

# 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](mailto: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](mailto:donald.mcgraw@region3.mh.alabama.gov)
- Planning & Quality Specialist II – Tina Nettles – [tina.nettles@mh.alabama.gov](mailto:tina.nettles@mh.alabama.gov)
- Provider Network Manager – Latoya Woods – [latoya.woods@mh.alabama.gov](mailto: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](mailto:tina.nettles@mh.alabama.gov)
- Provider Network Manager – Latoya Woods – [latoya.woods@mh.alabama.gov](mailto: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](mailto: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](mailto:donald.mcgraw@region3.mh.alabama.gov)

### DD Associate Commissioner

Role type: Registered user

**Selected User: Camille Cumuze** ([Camille.cumuze@mh.alabama.gov](mailto:Camille.cumuze@mh.alabama.gov))

### DDD Certification Director

Role type: Registered user

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

**Director, Office of Policy and Planning**

Role type: Registered user

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

**Life Safety**

Role type: Registered user

Selected User: Phil Thomas ([Philip.thomas@mh.alabama.gov](mailto: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](mailto:nicole.walden@mh.alabama.gov)

**MHSU Certification Director**

Role type: Registered user

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

**OCA ASA III**

Role type: Registered user

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

**OCA Director**

Role type: Registered user

Selected user: Fred McCoy, III – [fred.mccoy@mh.alabama.gov](mailto: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](mailto:fredericka.orange@mh.alabama.gov)
- OCA ASA III – Courtney Pritchett – [courtney.pritchett@mh.alabama.gov](mailto:courtney.pritchett@mh.alabama.gov)
- OCA Director – Fred McCoy – [fred.mccoy@mh.alabama.gov](mailto: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](mailto:melanie.williams@mh.alabama.gov)

**Planning & Quality Specialist II**

Role type: Registered user

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

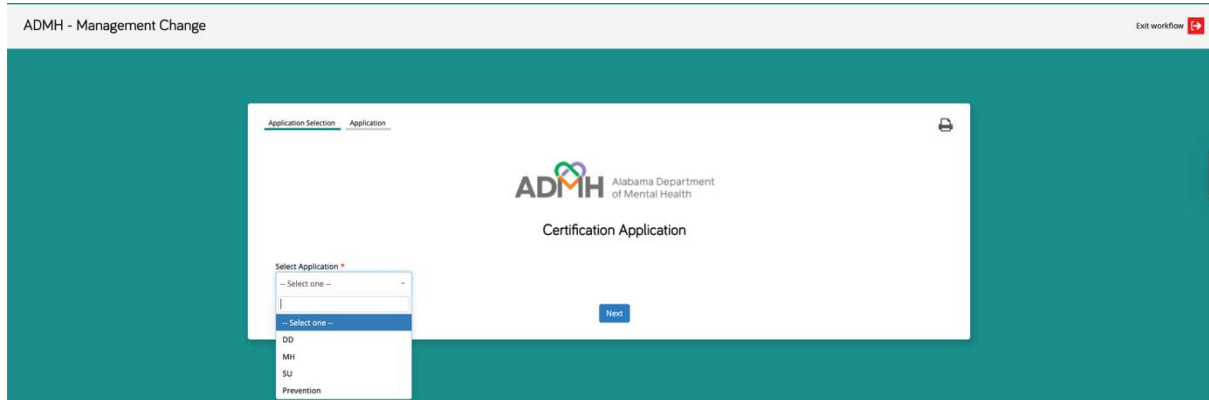
Role type: Selected user

Roles / Emails:

- Program Manager – Luciana Coleman – [Luciana.Coleman@mh.alabama.gov](mailto:Luciana.Coleman@mh.alabama.gov)
- Program Manager – Elana Merriweather – [Elana.merriweather@mh.alabama.gov](mailto:Elana.merriweather@mh.alabama.gov)
- Program Manager – Lashanda Craig – [Lashanda.craig@mh.alabama.gov](mailto:Lashanda.craig@mh.alabama.gov)
- Program Manager – Brooke Whitfield – [Brook.Whitfield@mh.alabama.gov](mailto:Brook.Whitfield@mh.alabama.gov)

## 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 application interface for the Alabama Department of Mental Health (ADMH). The header bar is teal and contains the text 'ADMH - Management Change' on the left and 'Exit workflow' with a red square icon on the right. The main content area is white and features the ADMH logo (three interlocking loops in green, orange, and blue) and the text 'Alabama Department of Mental Health' and 'Certification Application'. Below the logo is a 'Next' button. On the left side of the form, there is a section titled 'Application Selection' with a sub-header 'Application'. It contains a 'Select Application' dropdown menu with a red asterisk. The dropdown is open, showing a list of options: '-- Select one --', 'DD', 'MH', 'SU', and 'Prevention'. A 'Next' button is located to the right of the dropdown menu.

