

# The Alabama Department of Mental Health Division of Administration

Name of Agency Change



## Table of Contents

1. Workflow Roles .....	3
2. Select Application .....	6
3. DD Provider .....	7
4. MH Provider .....	27
5. SU Provider .....	43
6. Prevention .....	59

## 1. Workflow Roles

### **Provider**

#### **Associate Commissioner**

Role type: Registered user

Selected user: Hibbard brooke.hibbard@mh.alabama.gov(brooke.hibbard@mh.alabama.gov)

### **Central Office**

Role type: Group of roles

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

### **Certification Team Member**

Role type: Selected user

Selected user from field: Certification Team Member

### **Commissioner**

Role type: Registered user

Selected user: Boswell  
kimberly.boswell@mh.alabama.gov(kimberly.boswell@mh.alabama.gov)

### **Conditional PPQ Reviewer**

Role type: Get user data from form

We dont use name field for this role

Form field for user email: Conditional PPQ Reviewer

### **DD Associate Commissioner**

Role type: Registered user

Selected user: Cumuze  
Camille.cumuze@mh.alabama.gov(camille.cumuze@mh.alabama.gov)

### **DD Certification Director**

Role type: Registered user

Selected user: Orange  
Fredericka.Orange@mh.alabama.gov(fredericka.orange@mh.alabama.gov)

### **DD Planning & Quality Specialist II**

Role type: Registered user

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

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

Role type: Registered user

Selected user: Davis jonathan.davis@mh.alabama.gov(jonathan.davis@mh.alabama.gov)

### **MH Program Coordinator**

Role type: Selected user

Selected user from field: Program Coordinator

**MHSU Associate Commissioner**

Role type: Registered user

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

**MHSU Certification Director**

Role type: Registered user

Selected user: Bergeron

Beth.Bergeron@mh.alabama.gov(beth.bergeron@mh.alabama.gov)

**OCA ASA III**

Role type: Registered user

Selected user: Pritchett

courtney.pritchett@mh.alabama.gov(courtney.pritchett@mh.alabama.gov)

**OCA Director**

Role type: Registered user

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

**OCA Review Group**

Role type: Group of roles

Roles: OCA ASA III, OCA Director

**Planning & Quality Specialist I**

Role type: Registered user

Selected user: Williams

Melanie.Williams@mh.alabama.gov(melanie.williams@mh.alabama.gov)

**PPQ Director**

Role type: Registered user

Selected user: Moss nakema.moss@mh.alabama.gov(nakema.moss@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: Woods latoya.woods@mh.alabama.gov(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

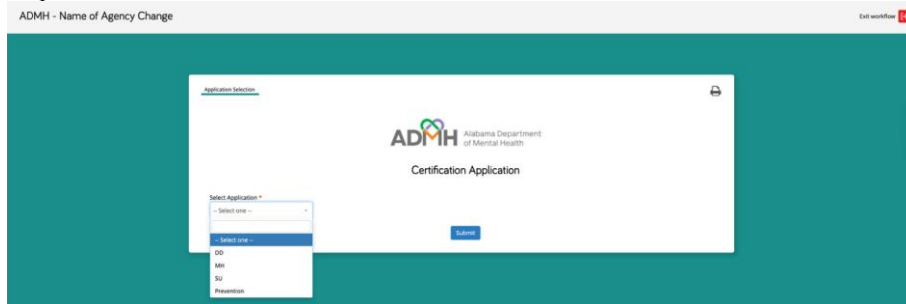
**SU Program Manager**

Role type: Selected user

Selected user from field: SU Program Manager

## 2. Select Application

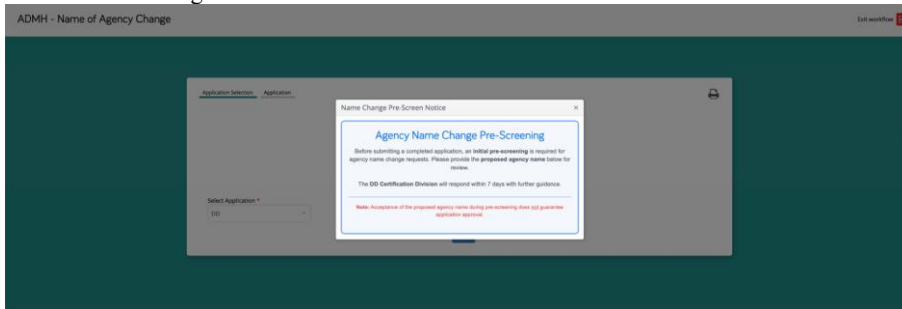
To choose the path, the Provider selects the application type from the Select Application drop-down and clicks 'Submit'.



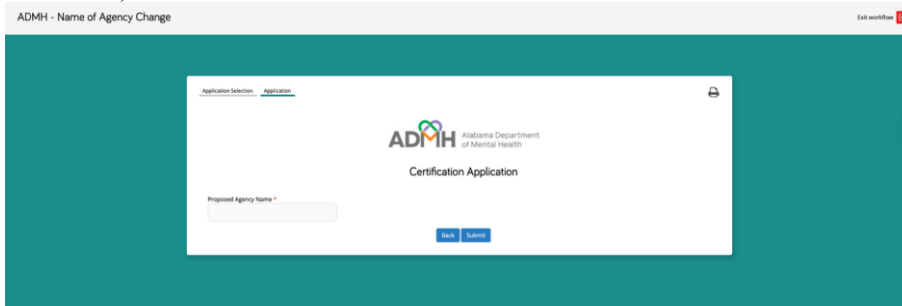
The screenshot shows a web application interface for the Alabama Department of Mental Health (ADMH). The page title is "ADMH - Name of Agency Change" and it includes an "Exit workflow" button. The main content area is titled "Application Selection" and features the ADMH logo and the text "Certification Application". A "Select Application \*" dropdown menu is open, showing options: "Select one --", "Select one --", "DD", "MH", "SU", and "Presidential". A "Submit" button is located below the dropdown.

### 3. DD Provider

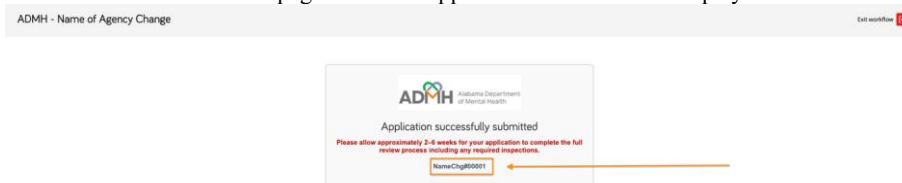
Once DD is selected from the drop-down, a Pre-Screen Notice displays. The provider can close it after reading.



