

# The Alabama Department of Mental Health New Clinical Director

## Designated Mental Health Facility Application



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## Workflow Roles

### Provider

#### Associate Commissioner of Administration

Role type: Registered user

Selected user: Hibbard Brooke – [brooke.hibbard@mh.alabama.gov](mailto:brooke.hibbard@mh.alabama.gov)

#### Associate Commissioner Office MHSU

Role type: Registered user

Associate Commissioner - Nicole Walden – [Nicole.walden@mh.alabama.gov](mailto:Nicole.walden@mh.alabama.gov)

#### C&F Program Coordinator

Role type: Group of users

Form fields: Child & Family Services Program Coordinator

**C&F Program Director**

Role type: Selected user

Selected user from field: Child & Family Services Program Director, Beverly Johnson – [Beverly.Johnson@mh.alabama.gov](mailto:Beverly.Johnson@mh.alabama.gov)

**Central Office**

Role type: Group of roles

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

**Certification Team Member**

Role type: Selected user

Selected user from field: Certification Team Member

**ADMH Commissioner**

Role type: Registered user

Selected user: Kimberly Boswell, [Kimberly.boswell@mh.alabama.gov](mailto:Kimberly.boswell@mh.alabama.gov)

**Conditional PPQ Reviewer**

Role type: Get user data from form

Form field for user email: Conditional PPQ Reviewer

**DD Associate Commissioner**

Role type: Registered user

Selected user: Camille Cumuze, [DDD—camille.cumuze@mh.alabama.gov](mailto:DDD—camille.cumuze@mh.alabama.gov)

**Director of Provider Certification**

Role type: Registered user

Selected user: Orange Fredericka, [fredericka.orange@mh.alabama.gov](mailto:fredericka.orange@mh.alabama.gov)

**Executive Assistant to the Assoc. Comm. DD**

Role type: Registered user

Selected user: Davis Jonathan, [jonathan.davis@mh.alabama.gov](mailto:jonathan.davis@mh.alabama.gov)

**MH Program Coordinator**

Role type: Selected user

Selected user from field: Program Coordinator

**MH Program Director**

Role type: Selected user

Selected user from field: MH Program Director

Community Programs – Director-Kim Hammack - [Kim.hammack@mh.alabama.gov](mailto:Kim.hammack@mh.alabama.gov)

SU Treatment – Director- Denice Morris- [Denice.morris@mh.alabama.gov](mailto:Denice.morris@mh.alabama.gov)

**MHSU Associate Commissioner**

Role type: Registered user

Selected user: Nicole Walden – [Nicole.walden@mh.alabama.gov](mailto:Nicole.walden@mh.alabama.gov)

**MHSU Certification Director**

Role type: Registered user

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

**OCA ASA III**

Role type: Registered user

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

**OCA Attorney**

Role type: Registered user

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

**OCA Director**

Role type: Registered user

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

**OCA Review Group**

Role type: Group of roles

Roles: Conditional PPQ Reviewer, OCA ASA III, OCA Director

**Planning & Quality Specialist I**

Role type: Registered user

Selected user: Williams Melanie – [melanie.williams@mh.alabama.gov](mailto:melanie.williams@mh.alabama.gov)

**Planning & Quality Specialist III**

Role type: Registered user

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

**PPQ Director**

Role type: Registered user

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

**Provider Network Manager**

Role type: Registered user

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

**SU Executive Assistant**

Role type: Selected user

Selected user from field: SU Program Director Executive Assistant

**SU Program Director**

Role type: Selected user

Selected user from field: SU Program Director

Denice Morris- [Denice.morris@mh.alabama.gov](mailto:Denice.morris@mh.alabama.gov)

**SU Program Manager**

Role type: Selected user

Selected user from field: SU Program Manager

Program Manager- Luciana Coleman- [Luciana.Coleman@mh.alabama.gov](mailto:Luciana.Coleman@mh.alabama.gov)