### 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.

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

### Board Member Information

<b>Board President's Mailing Address *</b> <input type="text" value="123 Street Way"/>	<b>Board President's Email Address *</b> <input type="text" value="Test@test.com"/>
<b>Names/Titles of Officers *</b> <div><input type="text" value="Officer 1 - Title 1"/></div> <div><small>This field is required</small></div>	

### Waiver Type

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

### 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	
Personal Care	315 McFarland Boulevard East, Tuscaloosa, AL 35401	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address	
Jackson Grove CRF	100 N Union St #518, Montgomery, AL 36101	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address	
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address	
Remote Services	100 North Union Street, Montgomery, AL 36101	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address	
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address	
Kim's Team Skip Test	1938 Q Street, Rio Linda, AL 95673	<input type="checkbox"/> 6Take over management of this facility
Facility Name	Facility Address	
Ken's Transitional Age Residential	1234 Howe Avenue, Sacramento, AL 95825	<input type="checkbox"/> 7Take over management of this facility
Facility Name	Facility Address	
Ken's Facility	1234 Bideaway Drive, 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

1234

Chosen Site Name *	Chosen Site Address	
New Facility CRF	23425 Thurston Court, Hayward, CA 94541	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Personal Care	315 McFarland Boulevard East, Tuscaloosa, AL 35401	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Jackson Grove CRF	100 N Union St #518, Montgomery, AL 36101	
Facility Name	Facility Address	<input checked="" type="checkbox"/> Take over management of this facility
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Remote Services	100 North Union Street, Montgomery, AL 36101	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Kim's Team Skip Test	1938 Q Street, Rio Linda, AL 95673	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Ken's Transitional Age Residential	1234 Howe Avenue, Sacramento, AL 95825	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility
Ken's Facility	1234 Ridgeway Drive, Sacramento, CA 95825	
Facility Name	Facility Address	<input type="checkbox"/> Take over management of this facility

## 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 \*



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

After all, they sign the Request and hit 'Submit'.

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



### 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**



## 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   **Certificate Creation**



## 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  
Certificate Creation   Associate Commissioner



Associate Co -- Select one -- 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   Certification Director Review   Life Safety Inspection   Letter Creation

Certificate Creation   Associate Commissioner   Commissioner Review



### Commissioner Review

Date  
10/22/2025

Commissioner Disposition \*

-- 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
...	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisi...	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 Residenti...	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	01	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Edit Submitted Data		Completed	10/17/2025, 9:10 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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 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
...	Ken'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

1

2

1 - 10 of 12 items

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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.48 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.45 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.44 KB
...	[MERGED_DOCUMENT]	[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

