

The Alabama Department of Mental Health Division of Administration

Name of Agency Change



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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

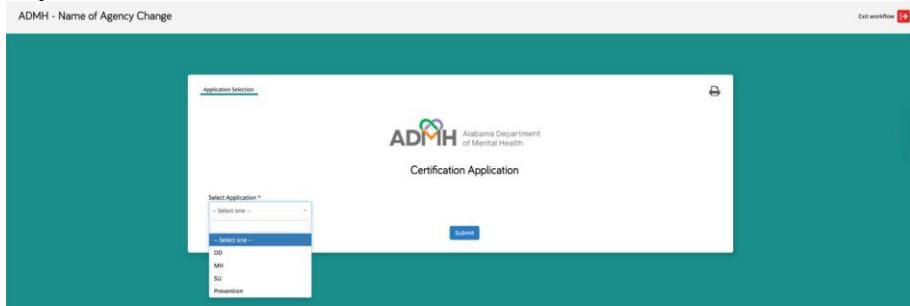
SU Program Manager

Role type: Selected user

Selected user from field: SU Program Manager

2. Select Application

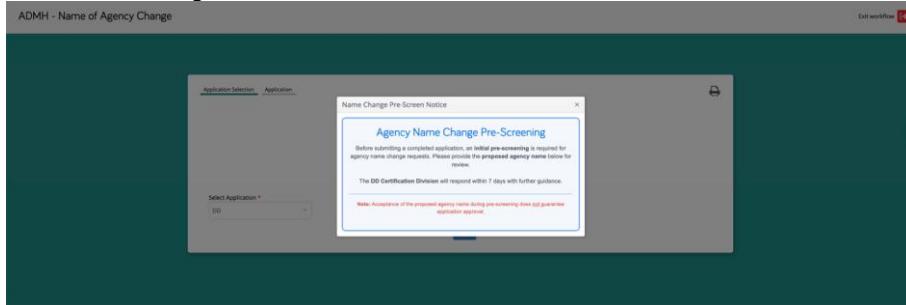
To choose the path, the Provider selects the application type from the Select Application drop-down and clicks 'Submit'.



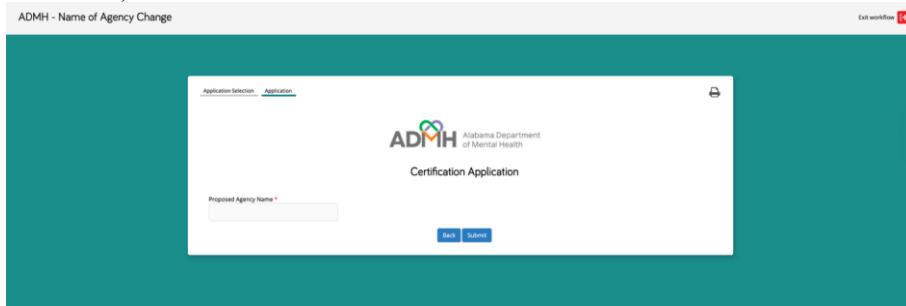
The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The title of the page is 'Application Selection' and it is specifically for a 'Certification Application'. At the top, there is a logo for ADMH and the text 'Alabama Department of Mental Health'. Below the title, there is a dropdown menu labeled 'Select Application *' with the following options: 'Select one', 'DD', 'DR', 'SU', and 'Prevention'. The 'DD' option is currently selected. At the bottom right of the form, there is a blue 'Submit' button. The overall background of the page is white, and the form is contained within a light gray box.

3. DD Provider

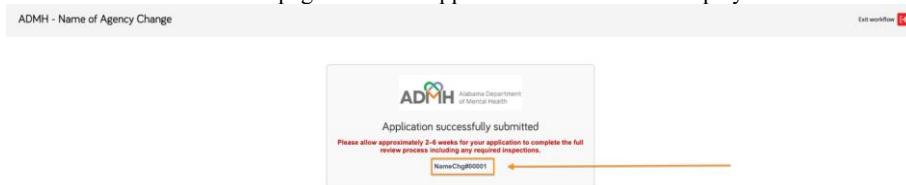
Once DD is selected from the drop-down, a Pre-Screen Notice displays. The provider can close it after reading.



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.

