

The Alabama Department of Mental Health Division of Administration

Management Change



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1. Workflow Roles

Provider

Administration Division Attorney

Role type: Registered user
Selected user

Associate Commissioner of Administration

Role type: Registered user
Selected User: Brooke Hibbard (brooke.hibbard@mh.alabama.gov)

Central Office CWP

Role type: Group of roles
Roles:

- CWP Provider Network Manager – Donald McGraw – donald.mcgraw@region3.mh.alabama.gov
- Planning & Quality Specialist II – Tina Nettles – tina.nettles@mh.alabama.gov
- Provider Network Manager – Latoya Woods – latoya.woods@mh.alabama.gov

Central Office DD

Role type: Group of roles
Roles:

- Planning & Quality Specialist II – Tina Nettles – tina.nettles@mh.alabama.gov
- Provider Network Manager – Latoya Woods – latoya.woods@mh.alabama.gov

Certification Team Member

Role type: Selected user
Selected user from field: Certification Team Member

Commissioner

Role type: Registered user
Selected user: Kimberly Boswell – kimberly.boswell@mh.alabama.gov

Community Service Director (CSD)

Role type: Get user data from form
Form field for user email: Community Services Director Email

CWP Provider Network Manager

Role type: Registered user
Selected user: Donald McGraw – donald.mcgraw@region3.mh.alabama.gov

DD Associate Commissioner

Role type: Registered user
Selected User: Camille Cumuze (Camille.cumuze@mh.alabama.gov)

DDD Certification Director

Role type: Registered user
Selected user: Fredericka Holifield-Orange – fredericka.orange@mh.alabama.gov

Director, Office of Policy and Planning

Role type: Registered user

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

Life Safety

Role type: Registered user

Selected User: Phil Thomas (Philip.thomas@mh.alabama.gov)

MH Program Coordinator

Role type: Selected user

Selected user from field: MH Program Coordinator

MHSU Associate Commissioner

Role type: Registered user

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

MHSU Certification Director

Role type: Registered user

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

OCA ASA III

Role type: Registered user

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

OCA Director

Role type: Registered user

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

OCA, ASA, DD Cert Dir

Role type: Group of roles

Roles:

- DDD Certification Director – Fredericka Holifield-Orange – fredericka.orange@mh.alabama.gov
- OCA ASA III – Courtney Pritchett – courtney.pritchett@mh.alabama.gov
- OCA Director – Fred McCoy – fred.mccoy@mh.alabama.gov

Placement Coordinator

Role type: Get user data from form

Form field for user email: Placement Coordinator Email

Planning & Quality Specialist I

Role type: Registered user

Selected user: Melanie Williams – melanie.williams@mh.alabama.gov

Planning & Quality Specialist II

Role type: Registered user

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

Prevention Program Coordinator

Role type: Selected user

Selected user from field: Program Coordinator

Provider Network Manager

Role type: Registered user

Selected user: Latoya Woods – latoya.woods@mh.alabama.gov

Selected Program Director

Role type: Selected user

Selected user from field: Program Director

SU Executive Assistant

Role type: Selected user

Selected user from field: Program Director Executive Assistant

SU Program Manager

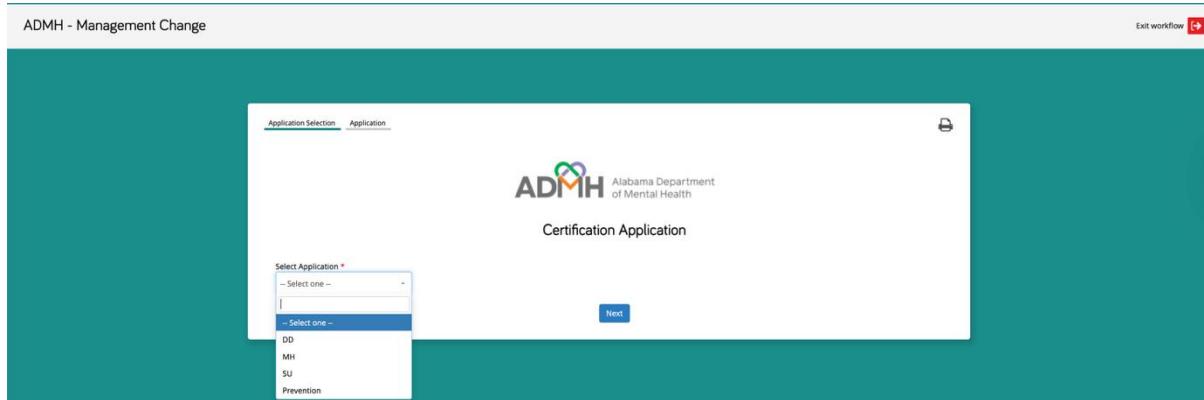
Role type: Selected user

Roles / Emails:

- 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

2. Select Application

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



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The title bar reads 'ADMH - Management Change'. The main content area has a teal header with the ADMH logo and the text 'Certification Application'. Below this is a white form panel. At the top of the form panel are two tabs: 'Application Selection' (which is active, indicated by a blue underline) and 'Application'. In the center of the form panel is a dropdown menu with the label 'Select Application *'. The dropdown menu is open, showing a list of options: 'DD', 'MH', 'SU', and 'Prevention'. The 'MH' option is highlighted with a blue background. To the right of the dropdown is a blue 'Next' button. The bottom right corner of the teal header has a small red icon with a white plus sign and the text 'Exit workflow'.

3. DD Provider

1. Start the Form

1. Open the **Management Change** form from your dashboard.
2. In the first section, locate the field for **Administrative Services Number**.
3. Enter the number associated with your provider (for example, 1236).

Submission Date *

10/21/2025

Applicant

Administrative Services Number *

1236

Agency Name *

The Bridge, Inc.

Street Address *

6001 12th Avenue East

County *

Tuscaloosa County

City *

Tuscaloosa

State *

AL

Zip *

35405

Telephone *

(256) 546-6324

Name of Executive Director *

This field is required

Executive Director's Email *

This field is required

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Board Member Information

Board President's Mailing Address *

This field is required

Board President's Email Address *

This field is required

Names/Titles of Officers *

2. Auto-Populate Provider Information

- After entering the Administrative Services Number, the form will **automatically pull in provider information** from the database.
- The system will attempt to populate:
 - Provider name
 - Provider email address
 - Board or facility information

Note: If any of these fields remain blank, it means the data is not currently on file for that provider.

Telephone *	Name of Executive Director *	Executive Director's Email *
(256) 546-6324	Test	Test@test.com
Type of Ownership *	Status of Ownership *	
<input checked="" type="radio"/> Non-Profit <input type="radio"/> Profit <input type="radio"/> Public	<input checked="" type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership	

Board Member Information

Board President's Mailing Address *	Board President's Email Address *
123 Street Way	Test@test.com
Names/Titles of Officers *	
Officer 1 - Title 1	

This field is required

Waiver Type

Select the appropriate Waiver *	Will the home be occupied by persons who require ADA accommodations? *
-- Select one --	<input type="radio"/> Yes <input type="radio"/> No
Type of Setting *	
-- Select one --	
Select the Service *	
-- Select one --	

Choose Sites to Change Management

3. Enter or Verify Missing Details

If fields such as address or email are blank:

1. Manually type the correct **street address** (e.g., *123 Street Way*).
2. Enter or verify the **email address**.

Waiver Type

Select the appropriate Waiver *

CWP

Type of Setting *

Community Based Residential

Select the Service *

CWP - Adult Family Home

Will the home be occupied by persons who require ADA accommodations? *

Yes
 No

Choose Sites to Change Management

Please submit a separate application for each Management Change Request

You must select only one location for each Management Change Application

Administrative Services Number of Previous Site Manager *

1234

Chosen Site Name *

Chosen Site Address

Certification

General Comments (optional)