Actions

Download Merged

☒ View Merged

Download

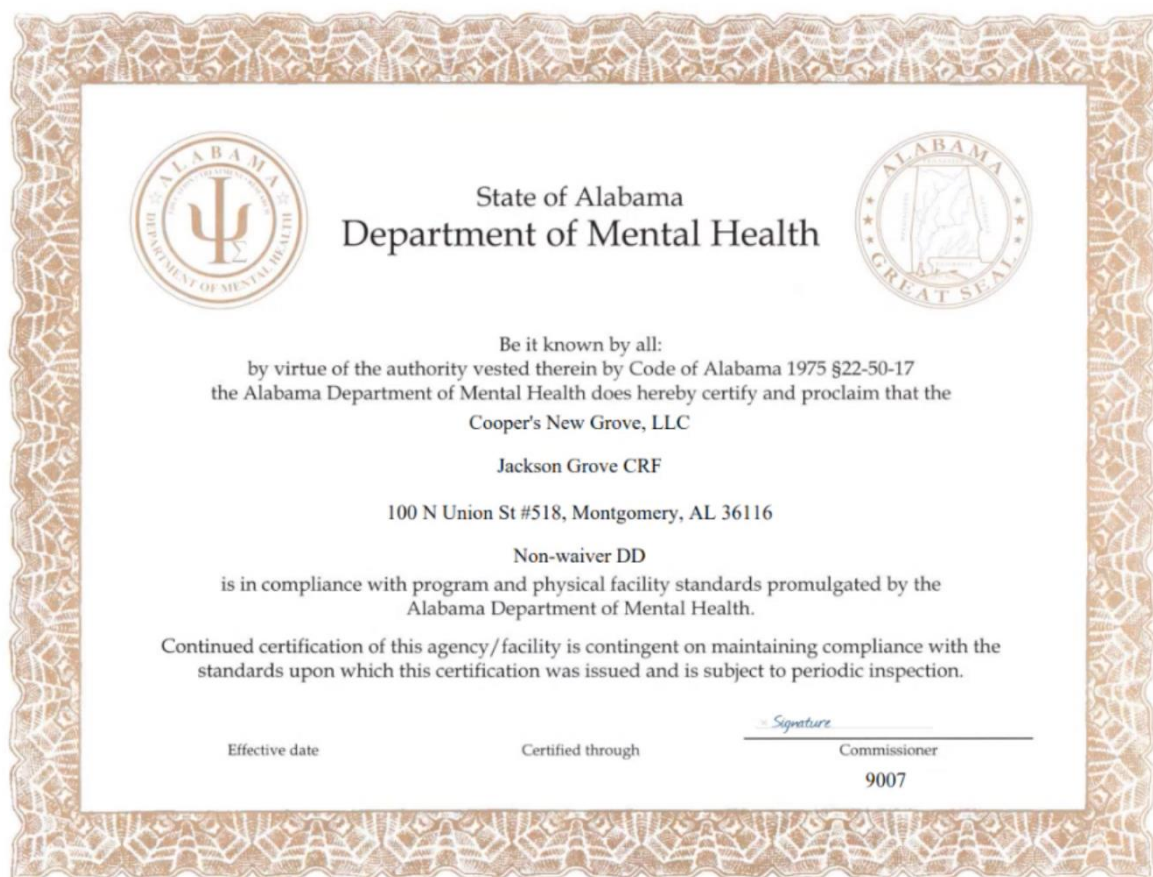
Delete

1

2

1 - 10 of 12 items

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

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.

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

### Board Member Information

---

<b>Board President's Mailing Address *</b> <input type="text" value="123 Street Way"/>	<b>Board President's Email Address *</b> <input type="text" value="Test@test.com"/>
<b>Names/Titles of Officers *</b> <div><input type="text" value="Officer 1 - Title 1"/></div>	

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

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 *	Chosen Site Address
New Facility CRF	23425 Thurston Court, Hayward, CA 94541
Facility Name	Facility Address
Personal Care	315 McFarland Boulevard East, Tuscaloosa, AL 35401
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Jackson Grove CRF	100 N Union St #518, Montgomery, AL 36101
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541
	<input checked="" type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Remote Services	100 North Union Street, Montgomery, AL 36101
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Kim's Team Skip Test	1938 Q Street, Rio Linda, AL 95673
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Ken's Transitional Age Residential	1234 Howe Avenue, Sacramento, AL 95825
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Ken's Facility	1234 Ridgeway Drive, Sacramento, CA 95825
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address

## 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 --


-- Select one --


Forward to Certification Team

Request Additional Information

Update form values Back Submit

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 --

Update form values Back Submit

## 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



### Certification Application MHSU Certification Team Review

Certification Team Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values   Back   Submit

## 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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Update form values   Back   Submit

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



### 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 --  

-- Select one --  
Forward to Program Team  
Request Additional Information

Program Coordinator \*

Enter name of the user [Clear](#)

Update form values

Back

Submit

## 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 --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

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



### Certification Application MHSU Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --  
  
-- Select one --  
Approve  
Deny

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'.



#### 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  
Certificate Creation   Associate Commissioner



Associate Co -- Select one -- 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   Certification Director Review   Life Safety Inspection   Letter Creation

Certificate Creation   Associate Commissioner   Commissioner Review



### Commissioner Review

Date  
10/22/2025

Commissioner Disposition \*

-- 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
...	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisi...	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 Residenti...	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	01	Pending Commissioner Revl...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Edit Submitted Data		Completed	10/17/2025, 9:10 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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 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

1

2

1 - 10 of 12 items

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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.48 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.45 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.44 KB
...	[MERGED_DOCUMENT]	[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

