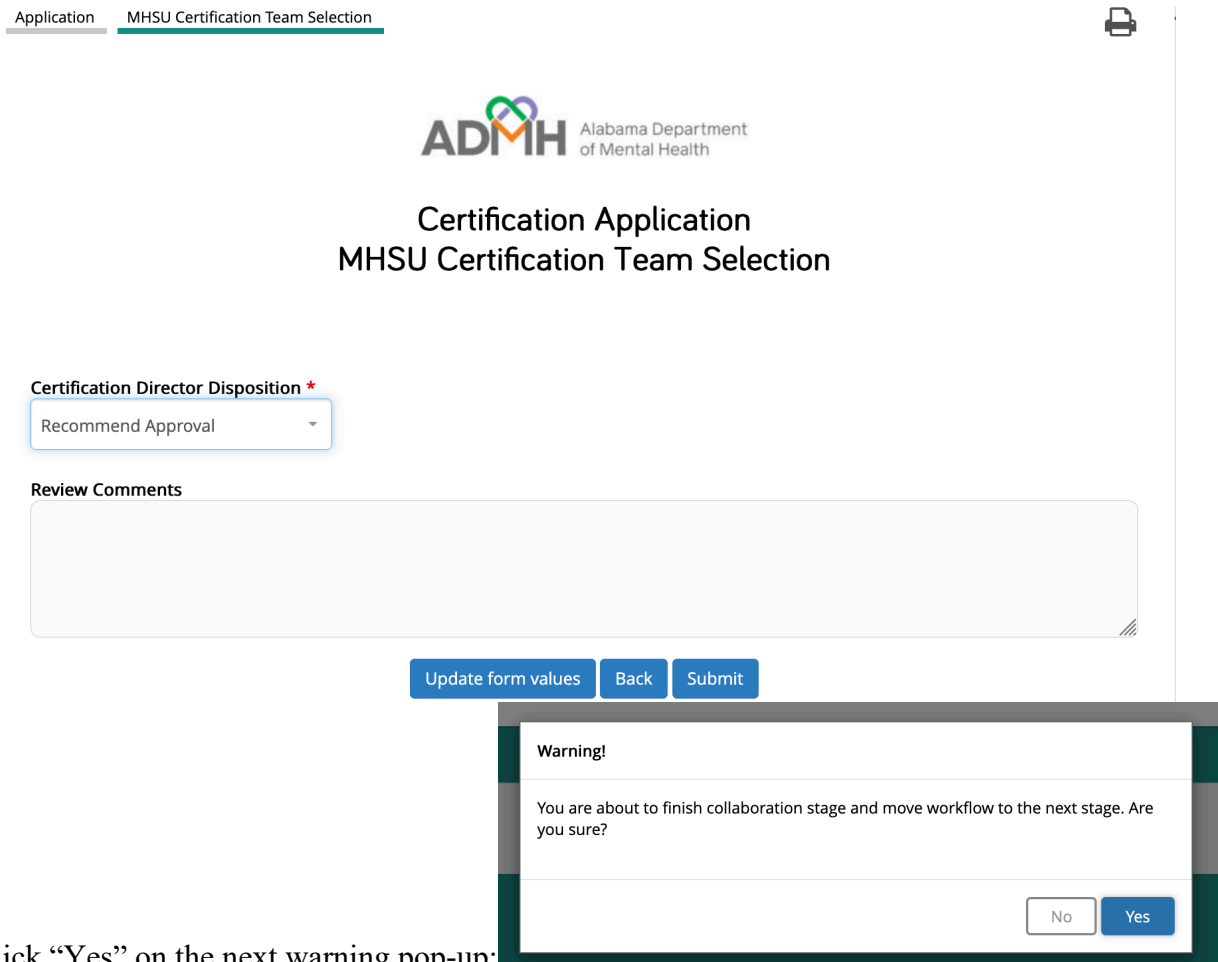
To access the application, please use the following link: [Next Stage](#)

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4.4 MHSU Certification Team Selection

At this stage the application is going to be reviewed by the MHSU Certification Team. This workflow is for the approval, so in MHSU Certification Team Selection tab select “Recommend Approval” in the Certification Director Disposition dropdown, add Review Comments (optional), and hit “Submit”:



Application MHSU Certification Team Selection

ADMH Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

Warning!

