

The Alabama Department of Mental Health Division of Administration

ADMH - Replacement Setting or Facility



Alabama Department
of Mental Health
connecting mind and wellness

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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.Beth@mh.alabama.gov([beth.bergeron@mh.alabama.gov](mailto:Bergeron.Beth@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

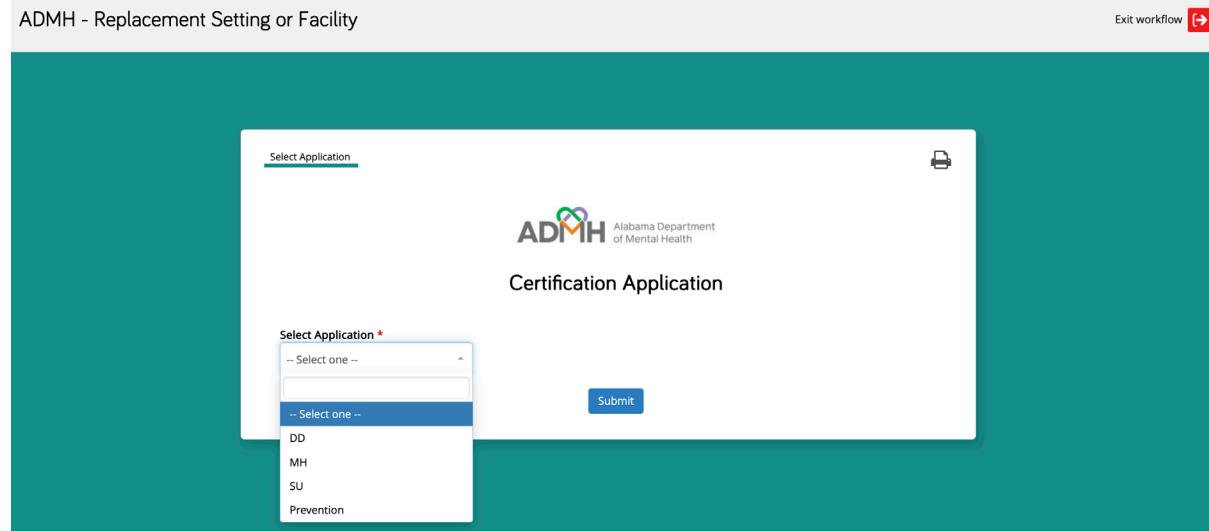
Role type: Selected user

Selected user from field: SU Program Manager

1. DD Path Start

1.1 Application Selection

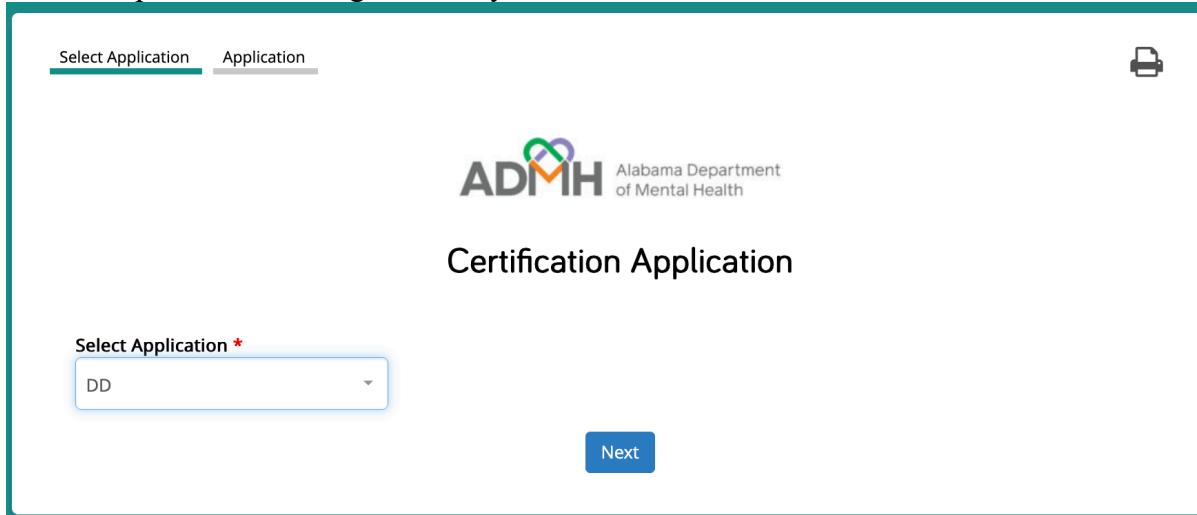
To choose the path, the applicant selects the application path from the Select Application drop-down and clicks ‘Submit’.



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The top navigation bar includes the ADMH logo and the text 'ADMH - Replacement Setting or Facility'. On the right, there is a 'Exit workflow' button with a red icon. The main content area is titled 'Select Application' and features the 'Certification Application' logo. A 'Select Application' dropdown menu is open, showing the following options: 'Select one', 'DD', 'MH', 'SU', and 'Prevention'. The 'Select one' option is highlighted with a blue background. A 'Submit' button is located to the right of the dropdown. The background of the application window is teal.

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.



Select Application Application

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

DD

Next

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+

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 *

NY

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

Setting Address *

123 William Street

Telephone *

(999) 999-9999

Name of Contact Person *

Test Contact Person Name

State *

NY

City *

Manhattan

Number of Beds: Total *

10

Number of Beds: Certified *

Zip *

10038

Projected Occupancy Date *

10/13/2025

Total Occupancy Requested *

11

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



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

 Alabama Department of Mental Health

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

 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.



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

Type Draw Upload Clear

Date: *

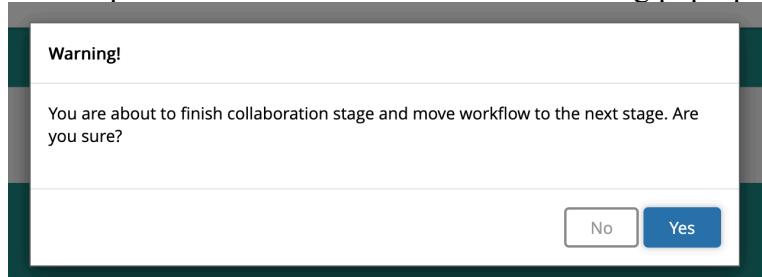
10/13/2025

Update form values

Back

Submit

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



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.

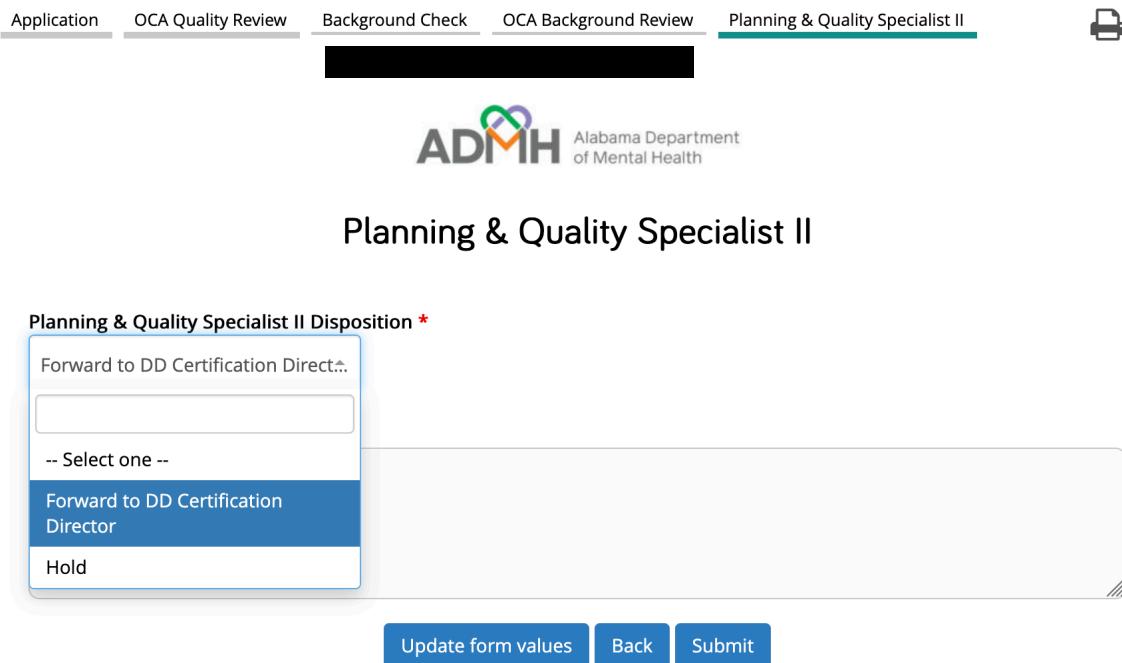
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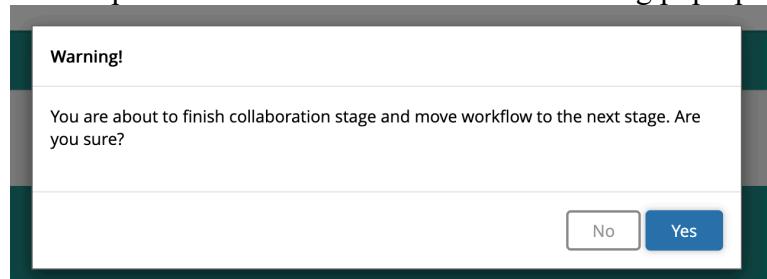
1.5 Planning & Quality Specialist II

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”:



The screenshot shows a horizontal navigation bar with tabs: Application, OCA Quality Review, Background Check, OCA Background Review, Planning & Quality Specialist II (which is underlined in green), and a printer icon. Below the navigation is the ADMH logo (a stylized 'ADMH' with a green and purple heart-like shape) and the text "Alabama Department of Mental Health". The main content area is titled "Planning & Quality Specialist II". A dropdown menu is open under the heading "Planning & Quality Specialist II Disposition *". The options are "Forward to DD Certification Director" (selected and highlighted in blue) and "Hold". At the bottom of the form are buttons for "Update form values", "Back", and "Submit".

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



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.

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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...

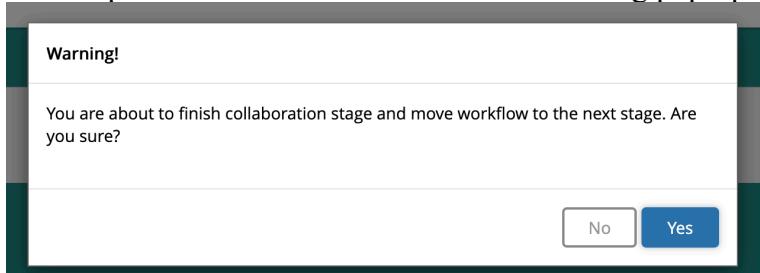
DD Certification Director Signature *

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:



A thank you page will be displayed:



Alabama Department
of Mental Health

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.



Alabama Department
of Mental Health

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

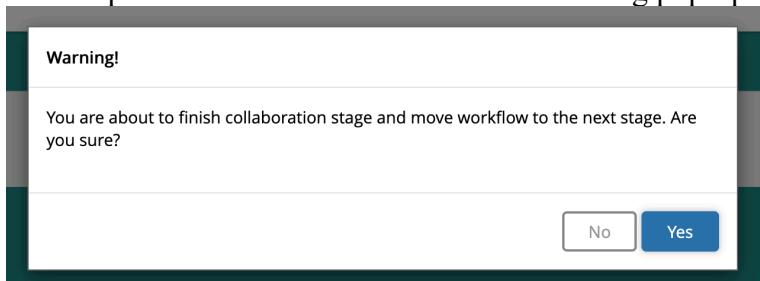
 Alabama Department of Mental Health

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:



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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1.8 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 *

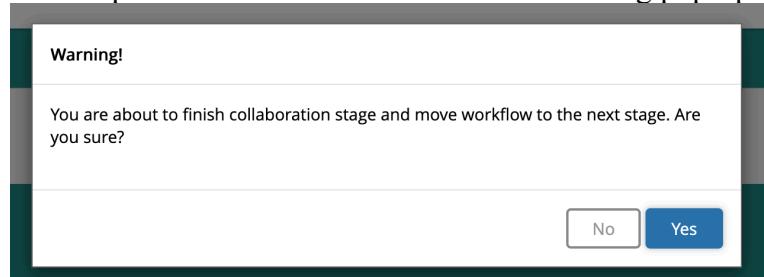
(999) 999-9999

[Update form values](#)

[Back](#)

[Submit](#)

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





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](#)

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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



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

Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

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

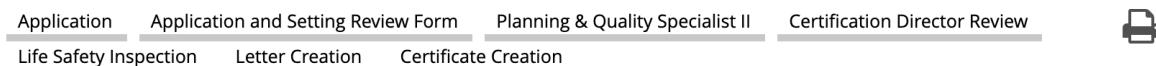
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

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.



Certification Application

Certificate Expiration

Certification Term *

1 Year

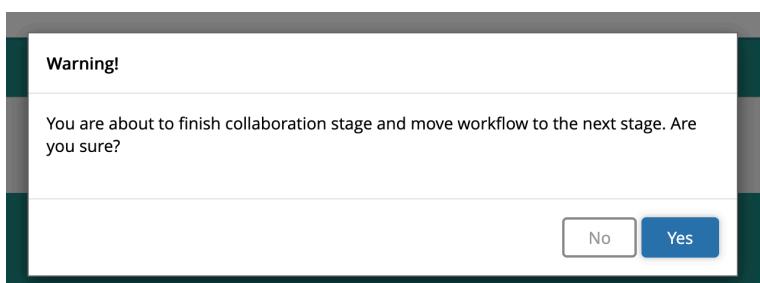
Certificate Start Date *

10/10/2025

Certificate Expiration Date *

10/10/2026

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



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

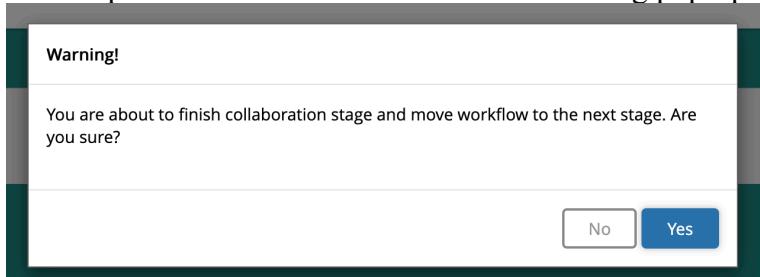
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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

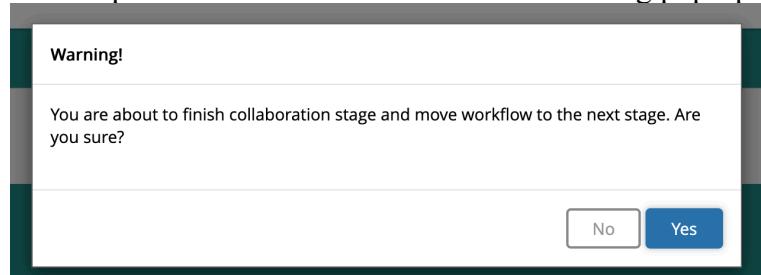
Clear

Update form values

Back

Submit

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



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.



Alabama Department
of Mental Health

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](#)

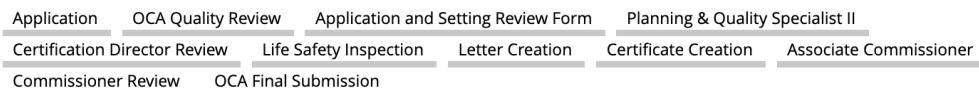
Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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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.

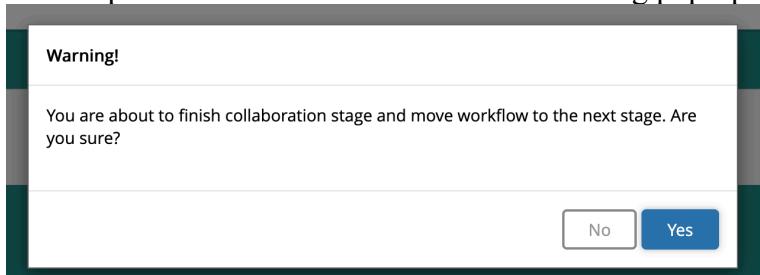


OCA Final Submission

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#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](#)

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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:



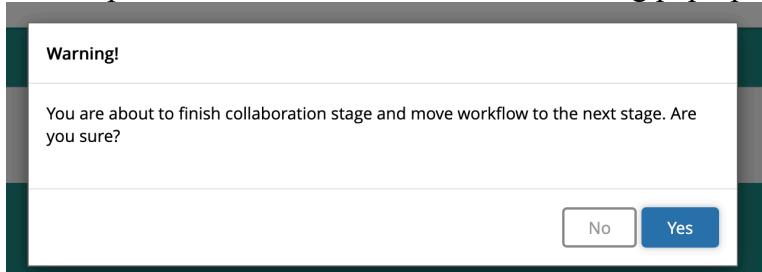
Central Office Processing

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:



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 Facility Exit workflow 

Select Application 

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- 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 

ADMH Alabama Department of Mental Health

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 

ADMH Alabama Department of Mental Health

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 *

NY

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

The

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

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

Type Draw Upload Clear

Date *

10/13/2025

Agency *

Test Agency Name

Address *

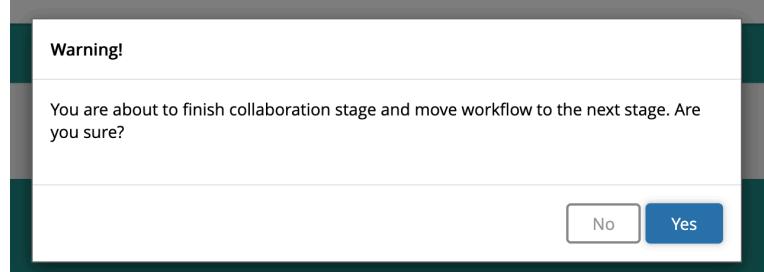
123 William St, New York, NY 10038, USA

Attach Supporting Documents

Select files...

Back Submit

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



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](#)

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

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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

Print

ADMH Alabama Department of Mental Health

OCA Quality Review

Date
10/13/2025

OCA Disposition *

-- Select one --

-- Select one --

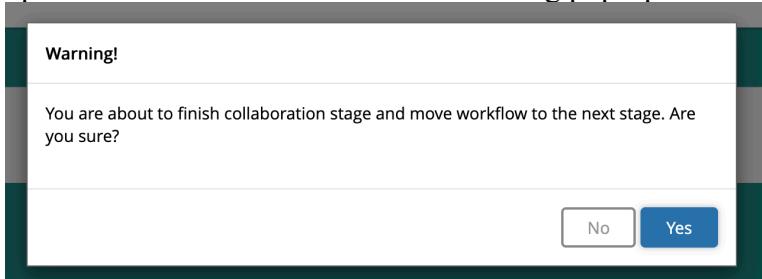
Approve and forward

Return to Provider for Changes

Hold

Update form values Back Submit

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



Click ‘Exit workflow’.

