

# The Alabama Department of Mental Health Division of Administration

## Mailing Address Change



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## 1. Workflow Roles

### Provider

#### Associate Commissioner of Administration

Role type: Registered user

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

#### Director of Provider Certification + Associate Commissioner, DDD

Role type: Group of roles

Roles: DD Associate Commissioner [DDD—kathy.sawyer@mh.alabama.gov](mailto:DDD—kathy.sawyer@mh.alabama.gov), DD Provider Certification Director [Certification-fredericka.orange@mh.alabama.gov](mailto:Certification-fredericka.orange@mh.alabama.gov)

### ADMH Commissioner

Role type: Registered user

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

#### Community Services Director (CSD)

Role type: Get user data from form

Form field for user email: Community Services Director Email

Holyfield, Kimberly [kimberly.holyfield@region1.mh.alabama.gov](mailto:kimberly.holyfield@region1.mh.alabama.gov)

Huguley, Barbara [Barbara.Huguley@region2.mh.alabama.gov](mailto:Barbara.Huguley@region2.mh.alabama.gov)

Jackson, LeVander [LeVander.Jackson@region3.mh.alabama.gov](mailto:LeVander.Jackson@region3.mh.alabama.gov)

Foster, LaSaundra [LaSaundra.Foster@region4.mh.alabama.gov](mailto:LaSaundra.Foster@region4.mh.alabama.gov)

Hatcher, Ziva [Ziva.Hatcher@region5.mh.alabama.gov](mailto:Ziva.Hatcher@region5.mh.alabama.gov)

### DD Associate Commissioner

Role type: Registered user

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

### DD Central Office

Role type: Group of roles

Roles: Planning & Quality Specialist II, Provider Network Manager

### **DD Provider Certification Director**

Role type: Registered user

Selected user: Orange Fredericka – [fredericka.orange@mh.alabama.gov](mailto:fredericka.orange@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 Director**

Role type: Registered user

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

### **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 II**

Role type: Registered user

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

### **Policy, Planning & Quality Review 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)

## 2. Select Application

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


ADMH - Mailing Address Change Exit workflow

Application Selection 



Alabama Department  
of Mental Health


Certification Application

Select Application 

-- Select one --

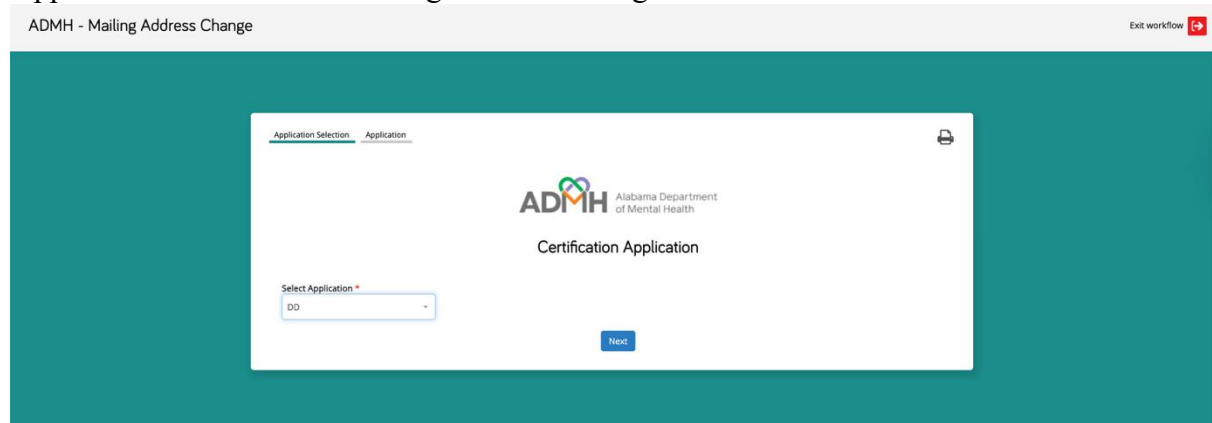
-- Select one --

DD



### 3. DD Provider

Once DD is selected from the drop-down, one tab displays. The provider goes to the Application to fill out the Mailing Address Change information.



