

The Alabama Department of Mental Health New Clinical Director

Designated Mental Health Facility Application



Table of Contents

Workflow Roles	3
Workflow Start	8
Select Application	8
MH Provider	9
Applicant	10
Board Member Information.....	11
Clinical Director Information	11
Certification.....	12
OCA Quality Review	13
MHSU Certification Team Selection	15
MHSU Certification Team Review	16
MHSU Program Selection	17
Family & Children Services, MH Program Director and SU Program Director.....	21
SU Program Manager Review	23
MHSU Certification Director Review.....	24
MHSU Associate Commissioner	25
Letter Creation	26
Associate Commissioner Review.....	27
Commissioner Review	28
OCA Final Review	28
Certification Approved.....	29
SU Provider	30
Applicant	30
Board Member Information.....	32
Clinical Director Information	32
Certification.....	33
OCA Quality Review	34
MHSU Certification Team Selection	36
MHSU Certification Team Review	37
MHSU Program Selection	38
Family & Children Services, MH Program Director and SU Program Director.....	42
SU Program Manager Review	44

MHSU Certification Director Review	45
MHSU Associate Commissioner	46
Letter Creation	47
Associate Commissioner Review	48
Commissioner Review	49
OCA Final Review	49
Certification Approved	50

Workflow Roles

Provider

Associate Commissioner of Administration

Role type: Registered user

Selected user: Hibbard Brooke – brooke.hibbard@mh.alabama.gov

Associate Commissioner Office MHSU

Role type: Registered user

Associate Commissioner - Nicole Walden – 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

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

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

Director of Provider Certification

Role type: Registered user

Selected user: Orange Fredericka, 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

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

SU Treatment – Director- Denice Morris- Denice.morris@mh.alabama.gov

MHSU Associate Commissioner

Role type: Registered user

Selected user: Nicole Walden – Nicole.walden@mh.alabama.gov

MHSU Certification Director

Role type: Registered user

Selected user: Bergeron Beth – beth.bergeron@mh.alabama.gov

OCA ASA III

Role type: Registered user

Selected user: Pritchett Courtney – courtney.pritchett@mh.alabama.gov

OCA Attorney

Role type: Registered user

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

OCA Director

Role type: Registered user

Selected user: McCoy Fred – 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

Planning & Quality Specialist III

Role type: Registered user

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

PPQ Director

Role type: Registered user

Selected user: Moss Nakema – nakema.moss@mh.alabama.gov

Provider Network Manager

Role type: Registered user

Selected user: Woods Latoya – 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

SU Program Manager

Role type: Selected user

Selected user from field: SU Program Manager

Program Manager- Luciana Coleman- Luciana.Coleman@mh.alabama.gov

Program Manager- Elana Merriweather Elana.merriweather@mh.alabama.gov

Program Manager- Lashanda Craig – Lashanda.craig@mh.alabama.gov

Program Manager – Brooke Whitfield – 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."

Application Selection

 Alabama Department of Mental Health

Certification Application

Select Application *

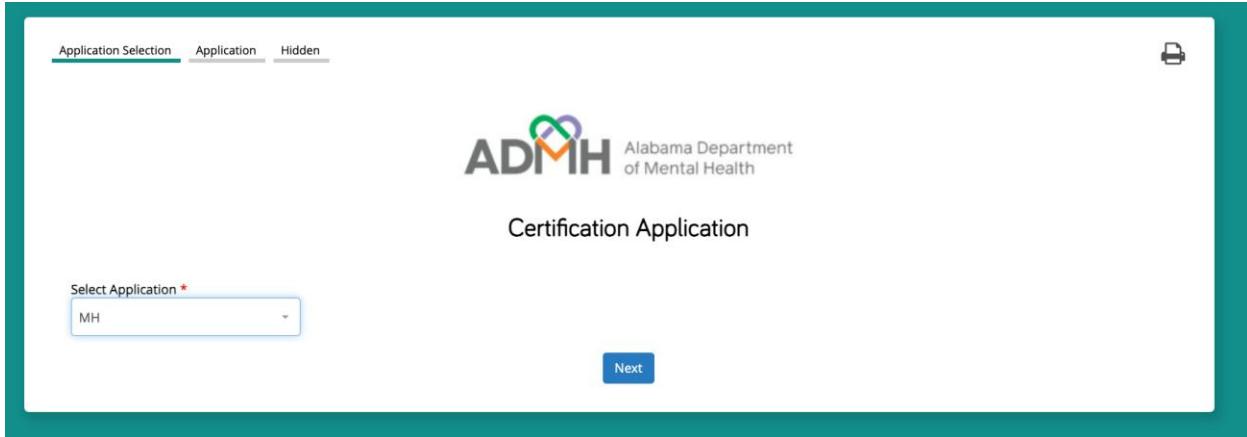
-- Select one --

This field is required

Submit

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-based application interface for the Alabama Department of Mental Health (ADMH). The page title is "Certification Application". At the top, there are three tabs: "Application Selection" (which is underlined, indicating it is the active tab), "Application", and "Hidden". Below the tabs is the ADMH logo, which consists of a stylized "ADMH" with a green heart shape above the "A" and "M". To the right of the logo, the text "Alabama Department of Mental Health" is displayed. A printer icon is located in the top right corner of the main content area. The main content area contains a form field labeled "Select Application *". A dropdown menu is open, showing the option "MH". A blue "Next" button is located at the bottom right of the form area. The entire screenshot is framed by a thick teal border.