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

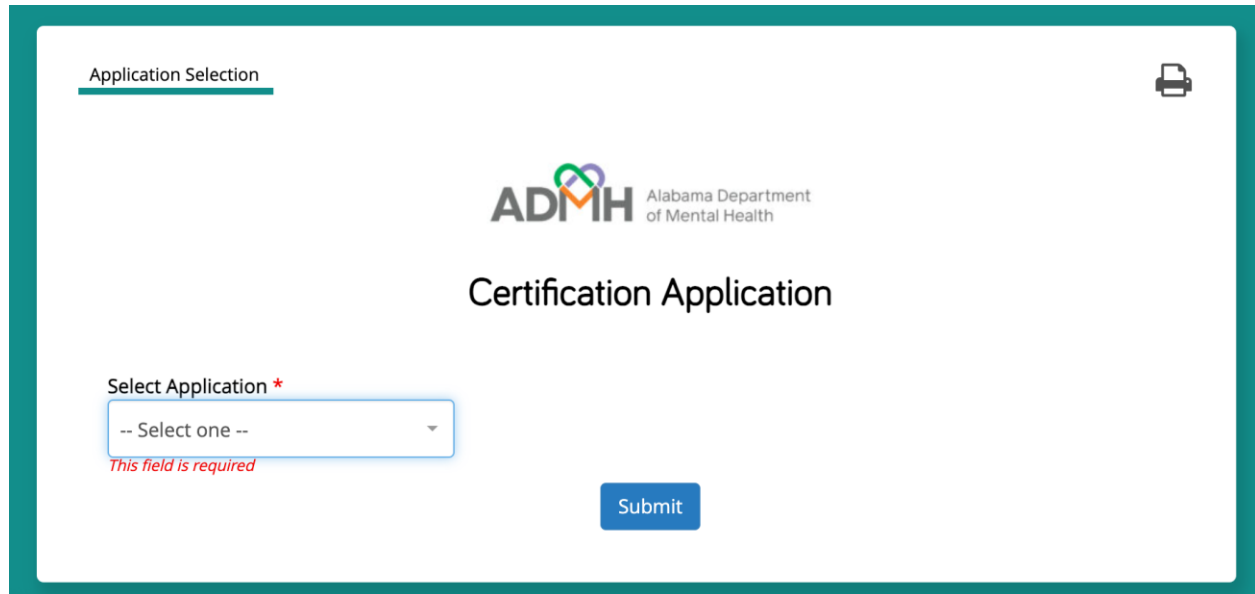
Program Manager- Lashanda Craig – [Lashanda.craig@mh.alabama.gov](mailto:Lashanda.craig@mh.alabama.gov)

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

## Workflow Start

### Select Application

To submit an application, the applicant selects the application from the drop-down menu labeled "Select Application" and clicks "Submit."