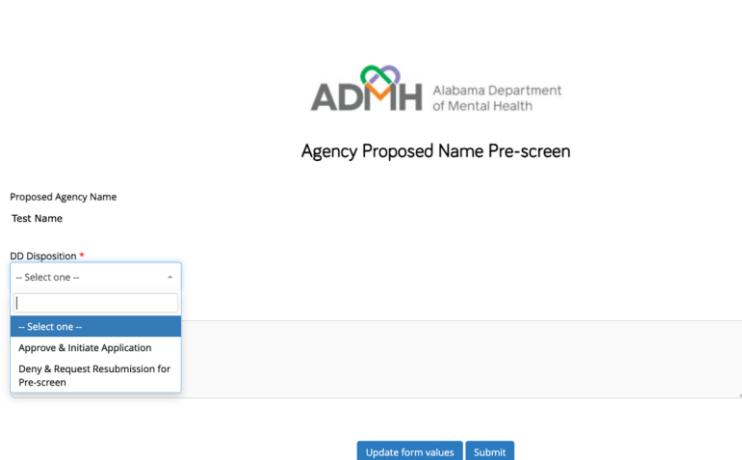


Click 'Exit workflow'.

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



Proposed Agency Name
Test Name

DD Disposition *

-- Select one --

-- Select one --

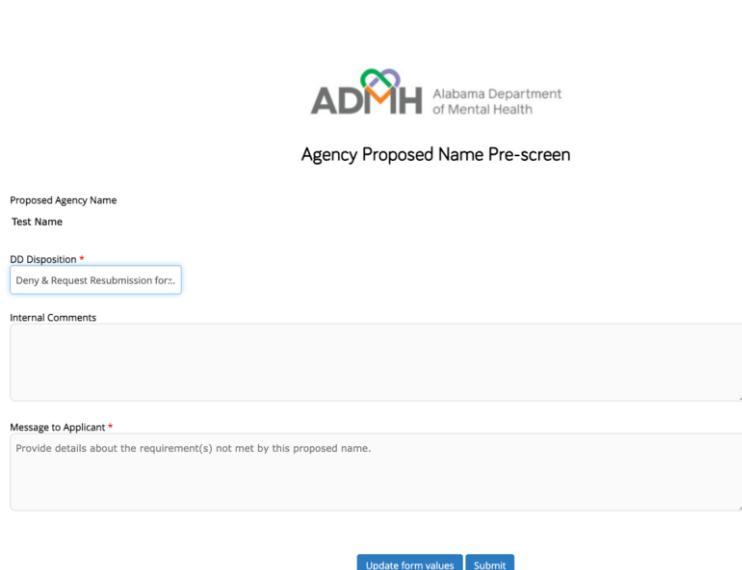
Approve & Initiate Application

Deny & Request Resubmission for Pre-screen

Internal Comments

Update form values Submit

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



Proposed Agency Name
Test Name

DD Disposition *

-- Select one --

Deny & Request Resubmission for Pre-screen

Internal Comments

Message to Applicant *

Provide details about the requirement(s) not met by this proposed name.

Update form values 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

Secretary of State Corporation Amendment/Articles of Amendment *

Applicant

Administrative Services Number *
1234

Current Provider Agency Name *
Please include full legal name & DBA name if applicable as it appears in 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 *
A handwritten signature in blue ink that reads "Sam Smith".