Actions

Download Merged

☒ View Merged

Download

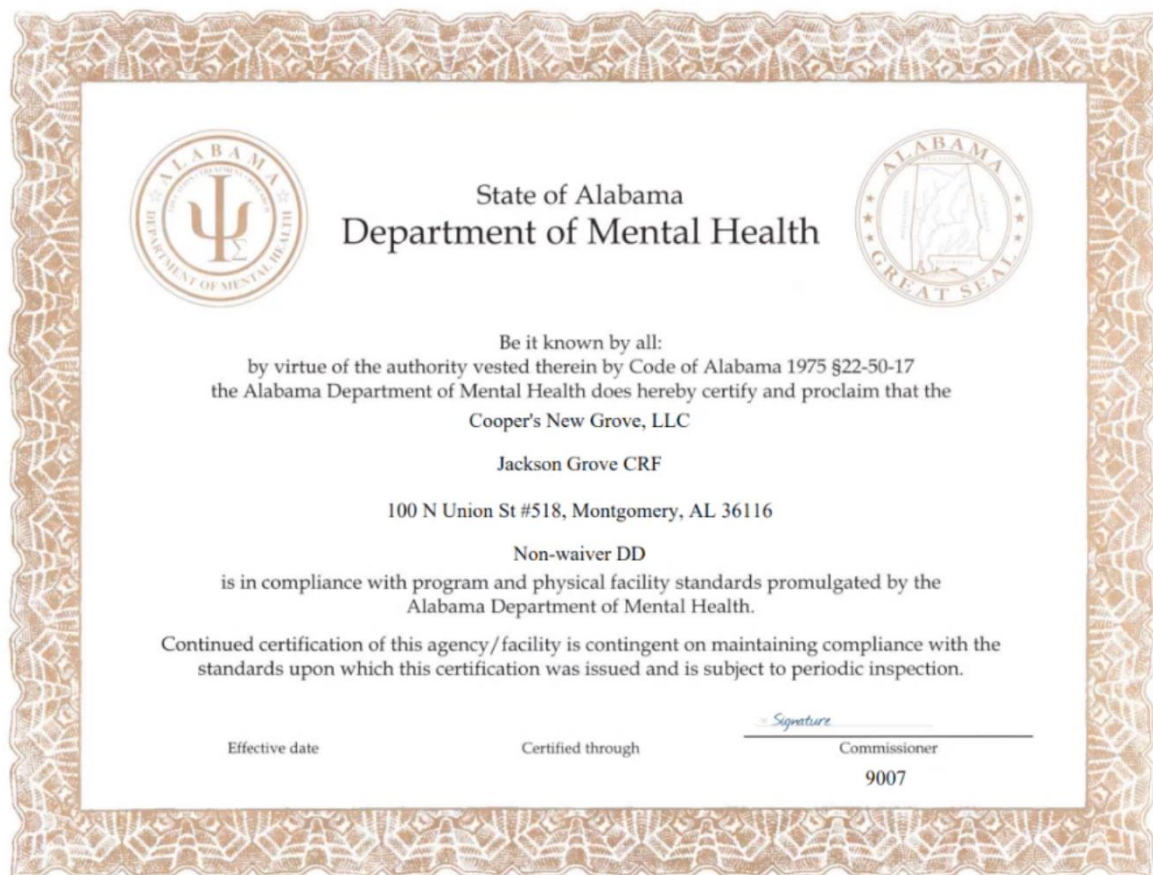
Delete

1

2

1 - 10 of 12 items

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

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.

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

### Board Member Information

<b>Board President's Mailing Address *</b> 123 Street Way	<b>Board President's Email Address *</b> Test@test.com
<b>Names/Titles of Officers *</b> 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 *	Chosen Site Address
New Facility CRF	23425 Thurston Court, Hayward, CA 94541
Facility Name	Facility Address
Personal Care	315 McFarland Boulevard East, Tuscaloosa, AL 35401
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Jackson Grove CRF	100 N Union St #518, Montgomery, AL 36101
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541
	<input checked="" type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Remote Services	100 North Union Street, Montgomery, AL 36101
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Kim's Team Skip Test	1938 Q Street, Rio Linda, AL 95673
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Ken's Transitional Age Residential	1234 Howe Avenue, Sacramento, AL 95825
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address
Ken's Facility	1234 Ridgeway Drive, Sacramento, CA 95825
	<input type="checkbox"/> Take over management of this facility
Facility Name	Facility Address

## 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 \*



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 --


-- Select one --


Forward to Certification Team

Request Additional Information

Update form values Back Submit

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 --

Update form values Back Submit

## 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**



### Certification Application MHSU Certification Team Review

Certification Team Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values   Back   Submit

## 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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Update form values   Back   Submit

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



### 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](#)



### 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@mh...

[Clear](#)

Program Director Executive Assistant \*

Valencia Pernell(Valencia.pernell...