The provider proceeds with the Application tab to fill out the Agency Name Change information, then hits 'Submit'.



A submission confirmation page with their application number must display.

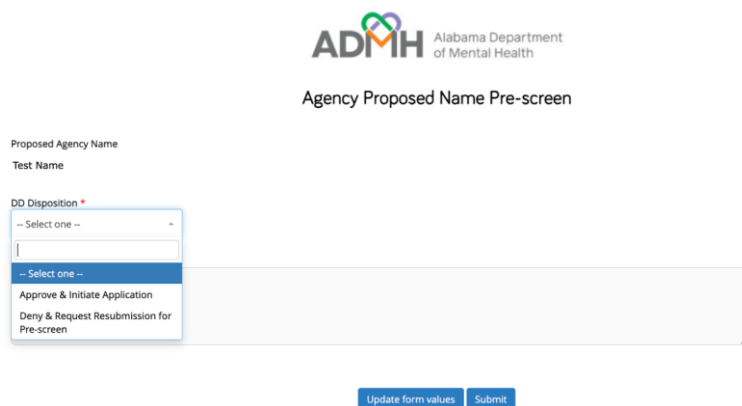


Click 'Exit workflow'.

### DD Certification Review

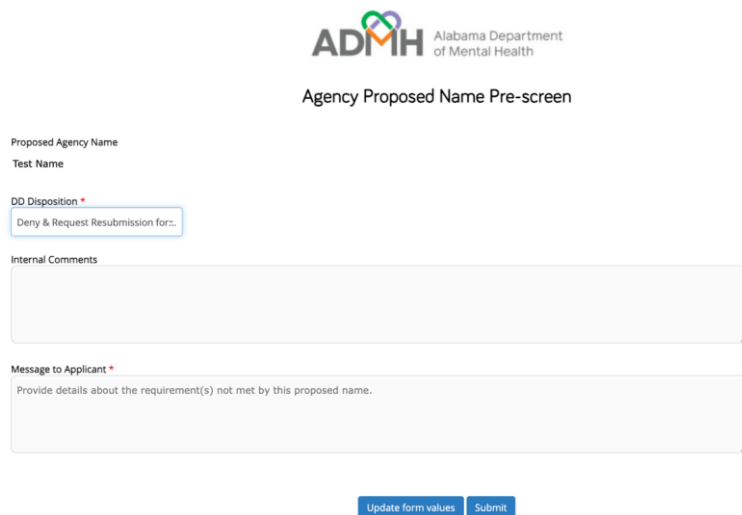
During the DD Certification Review stage, the DD Certification Director reviews the Proposed Agency Name and either Approves & Initiates Application, or Deny & Request Resubmission for Pre-screen. There is also optional field for Internal Comments.

Commented [NM1]: I added spacing. Thanks, Nakema



The screenshot shows the 'Agency Proposed Name Pre-screen' form. At the top is the ADMH logo (Alabama Department of Mental Health). Below the logo are two text input fields: 'Proposed Agency Name' and 'Test Name'. The 'DD Disposition' dropdown menu is open, showing three options: 'Approve & Initiate Application', 'Deny & Request Resubmission for Pre-screen', and a third option that is partially obscured. At the bottom of the form are two buttons: 'Update form values' and 'Submit'.

If a 'Deny' Disposition is selected, the required 'Message to Applicant' field appears.




The screenshot shows the 'Agency Proposed Name Pre-screen' form with the 'Deny & Request Resubmission for Pre-screen' option selected in the 'DD Disposition' dropdown menu. Below the dropdown menu is a text input field for 'Internal Comments'. Below that is a text input field for 'Message to Applicant' with a red asterisk indicating it is required. The placeholder text for this field is 'Provide details about the requirement(s) not met by this proposed name.' At the bottom of the form are two buttons: 'Update form values' and 'Submit'.

After the review and approval, the DD Certification Director hits 'Submit'.



## Application

After the DD Certification Director Review, the next step is the Application. The Applicant fills out the required fields marked with \* in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number.



### Certification Application

IRS Name Change Letter/Tax ID Verification  
[Select files...](#)

Secretary of State Corporation Amendment/Articles of Amendment \*  
[Select files...](#)

#### Applicant

---

Administrative Services Number \*  
1234

Current Provider Agency Name \*  
Please include full legal name & DBA name if applicable as it appears on the ADMH contract or the Secretary of State Articles of Incorporation

New Provider Agency Name \*

Street Address \*  
County \*  
-- Select one --

City \*  
State \*  
-- Select one --

Zip \*

Telephone \*  
Name of Executive Director \*  
Executive Director Email \*

#### Certification

---


After filling out all required fields, the Provider signs the Application in the Certification section and hits 'Submit'.

#### Certification

---

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

Executive Director Signature \*



Sam Smith [Type](#) [Draw](#) [Upload](#) [Clear](#)

Date \*  
10/15/2025

Agency \*  
test

Address \*  
123 William St, New York, NY 10038, USA

Attach Supporting Documents  
[Select files...](#)

[Back](#) [Submit](#)

Commented [AK2]: @Alona Riabokon Add a page break after this image



## OCA Quality Review

The OCA Director reviews the application, selects their disposition and hits 'Submit'.

ADMH - Name of Agency Change

Application Selection Application **OCA Quality Review**

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/15/2025

OCA Disposition \*

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values Back Submit

If 'Hold' is selected, the required 'Hold Reason' field appears.

Application Selection Application **OCA Quality Review**

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/17/2025

OCA Disposition \*

Hold

Hold Reason \*

Provide a message to the Provider explaining the hold.

Update form values Back Submit

If 'Return to Provider' is selected, the 'Message to Provider' field appears.

Application Selection   Application   OCA Quality Review

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/17/2025

OCA Disposition \*  
Return to Provider for Changes

Message to Applicant

I

Below is an example of the notification that will be sent to the Provider.

ADMH Alabama Department of Mental Health

**Certification Application Update**

Your **Certification Application** has been returned with a request for action by the Office of Certification Administration. Please review the instructions at the bottom of this message and follow the link to make the update.