4. Select a Site

1. Enter the next **Administrative Services Number** if applicable (e.g., 1234).
2. The system will display a list of **Sites or residences** linked to that provider.
3. From the list, **select the Site where the management change applies.**

Choose Sites to Change Management

Please submit a separate application for each Management Change Request

You must select only one location for each Management Change Application

Administrative Services Number of Previous Site Manager *

1234

1234

Chosen Site Name * Chosen Site Address

Facility Name Facility Address Take over management of this facility

Personal Care 315 McFarland Boulevard East, Tuscaloosa, AL 36080

Facility Name Facility Address Take over management of this facility

Jackson Grove CRF 100 N Union St #518, Montgomery, AL 36117

Facility Name Facility Address Take over management of this facility

Beth & Kim Team Skips 23425 Thurston Court, Hayward, CA 94541

Facility Name Facility Address Take over management of this facility

Remote Services 100 North Union Street, Montgomery, AL 36117

Facility Name Facility Address Take over management of this facility

Beth & Kim Team Skips 23425 Thurston Court, Hayward, CA 94541

Facility Name Facility Address 6Take over management of this facility

Kim's Team Skip Test 1938 Q Street, Rio Linda, AL 95673

Facility Name Facility Address 7Take over management of this facility

Ken's Transitional Age Residential 1234 Howe Avenue, Sacramento, AL 95825

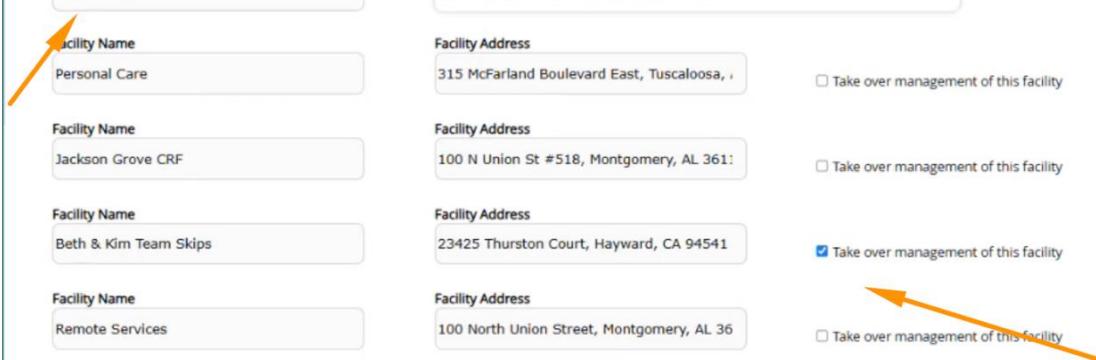
Facility Name Facility Address

1234 Howe Avenue, Sacramento, CA 95825

5. Update Facility Name

1. Locate the field labeled **Chosen Site Name**.
2. Enter the **new facility name** (for example, *New Facility CRF*).
3. Confirm that the updated name appears correctly in the field.

Administrative Services Number of Previous Site Manager *	1234
Chosen Site Name *	New Facility CRF
Facility Name	Personal Care
Facility Name	Jackson Grove CRF
Facility Name	Beth & Kim Team Skips
Facility Name	Remote Services
Facility Name	Beth & Kim Team Skips
Facility Name	Kim's Team Skip Test
Facility Name	Ken's Transitional Age Residential
Facility Name	Ken's Facility
Facility Name	
Chosen Site Address	23425 Thurston Court, Hayward, CA 94541
Facility Address	315 McFarland Boulevard East, Tuscaloosa, AL 36784
Facility Address	100 N Union St #518, Montgomery, AL 36104
Facility Address	23425 Thurston Court, Hayward, CA 94541
Facility Address	100 North Union Street, Montgomery, AL 36104
Facility Address	23425 Thurston Court, Hayward, CA 94541
Facility Address	1938 Q Street, Rio Linda, CA 95673
Facility Address	1234 Howe Avenue, Sacramento, CA 95825
Facility Address	1234 Ridgeway Drive, Sacramento, CA 95825
Take over management of this facility	<input type="checkbox"/>
Take over management of this facility	<input checked="" type="checkbox"/>
Take over management of this facility	<input type="checkbox"/>
6Take over management of this facility	<input type="checkbox"/>
7Take over management of this facility	<input type="checkbox"/>
8Take over management of this facility	<input type="checkbox"/>



6. Certify and Submit

1. Scroll to the bottom of the form.
2. Review the **Certification** section.
3. Enter your **provider agency name** and **address** in the certification area.
4. Click **Submit** to complete the process.

General Comments (optional)

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

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

Executive Director Signature *



A hand-drawn signature in blue ink, consisting of a series of connected lines forming a stylized 'X' or a signature mark.

Type Draw Upload Clear

Date *

10/21/2025

Agency *

The Bridge, Inc.

Address *

1234 P St, Sacramento, CA 95814, USA

Attach Supporting Documents

Select files...

Back Submit


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'.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

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.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Approve and forward

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

Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Return to Provider for Changes

Message to Applicant

10/22/2025

Executive Director

Dear test:

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](#)

[Application Selection](#) [Application](#) [OCA Quality Review](#)



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Hold

Hold Reason *

Provide a message to the Provider explaining the hold.

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

Application and Setting Review Form

At this stage, the Community Services Director and the Regional Community Services (RCS) Office review the Application and provide answers to the questions in the form.

Part A To be verified by the Regional Community Services Director

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

Yes

No

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Additional Comments/Observations:

Name of person completing Assessment: *

Date: *

10/22/2025

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

Yes

No

Attach Photos

Select files...

Community Services Director Email: *

eborg@simpligov.com

Community Services Director Signature: *

Signer's Name

Type Draw Upload Clear

Date: *

10/22/2025

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

Planning & Quality Specialist II

The Planning & Quality Specialist II reviews the application, selects the disposition, and submits.

[Application](#) [OCA Quality Review](#) [Application and Setting Review Form](#) [Planning & Quality Specialist II](#)



DD Planning & Quality Specialist II

DD Planning & Quality Specialist II Disposition *

-- Select one --

- Select one --
- Forward to DD Certification Director
- Hold

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

Certification Director Review

The next step is the DD Certification Director Review, where the Director chooses the Disposition and signs the Application.

[Application](#) [OCA Quality Review](#) [Application and Setting Review Form](#) [Planning & Quality Specialist II](#) [Certification Director Review](#)



DD Provider Certification Director & DD Associate Commissioner Review

Date
10/22/2025

Certification Director Disposition *

-- Select one --

|

-- Select one --

Approve

Deny

Request Additional Information

Approval Documents

[Select files...](#)

Denial Documents

[Select files...](#)

Signature *

Signer's Name

Type Draw Upload Clear

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

Life Safety Inspection

At this stage, the Office of Life Safety and Technical Services reviews the Application and provides answers related to the Mechanical System, General Requirements, Sanitation/Safety, and so on, and then hits 'Next'.

[Application](#) [OCA Quality Review](#) [Application and Setting Review Form](#) [Planning & Quality Specialist II](#) [Certification Director Review](#) [Life Safety Inspection](#) [Letter Creation](#)



[Certificate Creation](#)



Certification Application Office of Life Safety and Technical Services

Parent organization

Type of facility:

Authority: 580-3-22

Code of Alabama 1975, Section 22-50-11

Mechanical Systems

C

N/C

N/A

Remarks

Fire Alarm System

Sprinkler System

Smoke/Heat Detectors

Fire Extinguishers

Emergency Lights/Power

The next tab is Letter Creation, where the information is already prepopulated

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

Certificate Creation

 Alabama Department of Mental Health

Certification Application

Paragraph 1 of the Approval Letter *

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided. [This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

test
Executive Director
test
123 t
test, CO 12345

Dear test:

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided. [This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

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

Sincerely,

Kimberly G. Boswell
Commissioner

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

The last tab is a Certificate Creation, where the Office chooses the certification term and the Start date. The Certificate Expiration Date is calculated automatically.