“Yes”



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

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

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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

 Alabama Department of Mental Health

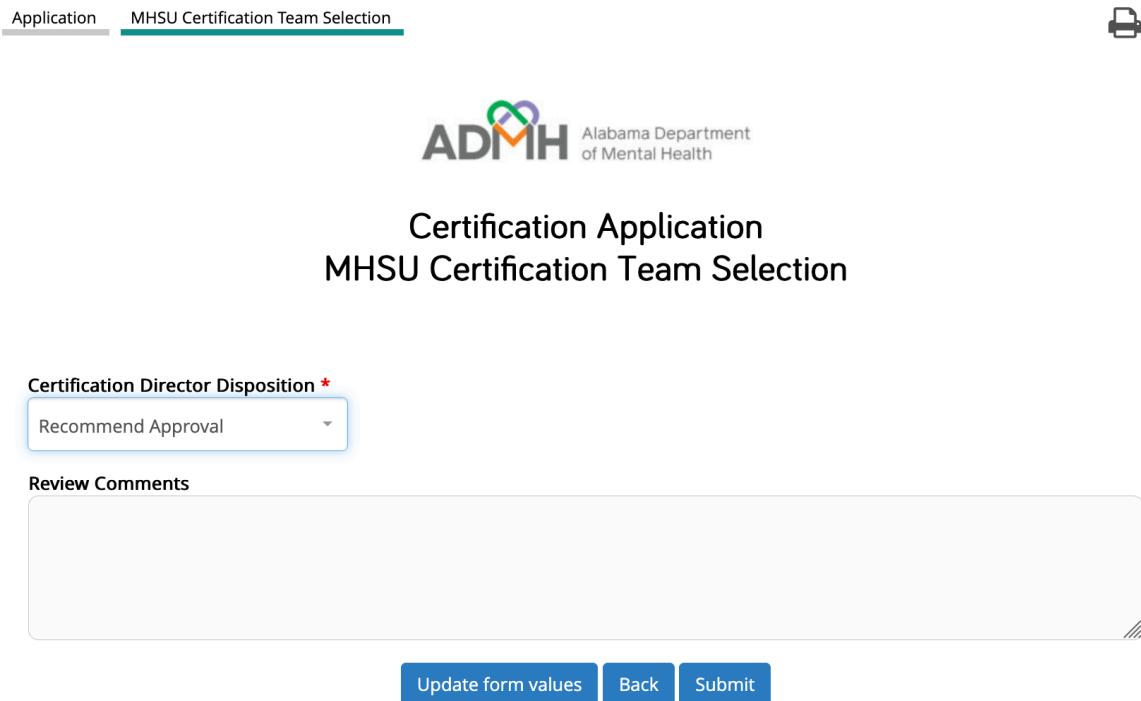
Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

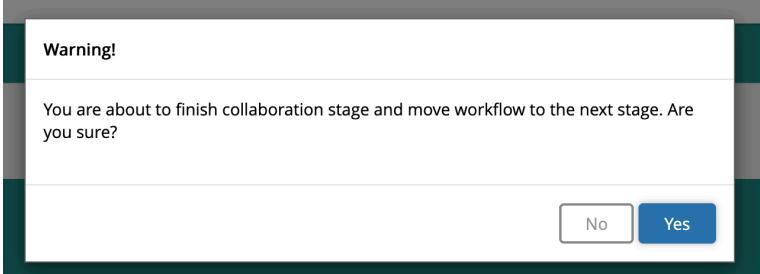
Recommend Approval

Review Comments

Update form values Back Submit



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



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 *

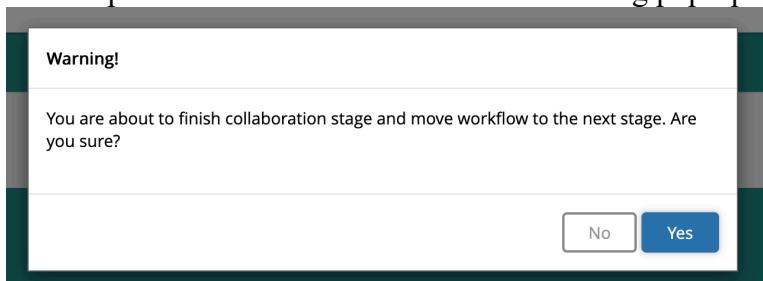
Last First(first.last@test.com) [Clear](#)

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:



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

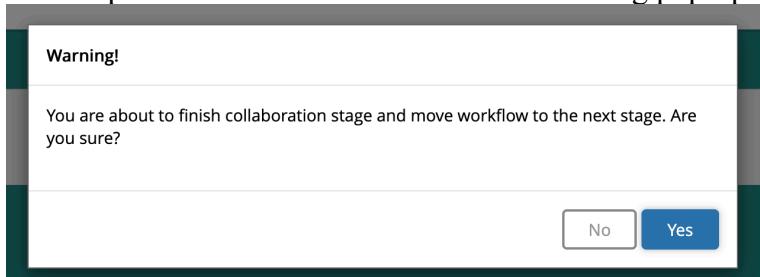
Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



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.



Alabama Department
of Mental Health

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](#)

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

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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 *

Life Safety Inspection Required? *

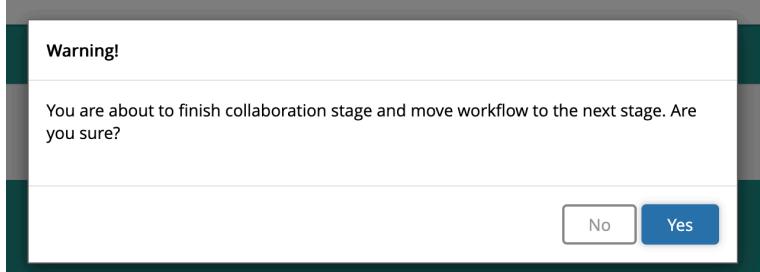
Yes

No

Internal Comments

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

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



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.



Alabama Department
of Mental Health

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](#)

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

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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 *

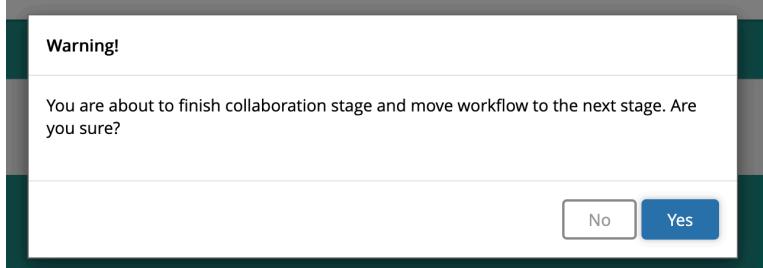
Test Name

Test Name

Type Draw Upload Clear

Update form values Back Submit

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



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](#)

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

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

2.5.1.5 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:



Application Additional Info Inspector Assignment

Print

ADMH Alabama Department of Mental Health

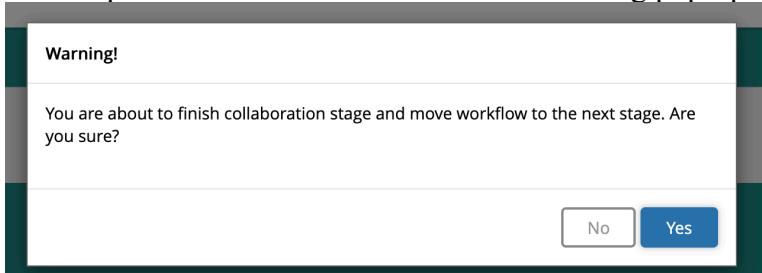
Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

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

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

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



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 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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2.5.1.6 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 *

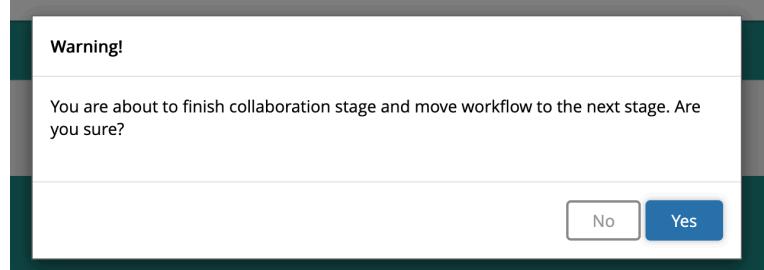
Owner Test

Telephone *

(999) 999-9999

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

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



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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2.5.1.7 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 [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.



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



Kay Ivey
Governor

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

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.

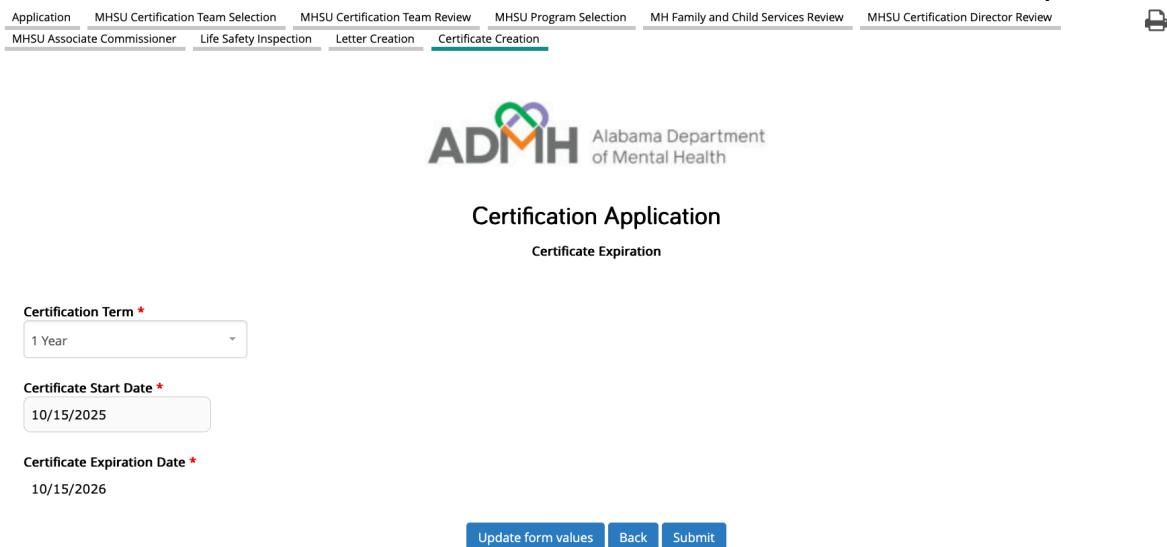
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

Sincerely,
Kimberly G. Boswell
Commissioner

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

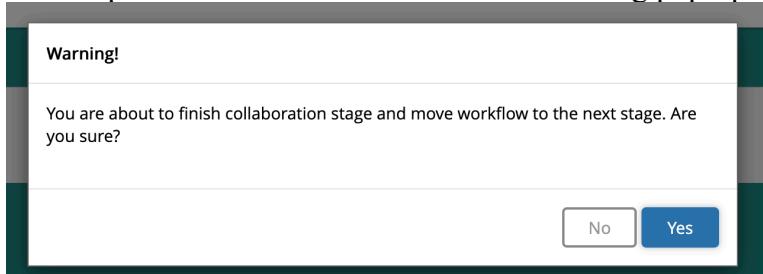
2.5.1.8 Certificate Creation

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.



The screenshot shows the ADMH Certification Application page. At the top, there is a navigation bar with several tabs: 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, and Certificate Creation. The 'Certificate Creation' tab is currently selected. Below the navigation bar is the ADMH logo and the text 'Alabama Department of Mental Health'. The main section is titled 'Certification Application' and 'Certificate Expiration'. It contains three input fields: 'Certification Term *' (set to '1 Year'), 'Certificate Start Date *' (set to '10/15/2025'), and 'Certificate Expiration Date *' (set to '10/15/2026'). At the bottom of this section are three buttons: 'Update form values', 'Back', and 'Submit'.

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



A thank you page will be displayed:



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.

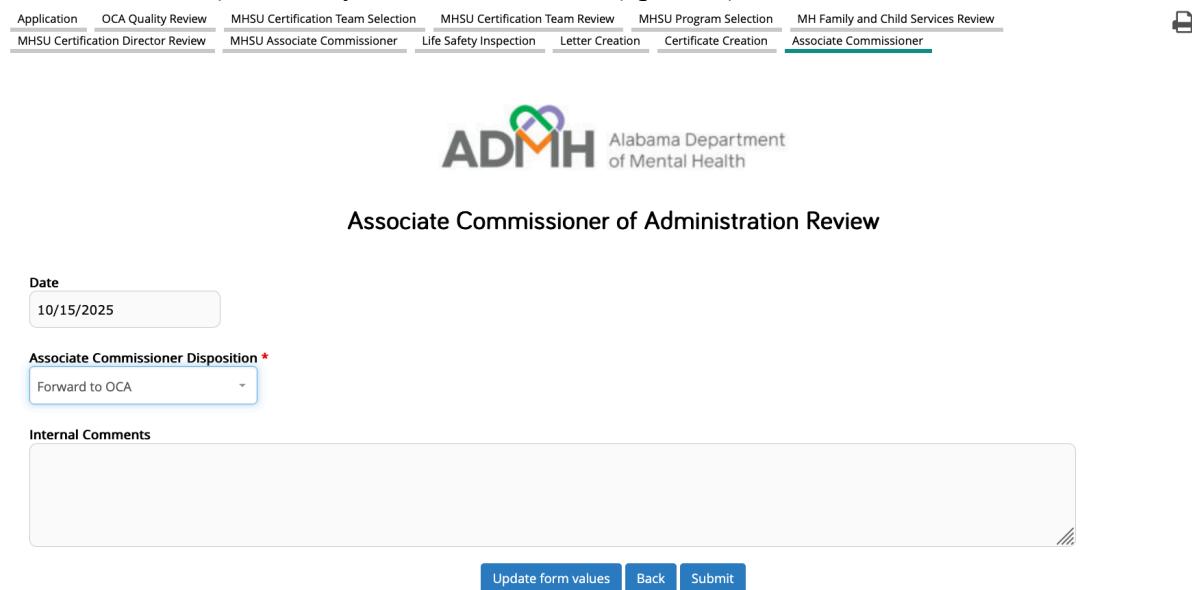
To access the application, please use the following link: [Next Stage](#)

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

ADMH Alabama Department of Mental Health

Associate Commissioner of Administration Review

Date
10/15/2025

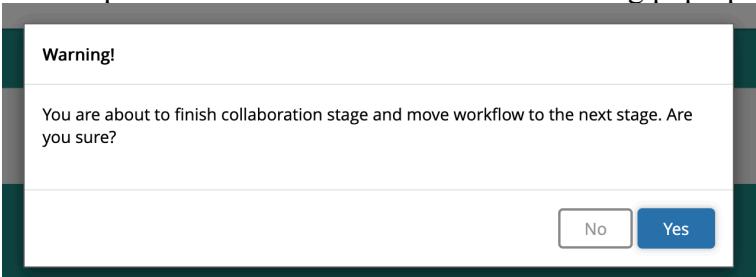
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

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



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

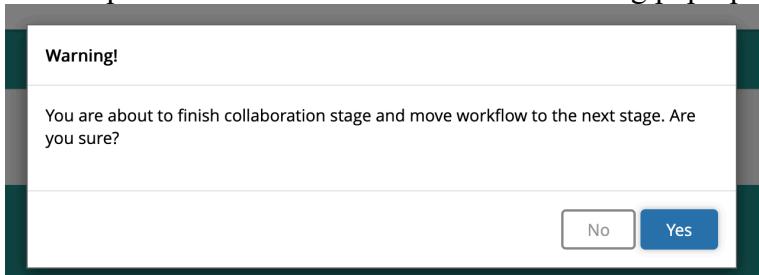
Internal Comments

Signature *

Test Name Type Draw Upload Clear

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. 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](#)

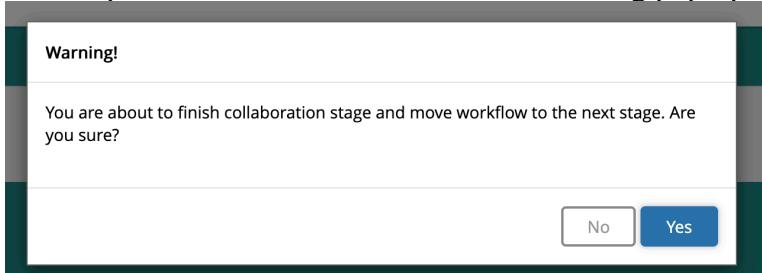
Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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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.



Alabama Department
of Mental Health

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:** [REDACTED]#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.



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

Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

Certificate For
test name
test name
, test name, AR 11111
A Medication/Observation/Mails (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.

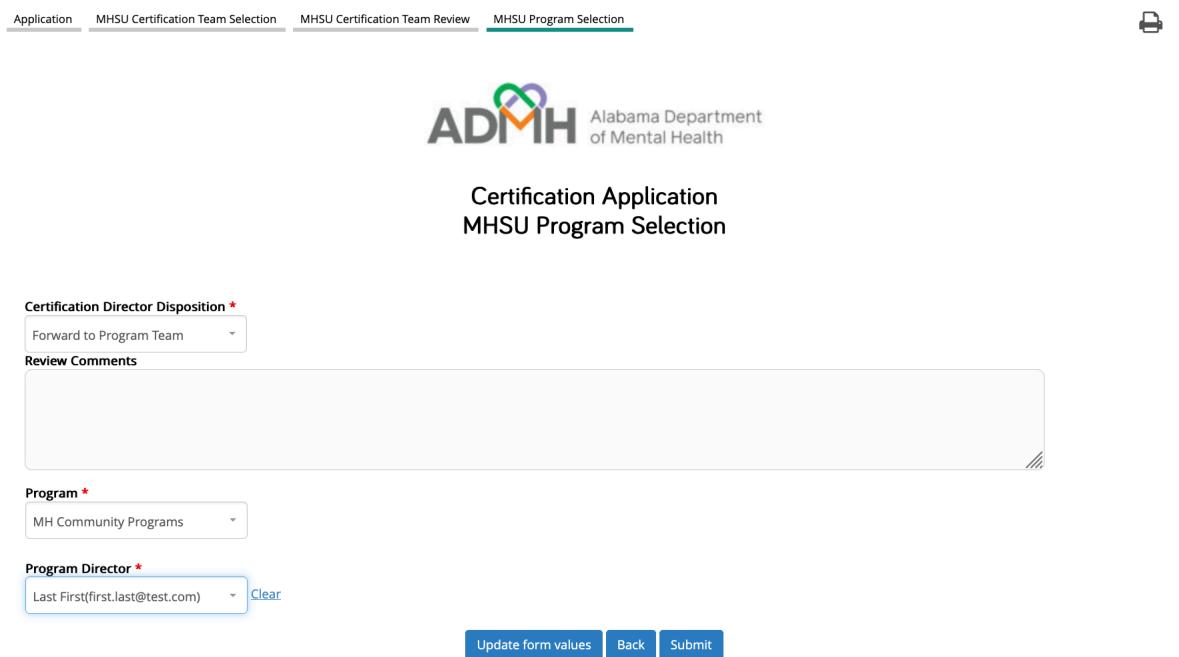
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

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

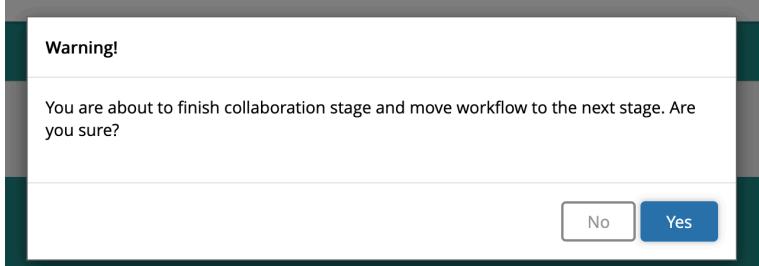
Certification Application
MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

Program *
MH Community Programs

Program Director *
Last First(first.last@test.com)

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



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:** 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.