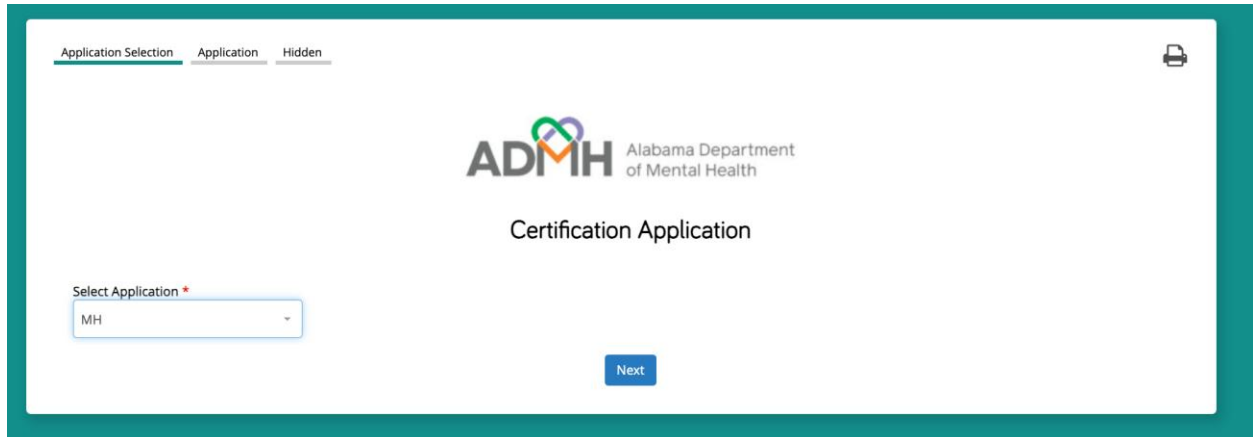


The screenshot shows a web form titled "Application Selection" with a teal header bar. In the top right corner of the form area is a printer icon. Centered at the top is the logo for the Alabama Department of Mental Health (ADMH), which includes a stylized heart icon and the text "Alabama Department of Mental Health". Below the logo, the title "Certification Application" is displayed. On the left side, there is a label "Select Application \*" above a drop-down menu. The menu currently shows "-- Select one --". Below the menu, a red error message reads "This field is required". To the right of the menu is a blue "Submit" button.



## MH Provider

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



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

## Applicant

The applicant will fill out the required fields marked with an asterisk in the "Application" section. The address fields will pre-populate as soon as the applicant starts entering information and selects from the options that appear. The applicant must upload documents to all required fields.

Application Selection   Application



### Certification Application

Submission Date

10/15/2025

Copy of licensure/certification

Select files...

Copy of transcripts \*

Select files...



Job description \*

Select files...



Org Chart \*

Select files...



Resume \*

Select files...



## Applicant

Administrative Services Number \*

1234

1234

Name of Agency \*

Test

Street Address \*

Lincoln Park 1

County \*

Autauga County

City \*

Test

State \*

AL

Zip \*

11111

Telephone \*

(112) 312-3123

Name of Executive Director \*

Test

Executive Director's Email \*

amoshkin@simpligov.com

Type of Ownership \*

☒ Non-Profit

☐ Profit

☐ Public

Status of Ownership \*

☒ Individual

☐ Corporation

☐ Partnership

## Board Member Information

The applicant will fill in information about the board member.

### Board Member Information

Board President's Mailing Address \*

amoshkin@simpligov.com

Board President's Email Address \*

amoshkin@simpligov.com

Names/Titles of Officers \*

Test - Test



## Clinical Director Information

The applicant provides information about the new clinical director.

### Clinical Director Information

New Clinical Director Name \*

Test Tests

New Clinical Director Email \*

amoshkin@simpligov.com

New Clinical Director Phone \*

(123) 123-1231

## Certification

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

### Certification

General Comments (optional)

Test



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

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

Executive Director Signature \*

× Test Name

Test Name Type Draw Upload Clear

Date \*

10/08/2025

Agency \*

Test

Address \*

Tescott, KS 67484, USA

Attach Supporting Documents

Select files...

After entering the required information, click "Submit." A confirmation page displaying application number should then appear.

ADMH - New Clinical Director

Exit workflow 



Application successfully submitted

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

NewClin#00001

## OCA Quality Review

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

### Action Required

A **Certification Application for New Clinical Director** has been submitted and requires your review.

#### Application Details:

- **Agency Name:** Test
- **Application Type:** New Clinical Director Request
- **Reference Number:** NewClin#00001
- **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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After clicking "Next Stage," the OCA director will be directed to a form where they can review all the information previously entered in the "Application" tab. There is no need to change anything. The OCA director will select the disposition from the dropdown menu labeled "OCA Disposition." Depending on the option chosen, the application will either be returned to the applicant or forwarded to the next stage. The OCA Director will then click

"Submit."

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

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

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

## MHSU Certification Team Selection

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

Application MHSU Certification Team Selection



### Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

Forward to Certification Team

Review Comments

Certification Team Member \*

Cathy Anderson, Lori Burke, Charlene Marshall, Jonathan Melton, Samantha Threatt

-- Select one --

Update form values

Back

Submit



## Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

Recommend Approval



Review Comments

Update form values

Back

Submit

## MHSU Certification Team Review

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



## Certification Application MHSU Certification Team Review

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

Update form values

Back

Next



## MHSU Program Selection

At this stage, the application will either be forwarded to the program team or the applicant will be asked to provide additional information.

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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Update form values

Back

Submit

The Certification Director can select multiple Applicable Programs from the checklist.

If the "Child and Family Services" option is chosen, the workflow will be sent to Family and Children Services.



## Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team

Review Comments

Select Applicable Programs \*

- ☒ --Select all--  
☒ Child and Family Services  
☐ MH Community Programs  
☐ Substance Use Treatment Team

Child & Family Services Program Director \*

Moshkin Artem(amoshkin@simpli... [Clear](#)

Child & Family Services Program Coordinator \*

x Moshkin Artem (amoshkin@simpli...

Update form values

Back

Submit

If the "MH Community Programs" option is selected, the workflow will be sent to the MH Program Director.



### Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team ▾

Review Comments

Select Applicable Programs \*

☒ --Select all--

☐ Child and Family Services

☒ MH Community Programs

☐ Substance Use Treatment Team

MH Program Director \*

Moshkin Artem(amoshkin@simpli. Clear

Update form values

Back

Submit

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



## Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team

Review Comments

Select Applicable Programs \*

- ☒ --Select all--
- ☐ Child and Family Services
- ☐ MH Community Programs
- ☒ Substance Use Treatment Team

SU Program Director \*

Moshkin Artem(amoshkin@simplici...

SU Program Director Executive Assistant \*

Moshkin Artem(amoshkin@simplici...

Update form values

Back

Submit

## Family & Children Services, MH Program Director and SU Program Director

At this stage, the program director will select a disposition. The options are to forward to the program team, request additional information, recommend approval, or recommend denial. In this scenario, the program director will recommend approval.

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



### Certification Application MH Program Team Selection

**Program Director Disposition \***

Selecting a Recommendation option forwards to MHSU Certification Director & skips MH Program Coordinator.

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

**Recommend Approval**

Recommend Denial

Update form values

Back

Submit

The SU Program Director should be chosen from the list of ADMH employees on the stage.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review

-- Select one --

Borg Ethan(eborg@simpligov.com)

Choate

Ken(kchoate@simpligov.com)

Coleman

Luciana(Luciana.Coleman@mh.alab

Craig

Lashanda(Lashanda.craig@mh.alaba

Merriweather

Flana(Flana.merriweather@mh.alab

Merriweather, Brooke Whitfield

-- Select one --

Certification Application

SU Program Director Review

Review Comments

Update form values

Back

Submit

“C&F Program Director” will choose a disposition on the “MH Family and Child Services Review”.

Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review

Certification Application

MH Family and Child Services Review

Child & Family Services Director Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values

Back

Submit

## SU Program Manager Review

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

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



### Certification Application SU Program Manager Review

SU Program Manager Disposition \*

Recommend Approval ▼

Review Comments

Update form values

Back

Submit

## MHSU Certification Director Review

At this stage, the "MHSU Certification Director" will be able to see all the information previously entered. Based on this information, the decision to approve, deny, or request additional information should be made once again.

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



### MHSU Certification Director

Certification Director Disposition \*

Recommend Approval

Internal Comments

Update form values

Back

Submit



## MHSU Associate Commissioner

This time, there are only two options available for the MHSU Associate Commissioner:  
Approve or deny. The MHSU Associate Commissioner will also have to sign this decision.

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



### MHSU Associate Commissioner Review

Associate Commissioner Disposition \*

Approve

-- Select one --

Approve

Deny

Signature \*

Signature area with a large 'X' indicating a missing or invalid signature.

Signer's Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

## Letter Creation

The next stages are "Letter Creation". During the "Letter Creation" stage, OCA Director will see a sample letter that will be sent to the applicant if their application is approved. Some applicant data will be included. OCA Director can edit it if necessary.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

10/15/2025  
Test  
Executive Director  
Test  
Lincoln Park 1  
Test, AL 11111

Dear Test,

We have received notice that you have appointed Test Tests, as the Clinical Director of Test, located at Lincoln Park 1, in Test, along with the provided documentation that Test Tests, meets the requirements of the *Alabama Administrative Code § 580-2-20-.03*Test

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

Sincerely,


Kimberly G. Boswell  
Commissioner



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

## Associate Commissioner Review

Associate Commissioner will review an application and decide if it should be forwarded or there is a need to request an additional information.

Application   MHSU Certification Team Selection   MHSU Certification Team Review   MHSU Program Selection   MH Program Team Selection     
MH Program Coordinator Review   MH Program Director Review   MH Family and Child Services Review   SU Program Director Review   SU Program Manager Review  
MHSU Certification Director Review   MHSU Associate Commissioner   Letter Creation   Associate Commissioner Review



### Associate Commissioner Review

Date

10/15/2025

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values

Back

Submit

## Commissioner Review

The commissioner should decide what the next step should be for the application. The options are to approve, deny, or request additional information. After deciding, click the field below to place your signature and click “Submit.”