Applicant

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

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](#) 

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

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

After clicking "Next Stage," the OCA director will be directed to a form where they can review all the information previously entered in the "Application" tab. There is no need to change anything. The OCA director will select the disposition from the dropdown menu labeled "OCA Disposition." Depending on the option chosen, the application will either be returned to the applicant or forwarded to the next stage. The OCA Director will then click

"Submit."

Application OCA Quality Review

 Alabama Department of Mental Health

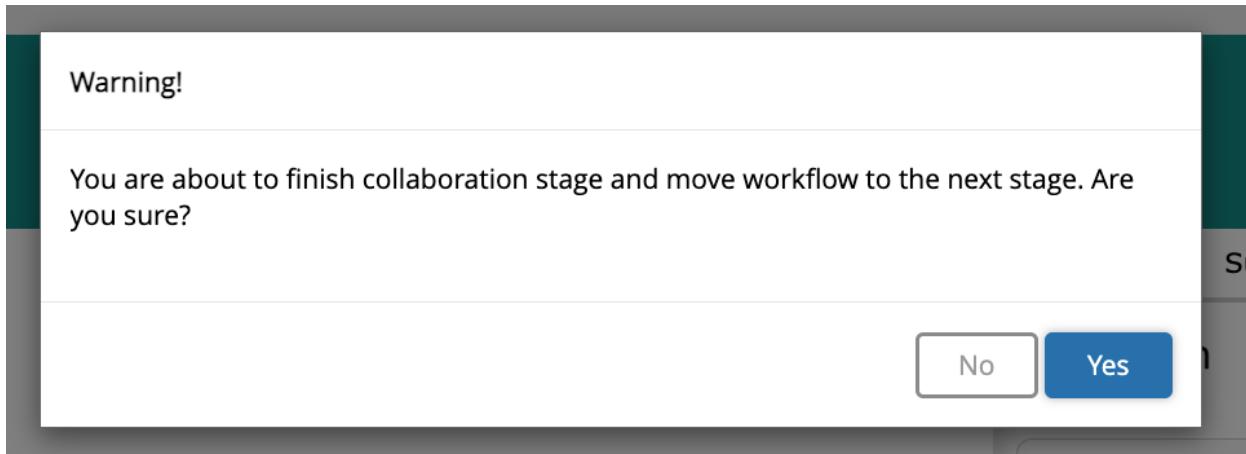
Certification Application
OCA Quality Review

Red arrow pointing to the "Select one --" dropdown menu.

-- Select one --
Approve and forward
Return to Provider for Changes
Hold
-- Select one --

Update form values Back Submit

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



MHSU Certification Team Selection

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

Application MHSU Certification Team Selection

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

Forward to Certification Team

Review Comments

Certification Team Member *

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

-- Select one --

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 *

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

[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@simpli...)

[Clear](#)

SU Program Director Executive Assistant *

Moshkin Artem(amoshkin@simpli...)

[Clear](#)

[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.alaba
- Craig**
Lashanda(Lashanda.craig@mh.alaba
- Merriweather
Flana(Flana merriweather@mh.alab

-- 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

 Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

Recommend Approval

Internal Comments

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 *

X

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.



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



Kay Ivey
Governor

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

Dear Test,

Kimberly G. Boswell
Commissioner

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** 

 Alabama Department of Mental Health

Commissioner Review

Date
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name

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 **OCA Final Submission** 

 Alabama Department of Mental Health

OCA Final Submission

Press 'Submit' to process.

Certification Approved

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



Application Accepted

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

Application Details:

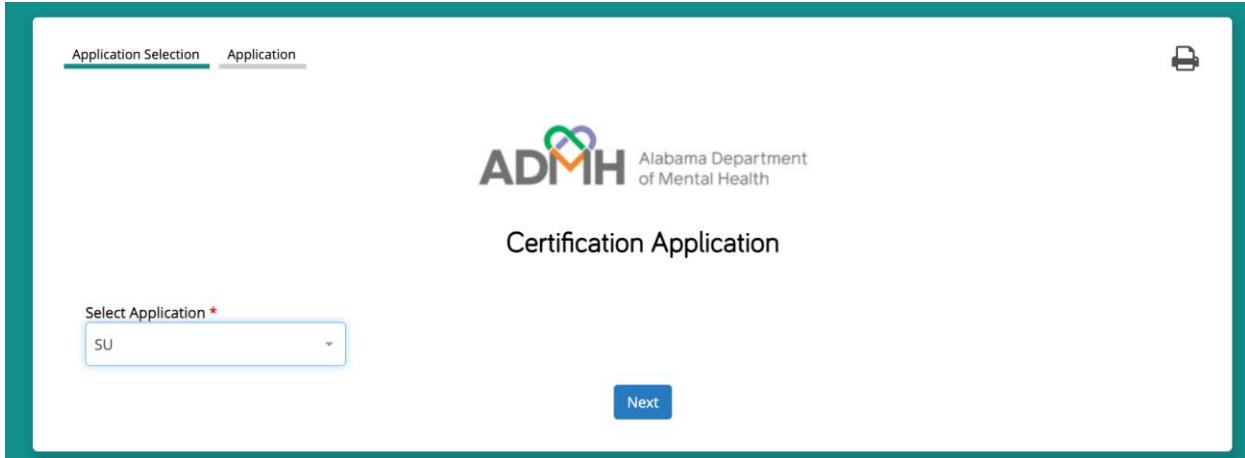
- **Agency Name:** Test
- **Application Type:** New Clinical Director Request
- **Reference Number:** NewClin#00001
- **Submission Date:** 10/15/2025
- **New Clinical Director Name:** Test Tests
- **New Clinical Director Email:** amoshkin@simpligov.com