ADMH - Mailing Address Change Exit workflow

Application Selection Application

ADMH Alabama Department of Mental Health

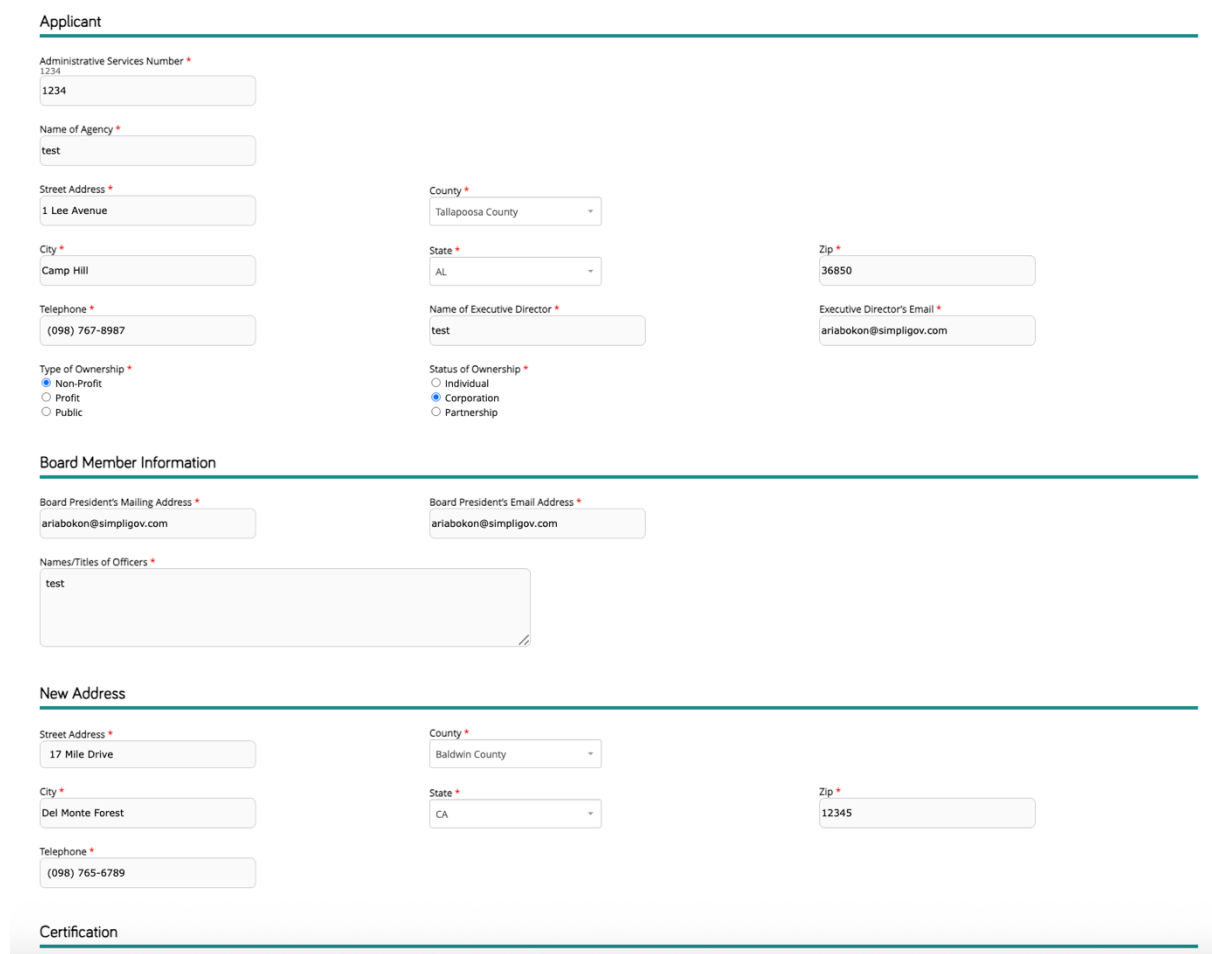
Certification Application

Select Application \*

DD

Next

Fills out the required fields marked with \* in the Application section. Address fields will pre-populate as soon as the Provider start entering it and selects from the options that appear.