**Application Details:**

- **Current Provider Agency Name:** Cooper's Grove, LLC
- **Application Type:** Name Change Request
- **Reference Number:** NameChg#00025
- **Submission Date:** 10/17/2025

**Message From OCA: Return Reason**

Please review the application and submit your decision within 14 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

---

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

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

If 'Approve and forward' is selected, no additional fields appear.

Commented [AK3]: @Alona Riabokon add a page break after this line



### Planning & Quality Specialist II Review


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

ADMH - Name of Agency Change

Application

OCA Quality Review

Planning & Quality Specialist II

 Alabama Department of Mental Health

DD Planning & Quality Specialist II

Planning & Quality Specialist II Disposition \*

-- Select one --

-- Select one --

Forward to Certification Director

Hold

Update form values

Back

Submit

### DD Certification Director Review

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

The screenshot shows a web application interface for the Alabama Department of Mental Health (ADMH). At the top, there is a navigation bar with tabs: "Application", "OCA Quality Review", "Planning & Quality Specialist II", and "DD Certification Director Review". The "DD Certification Director Review" tab is selected. Below the navigation bar is the ADMH logo and the text "Alabama Department of Mental Health". The main heading is "DD Certification Director & Associate Commissioner of DD Review".

The form contains the following sections:

- Certification Director Disposition:** A dropdown menu with the text "-- Select one --" and a list of options: "Approve" and "Deny".
- Approval Documents:** A section with a "Select files..." button.
- Signature:** A section with a signature line and a "X" icon.
- Signer's Name:** A text input field.
- Buttons:** "Type", "Draw", "Upload", "Clear", "Update form values", "Back", and "Submit".

Commented [AK4]: @Alona Riabokon add a page break after the screenshot

If the disposition is set to 'Deny', there is an additional field to upload denial documents.

DD Certification Director & Associate Commissioner of DD Review

Certification Director Disposition \*

Deny

Internal Comments

Approval Documents

Select files...

Denial Documents

Select files...

Signature \*

✕

Signer's Name Type Draw Upload Clear

Update form values Back Submit



## OCA Review

The OCA Director reviews all the previous stages, selects their disposition, and hits 'Next'.

ADMH - Name of Agency Change

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Review **OCA Routing** Letter Creation

ADMH Alabama Department of Mental Health

OCA Review

Current Date  
10/15/2025

OCA Decision \*

-- Select one --

-- Select one --

Approve - Draft Name Change Letter

Deny - Draft Denial Letter

Update form values Back Next

The next tab is Letter Creation, where the information is already prepopulated based on the OCA input. The OCA Director can edit this information if needed.

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Review OCA Routing **Letter Creation**

ADMH Alabama Department of Mental Health

Certification Application

Paragraph 1 of the Approval Letter \*

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

I am pleased to inform you that your request for a name change from [Provider Agency Name], to [New Agency Name], located at [Address], has been approved. Enclosed you will find the certificates of compliance that must be posted in the respective facilities at all times and are not transferable to any other locations or entities.

Paragraph 2 of the Approval Letter \*

User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 2nd paragraph template

Please return the certificates for [Provider Agency Name], to the Office of Certification Administration within (10) days of receipt of this letter.

ALABAMA GREAT SEAL

Kay Ivey Governor

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

ALABAMA DEPARTMENT OF MENTAL HEALTH

Kimberly G. Boswell Commissioner

Text  
Executive Director  
Test Name  
1 Lee Avenue  
Camp Hill, AL 36850

The OCA Director reviews it and hits 'Submit'.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

Julia Sanchez  
Executive Director  
Cooper's New Grove, LLC  
100 N Union St #518  
Montgomery, AL 36104

Dear Julia Sanchez:

I am pleased to inform you that your request for a name change from Cooper's Grove, LLC, to Cooper's New Grove, LLC, located at Default Address, has been approved. Enclosed you will find the certificates of compliance that must be posted in the respective facilities at all times and are not transferable to any other locations or entities.

Please return the certificates for Cooper's Grove, LLC, to the Office of Certification Administration within (10) days of receipt of this letter.

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

Sincerely,  
Kimberly G. Boswell  
Commissioner



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

### Associate Commissioner Review

The Associate Commissioner reviews the application, selects their disposition, and hits 'Submit'.

ADMH - Name of Agency Change

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

**ADMH** Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

- Select one --
- Select one --
- Forward to Commissioner
- Request Additional Information

Update form values Back Submit

If there is 'Request Additional Information', an additional required field 'Note for OCA & PPQ Director' appears.

**ADMH** Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

Request Additional Information

Internal Comments

Note for OCA & PPQ Director \*

Update form values Back Submit

### Additional Information

If the Associate Commissioner selected 'Request Additional Information', the 'Additional Information' stage appears. The OCA Director and Office of Policy & Planning Director indicate a Disposition.

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

Additional Information

ADHMH Alabama Department of Mental Health

Additional Review  
Office of Certification Administration, Director  
Office of Policy & Planning, Director

Disposition \*

-- Select one --

-- Select one --

Return to AC for review

Return to OCA For adjustments

Update form values Back Submit

There is a required field with Additional Information.

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

Additional Information

ADHMH Alabama Department of Mental Health

Additional Review  
Office of Certification Administration, Director  
Office of Policy & Planning, Director

Disposition \*

Return to OCA For adjustments

Additional Information \*

Returning to OCA to adjust letter for X and Y per AC

Update form values Back Submit


The Reviewers fill all the required Information and hit 'Submit'.

## OCA Review

The OCA Director reviews all the Information once again, makes additional changes that were requested before, and hits 'Submit'.

ADMH - Name of Agency Change

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Review **OCA Routing** Letter Creation


 Alabama Department of Mental Health

OCA Review


Current Date  
10/15/2025

OCA Decision \*  
-- Select one --  
-- Select one --  
Approve - Draft Name Change Letter  
Deny - Draft Denial Letter

Update form values Back Next

  
Kay Ivey  
Governor

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

  
Kimberly G. Boswell  
Commissioner

Julia Sanchez  
Executive Director  
Cooper's New Grove, LLC  
100 N Union St #518  
Montgomery, AL 36104


Dear Julia Sanchez:

I am pleased to inform you that your request for a name change from Cooper's Grove, LLC, to Cooper's New Grove, LLC, located at Default Address, has been approved. Enclosed you will find the certificates of compliance that must be posted in the respective facilities at all times and are not transferable to any other locations or entities.