Sam Smith

Date *
10/15/2025

Agency *
test

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

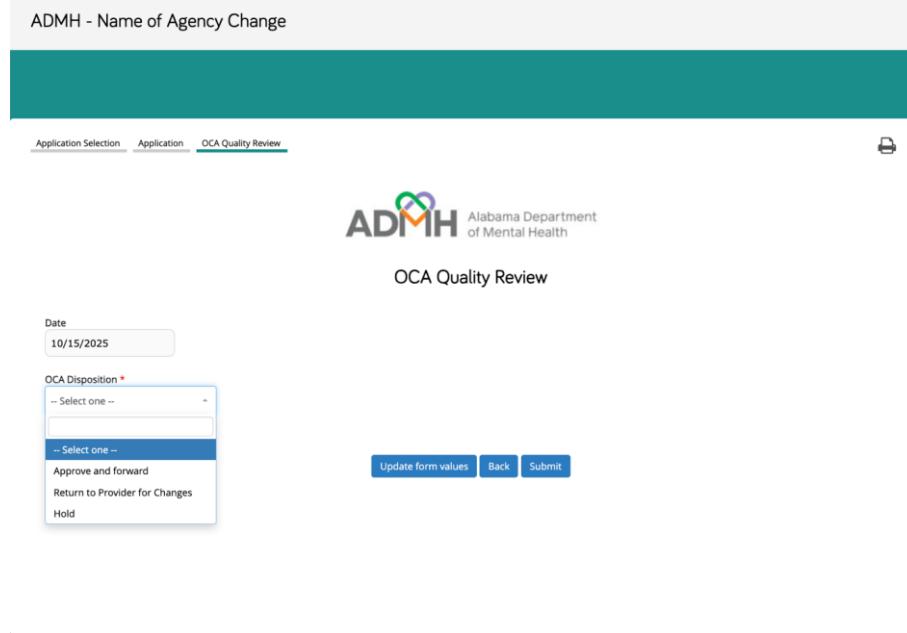
Attach Supporting Documents

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

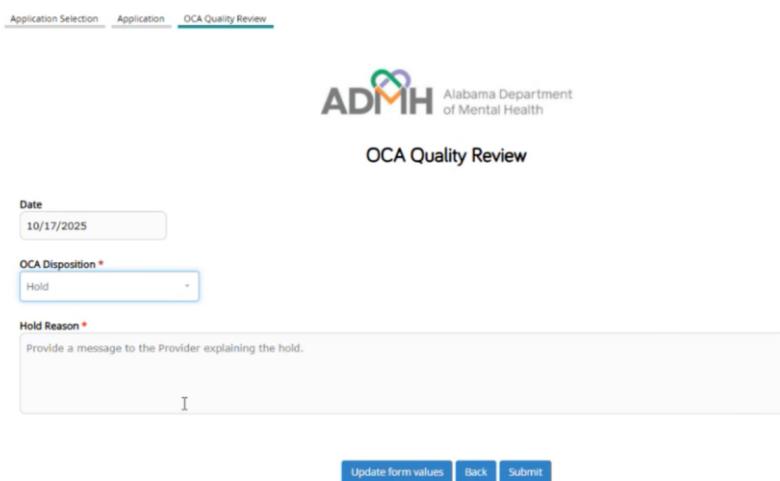
OCA Quality Review

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

 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.



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

DD Planning & Quality Specialist II

Planning & Quality Specialist II Disposition *

- Select one --
-
-

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.

Application OCA Quality Review Planning & Quality Specialist II DD Certification Director Review

 Alabama Department of Mental Health

DD Certification Director & Associate Commissioner of DD Review

Certification Director Disposition *

-- Select one --

-- Select one --

Approve

Deny

Approval Documents

Select files...

Signature *

Signer's Name

Type Draw Upload Clear

Update form values Back 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...