Applicant

Administrative Services Number \*

1234

1234

Name of Agency \*

test

Street Address \*

1 Lee Avenue

City \*

Camp Hill

Telephone \*

(098) 767-8987

County \*

Tallapoosa County

State \*

AL

Zip \*

36850

Name of Executive Director \*

test

Executive Director's Email \*

ariabokon@simpligov.com

Type of Ownership \*

☒ Non-Profit

☐ Profit

☐ Public

Status of Ownership \*

☐ Individual

☒ Corporation

☐ Partnership

Board Member Information

Board President's Mailing Address \*

ariabokon@simpligov.com

Board President's Email Address \*

ariabokon@simpligov.com

Names/Titles of Officers \*

test

New Address

Street Address \*

17 Mile Drive

City \*

Del Monte Forest

Telephone \*

(098) 765-6789

County \*

Baldwin County

State \*

CA

Zip \*

12345

Certification

The provider will add their name and date in the Certification section.

**Certification**

General Comments (optional)  
Any relevant information you would like the Office of Certification Administration to know.

Executive Director Signature \*

× Sam Smith

Sam Smith Type Draw Upload Clear

Date \*  
10/13/2025

Agency \*  
test

Attach Supporting Documents  
Select files...

Disclaimer:  
Programmatic certification and/or life safety (physical facility/setting) certification does not imply that the Department of Mental Health will contract with your program.

Back Submit

Once the Provider has entered the required information, hits 'Submit'. A submission confirmation page with their application number must display.

ADMH - Mailing Address Change Exit workflow

ADMH Alabama Department of Mental Health

Application successfully submitted

Please allow approximately 2-4 weeks for your application to complete the full review process including any required inspections.

AdChg#00001

Click 'Exit workflow'.

### OCA Quality Review

At the OCA Quality Review stage, the OCA Director reviews the submitted application and either Approve, Hold or Return the Application for changes. Then hits 'Submit'.

ADMH - Mailing Address Change

Application OCA Quality Review



#### OCA Quality Review

Date \*

10/13/2025

OCA Disposition \*

-- Select one --

|

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values

Back

Submit

Based on the Disposition, there are additional fields that appear.

ADMH - Mailing Address Change

Application OCA Quality Review



#### OCA Quality Review

Date \*

10/13/2025

OCA Disposition \*

Approve and forward

Update form values

Back

Submit



## ADMH - Mailing Address Change

Application OCA Quality Review



### OCA Quality Review

Date \*

10/13/2025

OCA Disposition \*

Return to Provider for Changes

Message to Applicant \*

10/13/2025

Executive Director

Dear :

The Office of Certification Administration requests resubmission of your Certification Application. Please review the explanation below for details.

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

Sincerely,

Fred McCoy, III  
OCA Director

Update form values

Back

Submit

## ADMH - Mailing Address Change

Application OCA Quality Review



### OCA Quality Review

Date \*

10/13/2025

OCA Disposition \*

Hold

Hold Reason \*

Provide a message to the Provider explaining the hold.

Update form values

Back

Submit

### Planning and Quality Review

The Attorney will choose 'Pass' if the Provider passed a background check and hit 'Submit'. The Planning & Quality Specialist reviews the submitted application, then chooses a date (or uses an already prepopulated date) and either forwards it to the Certification Director or Hold the Application. Then hits 'Submit'.

ADMH - Mailing Address Change

Application OCA Quality Review **Planning and Quality Review**

ADMH Alabama Department of Mental Health

Planning & Quality Specialist II Review

Date \*  
10/13/2025

Planning & Quality Specialist II Disposition \*  
-- Select one --  
Forward to Certification Director  
Hold

Update form values Back Submit

There is also an option to add an Internal Message.

ADMH - Mailing Address Change

Application OCA Quality Review **Planning and Quality Review**

ADMH Alabama Department of Mental Health

Planning & Quality Specialist II Review

Date \*  
10/13/2025

Planning & Quality Specialist II Disposition \*  
Forward to Certification Director


Internal Message

Update form values Back Submit

Or if Hold Option is chosen, there is an additional required field for a Hold Reason.

ADMH - Mailing Address Change

ApplicationOCA Quality ReviewPlanning and Quality Review



Planning & Quality Specialist II Review

Date \*  
10/13/2025

Planning & Quality Specialist II Disposition \*  
Hold

Internal Message

Hold Reason \*  
Leave a note for the Provider explaining the nature of the hold.  

This field is required

Update form values

Back

Submit

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### DD Certification Director Review

At the DD Certification Director Review stage, the DD Certification Director and DD Associate Commissioner review the submitted application and either Approve, Deny or Request Additional Information.