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

Certificate Creation

 Alabama Department of Mental Health

Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/22/2025

Certificate Expiration Date *

10/22/2026

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

Associate Commissioner Review

During this stage, the Associate Commissioner of Administration reviews all the Information, selects the Disposition, and hits 'Submit'.

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II Certification Director Review Life Safety Inspection Letter Creation [!\[\]\(d98102e94f04b638060bfb01f8047a0d_img.jpg\)](#)

Certificate Creation Associate Commissioner

 Alabama Department of Mental Health

Associate Co [-- Select one --](#) of Administration Review

Date

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Forward to Commissioner
Request Additional Information

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

Commissioner Review

At this stage, the Commissioner reviews the packet, leaves the notes, selects the disposition, signs it, and submits.

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



Commissioner Review

Date

10/22/2025

Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Request Additional Information

Signature *

Signer's Name

Type Draw Upload Clear

Update form values

Back

Submit

If 'Request Additional Information' is chosen, a required field 'Message to Provider' appears.

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



Commissioner Review

Date

10/22/2025

Commissioner Disposition *

Request Additional Information

Internal Comments

Message to Provider

Signature *

Signer's Name

Type Draw Upload Clear

Update form values

Back

Submit

Certificate Generation

After all Review Stages, the Certificate Generation is started. The system is doing its search to find the facilities and produce the appropriate certificates, and it generates the certificate. And what this is doing is generating a certificate for each thing tied, each facility tied to this provider.

The Provider clicks on three dots – View History.

Actions	Workflow Name	Status	Last Updated	Name	Program Type	Address	Certificate Number	Created	Requester
Actions	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisis...	1234 Ridgeway Drive, Sacra...	1251	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Residential...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mhsa...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mhsa...
Cancel Request	03	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	02	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	02								
Reassign User	01	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Edit Submitted Data		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Submit From This									
ReSync									
Resend Notifications									

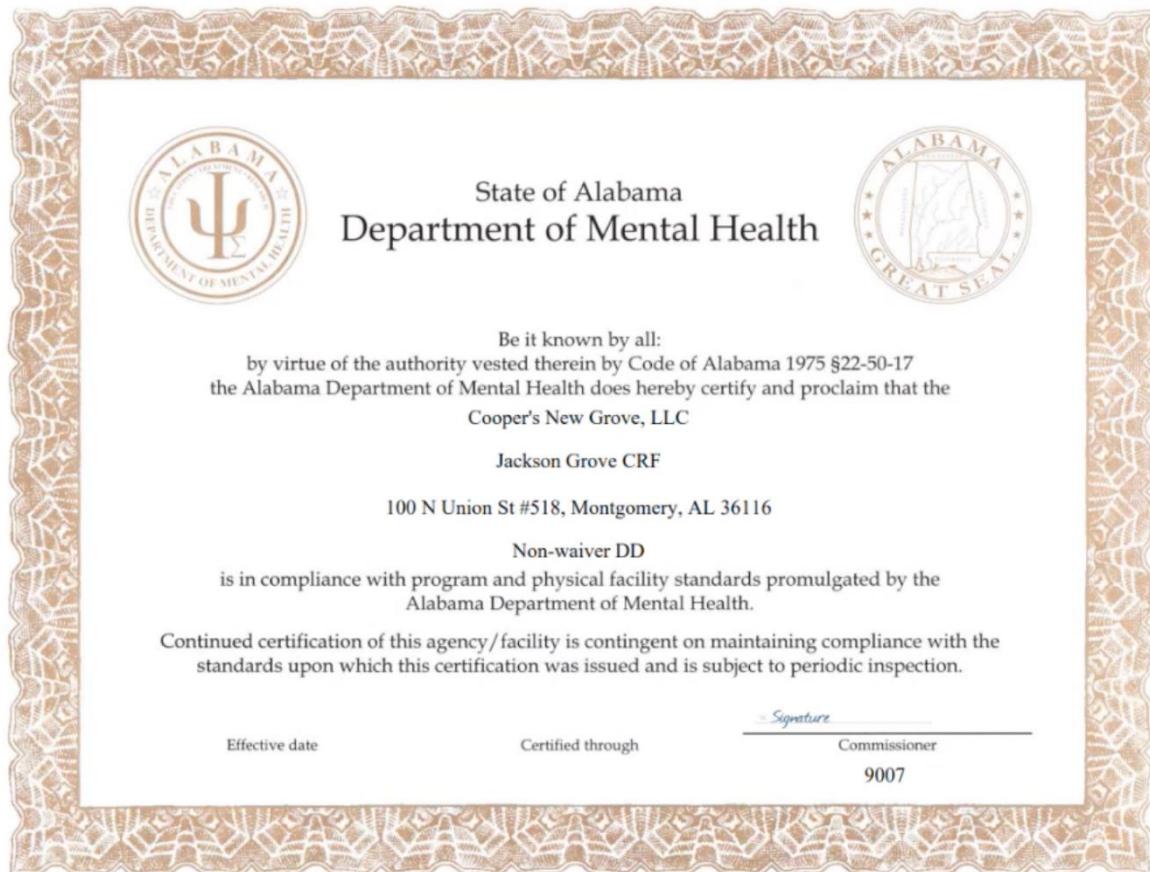
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

So in the documents, the Provider can go in here and can download the merged.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

There is a generated Certificate.



4. MH Provider

1. Start the Form

4. Open the **Management Change** form from your dashboard.
5. In the first section, locate the field for **Administrative Services Number**.
6. Enter the number associated with your provider (for example, 1236).

Submission Date *

10/21/2025

Applicant

Administrative Services Number *

1236

Agency Name *

The Bridge, Inc.

Street Address *

6001 12th Avenue East

County *

Tuscaloosa County

City *

Tuscaloosa

State *

AL

Zip *

35405

Telephone *

(256) 546-6324

Name of Executive Director *

This field is required

Executive Director's Email *

This field is required

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Board Member Information

Board President's Mailing Address *

This field is required

Board President's Email Address *

This field is required

Names/Titles of Officers *

2. Auto-Populate Provider Information

- After entering the Administrative Services Number, the form will **automatically pull in provider information** from the database.
- The system will attempt to populate:
 - Provider name
 - Provider email address
 - Board or facility information

Note: If any of these fields remain blank, it means the data is not currently on file for that provider.

Telephone *	Name of Executive Director *	Executive Director's Email *
(256) 546-6324	Test	Test@test.com
Type of Ownership *	Status of Ownership *	
<input checked="" type="radio"/> Non-Profit <input type="radio"/> Profit <input type="radio"/> Public	<input checked="" type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership	
Board Member Information		
Board President's Mailing Address *	Board President's Email Address *	
123 Street Way	Test@test.com	
Names/Titles of Officers *		
Officer 1 - Title 1 		
<small>This field is required</small>		

3. Select a Facility

1. Enter the next **Administrative Services Number** if applicable (e.g., 1234).
2. The system will display a list of **facilities or residences** linked to that provider.
3. From the list, **select the facility** where the management change applies.