Please return the certificates for Cooper's Grove, LLC, to the Office of Certification Administration within (10) days of receipt of this letter.

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

Sincerely,  
Kimberly G. Boswell  
Commissioner

 Alabama Department of Mental Health

Update form values Back Submit

### Associate Commissioner Review

The Associate Commissioner reviews the application after the Additional Information is provided, selects their disposition, and hits 'Submit'.

ADMH - Name of Agency Change

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

**ADMH** Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values Back Submit

There is also an optional field for Internal Comments.

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

**ADMH** Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

Forward to Commissioner

Internal Comments

Approved,|

Update form values Back Next

### Commissioner Review

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

The screenshot shows the 'Commissioner Review' form. At the top, there is a navigation bar with links: Application, OCA Quality Review, Planning & Quality Specialist II, DD Certification Director Review, OCA Routing, Letter Creation, Associate Commissioner, Additional Information, and Commissioner (which is highlighted). Below the navigation bar is the ADMH logo and the text 'Alabama Department of Mental Health'. The main heading is 'Commissioner Review'. There are three main sections: 1. 'Commissioner Disposition \*' with a dropdown menu showing options: '-- Select one --', '-- Select one --', 'Approve', 'Deny', and 'Request Additional Information'. 2. 'Message to Provider \*' with a text area. 3. 'Signature \*' with a signature box and a 'Signer's Name' field. At the bottom, there are buttons: 'Update form values', 'Back', and 'Submit'.

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



## Commissioner Review

**Commissioner Disposition \***

Request Additional Information -

**Internal Comments**

|

**Message to Provider \***

*This field is required*

**Signature \***

X

Signer's Name

Type Draw Upload Clear

Update form values

Back

Submit



## Certificate Generation

After all Review Stages, the Certificate Generation has started. The system processes the information to find the facilities and produce the appropriate certificates and then 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 CRL...	1234 Ridgeway Drive, Sacta...	1231	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:45 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851681, Mobile, AL...		10/17/2025, 6:54 AM	nakeema.moss@mha...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	420 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakeema.moss@mha...
Cancel Request	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	90	Pending Commissioner Rev...	10/17/2025, 9:30 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpliGov API
Edit Submitted Data	88	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.

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

4 Communications

4 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	WIS Name Change Letter/Tax ID Verification	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	Beth & Kim Team Skip.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 Skip.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 - 10 of 12 Items

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

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

4 Communications

4 eSignatures 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	WIS Name Change Letter/Tax ID Verification	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	[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

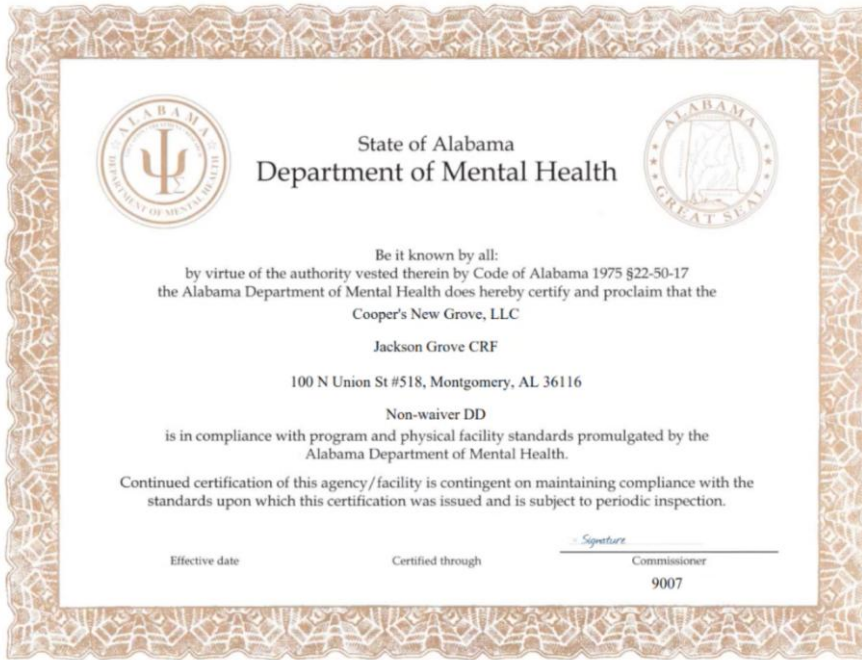
☒ View Merged

Download

Delete

1 - 10 of 12 Items

There is a generated Certificate.




## 4. MH Provider

Once MH is selected from the drop-down, the Application tab appears.

ADMH - Name of Agency Change Exit workflow

Application Selection

Application

  
Certification Application


Select Application \*  
MH

Submit

The Applicant fills out the required fields marked with \* in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number. Then hit 'Submit'.

Application Selection

Application

  
Certification Application

Secretary of State Corporation Amendments/Articles of Amendments \*

Select File

Applicant

Administrative Service Number \*

000

Current Provider Agency Name \*

None (Please Put your name & title name if applicable as it appears on the ADMH contract or the Secretary of State Article of Incorporation)

New Provider Agency Name \*

Street Address \*

City \*

Telephone \*

County \*

State \*

City \*

State \*

Name of Executive Director \*

Zip \*

Executive Director Email \*

Certification

General Comments (optional)

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

Executive Director Signature \*

Signature \*

Signature's Name

Save Show Upload

Date \*

10/24/2025

Agency \*

Address \*

Upload Supporting Documents

Select File

Back Submit

## OCA Quality Review

The OCA Director reviews the application, selects their disposition and hits 'Submit'.

ADMH - Name of Agency Change

Application Selection Application OCA Quality Review

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/15/2025

OCA Disposition \*

-- Select one --

Approve and forward  
Return to Provider for Changes  
Hold

Update form values Back Submit

If 'Hold' is selected, the required 'Hold Reason' field appears.

Application Selection Application OCA Quality Review

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/17/2025

OCA Disposition \*

Hold

Hold Reason \*

Provide a message to the Provider explaining the hold.

Update form values Back Submit

If 'Return to Provider' is selected, the 'Message to Provider' field appears.

Application Selection   Application   OCA Quality Review

 Alabama Department of Mental Health


OCA Quality Review

Date  
10/17/2025

OCA Disposition \*  
Return to Provider for Changes

Message to Applicant

Below is a demo of what will be sent to the Provider.