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



### Commissioner Review

Date

10/08/2025

Commissioner Disposition \*

-- Select one --

Internal Comments

Signature \*

Signer's Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

## OCA Final Review

This is the final stage in which the OCA Director can review all the data previously entered and submit the form.

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



### OCA Final Submission

Press 'Submit' to process.

Update form values

Back

Submit

## Certification Approved

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



## Application Accepted

A **Certification Application for New Clinical Director** has been reviewed and approved by the Office of Certification Administration.

### Application Details:

- **Agency Name:** Test
- **Application Type:** New Clinical Director Request
- **Reference Number:** NewClin#00001
- **Submission Date:** 10/15/2025
- **New Clinical Director Name:** Test Tests
- **New Clinical Director Email:** amoshkin@simpligov.com

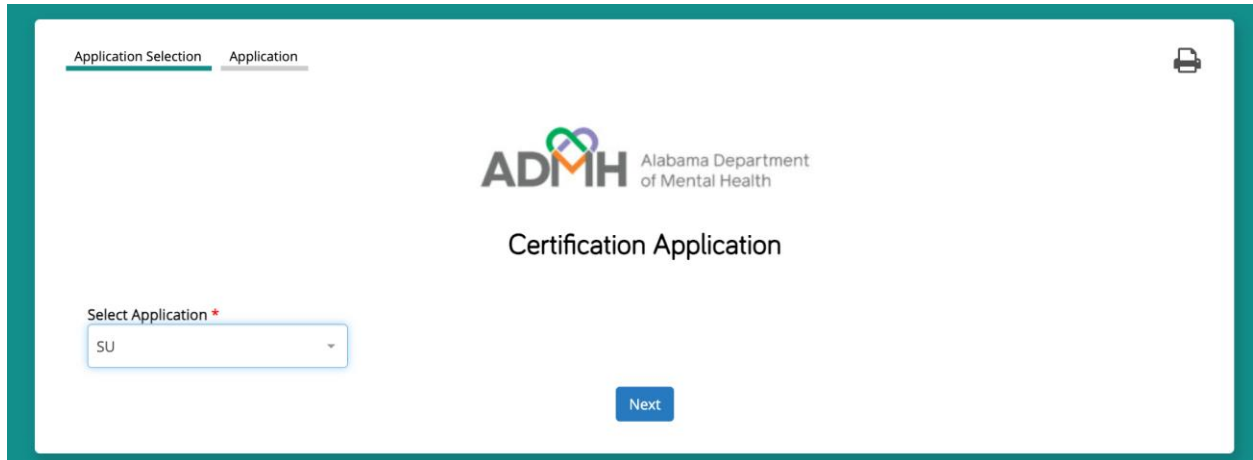
---

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## SU Provider

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



The screenshot shows a web application interface for the Alabama Department of Mental Health (ADI MH). At the top, there are two tabs: "Application Selection" (which is active and underlined) and "Application". In the top right corner, there is a printer icon. The main heading is "ADI MH Alabama Department of Mental Health". Below this is the title "Certification Application". On the left side, there is a dropdown menu labeled "Select Application \*" with "SU" selected. At the bottom center, there is a blue button labeled "Next".

## Applicant

The applicant will fill out the required fields marked with an asterisk (\*) in the Application section. The address fields will pre-populate as soon as the applicant starts entering information and will offer options from which to select. The applicant must upload documents to all required fields. The applicant should be aware that a copy of the license/certification is required for the SU provider.



## Certification Application

Submission Date

10/15/2025

Copy of Licensure/Certification is required for SU

Copy of licensure/certification

Select files...

Copy of transcripts \*

Select files...

Job description \*

Select files...

Org Chart \*

Select files...

Resume \*

Select files...