Choose Sites to Change Management

Please submit a separate application for each Management Change Request

Select the Service *

-- Select one --

Administrative Services Number of Previous Site Manager *

1234

Chosen Site Name *

Chosen Site Address

Facility Name

Facility Address

Take over management of this facility

Facility Name

Facility Address

Take over management of this facility

Facility Name

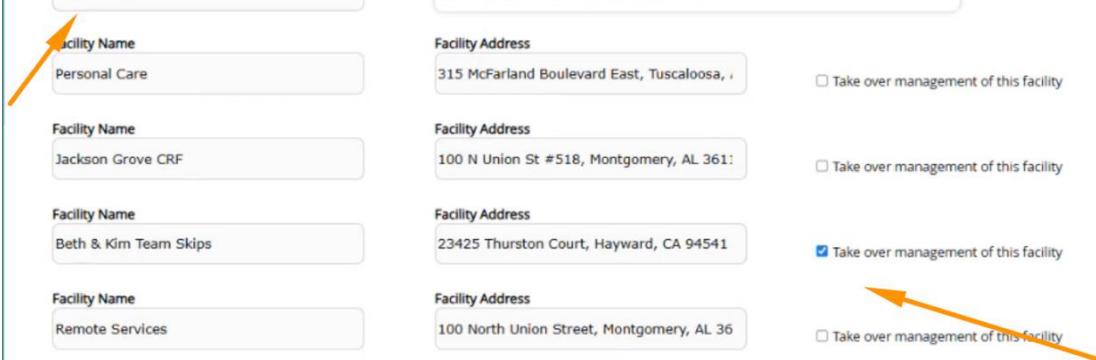
Facility Address

Take over management of this facility

4. Update Facility Name

4. Locate the field labeled **Chosen Site Name**.
5. Enter the **new facility name** (for example, *New Facility CRF*).
6. Confirm that the updated name appears correctly in the field.

Administrative Services Number of Previous Site Manager * 1234 1234	
Chosen Site Name * New Facility CRF	Chosen Site Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Personal Care	Facility Address 315 McFarland Boulevard East, Tuscaloosa, AL 36080
Facility Name Jackson Grove CRF	Facility Address 100 N Union St #518, Montgomery, AL 36104
Facility Name Beth & Kim Team Skips	Facility Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Remote Services	Facility Address 100 North Union Street, Montgomery, AL 36104
Facility Name Beth & Kim Team Skips	Facility Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Kim's Team Skip Test	Facility Address 1938 Q Street, Rio Linda, CA 95673
Facility Name Ken's Transitional Age Residential	Facility Address 1234 Howe Avenue, Sacramento, CA 95825
Facility Name Ken's Facility	Facility Address 1234 Ridgeway Drive, Sacramento, CA 95825
Facility Name	Facility Address



Take over management of this facility

Take over management of this facility

Take over management of this facility

6Take over management of this facility

7Take over management of this facility

8Take over management of this facility

5. Certify and Submit

5. Scroll to the bottom of the form.
6. Review the **Certification** section.
7. Enter your **provider agency name** and **address** in the certification area.
8. Click **Submit** to complete the process.

General Comments (optional)

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

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

Executive Director Signature *



Type Draw Upload Clear

Date *

10/21/2025

Agency *

The Bridge, Inc.

Address *

1234 P St, Sacramento, CA 95814, USA

Attach Supporting Documents

Select files...

Back Submit


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'.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

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.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Approve and forward

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

Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *
Return to Provider for Changes

Message to Applicant

10/22/2025

Executive Director

Dear test:

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](#)

[Application Selection](#) [Application](#) [OCA Quality Review](#)



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *
Hold

Hold Reason *

Provide a message to the Provider explaining the hold.

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

MHSU Certification Team Selection

At the MHSU Certification Team Selection, the Certification Director reviews the Application and selects the Disposition.

Application OCA Quality Review MHSU Certification Team Selection 

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

-- Select one --

Forward to Certification Team

Request Additional Information

When 'Forward to Certification Team' is chosen, the new required field Certification Team Member appears.

Application OCA Quality Review 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 Threat

-- Select one --

MHSU Certification Team Review

At this stage, the Certification Team reviews the Application and selects the Disposition from the drop-down list, then hits ‘Submit’.

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

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Review

Certification Team Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

MHSU Program Selection

The Certification Director can either Forward the Application to the Program Team or Request Additional Information.

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

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

-- Select one --

Forward to Program Team

Request Additional Information

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

If 'Request Additional Information' is selected, there is an additional field appears.

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

Request Additional Information

Review Comments

Message to Provider *

Attachments to Provider

Select files...

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

If 'Forward the Application to Program Team' is selected, two new fields appear.



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

-- Select one --

Program Director *

Enter name of the user

[Clear](#)

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

MH Program Team Selection

During this stage, the Program Director selects the Disposition, and enter the name of Program Coordinator.

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



Certification Application MH Program Team Selection

Program Director Disposition *

-- Select one --

Forward to Program Team

Request Additional Information

Program Coordinator *

Enter name of the user

MH Program Coordinator Review

The Program Coordinator reviews all the previous stages, selects the Disposition, and hits ‘Submit’.

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



Certification Application MH Program Coordinator Review

Program Coordinator Disposition *

-- Select one --

- Select one --
- Recommend Approval
- Recommend Denial
- Request Additional Information

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

MH Program Director Review

The Program Director reviews all the previous stages, selects the Disposition, and hits 'Submit'.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review



Certification Application MH Program Director Review

Program Director Disposition *

-- Select one --

-
-
-
-

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

MHSU Certification Director Review

The Program Director reviews all the previous stages, selects the Disposition, mark if Life Safety Inspection Required, and hits 'Submit'.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review **MHSU Certification Director Review**



Certification Application MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

Life Safety Inspection Required? *

Yes
 No

Internal Comments

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

MHSU Associate Commissioner

At the MHSU Associate Commissioner Review Stage, the MHSU Associate Commissioner selects the Disposition, signs it, and submits.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner

 Alabama Department of Mental Health

Certification Application
MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Signature *

Signer's Name Type

Life Safety Inspection

At this stage, the Office of Life Safety and Technical Services reviews the Application and provides answers related to the Mechanical System, General Requirements, Sanitation/Safety, and so on, and then hits 'Next'.



Certification Application Office of Life Safety and Technical Services

Parent organization

Type of facility:

Authority: 580-3-22

Code of Alabama 1975, Section 22-50-11

Mechanical Systems

	C	N/C	N/A	Remarks
--	---	-----	-----	---------

Fire Alarm System

Sprinkler System

Smoke/Heat Detectors

Fire Extinguishers

Emergency Lights/Power

The next tab is Letter Creation, where the information is already prepopulated based on the Office of Life Safety and Technical Services Decision. The Office of Life Safety and Technical Services can edit this information if needed.



Certification Application

Paragraph 1 of the Approval Letter *

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

test
Executive Director
test
123 t
test, CO 12345

Dear test:

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

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

Sincerely,
Kimberly G. Boswell
Commissioner

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

The last tab is a Certificate Creation, where the Office chooses the certification term and the Start date. The Certificate Expiration Date is calculated automatically.



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/22/2025

Certificate Expiration Date *

10/22/2026

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

Associate Commissioner Review

During this stage, the Associate Commissioner of Administration reviews all the Information, selects the Disposition, and hits 'Submit'.

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II Certification Director Review Life Safety Inspection Letter Creation [!\[\]\(ef95730139ac7a008129a6c929708f8d_img.jpg\)](#)

Certificate Creation Associate Commissioner

 Alabama Department of Mental Health

Associate Co [-- Select one --](#) of Administration Review

Date

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Forward to Commissioner
Request Additional Information

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

Commissioner Review

At this stage, the Commissioner reviews the packet, leaves the notes, selects the disposition, signs it, and submits.