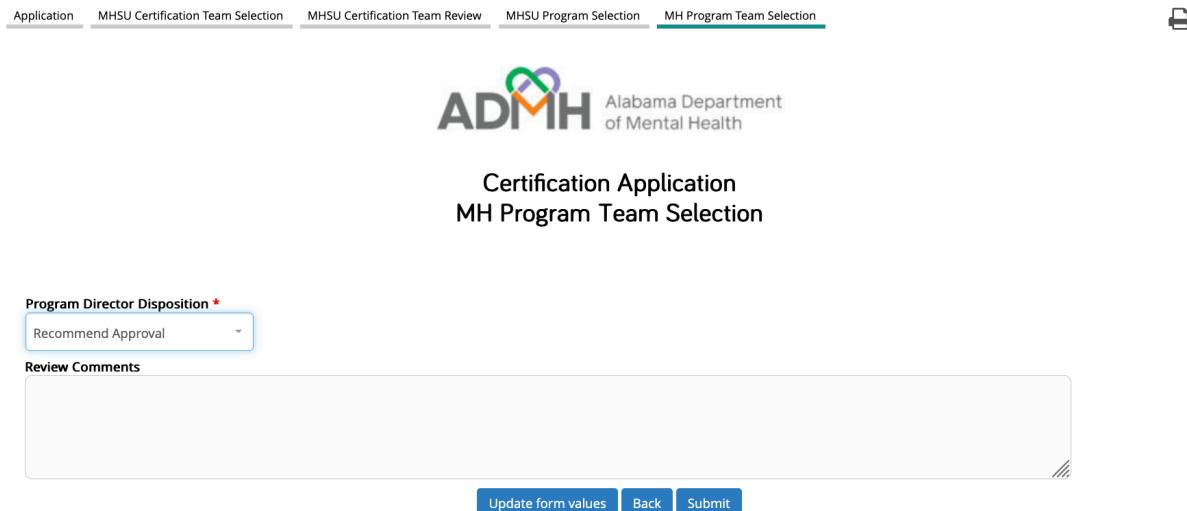
To access the application, please use the following link: [Next Stage](#)

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

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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

Print

ADMH Alabama Department of Mental Health

Certification Application
MH Program Team Selection

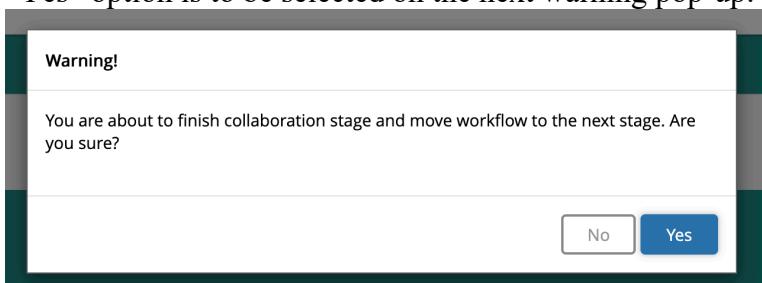
Program Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



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 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](#)

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

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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

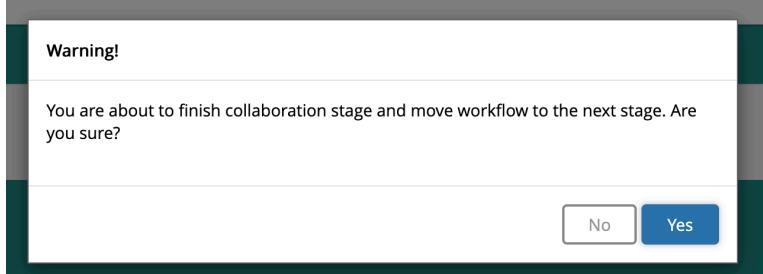
Life Safety Inspection Required? *

Yes
 No

Internal Comments

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

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



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](#)

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

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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

(Large empty text area for comments)

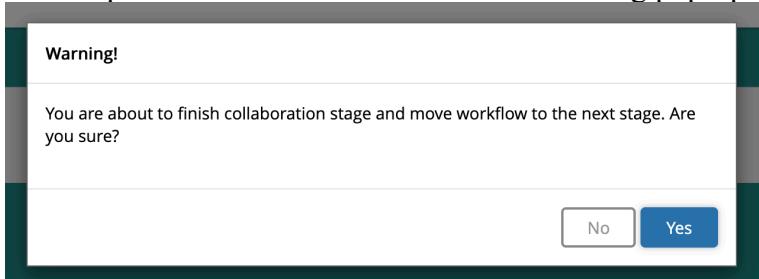
Signature *

(Large empty text area for signature)

TestName Type Draw Upload Clear

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#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](#)

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

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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

Print

ADMH Alabama Department of Mental Health

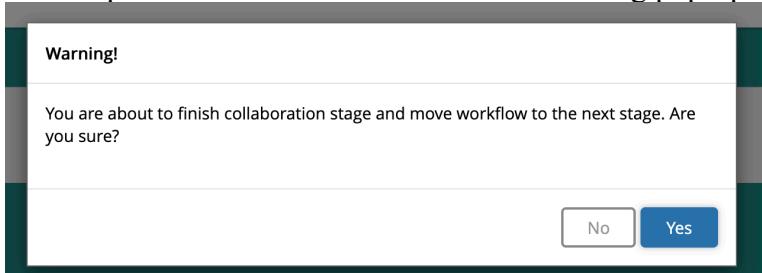
Certification Application
Office of Life Safety and Technical Services

Assign Inspector *

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

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

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



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.



Alabama Department
of Mental Health

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](#)

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

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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** 

 Alabama Department of Mental Health

Office of Life Safety and Technical Services

Skip Inspection

Explanation *
Explanation Test

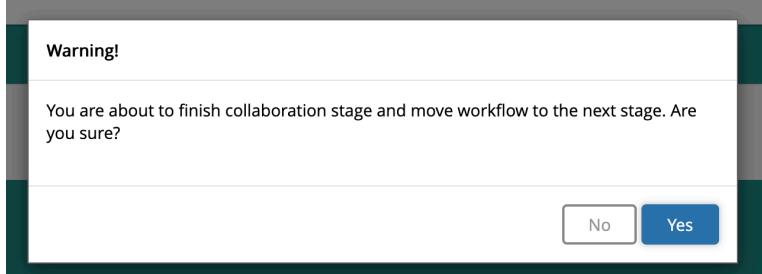
Name of facility *
Test Name of facility

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:



A thank you page will be displayed:



Setting/FacilityReplace#00009

Click ‘Exit Workflow’

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



Alabama Department
of Mental Health

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](#)

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

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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 

ADMH 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.

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



Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

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 *

1 Year

Certificate Start Date *

10/14/2025

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.

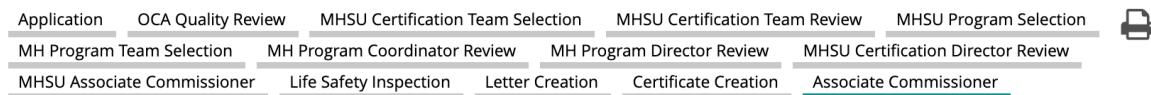
To access the application, please use the following link: [Next Stage](#)

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

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

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”



Associate Commissioner of Administration Review

Date

10/14/2025

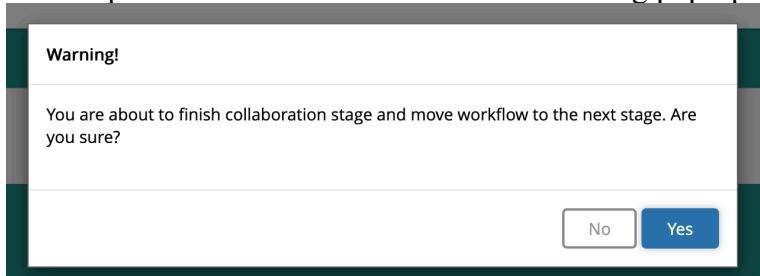
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

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

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



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.



Alabama Department
of Mental Health

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](#)

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

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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

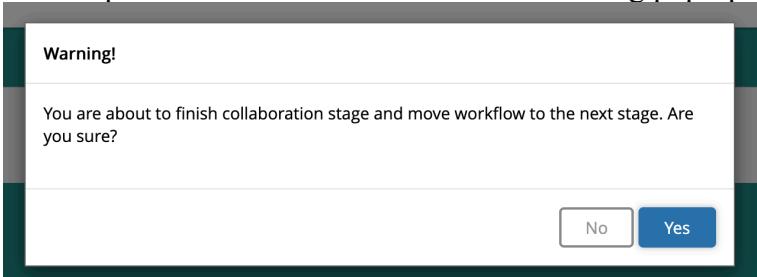
Signature *

test name

Type Draw Upload Clear

Update form values Back Submit

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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](#)

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

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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”

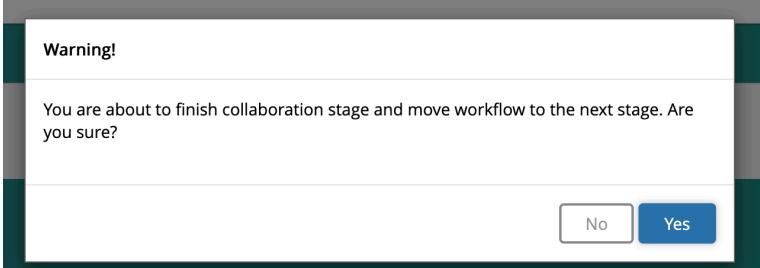


OCA Final Submission

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#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](#)

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

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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**

 Alabama Department of Mental Health

Certification Application MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

Review Comments

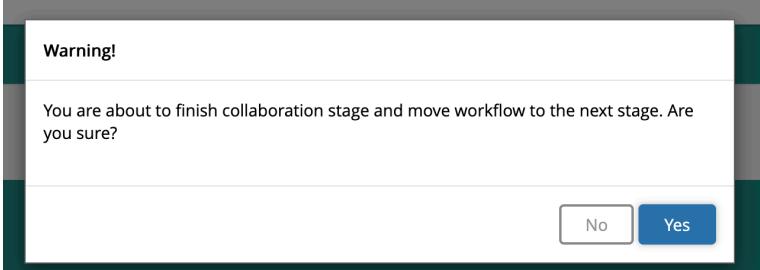
Program *
Substance Use Treatment Team

Program Director *
Zdor Bohdan(bz dor@simpligov.co... [Clear](#)

Program Director Executive Assistant *
Zdor Bohdan(bz dor@simpligov.co... [Clear](#)

[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#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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2.5.3.2 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** 

 Alabama Department of Mental Health

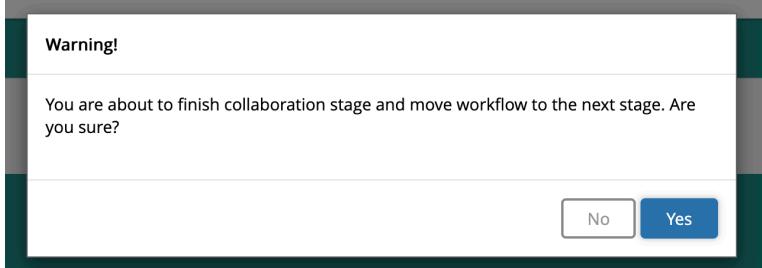
Certification Application
SU Program Director Review

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:



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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2.5.3.3 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

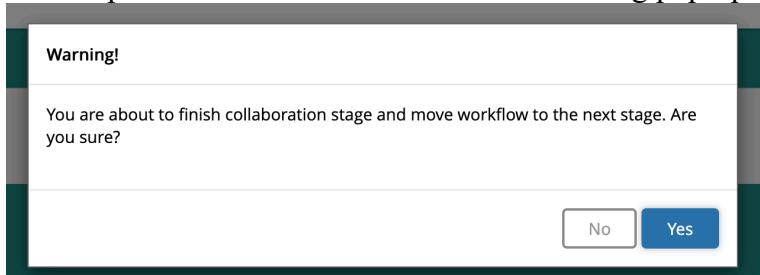
SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



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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2.5.3.4 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

ADMH Alabama Department of Mental Health

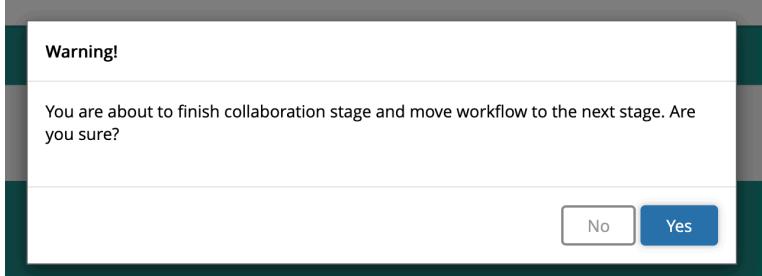
MHSU Certification Director Review

Certification Director Disposition *

Life Safety Inspection Required? *
 Yes
 No

Internal Comments

“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#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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2.5.3.5 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.



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

Signature *

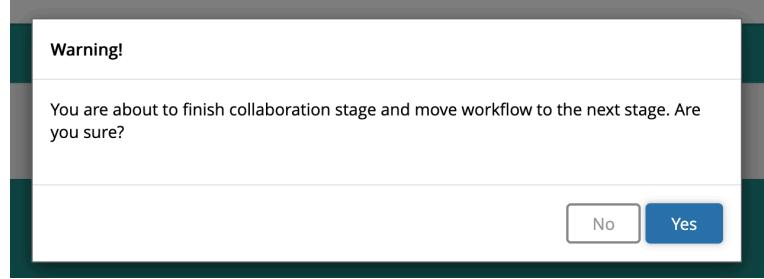
× TestName

TestName

Type Draw Upload Clear

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

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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.

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

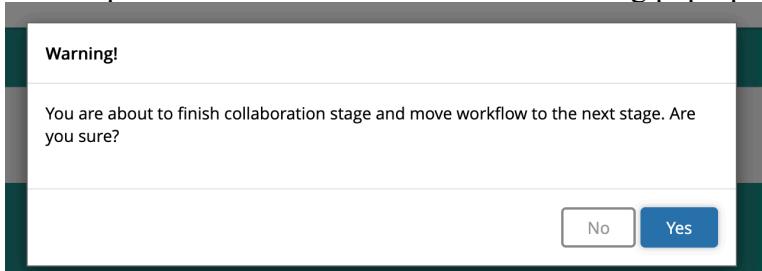
2.5.3.6 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:



The screenshot shows a web application interface for the Alabama Department of Mental Health (ADMH). At the top, there are three tabs: 'Application', 'Additional Info', and 'Inspector Assignment', with 'Inspector Assignment' being the active tab. To the right of the tabs is a small printer icon. The main content area features the ADMH logo (a stylized 'ADMH' with a green and orange heart icon) and the text 'Alabama Department of Mental Health'. Below this, it says 'Certification Application' and 'Office of Life Safety and Technical Services'. A dropdown menu is open under the 'Assign Inspector' label, showing the text 'Last First(first.last@test.com)' and a 'Clear' link. At the bottom of the page are 'Back' and 'Submit' buttons.

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



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:** 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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2.5.3.7 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** 

 Alabama Department of Mental Health

Office of Life Safety and Technical Services

Skip Inspection

Explanation *
Explanation Test

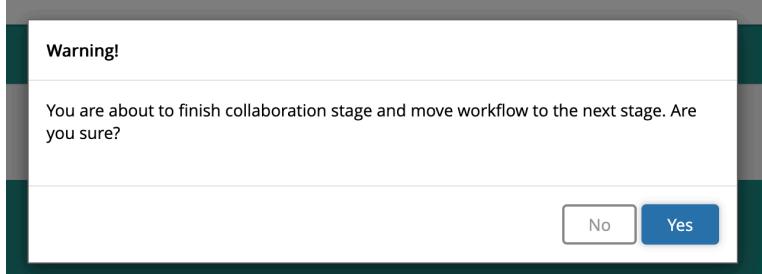
Name of facility *
Test Name of facility

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:



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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2.5.3.8 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”



Associate Commissioner of Administration Review

Date

10/14/2025

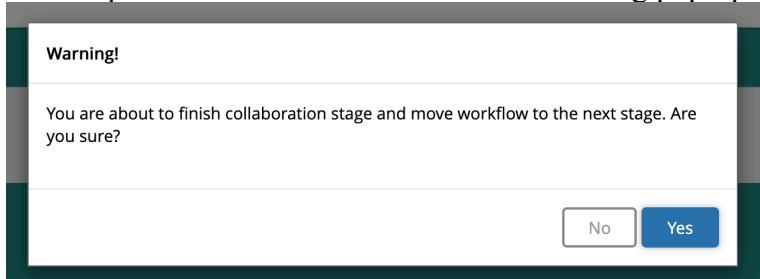
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

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

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



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

 Alabama Department of Mental Health

Commissioner Review

Date
10/15/2025

Commissioner Disposition *

Approve

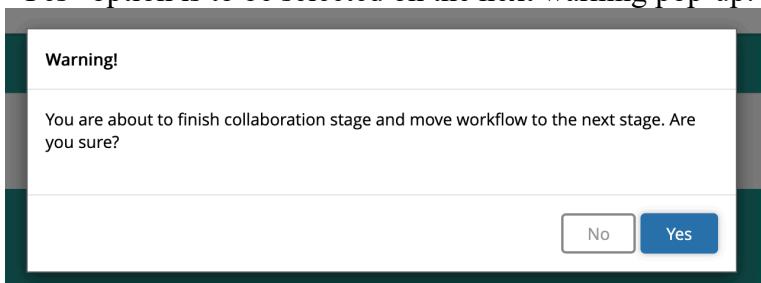
Internal Comments

Signature *

test name

test name

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



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](#)

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

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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**

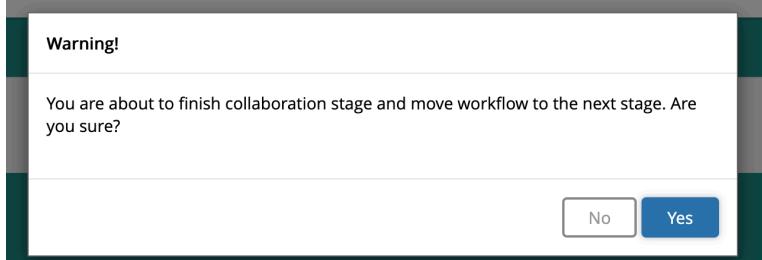


OCA Final Submission

Press 'Submit' to process.