[Clear](#)

[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



### 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



### 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
...	NameChg#00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisi...	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 Residenti...	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	01	Pending Commissioner Revl...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Edit Submitted Data		Completed	10/17/2025, 9:10 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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 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

1

2

1 - 10 of 12 Items

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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.48 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.45 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.44 KB
...	[MERGED_DOCUMENT]	[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

Actions

Download Merged

☒ View Merged

Download

Delete



1

2

...

1 - 10 of 12 Items

There is a generated Certificate.

	<p>State of Alabama Department of Mental Health</p>	
<p>Be it known by all: by virtue of the authority vested therein by Code of Alabama 1975 §22-50-17 the Alabama Department of Mental Health does hereby certify and proclaim that the Cooper's New Grove, LLC Jackson Grove CRF 100 N Union St #518, Montgomery, AL 36116</p>		
<p>Non-waiver DD is in compliance with program and physical facility standards promulgated by the Alabama Department of Mental Health.</p>		
<p>Continued certification of this agency/facility is contingent on maintaining compliance with the standards upon which this certification was issued and is subject to periodic inspection.</p>		
Effective date	Certified through	<p><i>Signature</i> _____ Commissioner 9007</p>

## 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

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.

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

---

### Board Member Information

<b>Board President's Mailing Address *</b> <input type="text" value="123 Street Way"/>	<b>Board President's Email Address *</b> <input type="text" value="Test@test.com"/>
---	--

**Names/Titles of Officers \***

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.

The screenshot shows a form with multiple rows for facility information. An orange arrow points to the 'Chosen Site Name' field in the second row, which contains 'New Facility CRF'. Another orange arrow points to the 'Take over management of this facility' checkbox in the fourth row, which is checked. The form includes fields for 'Administrative Services Number of Previous Site Manager', 'Chosen Site Name', 'Chosen Site Address', 'Facility Name', 'Facility Address', and a checkbox for 'Take over management of this facility'.

Administrative Services Number of Previous Site Manager *	Chosen Site Name *	Chosen Site Address	Facility Name	Facility Address	Take over management of this facility
1234	New Facility CRF	23425 Thurston Court, Hayward, CA 94541	Personal Care	315 McFarland Boulevard East, Tuscaloosa, AL 35401	<input type="checkbox"/>
	Jackson Grove CRF	100 N Union St #518, Montgomery, AL 36101			<input type="checkbox"/>
	Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541			<input checked="" type="checkbox"/>
	Remote Services	100 North Union Street, Montgomery, AL 36101			<input type="checkbox"/>
	Beth & Kim Team Skips	23425 Thurston Court, Hayward, CA 94541			<input type="checkbox"/>
	Kim's Team Skip Test	1938 Q Street, Rio Linda, AL 95673			<input type="checkbox"/>
	Ken's Transitional Age Residential	1234 Howe Avenue, Sacramento, AL 95825			<input type="checkbox"/>
	Ken's Facility	1234 Ridgeway Drive, Sacramento, CA 95825			<input type="checkbox"/>
					<input type="checkbox"/>

## 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 --


-- Select one --


Forward to Certification Team

Request Additional Information

Update form values Back Submit

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 --

Update form values Back Submit

## 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



### Certification Application MHSU Certification Team Review

Certification Team Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values   Back   Submit

## 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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Request Additional Information

Update form values

Back

Submit

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



### 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 --  

-- Select one --  
Forward to Program Team  
Request Additional Information

Program Coordinator \*

Enter name of the user [Clear](#)

Update form values

Back

Submit

## 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 --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

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



### Certification Application MHSU Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --  
  
-- Select one --  
Approve  
Deny

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'.



#### 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  
Certificate Creation   Associate Commissioner



Associate Co -- Select one -- 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   Certification Director Review   Life Safety Inspection   Letter Creation

Certificate Creation   Associate Commissioner   Commissioner Review



### Commissioner Review

Date  
10/22/2025

Commissioner Disposition \*

-- 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
...	NameChgR00025	Certificate Generation	10/17/2025, 10:11 AM	Ken's Facility	Residential Services - A Crisi...	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 Residenti...	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	01	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Edit Submitted Data		Completed	10/17/2025, 9:10 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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 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
...	Ken'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

1

2

1 - 10 of 12 items

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

Uploaded Files

Refresh Grid Data

Action	Name	Uploaded by	Creation 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	306.36 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.48 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.45 KB
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.44 KB
...	[MERGED_DOCUMENT]	[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

Actions

Download Merged

☒ View Merged

Download

Delete

1

2

1 - 10 of 12 items

There is a generated Certificate.