 Alabama Department of Mental Health

**Certification Application Update**

Your **Certification Application** has been returned with a request for action by the Office of Certification Administration. Please review the instructions at the bottom of this message and follow the link to make the update.

**Application Details:**

- **Current Provider Agency Name:** Cooper's Grove, LLC
- **Application Type:** Name Change Request
- **Reference Number:** NameChg#00025
- **Submission Date:** 10/17/2025

**Message From OCA: Return Reason**

Please review the application and submit your decision within 14 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

---

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

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

If 'Approve and forward' is selected, no additional fields appear.

### MHSU Certification Team Selection

During the MHSU Certification Team Selection, the MHSU Certification Team reviews the request and selects the Disposition.

Application MHSU Certification Team Selection



#### Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

-- Select one --

Forward to Certification Team

Recommend Approval

Recommend Denial

Request Additional Information

Update form values

Back

Submit

If the 'Forward to Certification team' is selected, the required field 'Certification Team Member' appears.



#### 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

If 'Request Additional Information' is selected, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

Certification Application  
MHSU Certification Team Selection

Certification Director Disposition \*  
Request Additional Information

Review Comments

Message to Provider \*

Attachments to Provider

Select files...

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

The 'Thank you' Page appears. The Reviewer clicks on the 'Please follow this link to proceed' to continue the process.



Submission Successful - [Please follow this link to proceed.](#)

NameChg#00002

## MHSU Program Selection

At the MHSU Program Selection Stage, the Certification Director chooses the Disposition.

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



### Certification Application MHSU Program Selection

Certification Director Disposition \*

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

Update form values Back Submit

If 'Request Additional Information' is selected, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

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



### 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



Two required fields appear if the 'Forward Program team' is selected.

Application 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 \*

-- Select one -- -

Program Director \*

Enter name of the user -

[Clear](#)

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

### MH Program Team Selection

At this stage, the Program Director chooses the Disposition and then selects a Program Coordinator, then hits 'Submit'.

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



#### Certification Application MH Program Team Selection

Program Director Disposition \*

-- Select one --

-- Select one --

- Forward to Program Team
- Recommend Approval
- Recommend Denial
- Request Additional Information

Program Coordinator \*

Enter name of the user

Clear

Update form values   Back   Submit

## MHSU Certification Director Review

At this stage, the Certification Director selects the Disposition and hits 'Submit'.

Application   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 Certification Director Review

Certification Director Disposition \*

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

Update form values   Back   Submit

### MHSU Associate Commissioner Review

The MHSU Associate Commissioner reviews the application, selects their disposition, and hits 'Submit'.

Application   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



#### 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

## OCA Review

The OCA Director reviews all the previous stages, selects their disposition, and hits 'Next'.

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

OCA Routing

Letter Creation



Alabama Department of Mental Health

OCA Review

Current Date  
10/21/2025

OCA Decision \*  
-- Select one --  
-- Select one --  
Approve - Draft Name Change Letter  
Deny - Draft Denial Letter

Update form values Back Next

The next tab is Letter Creation, where the information is already prepopulated based on the OCA Decision. The OCA Director can edit this information if needed.

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

OCA Routing

Letter Creation



Alabama Department of Mental Health

Certification Application

Paragraph 1 of the Approval Letter \*  
User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 1st paragraph template.  
Your request for a name change from [Provider Agency Name] to [New Agency Name] located at [Address], has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter \*  
User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 2nd paragraph template.  
Please return the certificate for [Provider Agency Name], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

test  
Executive Director  
test  
123  
test CO 12345

The OCA Director reviews it and hits ‘Submit’.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

test  
Executive Director  
test  
123  
test, CO 12345

Dear test:

Your request for a name change from test to test located at Default Address, has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for test, to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,  
Kimberly G. Boswell  
Commissioner



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

### Associate Commissioner Review

The Associate Commissioner reviews the application, selects their 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

MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation

Associate Commissioner

ADMH

Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values

Back

Submit

There is also an optional field for Internal Comments.  
If there is 'Request Additional Information', an additional required field 'Note for OCA & PPQ Director' appears.

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

OCA Routing

Letter Creation

Associate Commissioner

ADMH

Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

Request Additional Information

Internal Comments

Note for OCA & PPQ Director \*

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 it.

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   OCA Routing   Letter Creation  
Associate Commissioner   Commissioner



#### Commissioner Review

Commissioner Disposition \*

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

Signature \*

Signer's Name   Type   Draw   Upload   Clear

Update form values   Back   Submit



## Certificate Generation

After all Review Stages, the Certificate Generation has 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 C...	1234 Ridgeway Drive, Sact...	1231	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:45 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851681, Mobile, AL...		10/17/2025, 6:54 AM	nakeema.moss@mha
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	420 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakeema.moss@mha
Cancel Request	93	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	92	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	91	Pending Commissioner Rev...	10/17/2025, 9:30 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User		Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SinghGov API
Edit Submitted Data		Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SinghGov 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.

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

9 Communications

4 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	Beth & Kim Team Skip.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 Skip.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 download the merged.

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

9 Communications

4 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	[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

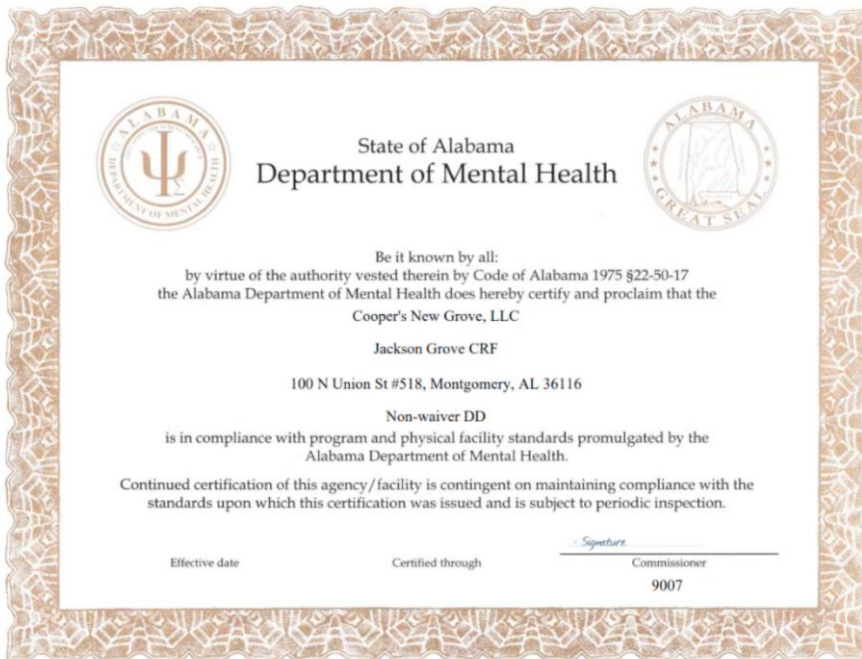
View Merged

Download

Delete

1 - 10 of 12 Items

There is a generated Certificate.