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

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



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](#)

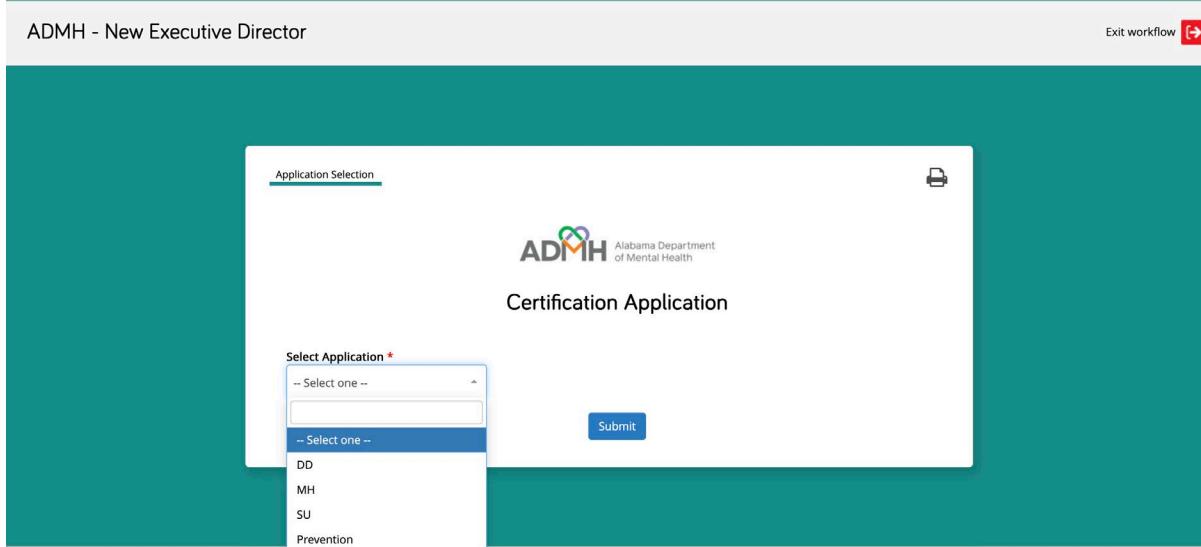
Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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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 

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD

MH

SU

Prevention

Submit

The screenshot shows a web-based application interface for ADMH. At the top, it displays 'ADMH - New Executive Director' and an 'Exit workflow' button. Below this is a header with the ADMH logo and the text 'Certification Application'. The main content area is titled 'Application Selection' and contains a dropdown menu labeled 'Select Application *'. The dropdown menu is open, showing the placeholder 'Select one --' and a list of options: 'DD', 'MH', 'SU', and 'Prevention'. The 'DD' option is highlighted with a blue background. A 'Submit' button is located to the right of the dropdown menu. The background of the entire interface is a teal color.

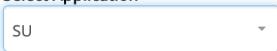
3.2 SU Replacement Setting or Facility

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 

ADMH Alabama Department of Mental Health

Certification Application

Select Application * 

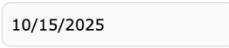
SU 

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

Select Application Application 

ADMH Alabama Department of Mental Health

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 *

Test Name

New Executive Director's Email *

test@email.com

Are you employed at a different provider agency?? *

Yes
 No

Provider Agency Name *

Test Agency Name

What is your position(s) at the other agency?

Check all that apply *

--Select all--
 Clinical Director
 Executive Director
 Other

Other Position *

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 *

Test Name

Type Draw Upload Clear

Date *

10/07/2025

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

Agency *

Test Agency

Address *

123 William St, New York, NY 10038, USA

Attach Supporting Documents

Select files...

Back Submit

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.

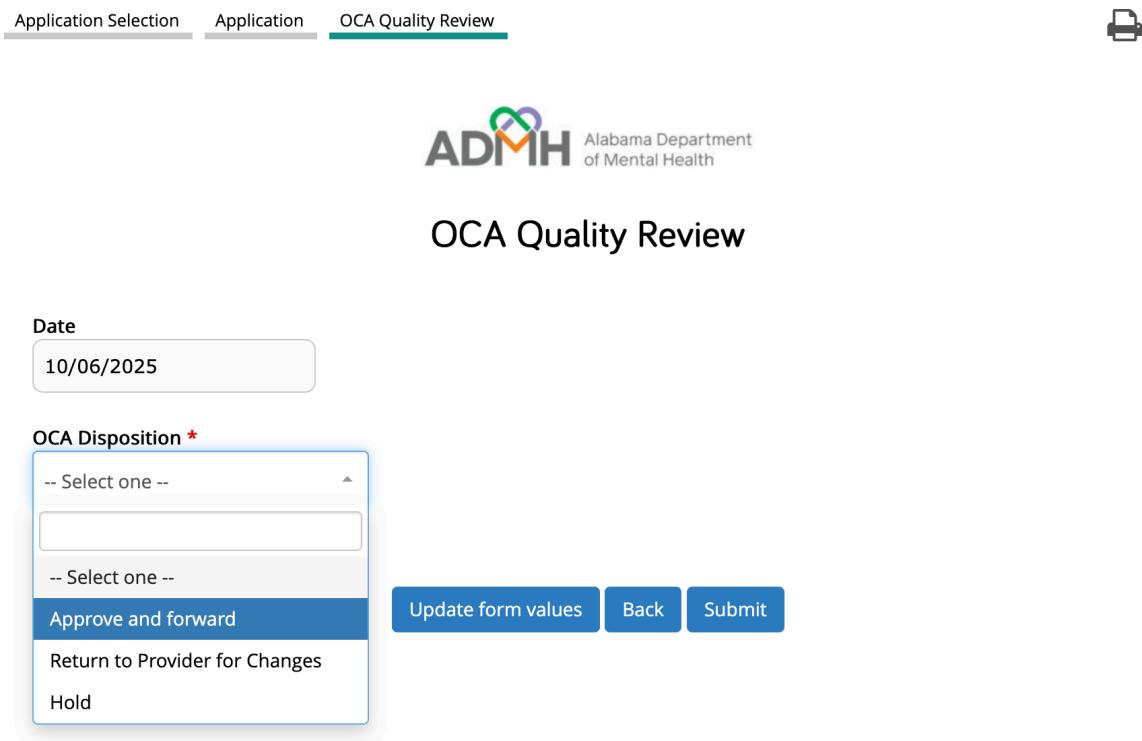
To access the application, please use the following link: [Next Stage](#)

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

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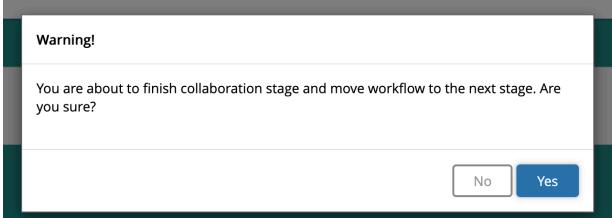
3.3 OCA Quality Review

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”:



The screenshot shows a software interface for 'OCA Quality Review'. At the top, there are three tabs: 'Application Selection', 'Application', and 'OCA Quality Review', with the latter being the active tab. To the right of the tabs is a printer icon. Below the tabs is the 'ADMH' logo with the text 'Alabama Department of Mental Health'. The main section is titled 'OCA Quality Review'. On the left, there is a 'Date' field containing '10/06/2025'. On the right, there is a 'OCA Disposition *' dropdown menu with the following options: '-- Select one --', 'Approve and forward' (which is highlighted in blue), 'Return to Provider for Changes', and 'Hold'. Below the dropdown are three buttons: 'Update form values', 'Back', and 'Submit'.

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



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

 Alabama Department of Mental Health

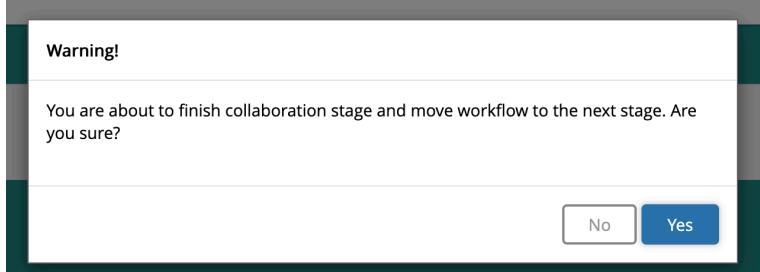
Certification Application
MHSU Certification Team Selection

Certification Director Disposition *
Recommend Approval

Review Comments

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

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



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 *

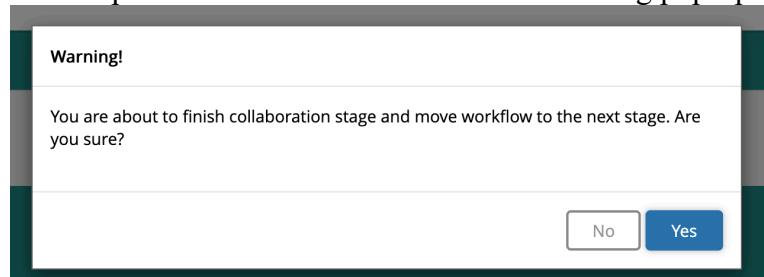
Zdor Bohdan(bzdor@simpligov.co... [Clear](#)

Program Coordinator *

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

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

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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

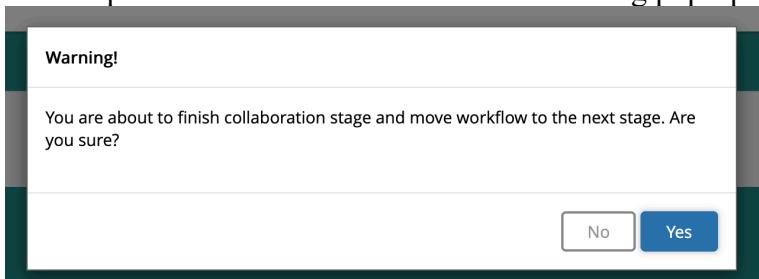
Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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 *

Life Safety Inspection Required? *

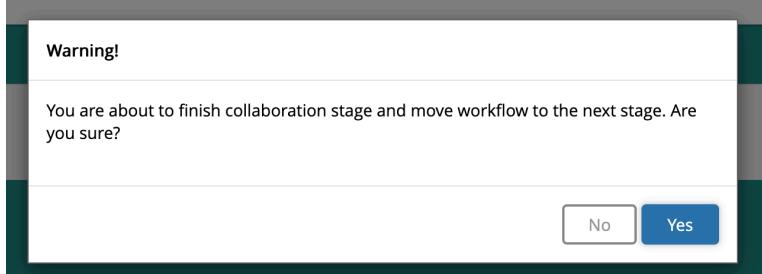
Yes

No

Internal Comments

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

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



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**

 Alabama Department of Mental Health

MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

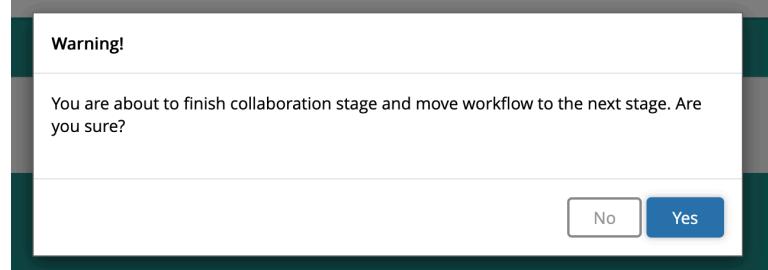
Signature *

Teastame

Type Draw Upload Clear

Update form values Back Submit

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



A thank you page will be displayed:



Alabama Department
of Mental Health

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](#)



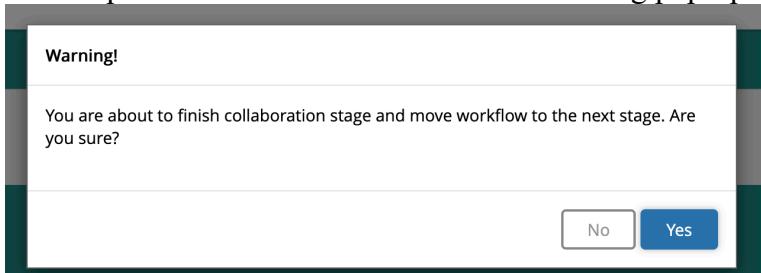
Certification Application Office of Life Safety and Technical Services

Assign Inspector *

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

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

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



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**

 Alabama Department of Mental Health

Office of Life Safety and Technical Services

Skip Inspection

Explanation *
Explanation Test

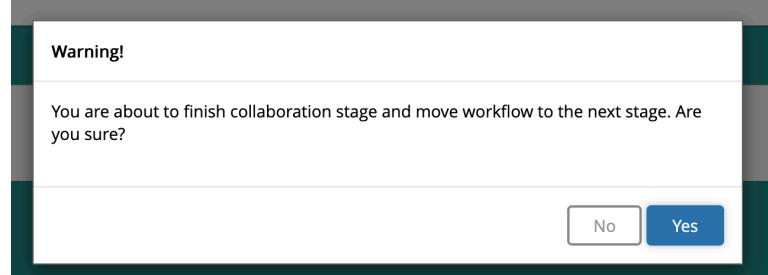
Name of facility *
Name of facility Test

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:



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** 

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.



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



Kay Ivey
Governor

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

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.

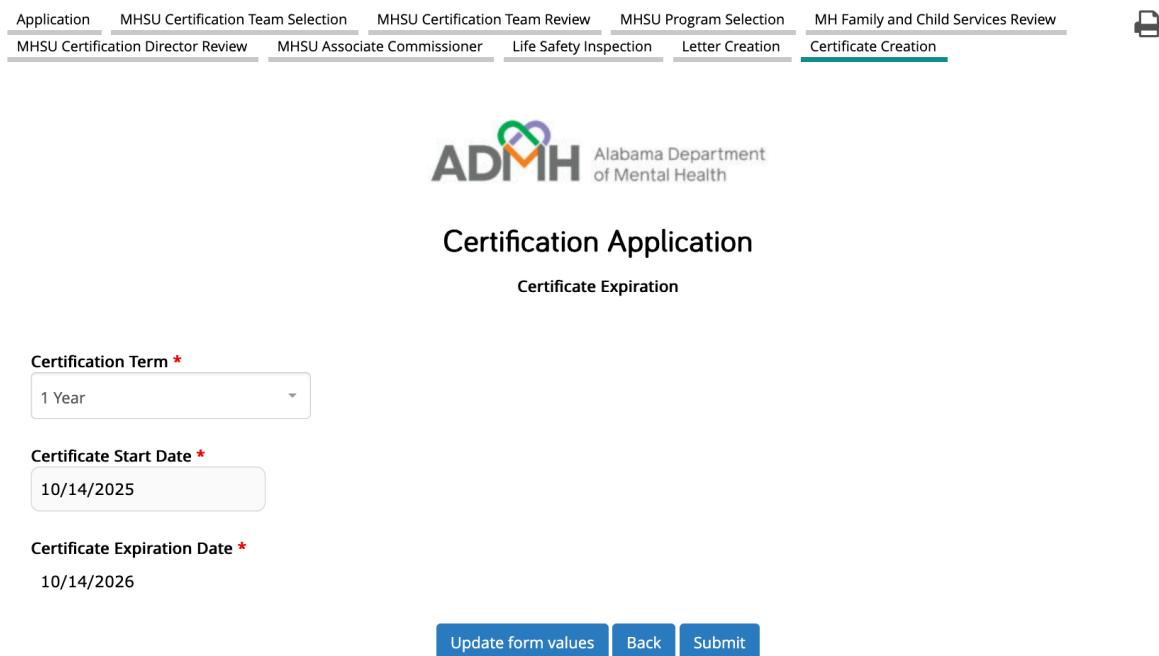
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

Sincerely,
Kimberly G. Boswell
Commissioner

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

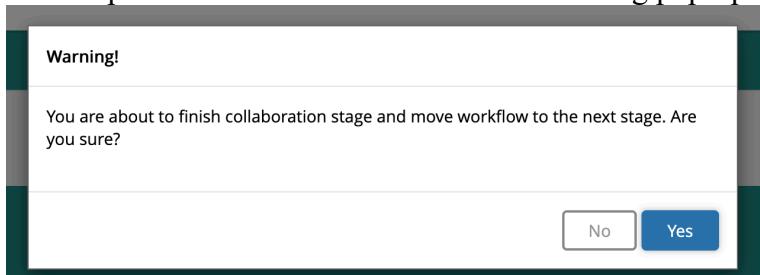
3.5.1.8 Certificate Creation

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.



The screenshot shows the ADMH Certification Application page. At the top, there is a navigation bar with several tabs: 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, and Certificate Creation. The Certificate Creation tab is currently selected. To the right of the tabs is a small printer icon. Below the navigation bar is the ADMH logo and the text "Alabama Department of Mental Health". The main content area is titled "Certification Application" and "Certificate Expiration". It contains three input fields: "Certification Term *" with a dropdown menu showing "1 Year", "Certificate Start Date *" with the value "10/14/2025", and "Certificate Expiration Date *" with the value "10/14/2026". At the bottom are three buttons: "Update form values", "Back", and "Submit".

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



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:** 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”

Date
10/15/2025

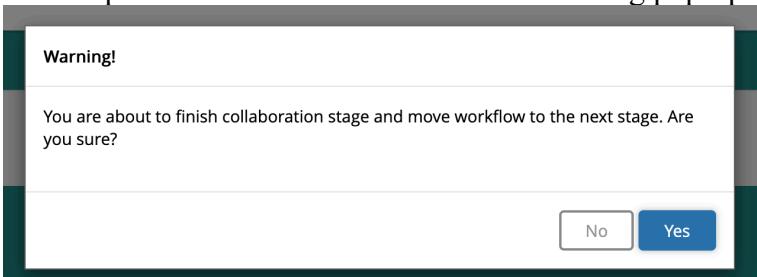
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

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



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:** 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”



Commissioner Review

Date
10/15/2025

Commissioner Disposition *
Approve

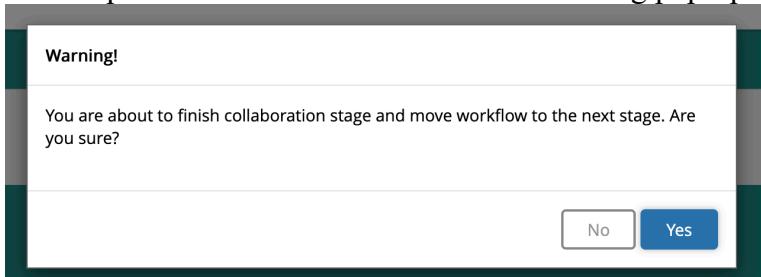
Internal Comments

Signature *

Test Name

Test Name

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



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.

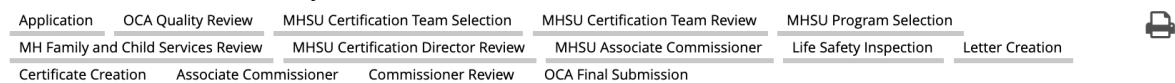
To access the application, please use the following link: [Next Stage](#)

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

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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”

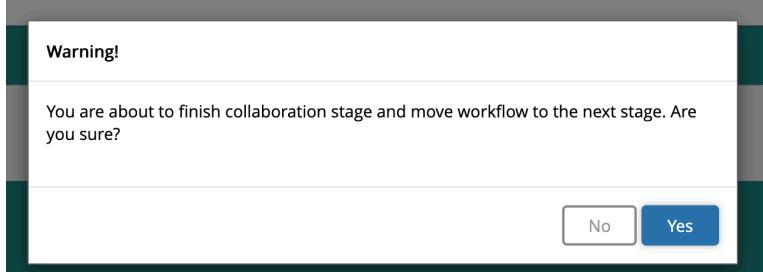


OCA Final Submission

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#00013

Click ‘Exit Workflow’

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



Alabama Department
of Mental Health

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](#)

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

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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**

 Alabama Department of Mental Health

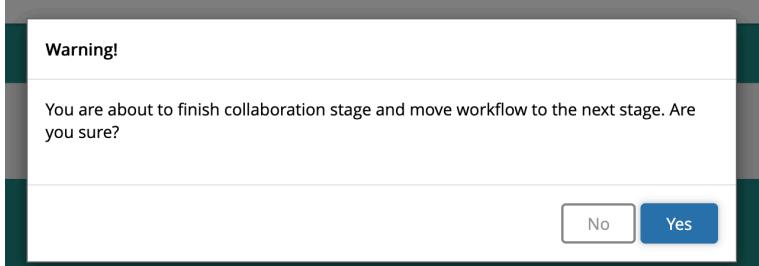
**Certification Application
MHSU Program Selection**

Certification Director Disposition *
Forward to Program Team

Program *
MH Community Programs

Program Director *
Last First(first.last@test.com)

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



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 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.