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

No Yes

Click “Yes” on the next warning pop-up:
A thank you page will be displayed:



Submission Successful - [Please follow this link to proceed.](#)

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

4.5 MHSU Program Selection(*Contains 3 sub-flows*)

At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” must be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program must be selected from the list, and “Submitted”:

4.5.1.1 Child & Family Services

Child & Family Services Option must be selected from the Program dropdown:

[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 *

Zdor Bohdan(bzdor@simpligov.co.:. [Clear](#)

Program Coordinator *

Zdor Bohdan(bzdor@simpligov.co.:.

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.2 MH Family and Child Services Review

“Recommend Approval” option must be selected from the Program dropdown:

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



Certification Application MH Family and Child Services Review

Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown, and Life Safety Inspection Required radio must be set to “Yes”:

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



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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.

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4.5.1.4 MHSU Associate Commissioner

“Approve” option must be selected from the Associate Commissioner Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Family and Child Services Review MHSU Certification Director Review
MHSU Associate Commissioner



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.5 Inspector Assignment

The Office of Life Safety and Technical Services assigns an inspector by selecting a name from the Assign Inspector drop-down list.

Once the inspector is selected, the reviewer clicks “Submit” to send the form to the assigned inspector for review.

Application Additional Info **Inspector Assignment**



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

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



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility test

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Family and Child Services Review MHSU Certification Director Review
MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Paragraph 2 of the Approval Letter *

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Certificate For

Test Name
Test Name

123 William Street, Manhattan, NY 10038

Dear Test Name:

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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


Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

Click ‘Next’

4.5.1.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

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

MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/15/2025

Certificate Expiration Date *

10/15/2026

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Family and Child Services Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner



Associate Commissioner of Administration Review

Date

10/15/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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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4.5.1.10 Commissioner Review

The Commissioner reviews the application, selects a Disposition option “Approve” or “Deny”, adds Internal Comments (optional), signs the form in the Signature field, and clicks Submit:

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review

MHSU Certification Director Review

MHSU Associate Commissioner


Life Safety Inspection


Letter Creation

Certificate Creation

Associate Commissioner

Commissioner Review





Alabama Department
of Mental Health

Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test NameType Draw Upload Clear

Update form valuesBackSubmit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00011

Click ‘Exit Workflow’

The corresponding group or a person will receive an email confirming that the application has been accepted.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

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](#)

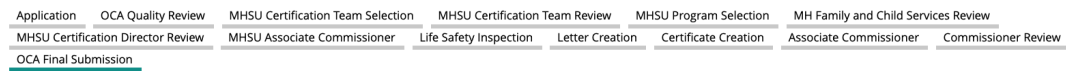
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4.5.1.11 OCA Final Submission

At the final stage, the OCA user reviews the completed application and clicks Submit to finalize and process the certification record.

This action marks the end of the workflow.

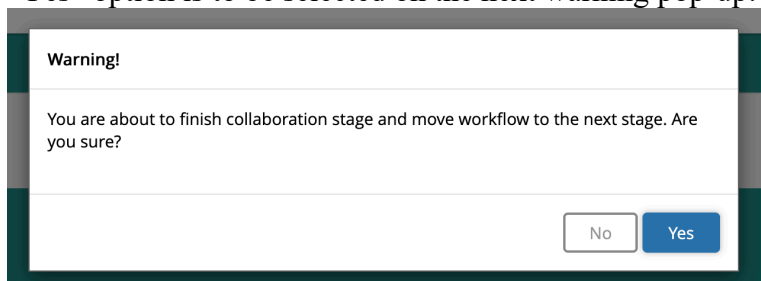


OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00011

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing links to download the letter and the certificate.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00011
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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