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

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

SU Provider

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



The screenshot shows a web-based application interface for a 'Certification Application'. At the top, there are two tabs: 'Application Selection' (which is underlined in green, indicating it is the active tab) and 'Application'. Below the tabs is the 'ADMH' logo with the text 'Alabama Department of Mental Health'. The main title 'Certification Application' is centered above a dropdown menu labeled 'Select Application *'. The dropdown menu contains a single option, 'SU', which is highlighted. At the bottom right of the page is a blue 'Next' button.

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



Copy of transcripts *

Job description *

Org Chart *

Resume *

Applicant

Applicant

Administrative Services Number *

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

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](#) 

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

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

After clicking "Next Stage," the OCA director will be directed to a form where they can review all the information previously entered in the "Application" tab. There is no need to change anything. The OCA director will select the disposition from the dropdown menu labeled "OCA Disposition." Depending on the option chosen, the application will either be returned to the applicant or forwarded to the next stage. The OCA Director will then click

"Submit."

Application OCA Quality Review

 Alabama Department of Mental Health

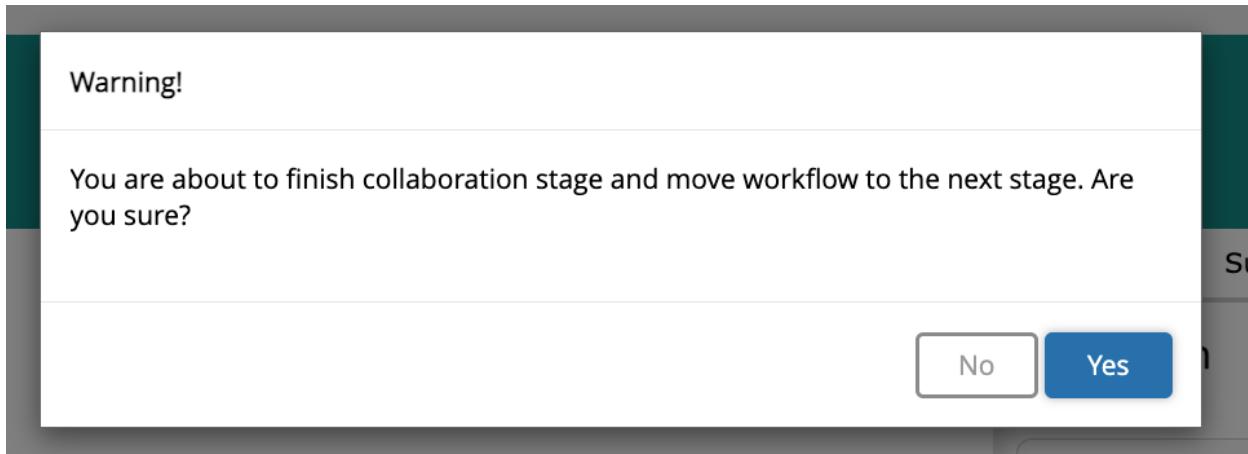
Certification Application
OCA Quality Review

Red arrow pointing to the "Select one --" dropdown menu.

-- Select one --
Approve and forward
Return to Provider for Changes
Hold
-- Select one --

Update form values Back Submit

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



MHSU Certification Team Selection

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

Application MHSU Certification Team Selection

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

Forward to Certification Team

Review Comments

Certification Team Member *

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

-- Select one --

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... [Clear](#)

[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@simpli...)

[Clear](#)

SU Program Director Executive Assistant *

Moshkin Artem(amoshkin@simpli...)

[Clear](#)

[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.alabam
- Craig Lashanda(Lashanda.craig@mh.alab**
- Merriweather Flana(Flana merriweather@mh.alab
- 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

 Alabama Department
of Mental Health

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 *

X

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.



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



Kay Ivey
Governor

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

Dear Test,

Kimberly G. Boswell
Commissioner

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** 

 Alabama Department of Mental Health

Commissioner Review

Date
10/08/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name

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 **OCA Final Submission** 

 Alabama Department of Mental Health

OCA Final Submission

Press 'Submit' to process.

Certification Approved

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



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

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.