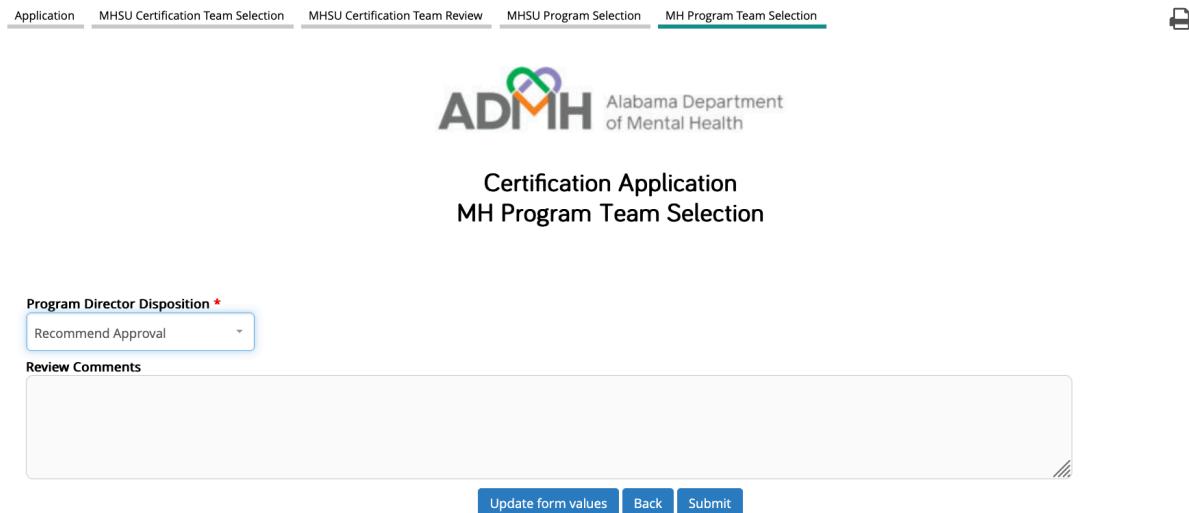
To access the application, please use the following link: [Next Stage](#)

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

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3.5.2.2 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

ADMH Alabama Department of Mental Health

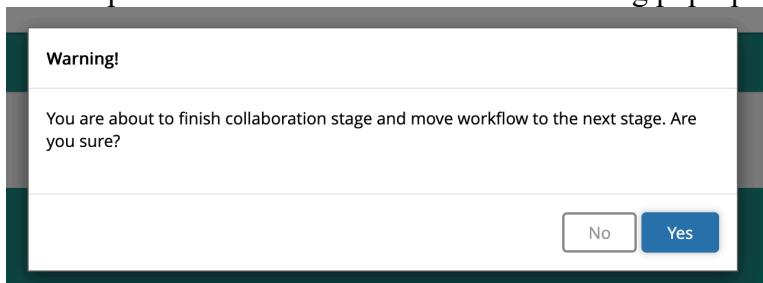
Certification Application
MH Program Team Selection

Program Director Disposition *
Recommend Approval

Review Comments

Update form values Back Submit

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



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.



Alabama Department
of Mental Health

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:** Specify 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 *

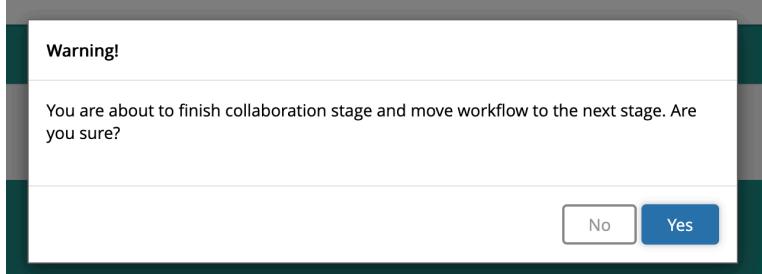
Life Safety Inspection Required? *

Yes
 No

Internal Comments

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

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



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

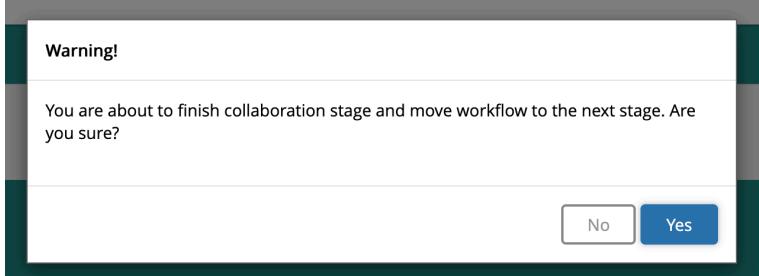
Signature *



TestName

TestName

“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#00015

Click 'Exit Workflow'

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



Alabama Department
of Mental Health

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:** Specify 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 Print

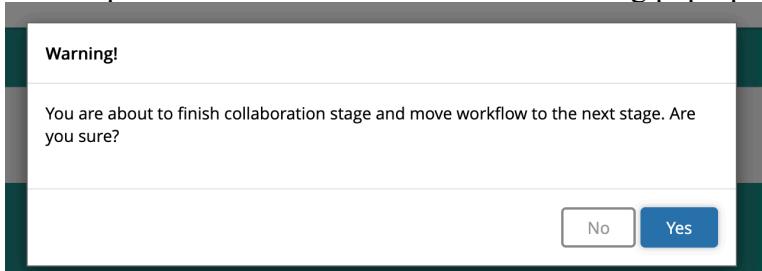
ADMH Alabama Department of Mental Health

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:



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.



Alabama Department
of Mental Health

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** 

 Alabama Department of Mental Health

Office of Life Safety and Technical Services

Skip Inspection

Explanation *
Explanation Test

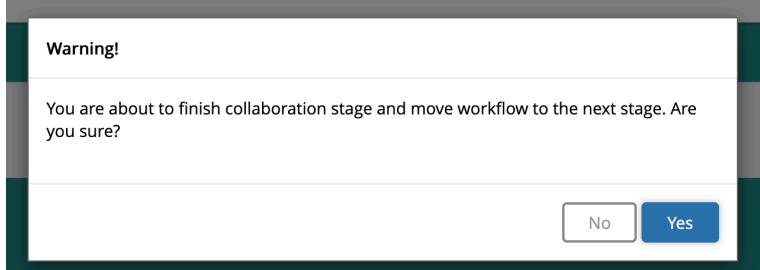
Name of facility *
Test Name of facility

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:



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.



Alabama Department
of Mental Health

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:** Specify 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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3.5.2.7 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 

ADMH 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.

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



Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

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.

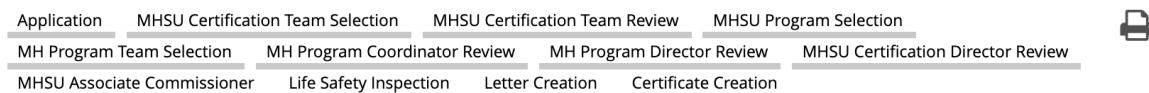
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

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.



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

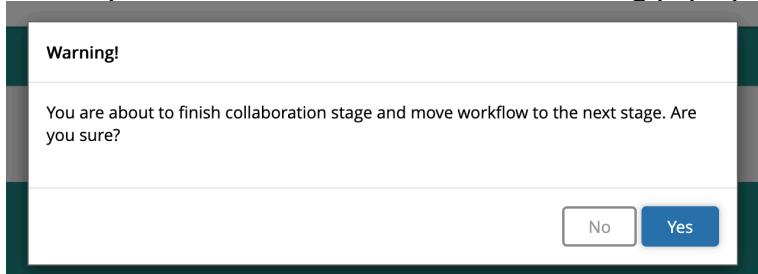
10/14/2025

Certificate Expiration Date *

10/14/2026

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

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



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

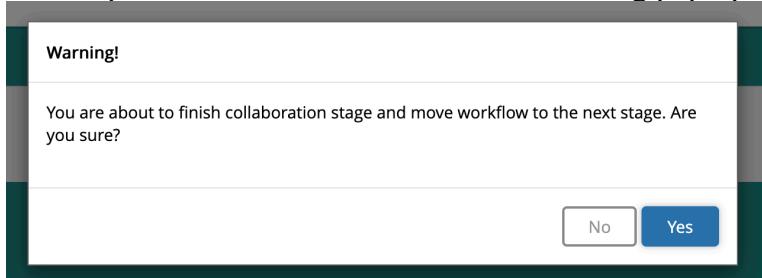
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

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

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



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:** Specify 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 *

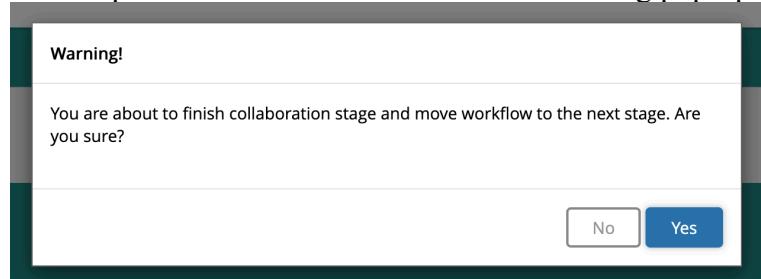
Approve

Internal Comments

Signature *

test name

“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#00015

Click 'Exit Workflow'

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



Alabama Department
of Mental Health

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:** Specify 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”

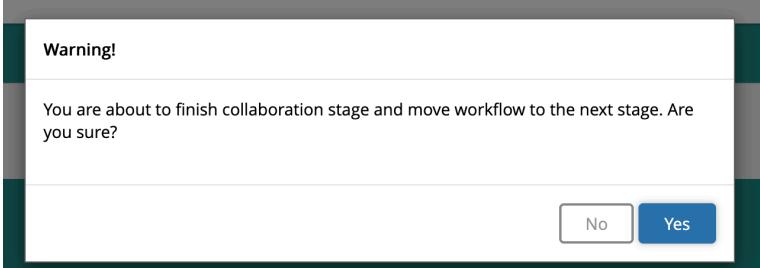


OCA Final Submission

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#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.



Alabama Department
of Mental Health

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**

 Alabama Department of Mental Health

**Certification Application
MHSU Program Selection**

Certification Director Disposition *
Forward to Program Team

Review Comments

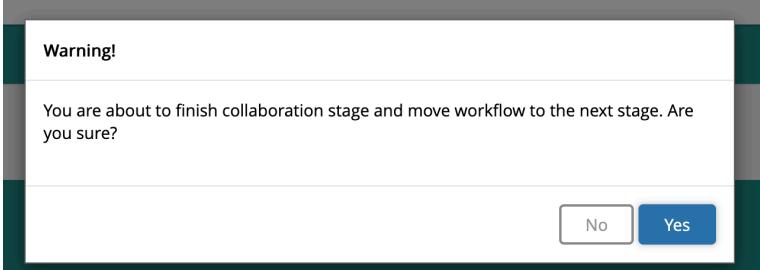
Program *
Substance Use Treatment Team

Program Director *
Zdor Bohdan(bz dor@simpligov.co... [Clear](#)

Program Director Executive Assistant *
Zdor Bohdan(bz dor@simpligov.co... [Clear](#)

[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#00016

Click 'Exit Workflow'

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



Alabama Department
of Mental Health

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** 

 Alabama Department of Mental Health

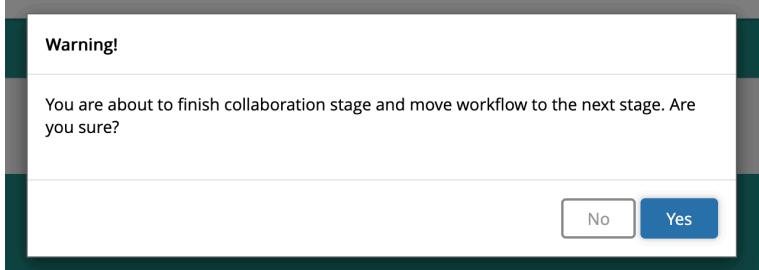
**Certification Application
SU Program Director Review**

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:



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:** 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
SU Program Manager Review



Certification Application SU Program Manager Review

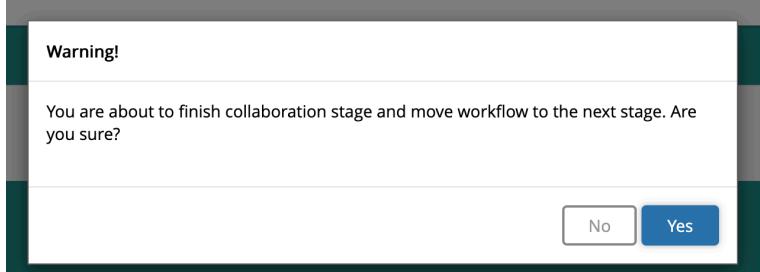
SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



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

ADMH Alabama Department of Mental Health

MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

Life Safety Inspection Required? *

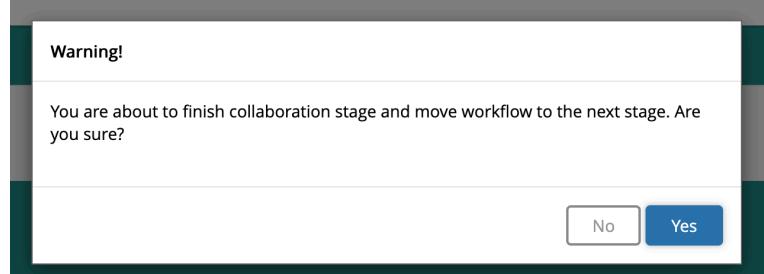
Yes

No

Internal Comments

Update form values Back Submit

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



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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3.5.3.5 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.



MHSU Associate Commissioner Review

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

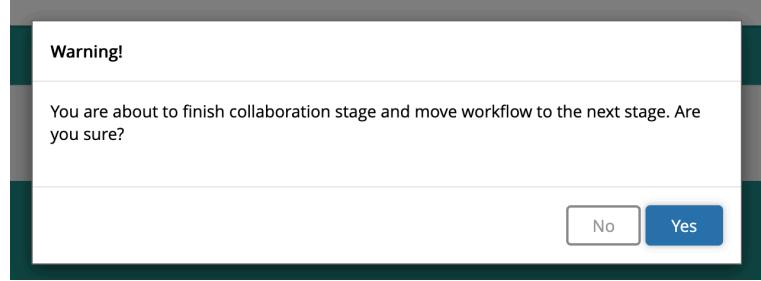
Signature *

TestName

Type Draw Upload Clear

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#00016

Click 'Exit Workflow'

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



Alabama Department
of Mental Health

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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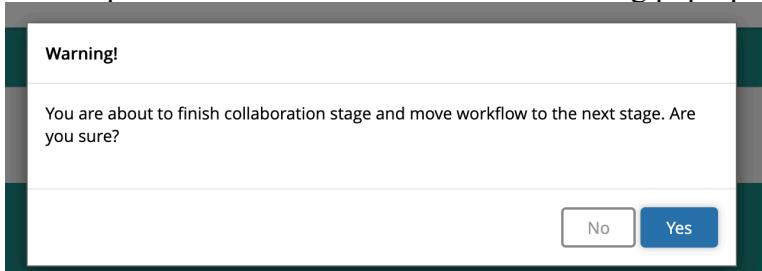
3.5.3.6 Inspector Assignment

The Inspector must be selected from the Assign Inspector dropdown:



The screenshot shows a web page for the Alabama Department of Mental Health (ADMH) Certification Application. At the top, there are three tabs: 'Application', 'Additional Info', and 'Inspector Assignment', with 'Inspector Assignment' being the active tab. To the right of the tabs is a small printer icon. The page title is 'Certification Application' under 'Office of Life Safety and Technical Services'. Below the title, there is a 'Assign Inspector' dropdown menu with the placeholder text 'Last First(first.last@test.com)'. A 'Clear' link is next to the dropdown. At the bottom of the page are 'Back' and 'Submit' buttons.

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



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.



Alabama Department
of Mental Health

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** 

 Alabama Department of Mental Health

Office of Life Safety and Technical Services

Skip Inspection

Explanation *
Explanation Test

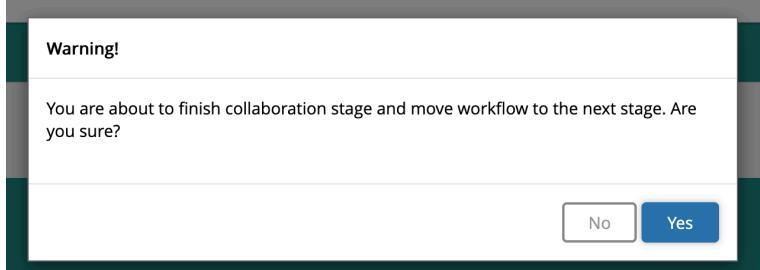
Name of facility *
Test Name of facility

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:



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.



Alabama Department
of Mental Health

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 

ADMH 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.

**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

Great Seal of Alabama

Kay Ivey
Governor

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.

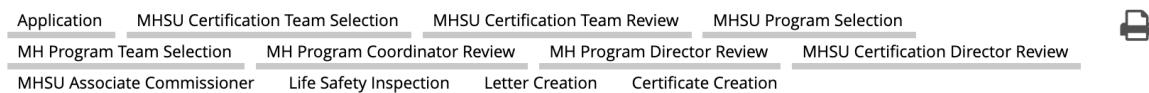
Should you have any questions concerning this matter, please contact the Office of Certification Administration at 334-353-9085.

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.



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

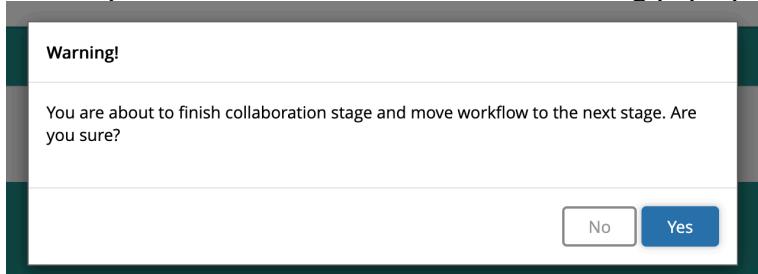
10/14/2025

Certificate Expiration Date *

10/14/2026

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

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



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.