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

Certificate Creation Associate Commissioner **Commissioner Review**

 Alabama Department of Mental Health

Commissioner Review

Date
10/22/2025

Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Request Additional Information

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

If 'Request Additional Information' is chosen, a required field 'Message to Provider' appears.

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

Certificate Creation Associate Commissioner **Commissioner Review**

 Alabama Department of Mental Health

Commissioner Review

Date
10/22/2025

Commissioner Disposition *

Request Additional Information

Internal Comments

Message to Provider

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

Certificate Generation

After all Review Stages, the Certificate Generation is started. The system is doing its search to find the facilities and produce the appropriate certificates, and it generates the certificate. And what this is doing is generating a certificate for each thing tied, each facility tied to this provider.

The Provider clicks on three dots – View History.

Actions	Workflow Name	Status	Last Updated	Name	Program Type	Address	Certificate Number	Created	Requester
Actions	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisis...	1234 Ridgeway Drive, Sacra...	1251	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Residential...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mha...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mha...
Cancel Request	03	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	02	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	02								
Reassign User	01	Pending Commissioner Revl...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Edit Submitted Data	01	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Submit From This									
ReSync									
Resend Notifications									

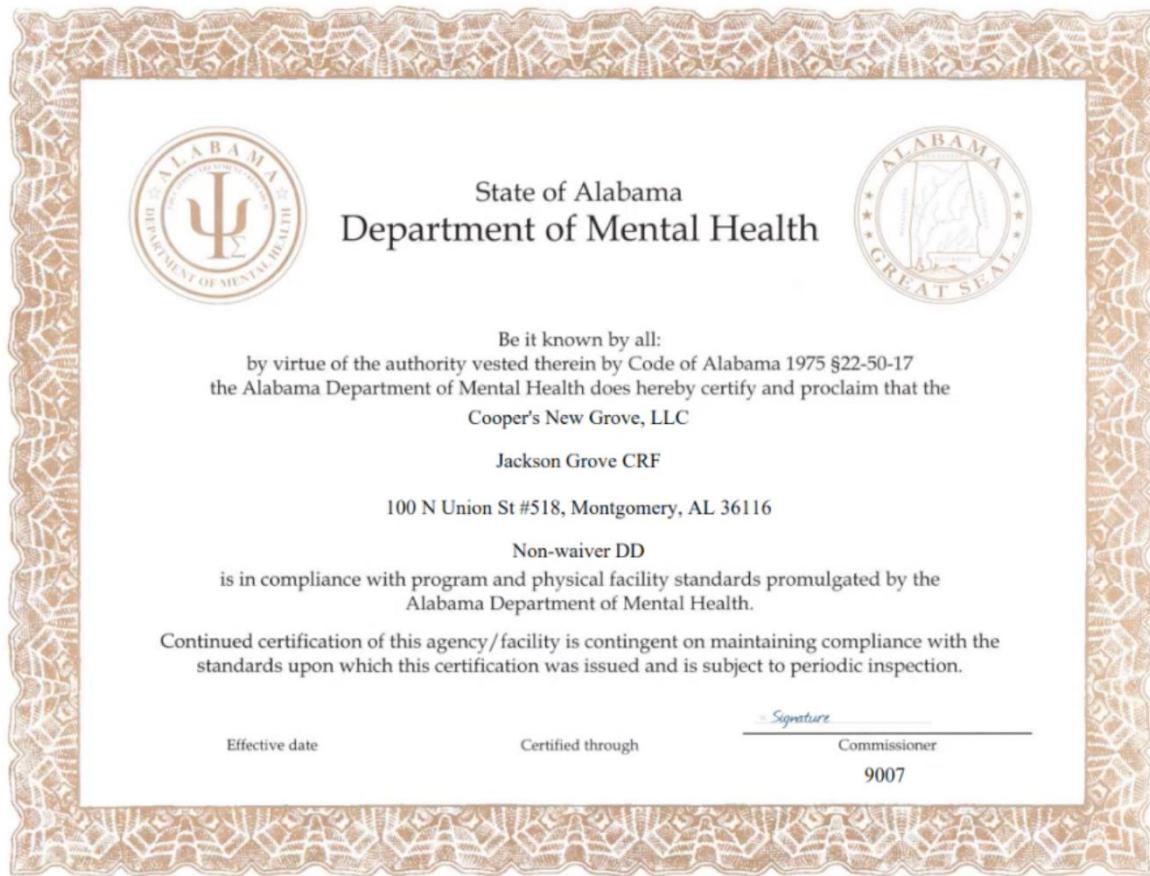
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

So in the documents, the Provider can go in here and can download the merged.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

There is a generated Certificate.



5. SU Provider

1. Start the Form

7. Open the **Management Change** form from your dashboard.
8. In the first section, locate the field for **Administrative Services Number**.
9. Enter the number associated with your provider (for example, 1236).

Submission Date *

10/21/2025

Applicant

Administrative Services Number *

1236

Agency Name *

The Bridge, Inc.

Street Address *

6001 12th Avenue East

County *

Tuscaloosa County

City *

Tuscaloosa

State *

AL

Zip *

35405

Telephone *

(256) 546-6324

Name of Executive Director *

This field is required

Executive Director's Email *

This field is required

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Board Member Information

Board President's Mailing Address *

This field is required

Board President's Email Address *

This field is required

Names/Titles of Officers *

2. Auto-Populate Provider Information

- After entering the Administrative Services Number, the form will **automatically pull in provider information** from the database.
- The system will attempt to populate:
 - Provider name
 - Provider email address
 - Board or facility information

Note: If any of these fields remain blank, it means the data is not currently on file for that provider.

Telephone * (256) 546-6324	Name of Executive Director * Test	Executive Director's Email * Test@test.com
Type of Ownership * <input checked="" type="radio"/> Non-Profit <input type="radio"/> Profit <input type="radio"/> Public	Status of Ownership * <input checked="" type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership	
<hr/> Board Member Information <hr/>		
Board President's Mailing Address * 123 Street Way	Board President's Email Address * Test@test.com	
Names/Titles of Officers * Officer 1 - Title 1		

This field is required

3. Select a Facility

4. Enter the next **Administrative Services Number** if applicable (e.g., 1234).
5. The system will display a list of **facilities or residences** linked to that provider.
6. From the list, **select the facility** where the management change applies.

Choose Sites to Change Management

Please submit a separate application for each Management Change Request

Select the Service *

-- Select one --

Administrative Services Number of Previous Site Manager *

1234

Chosen Site Name *

Chosen Site Address

Facility Name

Facility Address

Take over management of this facility

Facility Name

Facility Address

Take over management of this facility

Facility Name

Facility Address

Take over management of this facility

4. Update Facility Name

7. Locate the field labeled **Chosen Site Name**.
8. Enter the **new facility name** (for example, *New Facility CRF*).
9. Confirm that the updated name appears correctly in the field.