### Applicant

### Applicant

Administrative Services Number \*

1234

1234

Name of Agency \*

Test

Street Address \*

Lincoln Park 1

County \*

Autauga County

City \*

Test

State \*

AL

Zip \*

11111

Telephone \*

(112) 312-3123

Name of Executive Director \*

Test

Executive Director's Email \*

amoshkin@simpligov.com

Type of Ownership \*

- ☒ Non-Profit  
☐ Profit  
☐ Public

Status of Ownership \*

- ☒ Individual  
☐ Corporation  
☐ Partnership

## Board Member Information

The applicant will fill in information about the board member.

### Board Member Information

---

Board President's Mailing Address \*

amoshkin@simpligov.com

Board President's Email Address \*

amoshkin@simpligov.com

Names/Titles of Officers \*

Test - Test



## Clinical Director Information

The applicant provides information about the new clinical director.

### Clinical Director Information

---

New Clinical Director Name \*

Test Tests

New Clinical Director Email \*

amoshkin@simpligov.com

New Clinical Director Phone \*

(123) 123-1231



## Certification

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

### Certification

General Comments (optional)

Test



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

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

Executive Director Signature \*

× Test Name

Test Name Type Draw Upload Clear

Date \*

10/08/2025

Agency \*

Test

Address \*

Tescott, KS 67484, USA

Attach Supporting Documents

Select files...

After entering the required information, click "Submit." A confirmation page displaying application number should then appear.

ADMH - New Clinical Director

Exit workflow



## OCA Quality Review

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

### Action Required

A **Certification Application for New Clinical Director** has been submitted and requires your review.

**Application Details:**

- **Agency Name:** Test
- **Application Type:** New Clinical Director Request
- **Reference Number:** NewClin#00001
- **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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After clicking "Next Stage," the OCA director will be directed to a form where they can review all the information previously entered in the "Application" tab. There is no need to change anything. The OCA director will select the disposition from the dropdown menu labeled "OCA Disposition." Depending on the option chosen, the application will either be returned to the applicant or forwarded to the next stage. The OCA Director will then click

"Submit."

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

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

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

## MHSU Certification Team Selection

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

Application   MHSU Certification Team Selection



### Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

Forward to Certification Team ▾

Review Comments

Certification Team Member \*

Cathy Anderson, Lori Burke, Charlene Marshall, Jonathan Melton, Samantha Threatt

-- Select one -- ▾

Update form values

Back

Submit



## Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

Recommend Approval



Review Comments

Update form values

Back

Submit

## MHSU Certification Team Review

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



## Certification Application MHSU Certification Team Review

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

Update form values

Back

Next

## MHSU Program Selection

At this stage, the application will either be forwarded to the program team or the applicant will be asked to provide additional information.

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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Update form values

Back

Submit

If the "Child and Family Services" option is chosen, the workflow will be sent to Family and Children Services.



## Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team

Review Comments

Select Applicable Programs \*

- ☒ --Select all--  
☒ Child and Family Services  
☐ MH Community Programs  
☐ Substance Use Treatment Team

Child & Family Services Program Director \*

Moshkin Artem(amoshkin@simpli... [Clear](#)

Child & Family Services Program Coordinator \*

× Moshkin Artem (amoshkin@simpli...

Update form values

Back

Submit

If the "MH Community Programs" option is selected, the workflow will be sent to the MH Program Director.



### Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team ▾

Review Comments

Select Applicable Programs \*

☒ --Select all--

☐ Child and Family Services

☒ MH Community Programs

☐ Substance Use Treatment Team

MH Program Director \*

Moshkin Artem(amoshkin@simpli.z

[Clear](#)

Update form values

Back

Submit



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



## Certification Application MHSU Program Selection

Certification Director Disposition \*

Forward to Program Team

Review Comments

Select Applicable Programs \*

- ☒ --Select all--
- ☐ Child and Family Services
- ☐ MH Community Programs
- ☒ Substance Use Treatment Team

SU Program Director \*

Moshkin Artem(amoshkin@simplici...

SU Program Director Executive Assistant \*

Moshkin Artem(amoshkin@simplici...

Update form values

Back

Submit

## Family & Children Services, MH Program Director and SU Program Director

At this stage, the program director will select a disposition. The options are to forward to the program team, request additional information, recommend approval, or recommend denial. In this scenario, the program director will recommend approval.