Alabama Department
of Mental Health

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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3.5.3.10 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”



Associate Commissioner of Administration Review

Date

10/14/2025

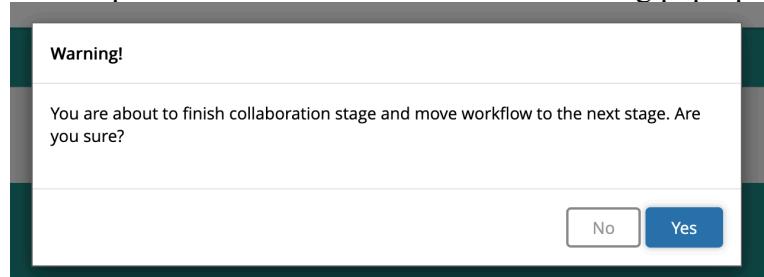
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

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

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



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 *

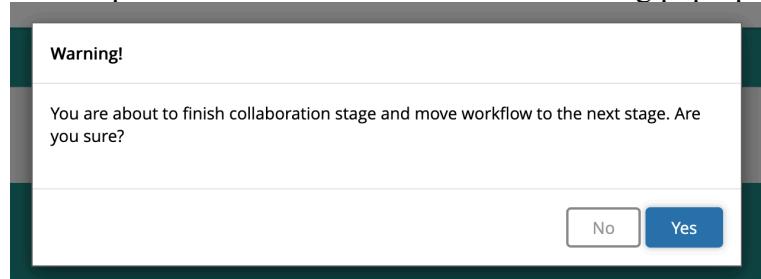
Approve

Internal Comments

Signature *

test name

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



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](#)

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

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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**

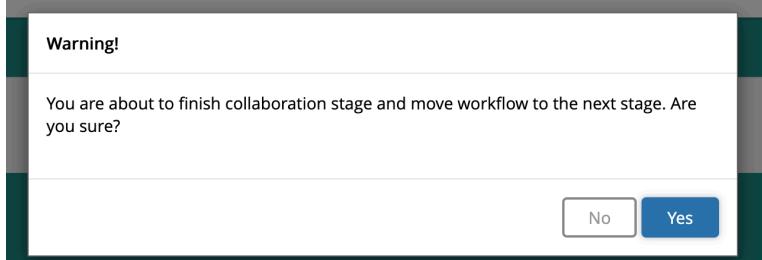


OCA Final Submission

Press 'Submit' to process.

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

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



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.



Alabama Department
of Mental Health

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](#)

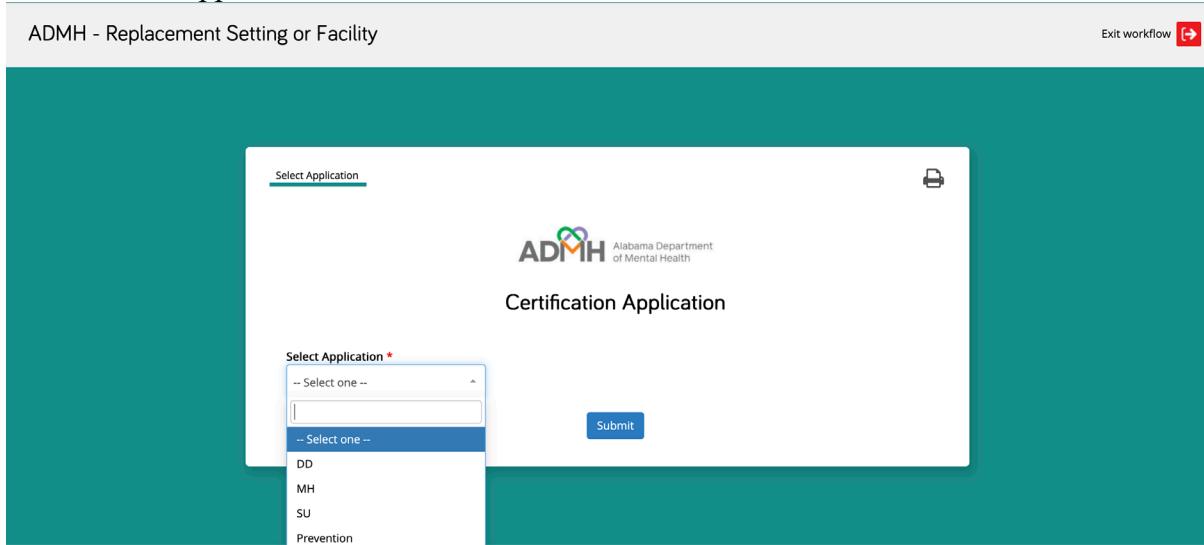
Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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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'.



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The top navigation bar includes the text 'ADMH - Replacement Setting or Facility' on the left and 'Exit workflow' with a red exit icon on the right. The main content area has a teal header with the text 'Select Application' and a small print icon. Below the header is the ADMH logo and the text 'Alabama Department of Mental Health'. The main title 'Certification Application' is centered. A 'Select Application' dropdown menu is open, showing the following options: '-- Select one --' (highlighted in blue), 'DD', 'MH', 'SU', and 'Prevention'. A 'submit' button is located to the right of the dropdown. The background of the application window is white, and the overall interface is clean and modern.

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.

Application Selection Application 

ADMH Alabama Department of Mental Health

Certification Application

Select Application *****
Prevention 

Selects date and attaches all the required files below:

Select Application Application 

ADMH Alabama Department of Mental Health

Certification Application

Submission Date *****
10/15/2025

Program Description *****
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 *

Current Facility Address *

Current Facility County *

Current Facility City *

Current Facility State *

Current Facility Zip *

Specify Name of Facility to be on Certificate *

Telephone *

Name of Contact Person *

Street Address *

County *

City *

State *

Zip *

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

Certification

General Comments (optional)

Executive Director Signature *

Date *

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

Agency *

Address *

Attach Supporting Documents

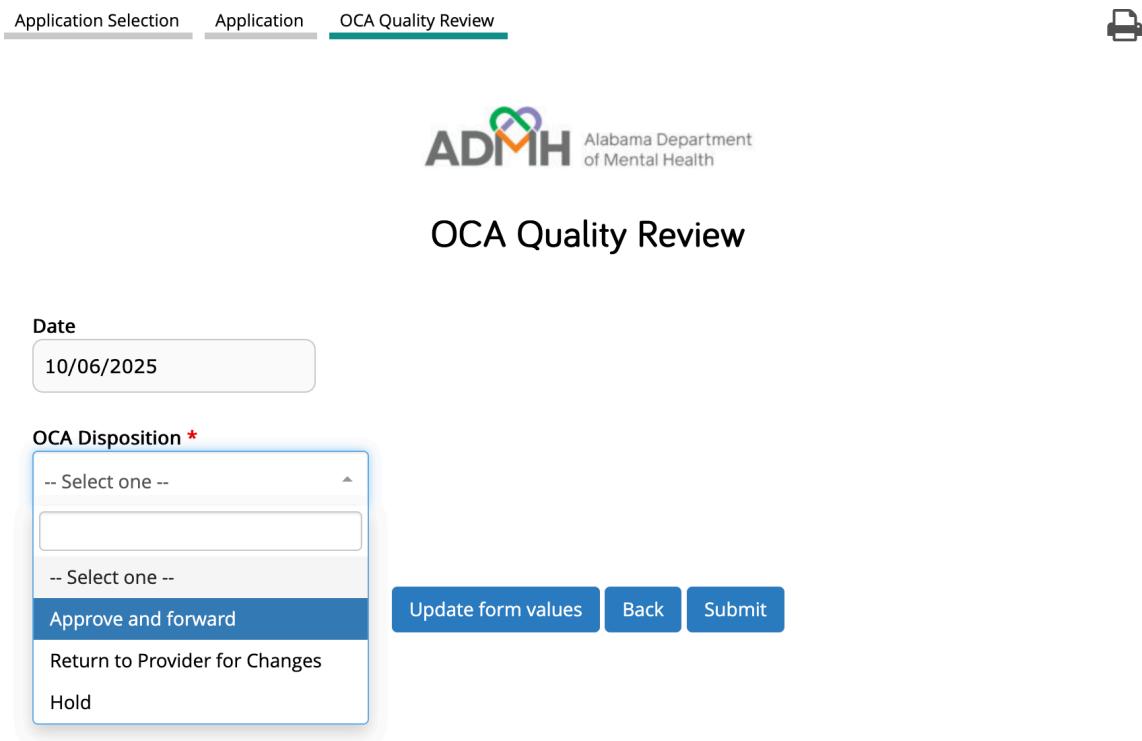
A submission confirmation page with the application number must display.



Click 'Exit workflow'.

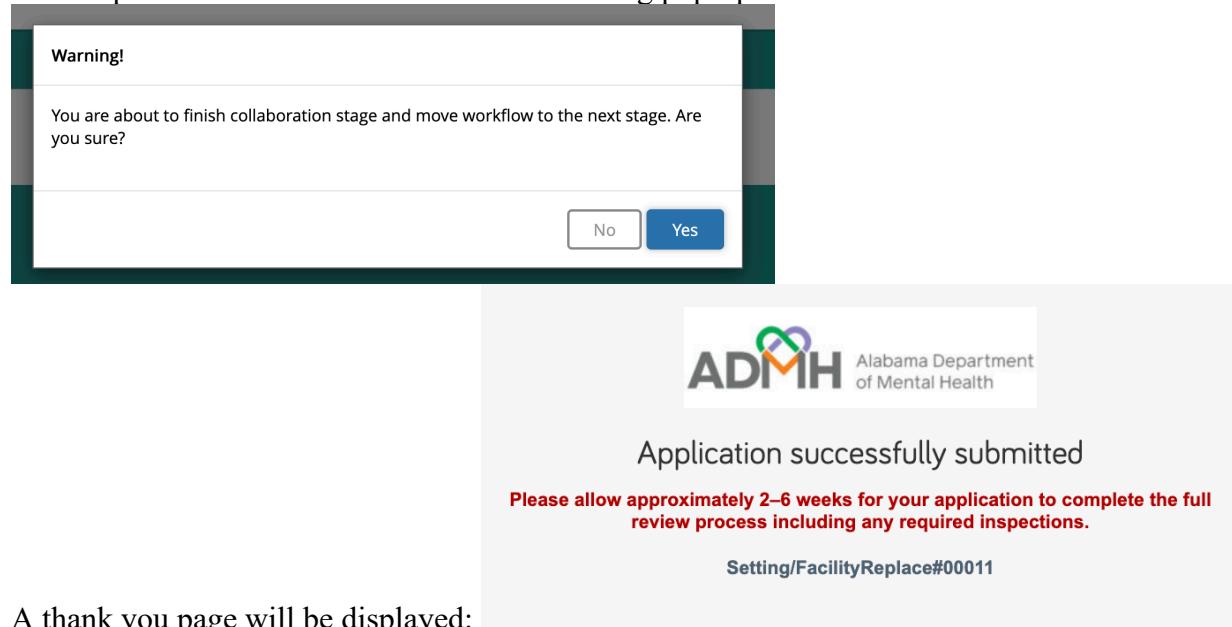
4.3 OCA Quality Review

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”:



The screenshot shows the 'OCA Quality Review' page. At the top, there are three tabs: 'Application Selection', 'Application', and 'OCA Quality Review', with 'OCA Quality Review' being the active tab. To the right of the tabs is a printer icon. Below the tabs is the ADMH logo (Alabama Department of Mental Health) with its name in a smaller font. The main content area is titled 'OCA Quality Review'. It contains a 'Date' field with the value '10/06/2025'. Below this is a dropdown menu for 'OCA Disposition *' with the following options: '-- Select one --', 'Approve and forward' (which is highlighted in blue), 'Return to Provider for Changes', and 'Hold'. To the right of the dropdown are three buttons: 'Update form values', 'Back', and 'Submit'.

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



The screenshot shows a 'Warning!' pop-up window. The text inside reads: 'You are about to finish collaboration stage and move workflow to the next stage. Are you sure?'. At the bottom of the pop-up are two buttons: 'No' and 'Yes'. Below this is a success message box. The box contains the ADMH logo and the text 'Application successfully submitted'. It also includes a note in red: 'Please allow approximately 2–6 weeks for your application to complete the full review process including any required inspections.' At the bottom of the success message box is the text 'Setting/FacilityReplace#00011'.

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.



Alabama Department
of Mental Health

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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Alabama Department
of Mental Health

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.

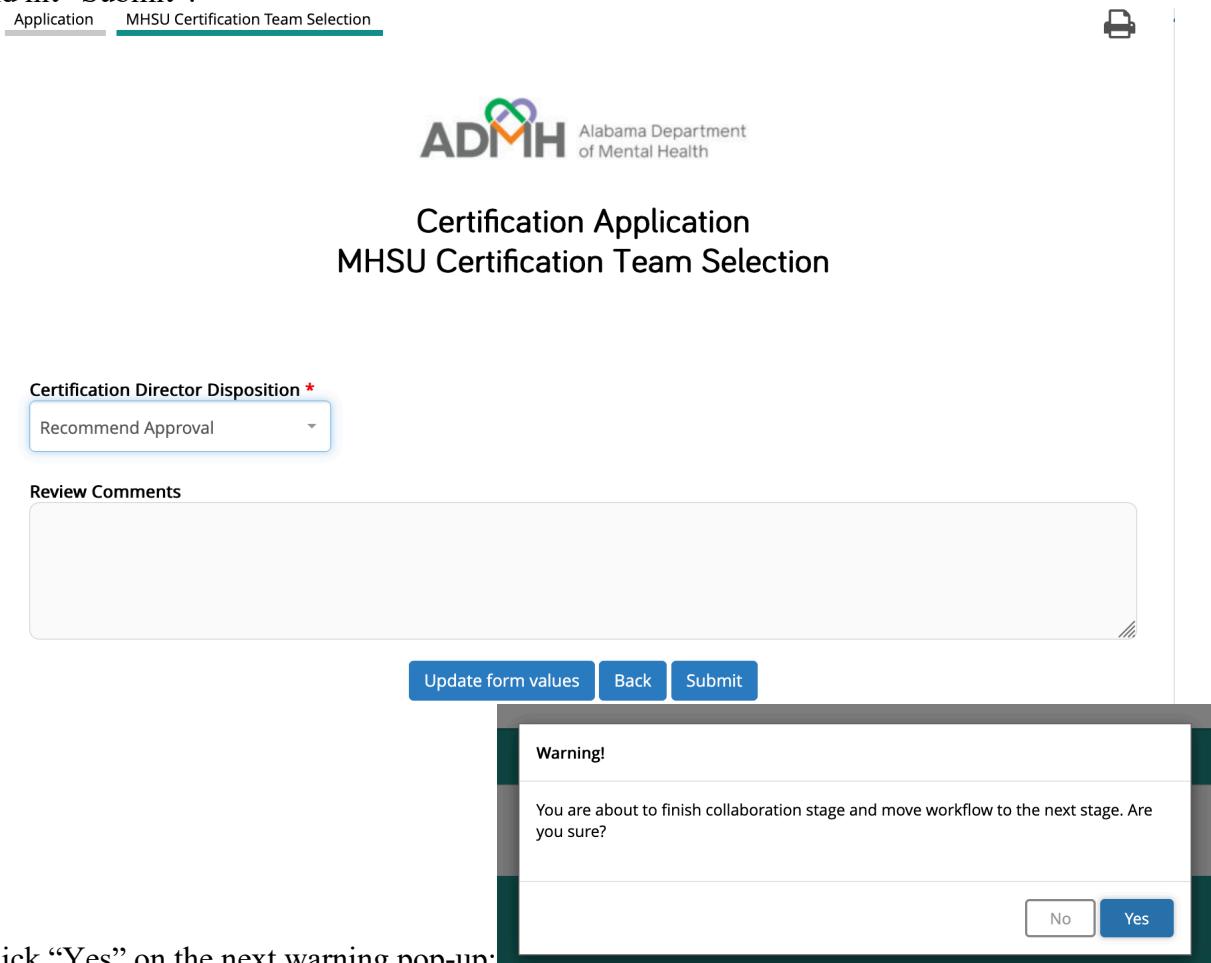
To access the application, please use the following link: [Next Stage](#)

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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(bz dor@simpligov.co..)

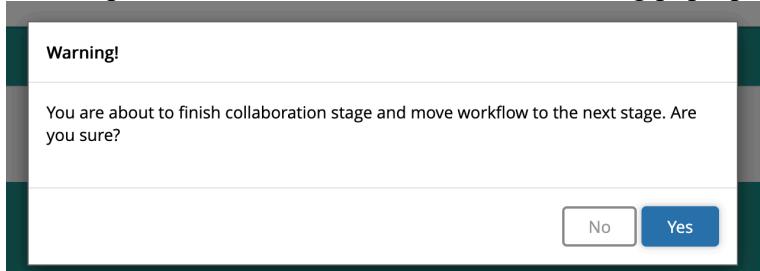
[Clear](#)

Program Coordinator *

Zdor Bohdan(bz dor@simpligov.co..)

[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 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](#)

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

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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**

 Alabama Department of Mental Health

Certification Application
MH Family and Child Services Review

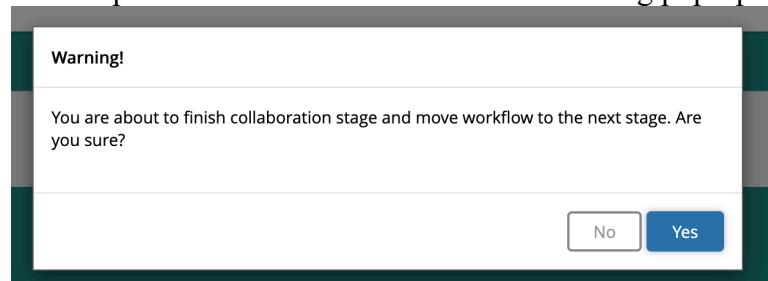
Child & Family Services Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



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:** 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 *

Life Safety Inspection Required? *

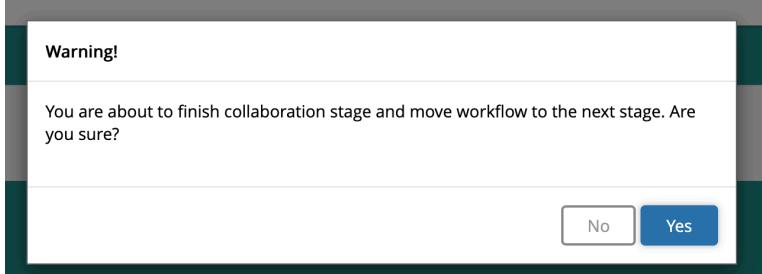
Yes

No

Internal Comments

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

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



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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4.5.1.4 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

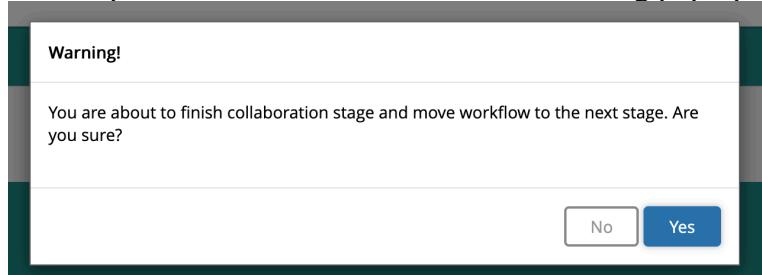
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

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



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

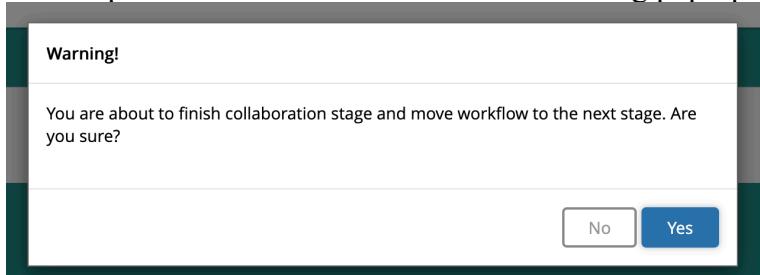


Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com)

“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 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](#)

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

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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 *

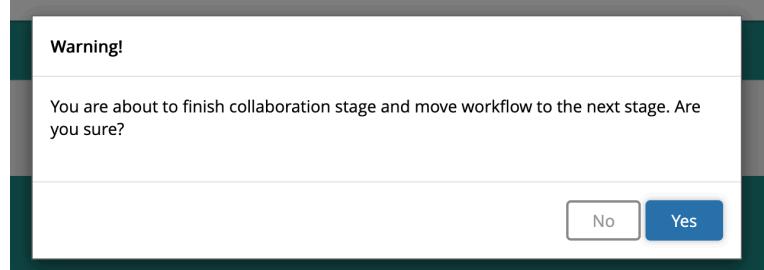
Owner Test

Telephone *

(999) 999-9999

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

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



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

 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 [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.