Administrative Services Number of Previous Site Manager * 1234 1234	
Chosen Site Name * New Facility CRF	Chosen Site Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Personal Care	Facility Address 315 McFarland Boulevard East, Tuscaloosa, AL 36784
Facility Name Jackson Grove CRF	Facility Address 100 N Union St #518, Montgomery, AL 36104
Facility Name Beth & Kim Team Skips	Facility Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Remote Services	Facility Address 100 North Union Street, Montgomery, AL 36104
Facility Name Beth & Kim Team Skips	Facility Address 23425 Thurston Court, Hayward, CA 94541
Facility Name Kim's Team Skip Test	Facility Address 1938 Q Street, Rio Linda, CA 95673
Facility Name Ken's Transitional Age Residential	Facility Address 1234 Howe Avenue, Sacramento, CA 95825
Facility Name Ken's Facility	Facility Address 1234 Ridgeway Drive, Sacramento, CA 95825
Facility Name	Facility Address

Take over management of this facility

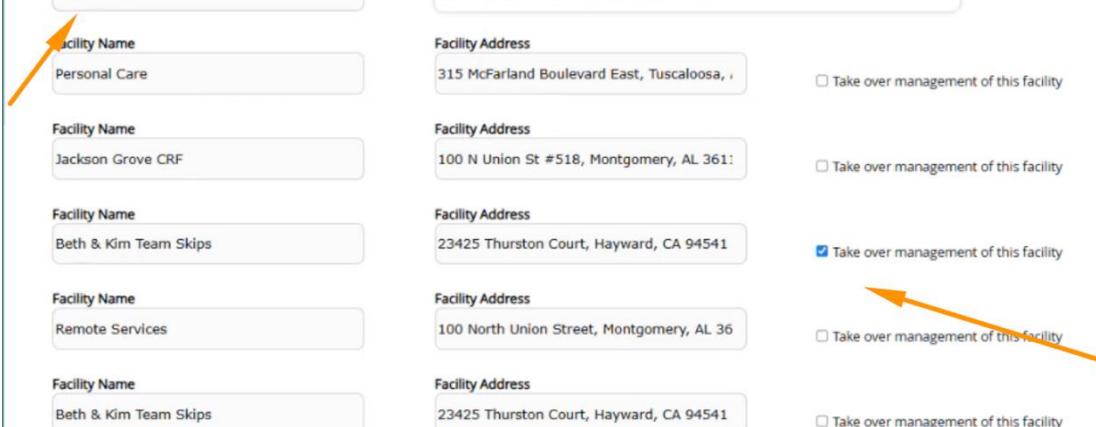
Take over management of this facility

Take over management of this facility

6Take over management of this facility

7Take over management of this facility

8Take over management of this facility



5. Certify and Submit

9. Scroll to the bottom of the form.
10. Review the **Certification** section.
11. Enter your **provider agency name** and **address** in the certification area.
12. Click **Submit** to complete the process.

General Comments (optional)

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

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

Executive Director Signature *



A hand-drawn signature in blue ink is shown, consisting of a series of connected lines forming a stylized 'X' or a signature mark.

Type Draw Upload Clear

Date *

10/21/2025

Agency *

The Bridge, Inc.

Address *

1234 P St, Sacramento, CA 95814, USA

Attach Supporting Documents

Select files...

Back Submit


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'.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

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.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Approve and forward

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

Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Return to Provider for Changes

Message to Applicant

10/22/2025

Executive Director

Dear test:

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](#)

[Application Selection](#) [Application](#) [OCA Quality Review](#)



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Hold

Hold Reason *

Provide a message to the Provider explaining the hold.

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

MHSU Certification Team Selection

At the MHSU Certification Team Selection, the Certification Director reviews the Application and selects the Disposition.

Application OCA Quality Review MHSU Certification Team Selection 

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *
-- Select one --
Forward to Certification Team
Request Additional Information

When 'Forward to Certification Team' is chosen, the new required field Certification Team Member appears.

Application OCA Quality Review 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 Threat
-- Select one --

MHSU Certification Team Review

At this stage, the Certification Team reviews the Application and selects the Disposition from the drop-down list, then hits ‘Submit’.

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

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Review

Certification Team Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

MHSU Program Selection

The Certification Director can either Forward the Application to the Program Team or Request Additional Information.

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

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

-- Select one --

Forward to Program Team

Request Additional Information

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

If 'Request Additional Information' is selected, there is an additional field appears.

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

Request Additional Information

Review Comments

Message to Provider *

Attachments to Provider

Select files...

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

If 'Forward the Application to Program Team' is selected, two new fields appear.



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

~ Select one --

Program Director *

Enter name of the user [Clear](#)

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

Then the Certification Director chooses the Program. If 'Substance Use Treatment Team' is selected, two new fields appear.

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

The logo for the Alabama Department of Mental Health (ADMH) features the acronym 'ADMH' in a bold, sans-serif font. To the left of the 'A' is a stylized green heart shape, and to the right of the 'H' is an orange heart shape. To the right of the acronym, the text 'Alabama Department of Mental Health' is written in a smaller, standard font.

Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

Substance Use Treatment Team

Program Director *

Denice Morris(Denice.morris@mhr...

Program Director Executive Assistant *

Valencia Pernell(Valencia.pernell...

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

SU Program Director Review

At the SU Program Director Review Stage, the SU Program Director reviews the Application and selects an SU Program Manager from the drop-down list.

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



Certification Application SU Program Director Review

SU Program Manager*

Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield, Richetta Muse

-- Select one --

This field is required

Review Comments

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

SU Program Manager Review

During this stage, the SU Program Manager reviews previously submitted Application and selects the Disposition.

Application OCA Quality Review 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 *

-- Select one --

- Select one --
- Approve
- Deny
- Request Additional Information

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

MHSU Certification Director Review

The Program Director reviews all the previous stages, selects the Disposition, marks if Life Safety Inspection Required, and hits 'Submit'.

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



Certification Application MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

Life Safety Inspection Required? *

- Yes
- No

Internal Comments

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

MHSU Associate Commissioner

At the MHSU Associate Commissioner Review Stage, the MHSU Associate Commissioner selects the Disposition, signs it, and submits.

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



Certification Application MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Signature *

X

Signer's Name [Type](#) [Draw](#) [Upload](#) [Clear](#)

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

Life Safety Inspection

At this stage, the Office of Life Safety and Technical Services reviews the Application and provides answers related to the Mechanical System, General Requirements, Sanitation/Safety, and so on, and then hits 'Next'.



Certification Application Office of Life Safety and Technical Services

Parent organization

Type of facility:

Authority: 580-3-22

Code of Alabama 1975, Section 22-50-11

Mechanical Systems

	C	N/C	N/A	Remarks
--	---	-----	-----	---------

Fire Alarm System

Sprinkler System

Smoke/Heat Detectors

Fire Extinguishers

Emergency Lights/Power

The next tab is Letter Creation, where the information is already prepopulated



Certification Application

Paragraph 1 of the Approval Letter *

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

test
Executive Director
test
123 t
test, CO 12345

Dear test:

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

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

Sincerely,

Kimberly G. Boswell

Commissioner

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

The last tab is a Certificate Creation, where the Office chooses the certification term and the Start date. The Certificate Expiration Date is calculated automatically.



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/22/2025

Certificate Expiration Date *

10/22/2026

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

Associate Commissioner Review

During this stage, the Associate Commissioner of Administration reviews all the Information, selects the Disposition, and hits 'Submit'.

[Application](#) [OCA Quality Review](#) [Application and Setting Review Form](#) [Planning & Quality Specialist II](#) [MHSU Certification Team Selection](#) [MHSU Certification Team Review](#)
[MHSU Program Selection](#) [SU Program Director Review](#) [SU Program Manager Review](#) [MHSU Certification Director Review](#) [MHSU Associate Commissioner](#) [Life Safety Inspection](#)



[Letter Creation](#) [Certificate Creation](#) [Associate Commissioner](#)



Associate Commissioner of Administration Review

Date
10/22/2025

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

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

Commissioner Review

At this stage, the Commissioner reviews the packet, leaves the notes, selects the disposition, signs it, and submits.

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II MHSU Certification Team Selection MHSU Certification Team Review
MHSU Program Selection SU Program Director Review SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner Life Safety Inspection
Letter Creation Certificate Creation Associate Commissioner Commissioner Review

 Alabama Department of Mental Health

Commissioner Review

Date
10/22/2025

Commissioner Disposition *
-- Select one --

Internal Comments

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

If 'Request Additional Information' is chosen, a required field 'Message to Provider' appears.