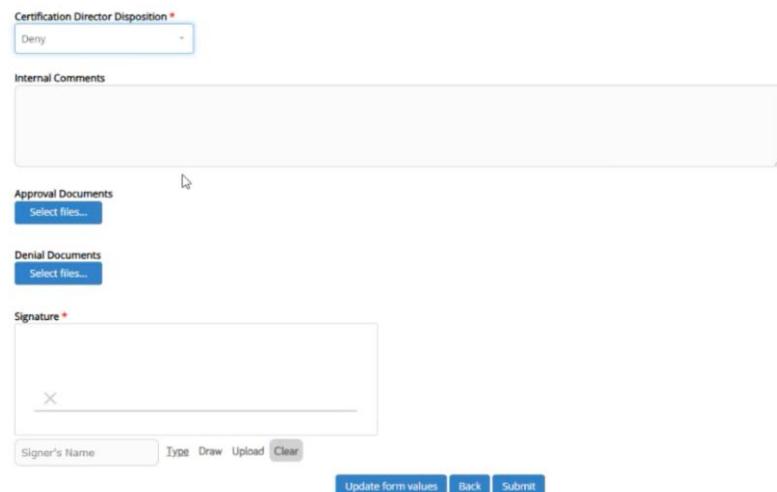
Signature *

X

Signer's Name

Type Draw Upload Clear

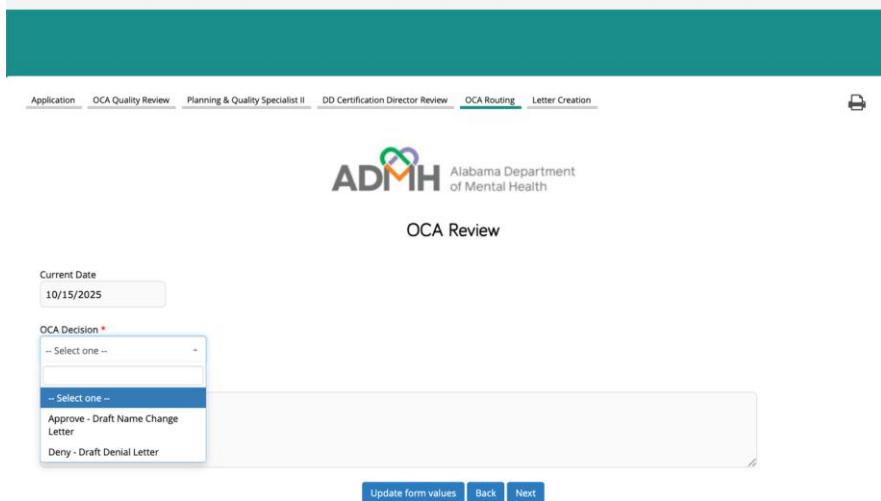
Update form values Back Submit



OCA Review

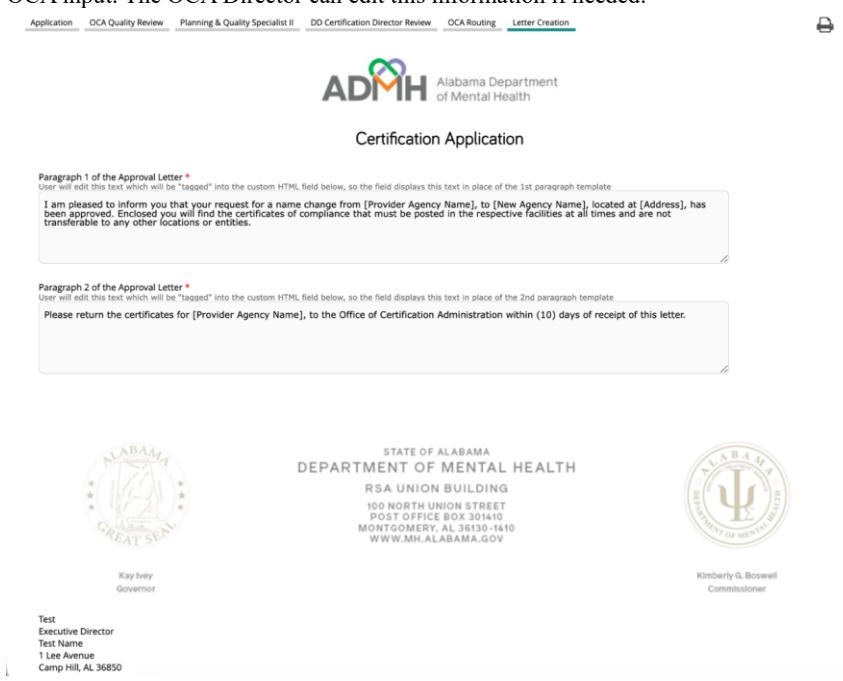
The OCA Director reviews all the previous stages, selects their disposition, and hits 'Next'.

ADMH - Name of Agency Change



The screenshot shows the 'OCA Review' page. At the top, there are navigation tabs: Application, OCA Quality Review, Planning & Quality Specialist II, DD Certification Director Review, OCA Routing, and Letter Creation. The 'OCA Routing' tab is currently selected. Below the tabs, the ADMH logo and the text 'Alabama Department of Mental Health' are displayed. The main section is titled 'OCA Review'. It contains a 'Current Date' field with the value '10/15/2025'. A 'OCA Decision' dropdown menu is open, showing options: 'Select one', 'Select one', 'Approve - Draft Name Change Letter', and 'Deny - Draft Denial Letter'. At the bottom of the page are buttons for 'Update form values', 'Back', and '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.