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



Kay Ivey
Governor

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

Kimberly G. Boswell
Commissioner

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 *

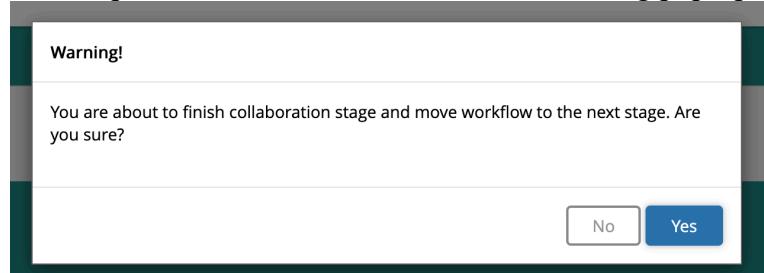
10/15/2025

Certificate Expiration Date *

10/15/2026

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

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



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.



Alabama Department
of Mental Health

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](#)

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

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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

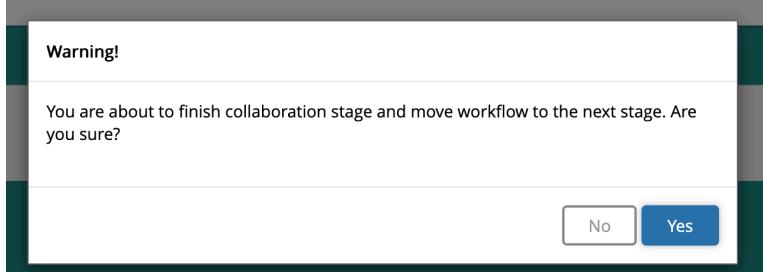
Date
10/15/2025

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:



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](#)



Commissioner Review

Date
10/15/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

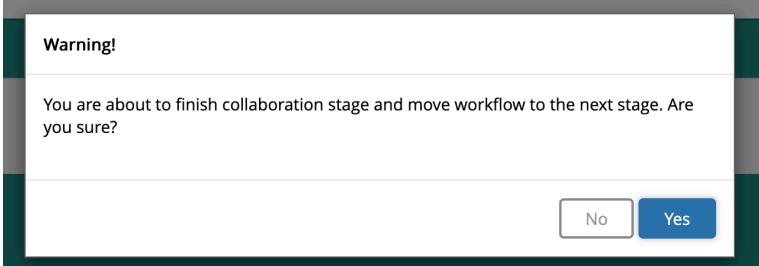
Test Name

Test Name

Type Draw Upload Clear

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

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



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](#)

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

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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.

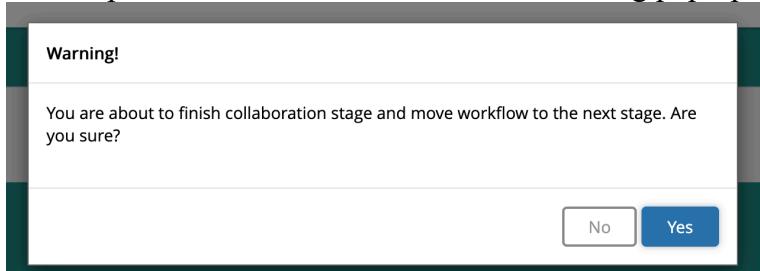


OCA Final Submission

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:



Click ‘Exit Workflow’

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



Alabama Department
of Mental Health

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](#)

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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**

 Alabama Department of Mental Health

**Certification Application
MHSU Program Selection**

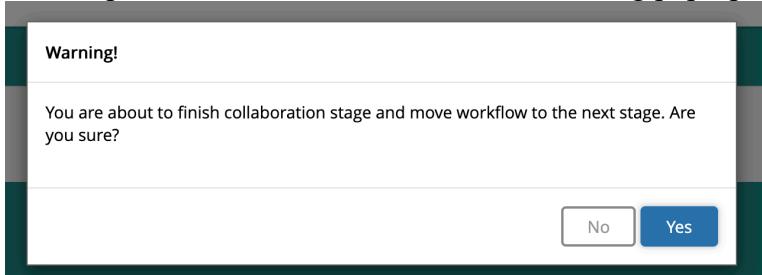
Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
MH Community Programs

Program Director *
Last First(first.last@test.com)

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



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.



Alabama Department
of Mental Health

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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Alabama Department
of Mental Health

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.

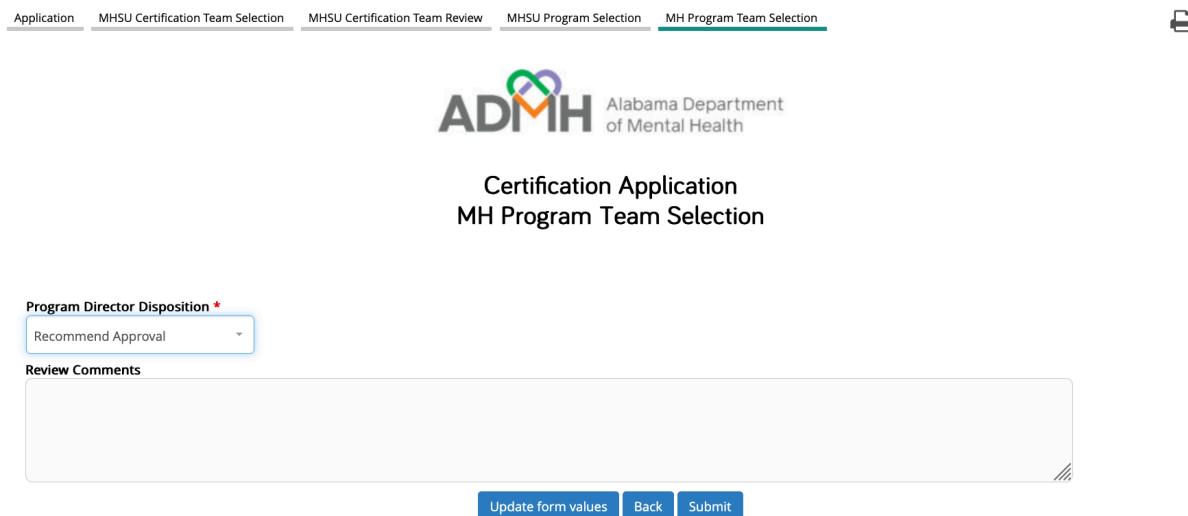
To access the application, please use the following link: [Next Stage](#)

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

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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**

ADMH Alabama Department of Mental Health

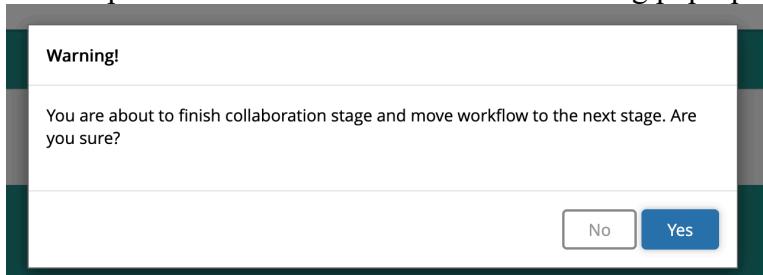
Certification Application
MH Program Team Selection

Program Director Disposition *
Recommend Approval

Review Comments

Update form values Back Submit

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



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 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 *

Life Safety Inspection Required? *

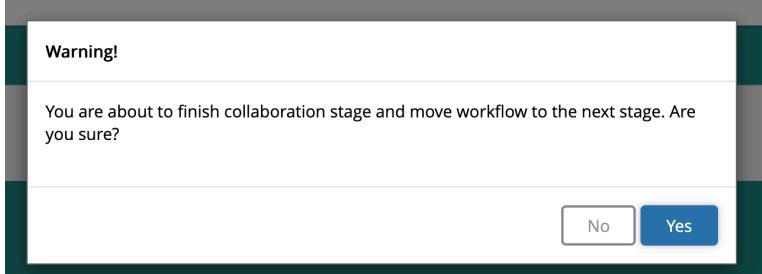
Yes

No

Internal Comments

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

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



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”:

MHSU Associate Commissioner Disposition *

Approve

Internal Comments

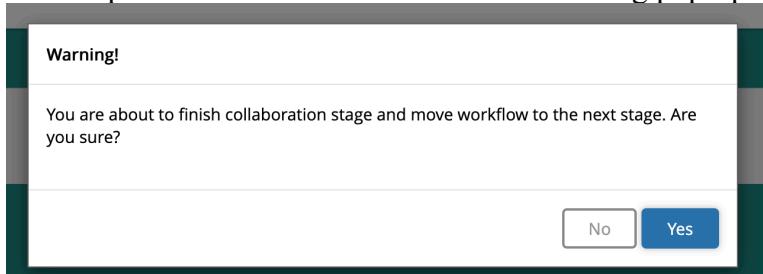
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

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



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](#)

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

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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

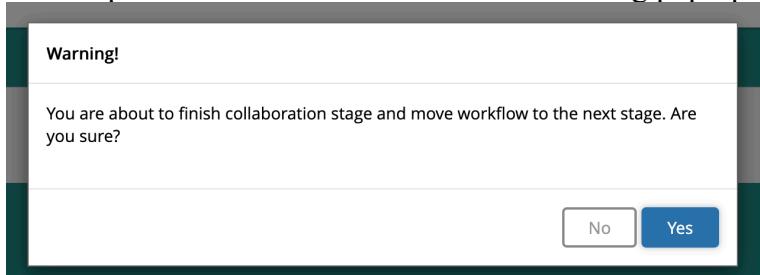


Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com)

“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 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](#)

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

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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 *

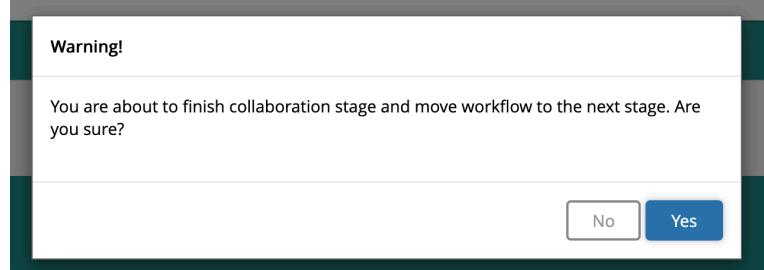
Owner Test

Telephone *

(999) 999-9999

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

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



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](#)

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

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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

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

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
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.

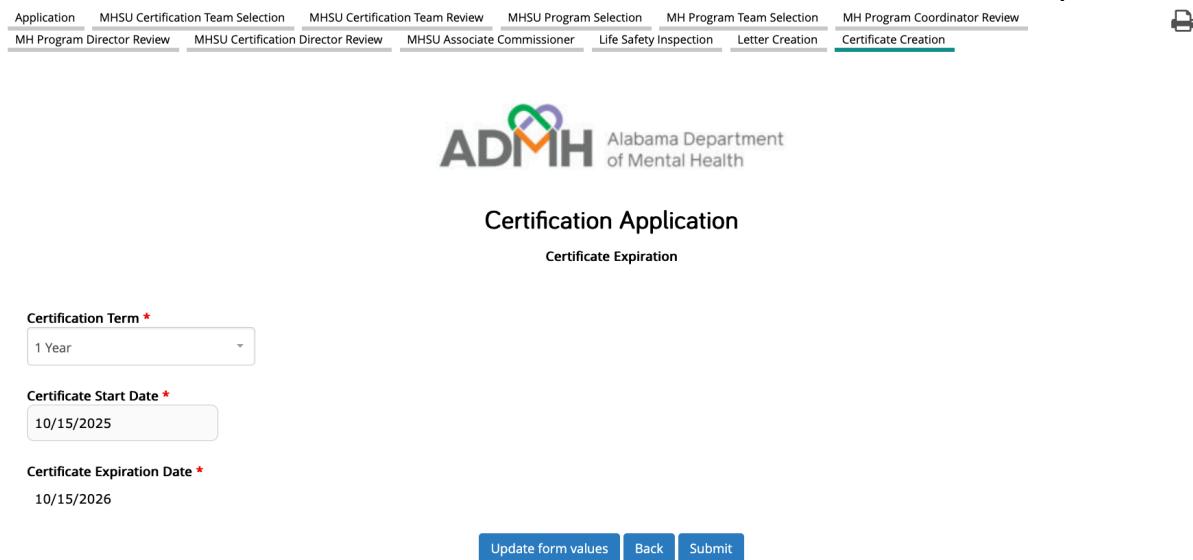
Sincerely,
Kimberly G. Boswell
Commissioner

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

Click ‘Next’

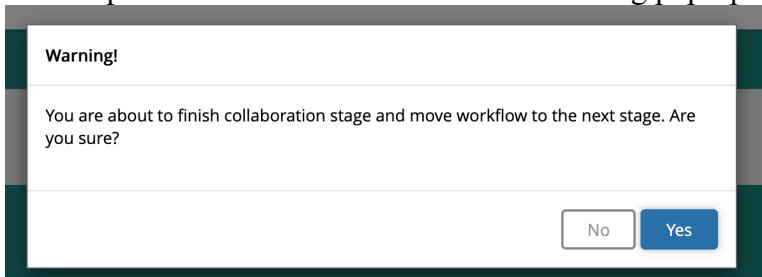
4.5.2.8 Certificate Creation

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.



The screenshot shows the ADMH Certification Application page. At the top, there is a navigation bar with various review steps: 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, and Certificate Creation. The 'Certificate Creation' step is underlined, indicating it is the current stage. Below the navigation bar is the ADMH logo and the text 'Alabama Department of Mental Health'. The main form area is titled 'Certification Application' and 'Certificate Expiration'. It contains three required fields: 'Certification Term *' (set to '1 Year'), 'Certificate Start Date *' (set to '10/15/2025'), and 'Certificate Expiration Date *' (set to '10/15/2026'). At the bottom of the form are three buttons: 'Update form values', 'Back', and 'Submit'.

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



A thank you page will be displayed:



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.

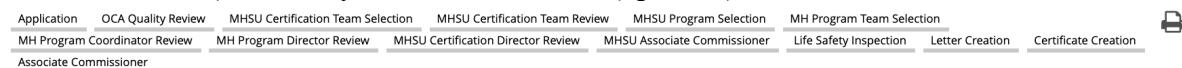
To access the application, please use the following link: [Next Stage](#)

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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”



Associate Commissioner of Administration Review

Date
10/15/2025

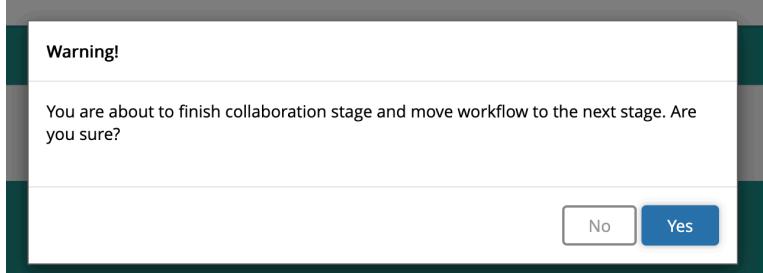
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

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



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](#)

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

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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:



Commissioner Review

Date
10/15/2025

Commissioner Disposition *
Approve

Internal Comments

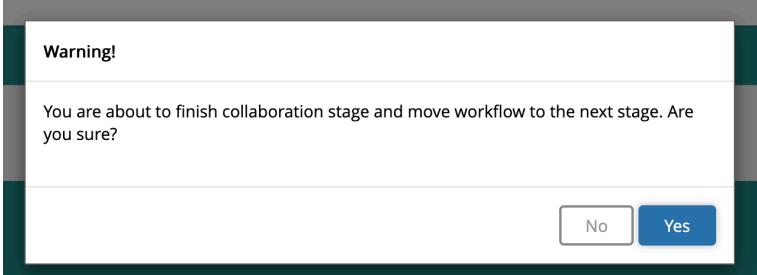
Signature *

Test Name

Type Draw Upload Clear

Test Name 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. 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.

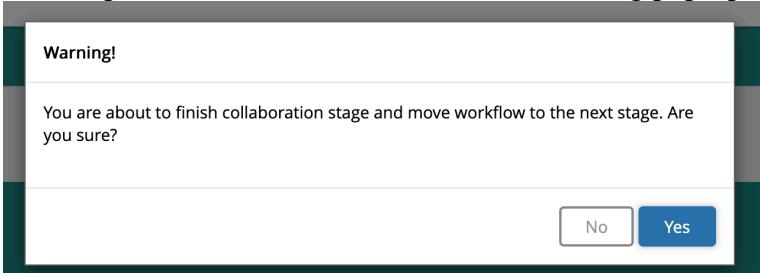


OCA Final Submission

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**

 Alabama Department of Mental Health

**Certification Application
MHSU Program Selection**

Certification Director Disposition *
Forward to Program Team

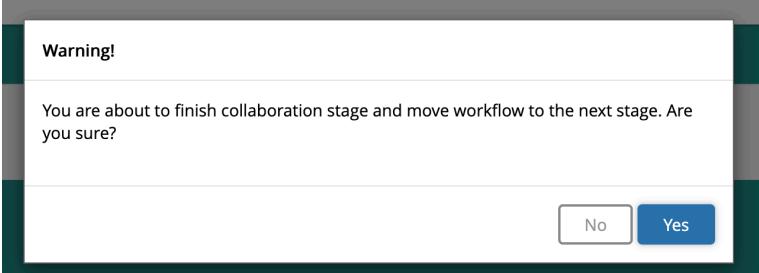
Review Comments

Program *
Substance Use Treatment Team

Program Director *
Last First(first.last@test.com)

Program Director Executive Assistant *
Last First(first.last@test.com)

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



A thank you page will be displayed:



Setting/FacilityReplace#00014

Click 'Exit Workflow'

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



Alabama Department
of Mental Health

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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Alabama Department
of Mental Health

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.