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4.5.2.1 MH Community Programs

MH Community Programs must be selected from the Program dropdown:

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 *

MH Community Programs

Program Director *

Last First(first.last@test.com) [Clear](#)

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:**
- **Site Name:** asdasd
- **Address:** , Test, AL 11111
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.2 MH Program Team Selection

At this stage the application is going to be reviewed by the MH Program Team. This workflow is for the approval, so in MH Program Team Selection tab “Recommend Approval” option must be selected in the Program Director Disposition dropdown, Review Comments added(optional),and “Submitted”:


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 *

Recommend Approval

Review Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** asdasd
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.3 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown, and Life Safety Inspection Required radio must be set to “Yes”:

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



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.4 MHSU Associate Commissioner

At this stage the application is going to be reviewed by the Associate Commissioner of MHSU. This workflow is for the approval, so in MHSU Associate Commissioner tab “Approve” must be selected in the Associate Commissioner Disposition dropdown, Internal Comments added(optional), Signature added, and “Submitted”:

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

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

× Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.5 Inspector Assignment

The Office of Life Safety and Technical Services assigns an inspector by selecting a name from the Assign Inspector drop-down list.

Once the inspector is selected, the reviewer clicks “Submit” to send the form to the assigned inspector for review.

Application Additional Info **Inspector Assignment**



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

[Back](#)

[Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.6 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

Application OCA Quality Review Certification Director Review Life Safety Inspection



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility test

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.7 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.

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	Life Safety Inspection	Letter Creation	Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Paragraph 2 of the Approval Letter *

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Certificate For
Test Name
asdasd
, Test, AL 11111

Dear Test Name:

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

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

Click ‘Next’

4.5.2.8 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

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

Life Safety Inspection

Letter Creation

Certificate Creation





Alabama Department
of Mental Health

Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/15/2025

Certificate Expiration Date *

10/15/2026

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.9 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

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 Life Safety Inspection Letter Creation Certificate Creation

Associate Commissioner



Associate Commissioner of Administration Review

Date

10/15/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.2.10 Commissioner Review

The Commissioner reviews the application, selects a Disposition option “Approve” or “Deny”, adds Internal Comments (optional), signs the form in the Signature field, and clicks Submit:

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 Life Safety Inspection Letter Creation Certificate Creation

Associate Commissioner Commissioner Review



Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

× Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00012

Click ‘Exit Workflow’

The corresponding group or a person will receive an email confirming that the application has been accepted.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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](#)

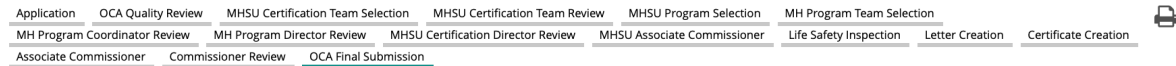
Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.5.2.11 OCA Final Submission

At the final stage, the OCA user reviews the completed application and clicks Submit to finalize and process the certification record.

This action marks the end of the workflow.

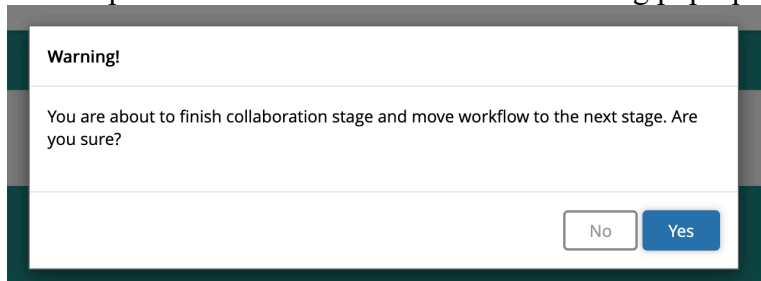


OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00012

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing links to download the letter and the certificate.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** asdasd
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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