## 5. SU Provider

Once SU is selected from the drop-down, the Application tab appears.

The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. The form is titled 'ADMH - Name of Agency Change' and has a 'Exit workflow' button in the top right corner. The main content area features the ADMH logo and the text 'Certification Application'. Below this, there is a 'Select Application' dropdown menu with 'SU' selected. A 'Next' button is located at the bottom right of the form.

The Applicant fills out the required fields marked with \* in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number. Then hit 'Submit'.

The screenshot shows the 'Application' tab of the 'Certification Application' form. The form is titled 'ADMH - Name of Agency Change' and has a 'Exit workflow' button in the top right corner. The main content area features the ADMH logo and the text 'Certification Application'. Below this, there is a 'Select Application' dropdown menu with 'SU' selected. A 'Next' button is located at the bottom right of the form.

**Applicant**

Administrative Service Number \*  
CSC

Current Provider Agency Name \*  
Name (Please use legal name & date name if applicable as it appears on the ADMH contract or the Secretary of State website of the provider)

Street Address \*  
City \*  
Telephone \*

New Provider Agency Name \*

County \*  
State \*

Name of Executive Director \*

Executive Director Email \*

**Certification**

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

Executive Director Signature \*

Signature's Name [Stop Show Upload] [Save]

Date \*  
MM/DD/YYYY

Agency \*

Address \*

Attach Supporting Documents

[Submit]

[Back] [Save]

## OCA Quality Review

The OCA Director reviews the application, selects their disposition and hits 'Submit'.

ADMH - Name of Agency Change

Application Selection Application OCA Quality Review

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/15/2025

OCA Disposition \*

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form values Back Submit

If 'Hold' is selected, the required 'Hold Reason' field appears.

Application Selection Application OCA Quality Review

ADMH Alabama Department of Mental Health

OCA Quality Review

Date  
10/21/2025

OCA Disposition \*

Hold

Hold Reason \*

Provide a message to the Provider explaining the hold.

Update form values Back Submit

If 'Return to Provider' is selected, the 'Message to Provider' field appears.

Application Selection   Application   OCA Quality Review



### OCA Quality Review

Date

10/21/2025

OCA Disposition \*

Return to Provider for Changes

Message to Applicant

Below is a demo of what will be sent to the Provider.



## Certification Application Update

Your **Certification Application** has been returned with a request for action by the Office of Certification Administration. Please review the instructions at the bottom of this message and follow the link to make the update.

#### Application Details:

- **Current Provider Agency Name:** t
- **Application Type:** Name Change Request
- **Reference Number:** NameChg#00003
- **Submission Date:** 10/21/2025

#### Message From OCA:

Please review the application and submit your decision within 14 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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

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

If 'Approve and forward' is selected, no additional fields appear.

## MHSU Certification Team Selection

During the MHSU Certification Team Selection, the MHSU Certification Team reviews the request and selects the Disposition.

Application MHSU Certification Team Selection



### Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

-- Select one --

Forward to Certification Team

Recommend Approval

Recommend Denial

Request Additional Information

Update form values

Back

Submit

If the 'Forward to Certification team' is selected, the required field 'Certification Team Member' appears.



### 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

If 'Request Additional Information' is selected, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

Certification Application  
MHSU Certification Team Selection

Certification Director Disposition \*

Request Additional Information

Review Comments

Message to Provider \*

Attachments to Provider

Select files...

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

The 'Thank you' Page appears. The Reviewer clicks on the 'Please follow this link to proceed' to continue the process.





Submission Successful - [Please follow this link to proceed.](#)

NameChg#00002

## MHSU Program Selection

At the MHSU Program Selection Stage, the Certification Director chooses the Disposition.

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

 Alabama Department of Mental Health

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, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

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

 Alabama Department of Mental Health

Certification Application  
MHSU Program Selection

Certification Director Disposition \*

Request Additional Information

Review Comments

Message to Provider \*

Attachments to Provider

[Select files...](#)

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



Two required fields appear if the 'Forward Program team' is selected.

[Application](#) [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 \*

-- Select one --

Program Director \*

Enter name of the user

[Clear](#)

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

### MH Program Team Selection

At this stage, the Program Director chooses the Disposition and then selects a Program Coordinator. Then hits 'Submit'.

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



#### Certification Application MH Program Team Selection

Program Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team  
Recommend Approval  
Recommend Denial  
Request Additional Information

Program Coordinator \*

Enter name of the user

Clear

Update form values

Back

Submit

## MHSU Certification Director Review

At this stage, the Certification Director selects the Disposition and hits 'Submit'.

Application   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 Certification Director Review

Certification Director Disposition \*

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

Update form values   Back   Submit

### MHSU Associate Commissioner Review

The MHSU Associate Commissioner reviews the application, selects their disposition, and hits 'Submit'.

Application   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



#### 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

## OCA Review

The OCA Director reviews all the previous stages, selects their disposition, and hits 'Next'.

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

OCA Routing

Letter Creation



Alabama Department of Mental Health

### OCA Review

Current Date

10/21/2025

OCA Decision \*

-- Select one --

-- Select one --

Approve - Draft Name Change Letter

Deny - Draft Denial Letter

Update form values

Back

Next

The next tab is Letter Creation, where the information is already prepopulated based on the OCA Decision. The OCA Director can edit this information if needed.