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



### Certification Application MH Program Team Selection

**Program Director Disposition \***

Selecting a Recommendation option forwards to MHSU Certification Director & skips MH Program Coordinator.

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

**Recommend Approval**

Recommend Denial

Update form values

Back

Submit

The SU Program Director should be chosen from the list of ADMH employees on the stage.


Application

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

SU Program Director Review



-- Select one --

Borg Ethan(eborg@simpligov.com)

Choate

Ken(kchoate@simpligov.com)

Coleman

Luciana(Luciana.Coleman@mh.alab

Craig


Lashanda(Lashanda.craig@mh.alaba

Merriweather

Flana(Flana.merriweather@mh.alaba

Merriweather, Brooke Whitfield

-- Select one --



Alabama Department  
of Mental Health

Certification Application

SU Program Director Review

Review Comments

Update form values

Back

Submit

“C&F Program Director” will choose a disposition on the “MH Family and Child Services Review”.


Application


MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Family and Child Services Review





Alabama Department  
of Mental Health

Certification Application

MH Family and Child Services Review

Child & Family Services Director Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values

Back

Submit

## SU Program Manager Review

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

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



### Certification Application SU Program Manager Review

SU Program Manager Disposition \*

Recommend Approval ▼

Review Comments

Update form values

Back

Submit

## MHSU Certification Director Review

At this stage, the "MHSU Certification Director" will be able to see all the information previously entered. Based on this information, the decision to approve, deny, or request additional information should be made once again.

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



### MHSU Certification Director

Certification Director Disposition \*

Recommend Approval

Internal Comments

Update form values

Back

Submit

## MHSU Associate Commissioner

This time, there are only two options available for the MHSU Associate Commissioner:  
Approve or deny. The MHSU Associate Commissioner will also have to sign this decision.

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



### MHSU Associate Commissioner Review

Associate Commissioner Disposition \*

Approve

-- Select one --

Approve

Deny

Signature \*

×

Signer's Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

## Letter Creation

The next stages are "Letter Creation". During the "Letter Creation" stage, OCA Director will see a sample letter that will be sent to the applicant if their application is approved. Some applicant data will be included. OCA Director can edit it if necessary.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

10/15/2025  
Test  
Executive Director  
Test  
Lincoln Park 1  
Test, AL 11111

Dear Test,

We have received notice that you have appointed Test Tests, as the Clinical Director of Test, located at Lincoln Park 1, in Test, along with the provided documentation that Test Tests, meets the requirements of the *Alabama Administrative Code § 580-2-20-.03*Test

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

Sincerely,

Kimberly G. Boswell

Commissioner




Update form values

Back

Submit

## Associate Commissioner Review

Associate Commissioner will review an application and decide if it should be forwarded or there is a need to request an additional information.

Application   MHSU Certification Team Selection   MHSU Certification Team Review   MHSU Program Selection   MH Program Team Selection     
MH Program Coordinator Review   MH Program Director Review   MH Family and Child Services Review   SU Program Director Review   SU Program Manager Review  
MHSU Certification Director Review   MHSU Associate Commissioner   Letter Creation   Associate Commissioner Review



### Associate Commissioner Review

Date

10/15/2025

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values

Back

Submit



## Commissioner Review

The commissioner should decide what the next step should be for the application. The options are to approve, deny, or request additional information. After deciding, click the field below to place your signature and click “Submit.”

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



### Commissioner Review

Date

10/08/2025

Commissioner Disposition \*

-- Select one --

Internal Comments

Signature \*

Signer's Name

Type

Draw

Upload

Clear

Update form values

Back

Submit

## OCA Final Review

This is the final stage in which the OCA Director can review all the data previously entered and submit the form.

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



### OCA Final Submission

Press 'Submit' to process.

Update form values

Back

Submit

## Certification Approved

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



## Application Accepted

A **Certification Application for New Clinical Director** has been reviewed and approved by the Office of Certification Administration.

### Application Details:

- **Agency Name:** Test
- **Application Type:** New Clinical Director Request
- **Reference Number:** NewClin#00001
- **Submission Date:** 10/15/2025
- **New Clinical Director Name:** Test Tests
- **New Clinical Director Email:** amoshkin@simpligov.com

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