Commissioner Review

Date
10/22/2025

Commissioner Disposition *
Request Additional Information

Internal Comments

Message to Provider

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

Certificate Generation

After all Review Stages, the Certificate Generation is started. The system is doing its search to find the facilities and produce the appropriate certificates, and it generates the certificate. And what this is doing is generating a certificate for each thing tied, each facility tied to this provider.

The Provider clicks on three dots – View History.

Actions	Workflow Name	Status	Last Updated	Name	Program Type	Address	Certificate Number	Created	Requester
Actions	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisis...	1234 Ridgeway Drive, Sacra...	1251	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Residential...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mhsa...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mhsa...
Cancel Request	03	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	02	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	02								
Reassign User	01	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Edit Submitted Data		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Submit From This									
ReSync									
Resend Notifications									

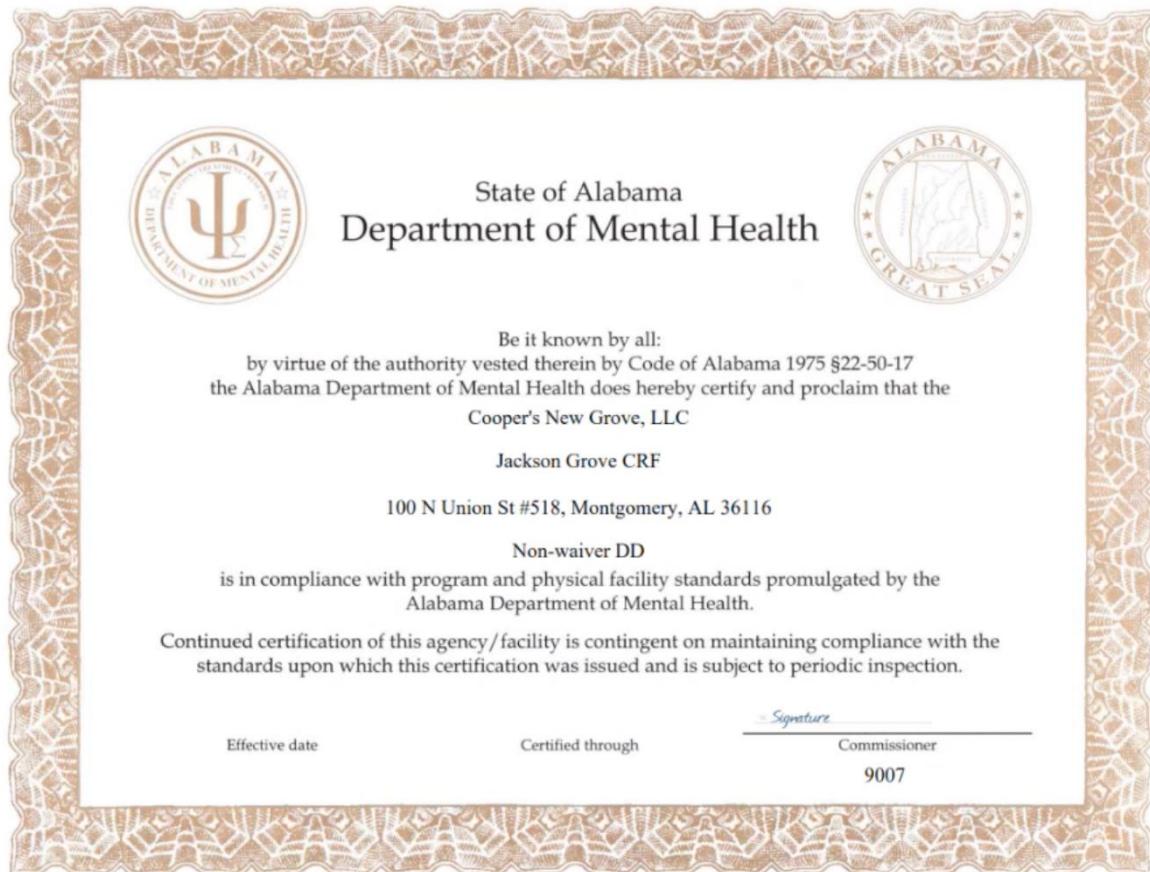
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

So in the documents, the Provider can go in here and can download the merged.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

There is a generated Certificate.



6. Prevention

1. Start the Form

1. Open the **Management Change** form from your dashboard.
2. In the first section, locate the field for **Administrative Services Number**.
3. Enter the number associated with your provider (for example, 1236).

Submission Date *

10/21/2025

Applicant

Administrative Services Number *

1236

Agency Name *

The Bridge, Inc.

Street Address *

6001 12th Avenue East

County *

Tuscaloosa County

City *

Tuscaloosa

State *

AL

Zip *

35405

Telephone *

(256) 546-6324

Name of Executive Director *

This field is required

Executive Director's Email *

This field is required

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Board Member Information

Board President's Mailing Address *

This field is required

Board President's Email Address *

This field is required

Names/Titles of Officers *

2. Auto-Populate Provider Information

- After entering the Administrative Services Number, the form will **automatically pull in provider information** from the database.
- The system will attempt to populate:
 - Provider name
 - Provider email address
 - Board or facility information

Note: If any of these fields remain blank, it means the data is not currently on file for that provider.

Telephone *	Name of Executive Director *	Executive Director's Email *
(256) 546-6324	Test	Test@test.com
Type of Ownership *	Status of Ownership *	
<input checked="" type="radio"/> Non-Profit <input type="radio"/> Profit <input type="radio"/> Public	<input checked="" type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership	
Board Member Information		
Board President's Mailing Address *	Board President's Email Address *	
123 Street Way	Test@test.com	
Names/Titles of Officers *		
Officer 1 - Title 1		

This field is required

3. Select a Facility

1. Enter the next **Administrative Services Number** if applicable (e.g., 1234).
2. The system will display a list of **facilities or residences** linked to that provider.
3. From the list, **select the facility** where the management change applies.

Choose Sites to Change Management

Please submit a separate application for each Management Change Request

Select the Service *

-- Select one --

Administrative Services Number of Previous Site Manager *

1234

Chosen Site Name *

Chosen Site Address

Facility Name

Facility Address

Take over management of this facility

Facility Name

Facility Address

Take over management of this facility

Facility Name

Facility Address

Take over management of this facility

4. Update Facility Name

1. Locate the field labeled **Chosen Site Name**.
2. Enter the **new facility name** (for example, *New Facility CRF*).
3. Confirm that the updated name appears correctly in the field.

Administrative Services Number of Previous Site Manager *

1234

1234

Chosen Site Name *

New Facility CRF

Facility Name

Personal Care

Facility Name

Jackson Grove CRF

Facility Name

Beth & Kim Team Skips

Facility Name

Remote Services

Facility Name

Beth & Kim Team Skips

Facility Name

Kim's Team Skip Test

Facility Name

Ken's Transitional Age Residential

Facility Name

Ken's Facility

Facility Name

Facility Address

23425 Thurston Court, Hayward, CA 94541

Facility Address

315 McFarland Boulevard East, Tuscaloosa, AL 36080

Take over management of this facility

Facility Address

100 N Union St #518, Montgomery, AL 36104

Take over management of this facility

Facility Address

23425 Thurston Court, Hayward, CA 94541

Take over management of this facility

Facility Address

100 North Union Street, Montgomery, AL 36104

Take over management of this facility

Facility Address

23425 Thurston Court, Hayward, CA 94541

Take over management of this facility

Facility Address

1938 Q Street, Rio Linda, CA 95673

6Take over management of this facility

Facility Address

1234 Howe Avenue, Sacramento, AL 95825

7Take over management of this facility

Facility Address

1234 Ridgeway Drive, Sacramento, CA 95825

8Take over management of this facility

Facility Address

5. Certify and Submit

1. Scroll to the bottom of the form.
2. Review the **Certification** section.
3. Enter your **provider agency name** and **address** in the certification area.
4. Click **Submit** to complete the process.