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

OCA Routing

Letter Creation



Alabama Department of Mental Health

### Certification Application

Paragraph 1 of the Approval Letter \*

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

Your request for a name change from [Provider Agency Name] to [New Agency Name] located at [Address], has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter \*

User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 2nd paragraph template

Please return the certificate for [Provider Agency Name], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

test

Executive Director

test

123

test CO 12345

The OCA Director reviews it and hits ‘Submit’.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

test  
Executive Director  
test  
123  
test, CO 12345

Dear test:

Your request for a name change from test to test located at Default Address, has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for test, to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,  
Kimberly G. Boswell  
Commissioner



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

### Associate Commissioner Review

The Associate Commissioner reviews the application, selects their 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

MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation

Associate Commissioner

ADMH

Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values

Back

Submit

There is also an optional field for the Internal Comments. If there is 'Request Additional Information', an additional required field 'Note for OCA & PPQ Director' appears.

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

OCA Routing

Letter Creation

Associate Commissioner

ADMH

Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

Request Additional Information

Internal Comments

Note for OCA & PPQ Director \*

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   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   OCA Routing   Letter Creation  
Associate Commissioner   Commissioner



### Commissioner Review

Commissioner Disposition \*

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

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 CRL...	1234 Ridgeway Drive, Sacta...	1231	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:45 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851681, Mobile, AL...		10/17/2025, 6:54 AM	nakeema.moss@mha...
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	420 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakeema.moss@mha...
Cancel Request	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	90	Pending Commissioner Rev...	10/17/2025, 9:30 AM					10/17/2025, 9:05 AM	Ken Choate
Reassign User	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SinghGov API
Edit Submitted Data	88	Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SinghGov 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.

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

9 Communications

4 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	Beth & Kim Team Skipa.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 Skipa.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

12

1 - 10 of 12 Items

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

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

9 Communications

4 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	[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
...	[MERGED_DOCUMENT]	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.47 KB
...	Ken's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	

Actions

Download Merged

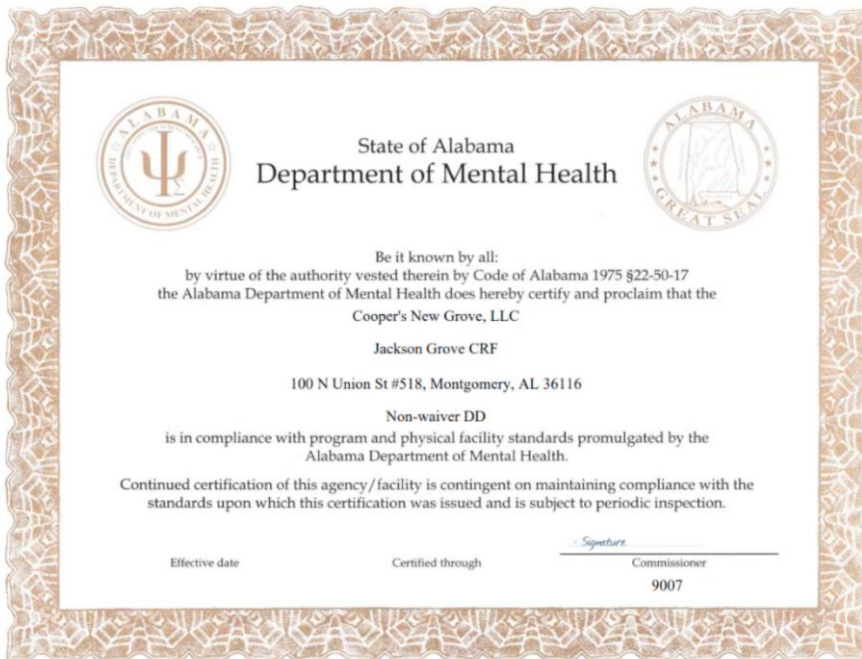
☒ View Merged

Download

Delete

1 - 10 of 12 Items

There is a generated Certificate.




## 6. Prevention

Once Prevention is selected from the drop-down, the Application tab appears.

ADMH - Name of Agency Change Exit workflow

Application Selection

Application

  
Certification Application


Select Application \*  
Prevention

Next

The Applicant fills out the required fields marked with \* in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number. Then hits 'Submit'.

Application Selection

Application

  
Certification Application

Document of State Corporation Amendments/Articles of Amendment \*  
[Select File](#)

Applicant

Administrative Service Number \*

Current Provider Agency Name \*

New Provider Agency Name \*

Street Address \*

City \*

Telephone \*

County \*

State \*

Name of Executive Director \*

Zip \*

Executive Director Email \*

Certification

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

Executive Director Signature \*

Signature's Name  Save Show Upload

Date \*  
MM/DD/YYYY

Agency \*

Address \*

Attach Supporting Documents  
[Select File](#)

Next


Submit


## OCA Quality Review

The OCA Director reviews the application, selects their disposition and hits 'Submit'.

ADMH - Name of Agency Change

---

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

 Alabama Department of Mental Health

### OCA Quality Review

Date  
10/15/2025

OCA Disposition \*

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes


Hold


Update form values

Back

Submit

If 'Hold' is selected, the required 'Hold Reason' field appears.

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

 Alabama Department of Mental Health

### OCA Quality Review

Date  
10/21/2025

OCA Disposition \*

Hold

Hold Reason \*

Provide a message to the Provider explaining the hold.

Update form values

Back

Submit

If 'Return to Provider' is selected, the 'Message to Provider' field appears.

Application Selection   Application   OCA Quality Review



### OCA Quality Review

Date

10/21/2025

OCA Disposition \*

Return to Provider for Changes

Message to Applicant

Below is a demo of what will be sent to the Provider.



## Certification Application Update

Your **Certification Application** has been returned with a request for action by the Office of Certification Administration. Please review the instructions at the bottom of this message and follow the link to make the update.

#### Application Details:

- **Current Provider Agency Name:** t
- **Application Type:** Name Change Request
- **Reference Number:** NameChg#00003
- **Submission Date:** 10/21/2025

#### Message From OCA:

Please review the application and submit your decision within 14 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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

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

If 'Approve and forward' is selected, no additional fields appear.

## MHSU Certification Team Selection

During the MHSU Certification Team Selection, the MHSU Certification Team reviews the request and selects the Disposition.

Application MHSU Certification Team Selection



### Certification Application MHSU Certification Team Selection

Certification Director Disposition \*

-- Select one --

-- Select one --

-- Select one --

Forward to Certification Team

Recommend Approval

Recommend Denial

Request Additional Information

Update form values Back Submit

If the 'Forward to Certification team' is selected, the required field 'Certification Team Member' appears.



### 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

If 'Request Additional Information' is selected, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

Certification Application  
MHSU Certification Team Selection

Certification Director Disposition \*

Request Additional Information

Review Comments

Message to Provider \*

Attachments to Provider

Select files...