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4.5.3.1 Substance Use Treatment Team

Substance Use Treatment Team must be selected from the Program dropdown:

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 *

Last First(first.last@test.com) [Clear](#)

Program Director Executive Assistant *

Last First(first.last@test.com) [Clear](#)

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Life Safety Inspection Required Soon

A **Certification Application for Replacement Settings/Facility** has been reviewed by Office of Administration Certification and sent to the Division. This is a courtesy notification and no action is required at this time. This request will reach Life Safety at a later date if approved.

Application Details:

- **Classification:**
- **Site Name:** Test Name
- **Address:** 123 William Street, Manhattan, NY 10038
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.2 SU Program Team Selection

At this stage the application is going to be reviewed by the SU Program Team. This workflow is for the approval, so in SU Program Team Selection tab “Recommend Approval” option must be selected in the Program Director Disposition dropdown, Review Comments added(optional), and “Submitted”:

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



Certification Application
SU Program Director Review

SU Program Manager *
[Luciana Coleman](#), [Lashanda Craig](#), [Elana Merriweather](#), [Brooke Whitfield](#)

Review Comments

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

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** asdasd
- **Application Type:** Replacement Facility
- **Reference Number:** Setting/FacilityReplace#00012
- **Submission Date:** 10/15/2025

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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4.5.3.3 SU Program Manager Review

“Recommend Approval” option must be selected from the SU Program Manager Disposition dropdown:

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

 Alabama Department of Mental Health

Certification Application
SU Program Manager Review

SU Program Manager Disposition *

Recommend Approval

Review Comments

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

“Yes” option is to be selected on the next warning pop-up:

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.4 MHSU Certification Director Review

“Recommend Approval” option must be selected from the Certification Director Disposition dropdown, and Life Safety Inspection Required radio must be set to “Yes”:

Application MHSU Certification Team Selection **MHSU Certification Team Review** MHSU Program Selection SU Program Director Review SU Program Manager Review



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

☒ Yes
☐ No

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.5 MHSU Associate Commissioner

At this stage the application is going to be reviewed by the Associate Commissioner of MHSU. This workflow is for the approval, so in MHSU Associate Commissioner tab “Approve” must be selected in the Associate Commissioner Disposition dropdown, Internal Comments added(optional), Signature added, and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review SU Program Manager Review
MHSU Certification Director Review MHSU Associate Commissioner



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

NoYes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Facility Name: Specify Name of Facility to be on Certificate:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.6 Inspector Assignment

The Office of Life Safety and Technical Services assigns an inspector by selecting a name from the Assign Inspector drop-down list.

Once the inspector is selected, the reviewer clicks “Submit” to send the form to the assigned inspector for review.

Application Additional Info **Inspector Assignment**



Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com) [Clear](#)

[Back](#)

[Submit](#)

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

[No](#) [Yes](#)

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.7 Life Safety Inspection

The Office of Life Safety and Technical Services completes the inspection section.
If “Skip Inspection” is selected, the reviewer provides an explanation and enters the Name of Facility, Owner/Operator, and Telephone before clicking Submit.

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



Office of Life Safety and Technical Services

☒ Skip Inspection

Explanation *

Explanation Test

Name of facility *

Name of facility test

Owner/Operator *

Owner Test

Telephone *

(999) 999-9999

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.8 Letter Creation

The reviewer prepares the Approval Letter by entering the required text into the Paragraph 1 and Paragraph 2 fields.

The system automatically populates agency and contact information in the letter footer. Once complete, the reviewer clicks “Next” to proceed to certificate generation.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review SU Program Manager Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation



Certification Application

Paragraph 1 of the Approval Letter *

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Paragraph 2 of the Approval Letter *

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



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

Test Name
Executive Director
Test name
123 William Street
Test, NY 11111

Certificate For
Test name
Test Name
123 William Street, Manhattan, NY 10038

Dear Test Name:

I am pleased to inform you that your request for certification of your [Facility Name], [Level of Care Service Name], located at [Facility Address], in [Facility City], as a replacement site for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], has been approved.