General Comments (optional)

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

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

Executive Director Signature *



Type Draw Upload Clear

Date *

10/21/2025

Agency *

The Bridge, Inc.

Address *

1234 P St, Sacramento, CA 95814, USA

Attach Supporting Documents

Select files...

Back Submit


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'.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

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.

Application Selection Application OCA Quality Review 



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Approve and forward

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

Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Return to Provider for Changes

Message to Applicant

10/22/2025

Executive Director

Dear test:

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](#)

[Application Selection](#) [Application](#) [OCA Quality Review](#)



Certification Application OCA Quality Review

OCA Quality Review

Date
10/22/2025

OCA Disposition *

Hold

Hold Reason *

Provide a message to the Provider explaining the hold.

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

MHSU Certification Team Selection

At the MHSU Certification Team Selection, the Certification Director reviews the Application and selects the Disposition.

Application OCA Quality Review MHSU Certification Team Selection 

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *
-- Select one --
Forward to Certification Team
Request Additional Information

When 'Forward to Certification Team' is chosen, the new required field Certification Team Member appears.

Application OCA Quality Review 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 Threat
-- Select one --

MHSU Certification Team Review

At this stage, the Certification Team reviews the Application and selects the Disposition from the drop-down list, then hits ‘Submit’.

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

 Alabama Department of Mental Health

Certification Application
MHSU Certification Team Review

Certification Team Disposition *

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

MHSU Program Selection

The Certification Director can either Forward the Application to the Program Team or Request Additional Information.

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

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

-- Select one --

Forward to Program Team

Request Additional Information

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

If 'Request Additional Information' is selected, there is an additional field appears.

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *

Request Additional Information

Review Comments

Message to Provider *

Attachments to Provider

Select files...

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

If 'Forward the Application to Program Team' is selected, two new fields appear.



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

-- Select one --

Program Director *

Enter name of the user

[Clear](#)

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

MH Program Team Selection

During this stage, the Program Director selects the Disposition, and enter the name of Program Coordinator.

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



Certification Application MH Program Team Selection

Program Director Disposition *

-- Select one --

Forward to Program Team

Request Additional Information

Program Coordinator *

Enter name of the user

MH Program Coordinator Review

The Program Coordinator reviews all the previous stages, selects the Disposition, and hits 'Submit'.

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



Certification Application MH Program Coordinator Review

Program Coordinator Disposition *

-- Select one --

-
-
-
-

MH Program Director Review

The Program Director reviews all the previous stages, selects the Disposition, and hits 'Submit'.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review



Certification Application MH Program Director Review

Program Director Disposition *

-- Select one --

-
-
-
-

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

MHSU Certification Director Review

The Program Director reviews all the previous stages, selects the Disposition, mark if Life Safety Inspection Required, and hits 'Submit'.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review **MHSU Certification Director Review**



Certification Application MHSU Certification Director Review

Certification Director Disposition *

-- Select one --

Life Safety Inspection Required? *

Yes
 No

Internal Comments

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

MHSU Associate Commissioner

At the MHSU Associate Commissioner Review Stage, the MHSU Associate Commissioner selects the Disposition, signs it, and submits.

Application OCA Quality Review MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner

 Alabama Department of Mental Health

Certification Application
MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Signature *

Signer's Name Type

Life Safety Inspection

At this stage, the Office of Life Safety and Technical Services reviews the Application and provides answers related to the Mechanical System, General Requirements, Sanitation/Safety, and so on, and then hits 'Next'.



Certification Application Office of Life Safety and Technical Services

Parent organization

Type of facility:

Authority: 580-3-22

Code of Alabama 1975, Section 22-50-11

Mechanical Systems

	C	N/C	N/A	Remarks
--	---	-----	-----	---------

Fire Alarm System

Sprinkler System

Smoke/Heat Detectors

Fire Extinguishers

Emergency Lights/Power

The next tab is Letter Creation, where the information is already prepopulated



Certification Application

Paragraph 1 of the Approval Letter *

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

test
Executive Director
test
123 t
test, CO 12345

Dear test:

Your request for a management change from [Existing Provider Agency Name], [Existing Setting/Service Name], located at [Address], in [City], to [New Management Change Provider Agency Name], [New Setting/Service Name], located at [New Setting Address], in [Setting City], has been approved. Your current [certificates] acknowledging the management change agency name [has/have] been provided.[This/These] [certificate/s] must be posted in the facility at all times and [is/are] not transferable to any other location or entity.

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

Sincerely,

Kimberly G. Boswell

Commissioner

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

The last tab is a Certificate Creation, where the Office chooses the certification term and the Start date. The Certificate Expiration Date is calculated automatically.



Certification Application

Certificate Expiration

Certification Term *

1 Year

Certificate Start Date *

10/22/2025

Certificate Expiration Date *

10/22/2026

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

Associate Commissioner Review

During this stage, the Associate Commissioner of Administration reviews all the Information, selects the Disposition, and hits 'Submit'.

Application OCA Quality Review Application and Setting Review Form Planning & Quality Specialist II Certification Director Review Life Safety Inspection Letter Creation [!\[\]\(1a2ecbba33391314929b81ee0ff58f7c_img.jpg\)](#)

Certificate Creation Associate Commissioner

 Alabama Department of Mental Health

Associate Co [-- Select one --](#) of Administration Review

Date

Associate Commissioner Disposition *

-- Select one --

-- Select one --

Forward to Commissioner
Request Additional Information

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

Commissioner Review

At this stage, the Commissioner reviews the packet, leaves the notes, selects the disposition, signs it, and submits.

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

Certificate Creation Associate Commissioner Commissioner Review

 Alabama Department of Mental Health

Commissioner Review

Date
10/22/2025

Commissioner Disposition *

-- Select one --

-- Select one --

Approve

Deny

Request Additional Information

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

If 'Request Additional Information' is chosen, a required field 'Message to Provider' appears.

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

Certificate Creation Associate Commissioner Commissioner Review

 Alabama Department of Mental Health

Commissioner Review

Date
10/22/2025

Commissioner Disposition *

Request Additional Information

Internal Comments

Message to Provider

Signature *

Signer's Name Type Draw Upload Clear

Update form values Back Submit

Certificate Generation

After all Review Stages, the Certificate Generation is started. The system is doing its search to find the facilities and produce the appropriate certificates, and it generates the certificate. And what this is doing is generating a certificate for each thing tied, each facility tied to this provider.

The Provider clicks on three dots – View History.

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Remove	94	Pending DD Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Residential...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mhsa...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mhsa...
Cancel Request	03	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	02	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	02								
Reassign User	01	Pending Commissioner Revl...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Edit Submitted Data	01	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Submit From This									
ReSync									
Resend Notifications									

Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

So in the documents, the Provider can go in here and can download the merged.

Audit Trail										12 Documents	0 Communications	0 eSignature Documents	0 Related Workflows	Refresh Grid Data
Uploaded Files														
Action	Name	Uploaded by	Created Date	Version	Source	File Size								
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment						23.07 KB			
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents						23.07 KB			
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other						306.5 KB			
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.38 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.48 KB			
...	Remote Services.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.45 KB			
...	Beth & Kim Team Skips.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.44 KB			
...	Kim's Team Skip Test.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.52 KB			
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other						306.47 KB			

There is a generated Certificate.