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

The 'Thank you' Page appears. The Reviewer clicks on the 'Please follow this link to proceed.' to continue the process.





Submission Successful - [Please follow this link to proceed.](#)

NameChg#00004

## MHSU Program Selection

At the MHSU Program Selection Stage, the Certification Director chooses the Disposition.

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

 Alabama Department of Mental Health

Certification Application  
MHSU Program Selection

Certification Director Disposition \*


-- Select one --


-- Select one --

Forward to Program Team

Request Additional Information

If 'Request Additional Information' is selected, the required field 'Message to Provider' and the optional field 'Attachments to Provider' appears.

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

 Alabama Department of Mental Health

Certification Application  
MHSU Program Selection

Certification Director Disposition \*

Request Additional Information

Review Comments

Message to Provider \*

Attachments to Provider



Two required fields appear if the 'Forward Program team' is selected.

[Application](#) [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 \*

-- Select one --

Program Director \*

Enter name of the user

[Clear](#)

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

### MH Program Team Selection

At this stage, the Program Director chooses the Disposition and then selects a Program Coordinator. Then hits 'Submit'.

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



#### Certification Application MH Program Team Selection

Program Director Disposition \*

-- Select one --

-- Select one --

Forward to Program Team

Recommend Approval

Recommend Denial

Request Additional Information

Program Coordinator \*

Enter name of the user

Clear

Update form values

Back

Submit

### MHSU Certification Director Review

At this stage, the SU Program Director and SU Program Manager review the Application, and then the Certification Director selects the Disposition and hits 'Submit'.

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



#### MHSU Certification Director Review

Certification Director Disposition \*

-- Select one --

-- Select one --

Recommend Approval

Recommend Denial

Request Additional Information

Update form values   Back   Submit

## MHSU Associate Commissioner Review

The MHSU Associate Commissioner reviews the application, selects their disposition, signs, and hits 'Submit'.

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



### 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

## OCA Review

The OCA Director reviews all the previous stages, selects their disposition, and hits 'Next'.

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Program Team Selection

SU Program Director Review


SU Program Manager Review

MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation



Alabama Department of Mental Health

OCA Review

Current Date  
10/21/2025

OCA Decision \*

-- Select one --

-- Select one --

Approve - Draft Name Change Letter

Deny - Draft Denial Letter

Update form values

Back

Next

The next tab is Letter Creation, where the information is already prepopulated based on the OCA Decision. The OCA Director can edit this information if needed.

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Program Team Selection

SU Program Director Review


SU Program Manager Review

MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation



Alabama Department of Mental Health

Certification Application

Paragraph 1 of the Approval Letter \*

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

Your request for a name change from [Provider Agency Name] to [New Agency Name] located at [Address], has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Paragraph 2 of the Approval Letter \*

User will edit this text which will be "tagged" into the custom HTML field below, so the field displays this text in place of the 2nd paragraph template.

Please return the certificate for [Provider Agency Name], to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

The OCA Director reviews it and hits ‘Submit’.



Kay Ivey  
Governor

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



Kimberly G. Boswell  
Commissioner

t  
Executive Director  
t  
t  
t, AR 12345

Dear t:

Your request for a name change from t to t located at Default Address, has been approved. Your certificate is enclosed. This certificate must be posted in your facility at all times and is not transferable to any other location or entity.

Please return the certificate for t, to the Office of Certification Administration within ten (10) days of receipt of this letter. Should you have any questions, please contact the Office of Certification Administration at 334-353-9085.

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

Sincerely,  
Kimberly G. Boswell  
Commissioner



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

### Associate Commissioner Review

The Associate Commissioner reviews the application, selects their disposition, and hits 'Submit'.

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Program Team Selection

SU Program Director Review

SU Program Manager Review


MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation

Associate Commissioner



Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

-- Select one --

-- Select one --

Forward to Commissioner

Request Additional Information

Update form values

Back

Submit

There is also an optional field for the Internal Comments.  
If there is 'Request Additional Information', an additional required field 'Note for OCA & PPQ Director' appears.

Application

OCA Quality Review

MHSU Certification Team Selection

MHSU Certification Team Review

MHSU Program Selection

MH Program Team Selection

SU Program Director Review

SU Program Manager Review


MHSU Certification Director Review

MHSU Associate Commissioner

OCA Routing

Letter Creation

Associate Commissioner



Alabama Department of Mental Health

Associate Commissioner Review

Associate Commissioner Disposition \*

Request Additional Information

Internal Comments

Note for OCA & PPQ Director \*

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 it.

Application   OCA Quality Review   MHSU Certification Team Selection   MHSU Certification Team Review   MHSU Program Selection   MH Program Team Selection  
SU Program Director Review   SU Program Manager Review   MHSU Certification Director Review   MHSU Associate Commissioner   OCA Routing   Letter Creation   Associate Commissioner  
Commissioner



### Commissioner Review

Commissioner Disposition \*

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

Signature \*

X

Signer's Name

Type Draw Upload Clear

Update form values Back Submit



## Certificate Generation

After all Review Stages, the Certificate Generation has 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 CRL...	1234 Ridgeway Drive, Sact...	1231	10/17/2025, 10:01 AM	Ken Choate
Remove	94	Pending DD Review	10/17/2025, 9:45 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851681, Mobile, AL...		10/17/2025, 6:54 AM	nakeema.moss@mha
Documents	93	Pending DD Review	10/17/2025, 9:42 AM	420 Pratt Street CRF	Certified Residential Facility ...	420 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakeema.moss@mha
Cancel Request	93	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Choate
Edit Request	92	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Choate
View History	91	Pending Commissioner Rev...	10/17/2025, 9:30 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.

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail

12 Documents

9 Communications

4 eSignature Documents

6 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	Beth & Kim Team Skip.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 Skip.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 - 10 of 12 Items

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

Summary Details for NameChg#00025

Workflow Status: Certificate Generation2

Audit Trail12 Documents9 Communications4 eSignature Documents6 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	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB
...	TEST.pdf	Ken Choate	10/17/2025 10:05 AM	1	Approval Documents	23.67 KB
...	Personal Care.pdf	[MERGED_DOCUMENT]	10/17/2025 10:10 AM	N/A	Other	306.5 KB
...	Jackson Grove CRF.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.38 KB
...	[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 - 10 of 12 Items

There is a generated Certificate.