Your current certificate is enclosed. This certificate must be posted in the facility at all times and is not transferable to any other locations or entities. Please return the certificate for your [Replacement Facility Name], [Replacement Facility Level of Care Service Name], located at [Replacement Facility Address], in [Replacement Facility City], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,
Kimberly G. Boswell
Commissioner

Update form values Back Next

Click ‘Next’

4.5.3.9 Certificate Creation

The reviewer completes the Certificate Expiration section by selecting a Certification Term (e.g., 1 Year), entering the Certificate Start Date, and confirming the Certificate Expiration Date. Once all fields are verified, the reviewer clicks Submit to finalize the certification process.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review SU Program Manager Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation **Certificate Creation**



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/15/2025

Certificate Expiration Date *

10/15/2026

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.10 Associate Commissioner

The Associate Commissioner reviews the application details, selects a Disposition option (e.g., Forward to OCA), adds any Internal Comments(optional), and clicks “Submit”

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review SU Program Manager Review 

MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation Associate Commissioner



Associate Commissioner of Administration Review

Date

10/15/2025

Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No Yes

A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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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4.5.3.11 Commissioner Review

The Commissioner reviews the application, selects a Disposition option “Approve” or “Deny”, adds Internal Comments (optional), signs the form in the Signature field, and clicks Submit:

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review

SU Program Manager Review

MHSU Certification Director Review

MHSU Associate Commissioner


Life Safety Inspection


Letter Creation

Certificate Creation

Associate Commissioner

Commissioner Review





Alabama Department
of Mental Health

Commissioner Review

Date

10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test NameType Draw Upload Clear

Update form values

Back

Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

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

No

Yes

A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

Setting/FacilityReplace#00014

Click ‘Exit Workflow’

The corresponding group or a person will receive an email confirming that the application has been accepted.



Action Required

A **Certification Application for Replacement Settings/Facility** has been submitted and requires your review.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

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](#)

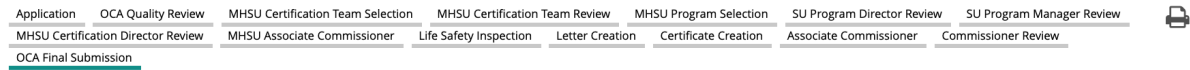
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4.5.3.12 OCA Final Submission

At the final stage, the OCA user reviews the completed application and clicks Submit to finalize and process the certification record.

This action marks the end of the workflow.

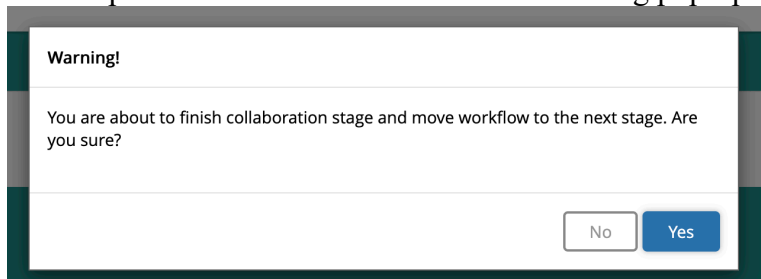


OCA Final Submission

Press 'Submit' to process.

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

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Thank you for your submission!

Setting/FacilityReplace#00014

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing links to download the letter and the certificate.



Application Approved

A **Certification Application for Replacement Settings/Facility** has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Site Name:** Test Name
- **Application Type:** Replacement Settings/Facility
- **Reference Number:** Setting/FacilityReplace#00014
- **Submission Date:** 10/15/2025

[Download Letter](#)

[Download Certificate](#)

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