The screenshot shows the 'Letter Creation' page. At the top, there are navigation tabs: Application, OCA Quality Review, Planning & Quality Specialist II, DD Certification Director Review, OCA Routing, and Letter Creation. The 'Letter Creation' tab is currently selected. Below the tabs, the ADMH logo and the text 'Alabama Department of Mental Health' are displayed. The main section is titled 'Certification Application'. It contains two paragraphs of prepopulated text. The first paragraph is titled 'Paragraph 1 of the Approval Letter' and the second is 'Paragraph 2 of the Approval Letter'. Both paragraphs begin with 'User will edit this text which will be "tapped" into the custom HTML field below, so the field displays this text in place of the 1st paragraph template.' Below the text, there is a note: '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.' and 'Please return the certificates for [Provider Agency Name], to the Office of Certification Administration within (10) days of receipt of this letter.' At the bottom of the page, there are signatures and seals for 'ALABAMA GREAT SEAL', 'STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH', 'RSA UNION BUILDING', '100 NORTH UNION STREET', 'POST OFFICE BOX 301410', 'MONTGOMERY, AL 36130-1410', 'WWW.MH.ALABAMA.GOV', 'Kay Ivey Governor', 'Kimberly G. Boswell Commissioner', and 'Test Executive Director Test Name 1 Lee Avenue Camp Hill, AL 36850'.

The OCA Director reviews it and hits ‘Submit’.



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



Kay Ivey
Governor

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, selects their disposition, and hits ‘Submit’.

ADMH - Name of Agency Change

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.

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

ADMH Alabama Department of Mental Health

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

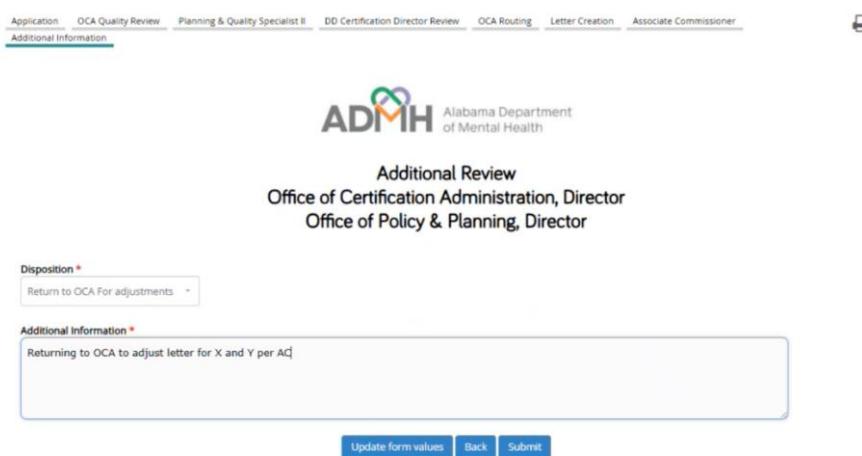
Disposition *

– 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

ADMH 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

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



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

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.

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.

Commissioner Disposition *

-- Select one --

Approve

Deny

Request Additional Information

Message to Provider *

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

Commissioner Disposition *

[Request Additional Information](#)

Internal Comments

Message to Provider *

This field is required

Signature *

Signer's Name

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 Ctr.	1234 Ridgeway Drive, Santa... 1251		10/17/2025, 10:01 AM	Ken Chcate
Actions	94	Pending DO Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mh.a...
	93	Pending DO 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@mh.a...
	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Chcate
	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Chcate
	90	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Chcate
	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpleGov API
	88	Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SimpleGov API