Also, there is an Option to add Internal Comments and Approval or Denial Documents. The Approver signs the form and then hits 'Submit'.


Application

OCA Quality Review

Planning and Quality Review

DD Certification Director Review





Alabama Department  
of Mental Health

DD Certification Director & DD Associate Commissioner Review

Date

10/13/2025

Certification Director Disposition \*

-- Select one --

-- Select one --

Approve

Deny

Request Additional Information

Approval Documents

Select files...

Denial Documents

Select files...

Signature \*

×

Signer's NameType Draw Upload Clear

Update form values

Back


Submit

### *OCA Director Review*

At the OCA Director Review stage, there are two tabs that appear: OCA Director Review and Letter Creation. The OCA Director reviews the submitted application and either Approve or Deny the Application. Then hits 'Next'.

ADMH - Mailing Address Change

Application OCA Quality Review Planning and Quality Review DD Certification Director Review **OCA Director Review** Letter Creation

 Alabama Department of Mental Health

OCA Director Review

Date \*  
10/13/2025

OCA Director Disposition \*  
-- Select one --  
-- Select one --  
Approve - Draft Approval Letter  
Deny - Draft Denial Letter

Update form values Back Next

The next tab is Letter Creation. The OCA Director fills Paragraph 1 of the letter and hits 'Submit'.

## Certification Application

**Paragraph 1 of the Approval Letter \***

User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 1st paragraph template.

test

**Paragraph 1 of the Denial Letter \***

test 2

test

Executive Director

test

Camp Hill, 36850

Dear 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

test

Executive Director

test

Camp Hill, 36850

Dear 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

At the Associate Commissioner Review stage, the Associate Commissioner of Admin reviews the submitted application and either Forward it to Commissioner or Request Additional Information. There are also additional fields for Notes.

Then the Reviewer signs the form and hits 'Submit'.

ADMH - Mailing Address Change

Application

OCA Quality Review


Planning and Quality Review

DD Certification Director Review

OCA Director Review

Letter Creation

Associate Commissioner Review



Associate Commissioner Review

Date \*

10/13/2025

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Note for OCA & OPP Director (if requesting additional information)

Associate Commissioner Signature \*

X

Signer's Name

Type Draw Upload

Clear

Update form values

Back

Submit


### Commissioner Review

At the Commissioner Review stage, the Commissioner reviews the submitted application and can Approve, Deny, or Request Additional Information. There is also an additional field for Notes.

Then the Reviewer signs the form and hits 'Submit'.

ADMH - Mailing Address Change

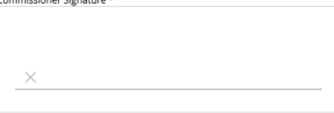
Application OCA Quality Review Planning and Quality Review DD Certification Director Review OCA Director Review Letter Creation Associate Commissioner Review Commissioner Review

 Alabama Department of Mental Health

Commissioner Review

Date \*  
10/13/2025

Commissioner Disposition \*  
-- Select one --  
-- Select one --  
Approve  
Deny  
Request Additional Information

Commissioner Signature \*  


Signer's Name Type Draw Upload Clear

Update form values Back Submit



## *OCA Final Review*

During the OCA Final Submission Stage, the PPQ Director reviews the whole Application one more time and if everything is fine, then hits 'Submit'.

ADMH - Mailing Address Change

Application   OCA Quality Review   Planning and Quality Review   DD Certification Director Review   OCA Director Review   Letter Creation   Associate Commissioner Review   Commissioner Review   OCA Final Review



### OCA Final Submission

Press 'Submit' to process.

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

### Central Office Processing DD

The Central Office Processing DD Review is the last stage in the Application. During this stage, the DD Central Office confirms that the PNM and Quality & Assurance Specialist II have taken all necessary action. There is also an additional field for the Internal Comments. After the Review, the Officer hits 'Submit'.

ADMH - Mailing Address Change

Application

OCA Quality Review

Planning and Quality Review

DD Certification Director Review


OCA Director Review

Letter Creation

Associate Commissioner Review

Commissioner Review

Central Office Processing DD



### Central Office Processing

Please confirm that the **Provider Network Manager**, and **Quality & Assurance Specialist II** have taken all necessary action before pressing "Submit" to complete this application.

Internal Comments

Update form values

Back

Submit