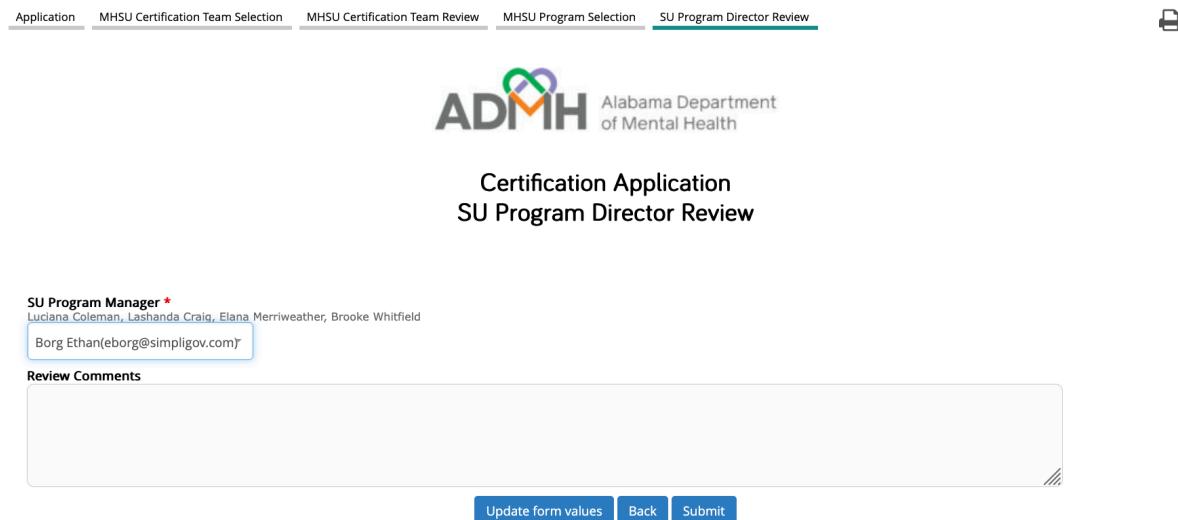
To access the application, please use the following link: [Next Stage](#)

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

ADMH Alabama Department of Mental Health

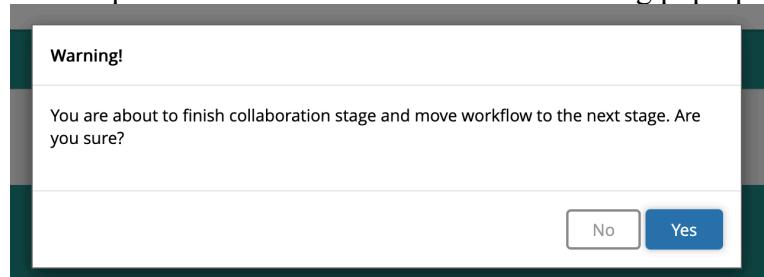
Certification Application
SU Program Director Review

SU Program Manager *
Luciana Coleman, LaShanda Craig, Elana Merriweather, Brooke Whitfield
Borg Ethan(eborg@simplicgov.com)

Review Comments

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 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.

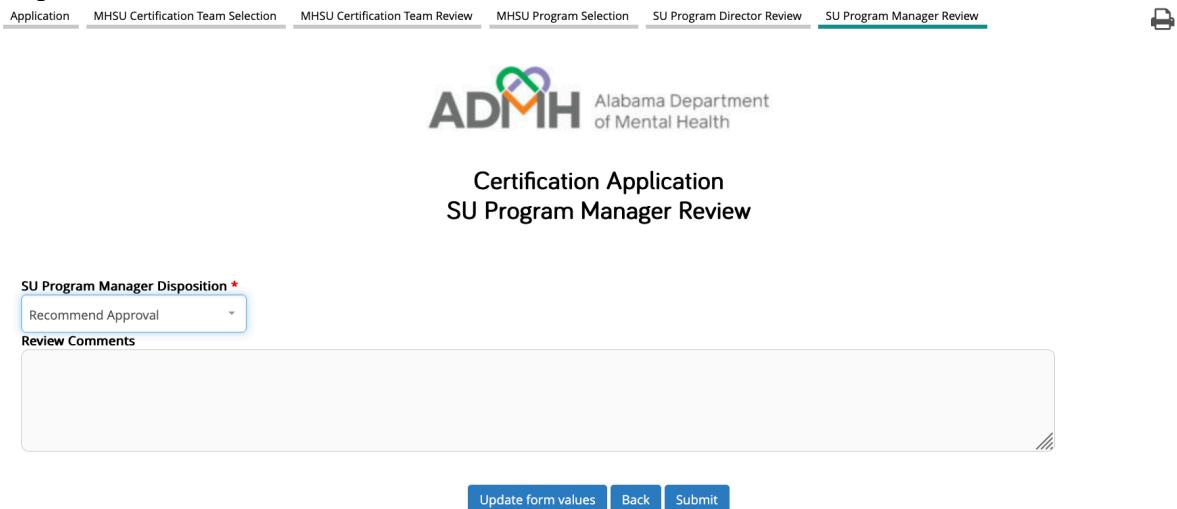
To access the application, please use the following link: [Next Stage](#)

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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:



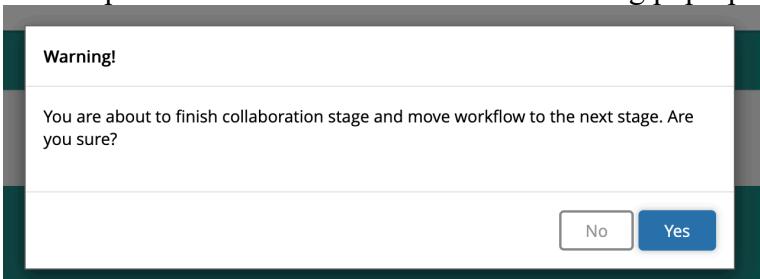
SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

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



A thank you page will be displayed:



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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4.5.3.4 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



MHSU Certification Director Review

Certification Director Disposition *

Recommend Approval

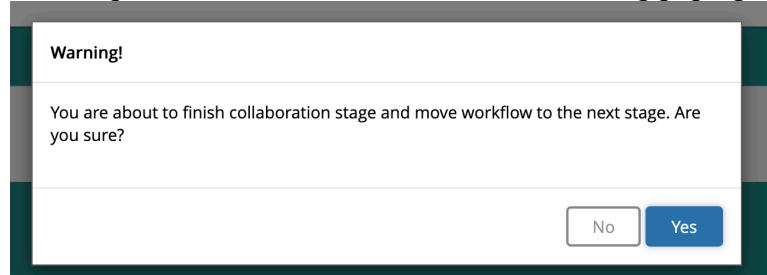
Life Safety Inspection Required? *

Yes
 No

Internal Comments

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

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



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.



Alabama Department
of Mental Health

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.

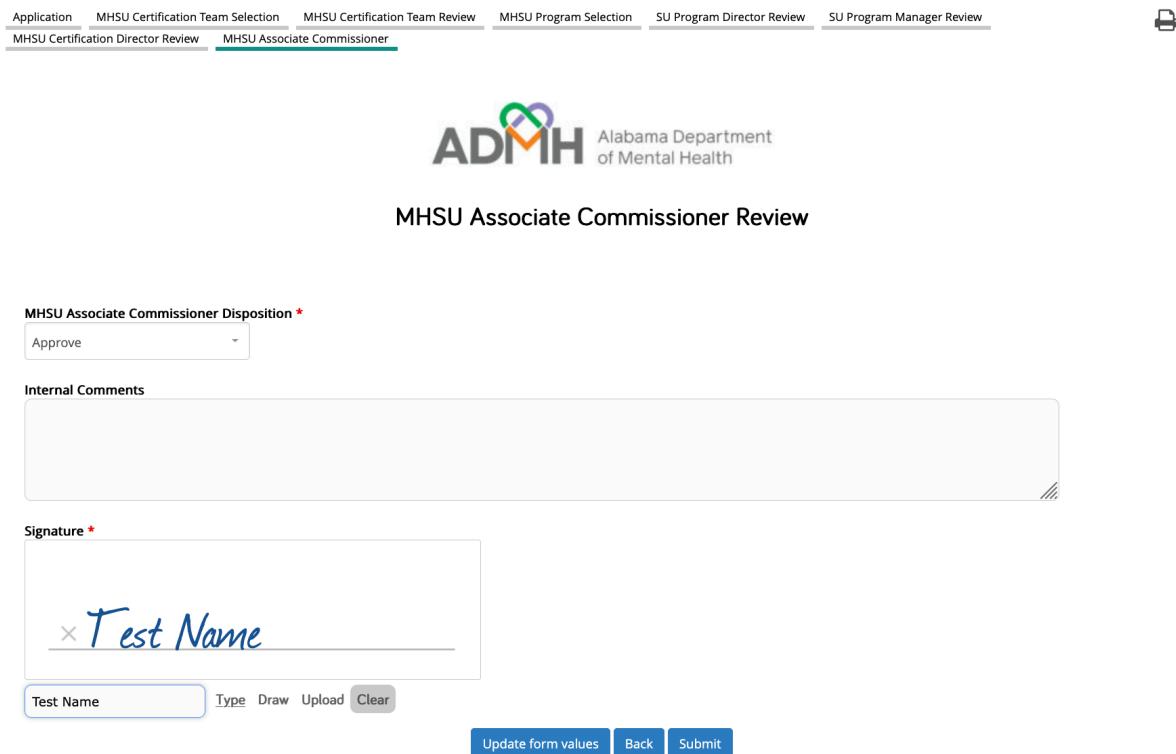
To access the application, please use the following link: [Next Stage](#)

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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

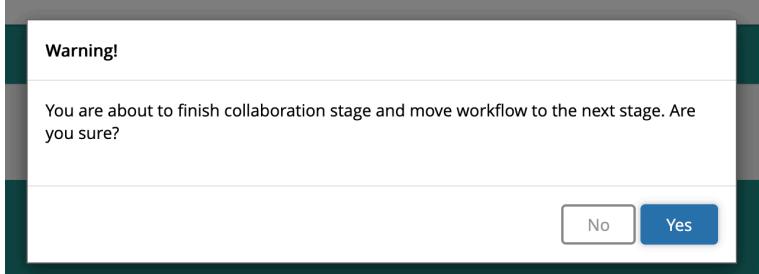
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

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



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: 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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4.5.3.6 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

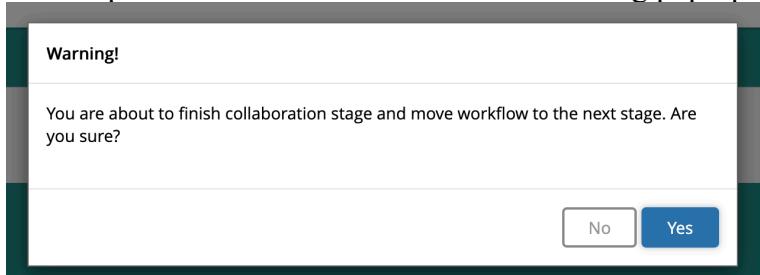


Certification Application Office of Life Safety and Technical Services

Assign Inspector *

Last First(first.last@test.com)

“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 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 *

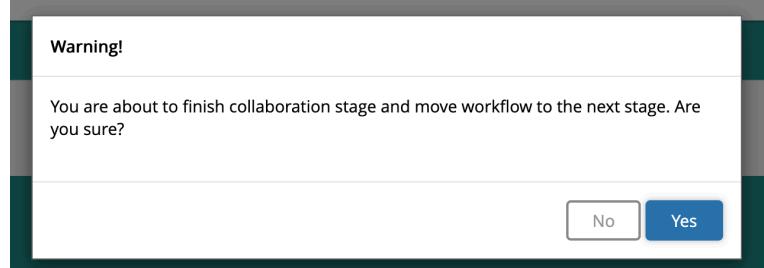
Owner Test

Telephone *

(999) 999-9999

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

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



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.

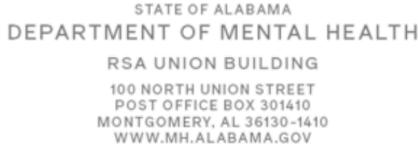
Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection SU Program Director Review SU Program Manager Review
MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection Letter Creation Certificate Creation 

ADMH 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 [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.

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


Kay Ivey
Governor
Test Name
Executive Director
Test name
123 William Street
Test, NY 11111
Kimberly G. Boswell
Commissioner

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.

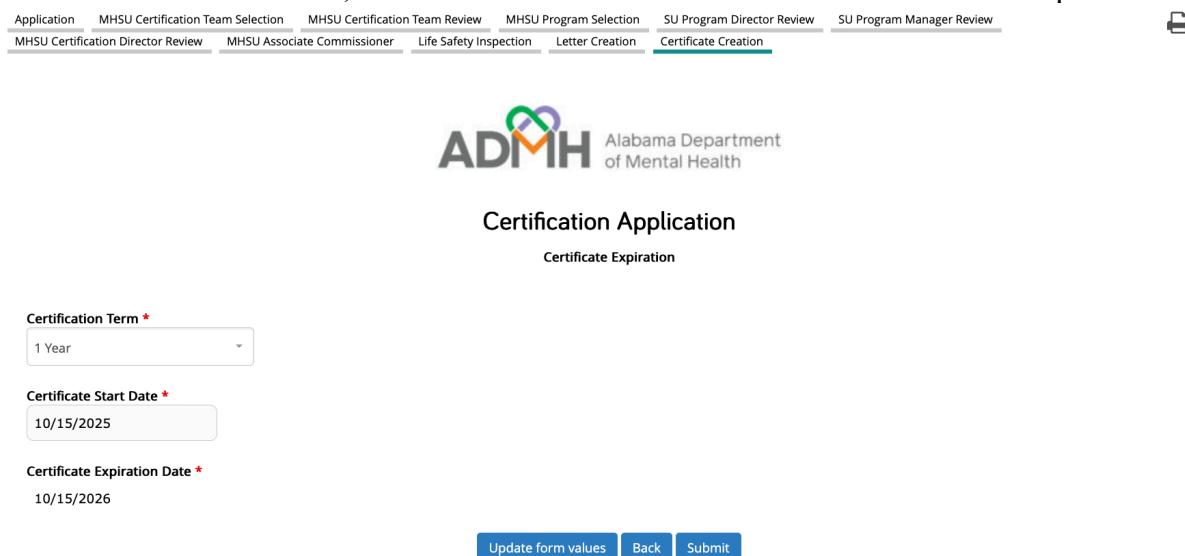
Sincerely,
Kimberly G. Boswell
Commissioner

[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

ADMH Alabama Department of Mental Health

Certification Application

Certificate Expiration

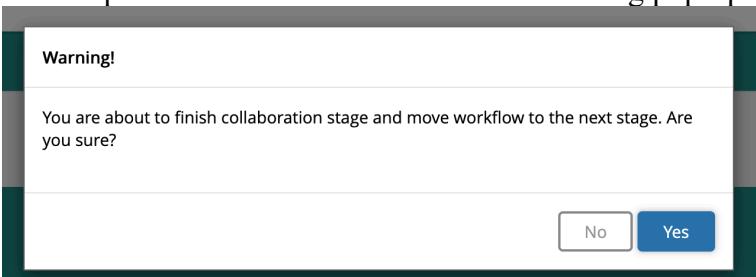
Certification Term *
1 Year

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:



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 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.

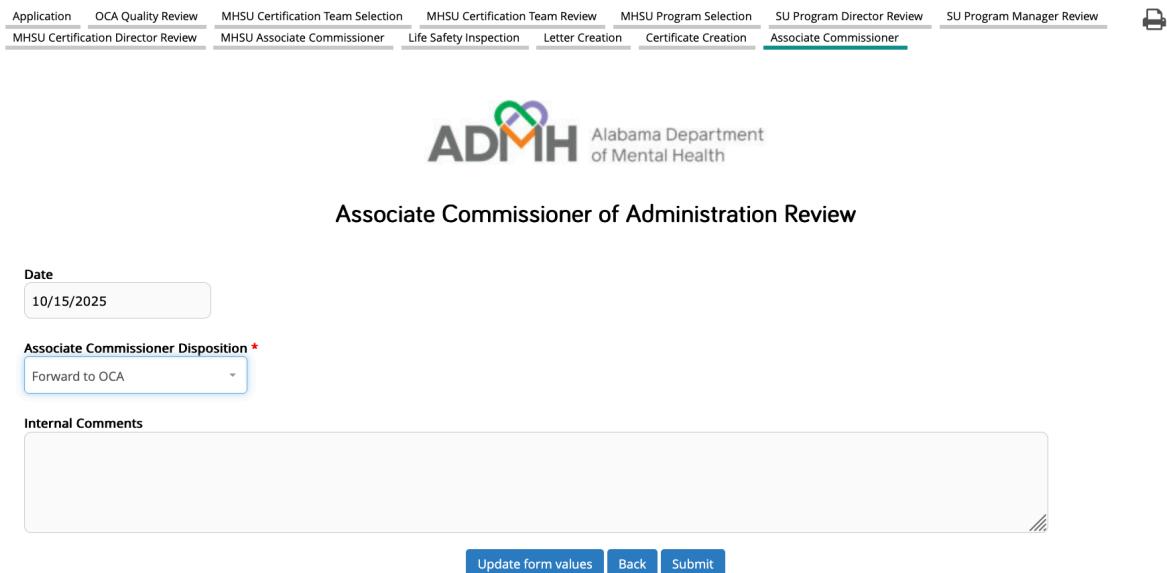
To access the application, please use the following link: [Next Stage](#)

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

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

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 

ADMH Alabama Department of Mental Health

Associate Commissioner of Administration Review

Date
10/15/2025

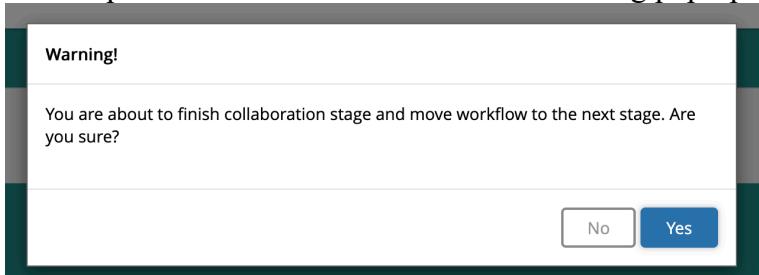
Associate Commissioner Disposition *

Forward to OCA

Internal Comments

Update form values Back Submit

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



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](#)

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

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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:

Date
10/15/2025

Commissioner Disposition *

Approve

Internal Comments

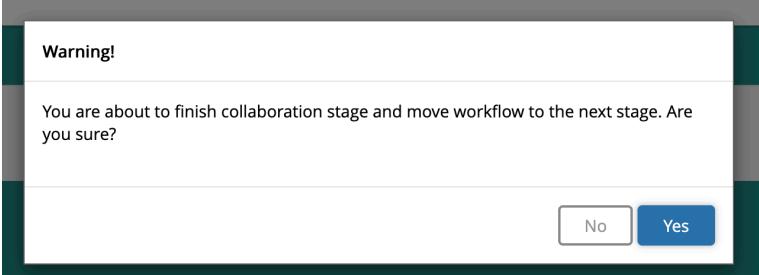
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

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



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](#)

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

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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.

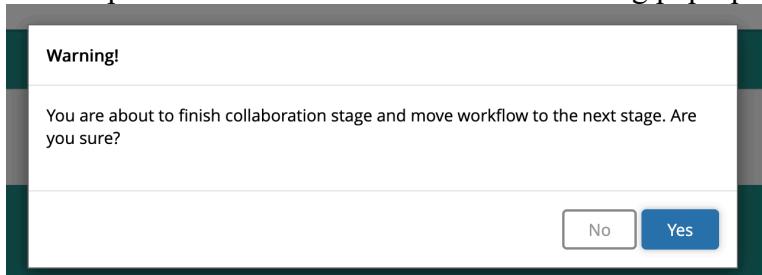


OCA Final Submission

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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