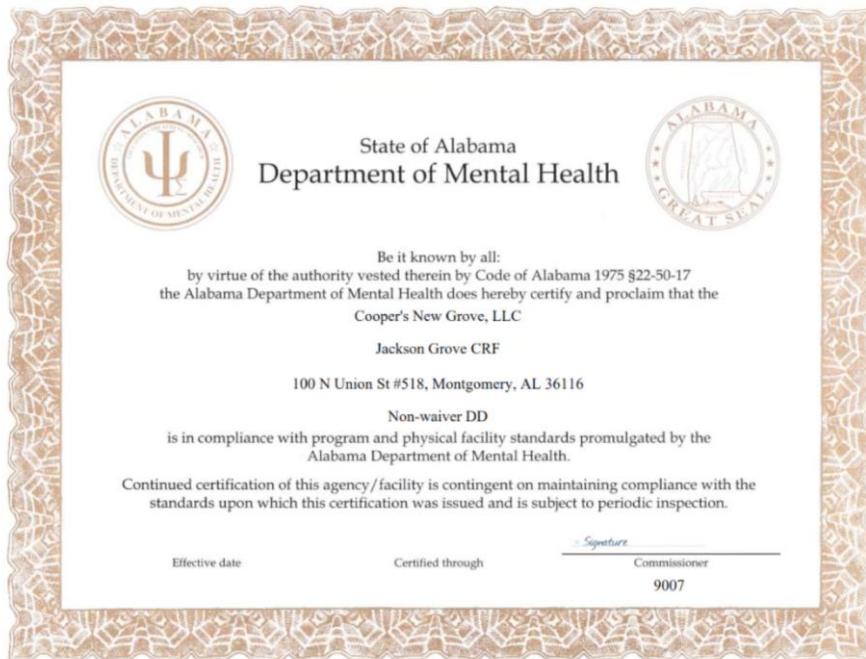
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Summary Details for NameChg#00025																																																																																																																							
Audit Trail		12 Documents		8 Communications		eSignature Documents		Related Workflows																																																																																																															
Uploaded Files																																																																																																																							
<table border="1"> <thead> <tr> <th>Action</th><th>Name</th><th>Uploaded by</th><th>Creation Date</th><th>Version</th><th>Source</th><th>File Size</th><th> </th><th> </th><th> </th></tr> </thead> <tbody> <tr> <td>...</td><td>TEST.pdf</td><td>Ken Chcate</td><td>10/17/2025 10:03 AM</td><td>1</td><td>IRS Name Change Letter/Tax ID Verification</td><td>23.67 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>TEST.pdf</td><td>Ken Chcate</td><td>10/17/2025 10:03 AM</td><td>1</td><td>Secretary of State Corporation Amendment/Articles of Amendment</td><td>23.67 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>TEST.pdf</td><td>Ken Chcate</td><td>10/17/2025 10:05 AM</td><td>1</td><td>Approval Documents</td><td>23.67 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Personal Care.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:10 AM</td><td>N/A</td><td>Other</td><td>306.5 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Jackson Grove CRF.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.38 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Beth & Kim Team Skips.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.48 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Remote Services.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.45 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Beth & Kim Team Skips.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.44 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Kim's Team Skip Test.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.52 KB</td><td></td><td></td><td></td></tr> <tr> <td>...</td><td>Kim's Transitional Age Residential.pdf</td><td>[MERGED_DOCUMENT]</td><td>10/17/2025 10:11 AM</td><td>N/A</td><td>Other</td><td>306.47 KB</td><td></td><td></td><td></td></tr> </tbody> </table>										Action	Name	Uploaded by	Creation Date	Version	Source	File Size				...	TEST.pdf	Ken Chcate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification	23.67 KB				...	TEST.pdf	Ken Chcate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB				...	TEST.pdf	Ken Chcate	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 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				...	Kim's Transitional Age Residential.pdf	[MERGED_DOCUMENT]	10/17/2025 10:11 AM	N/A	Other	306.47 KB			
Action	Name	Uploaded by	Creation Date	Version	Source	File Size																																																																																																																	
...	TEST.pdf	Ken Chcate	10/17/2025 10:03 AM	1	IRS Name Change Letter/Tax ID Verification	23.67 KB																																																																																																																	
...	TEST.pdf	Ken Chcate	10/17/2025 10:03 AM	1	Secretary of State Corporation Amendment/Articles of Amendment	23.67 KB																																																																																																																	
...	TEST.pdf	Ken Chcate	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																																																																																																																	
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So in the documents, the Provider can go in here and can download the merged.

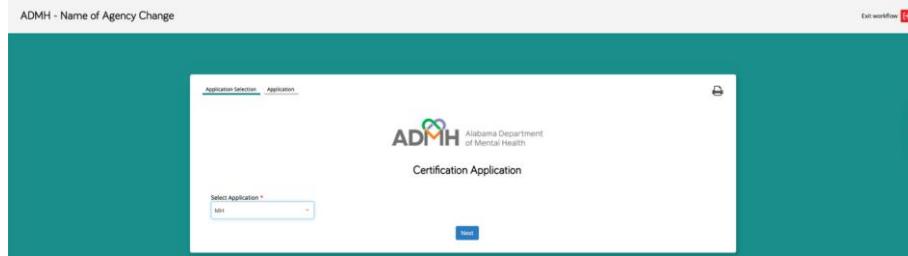
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There is a generated Certificate.

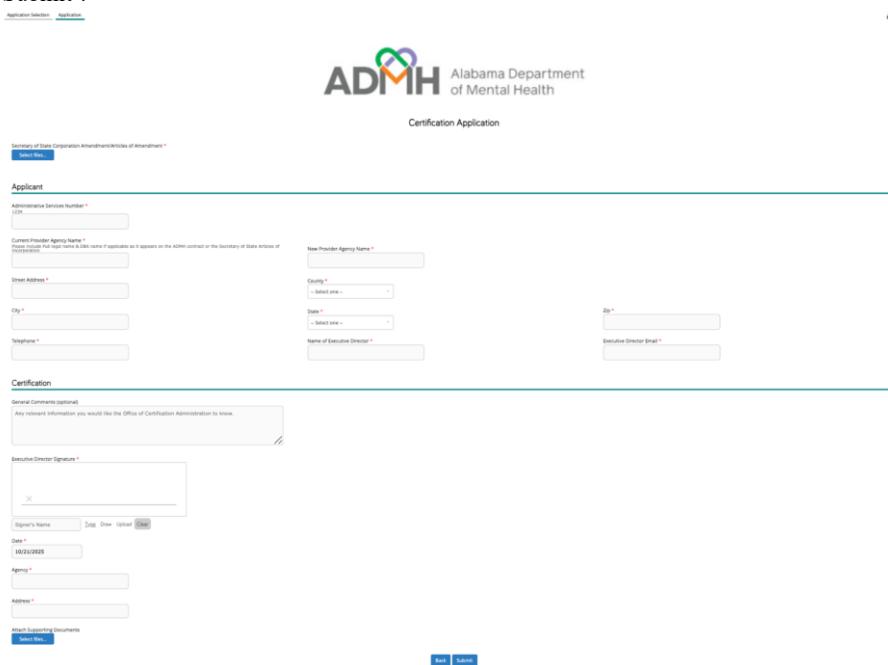


4. MH Provider

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



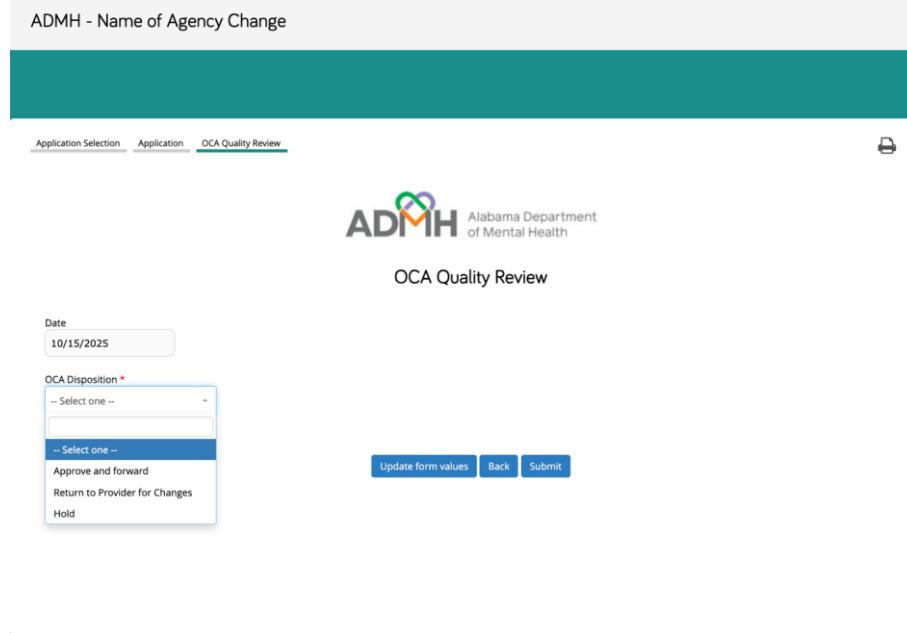
The Applicant fills out the required fields marked with * in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number. Then hit 'Submit'.



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

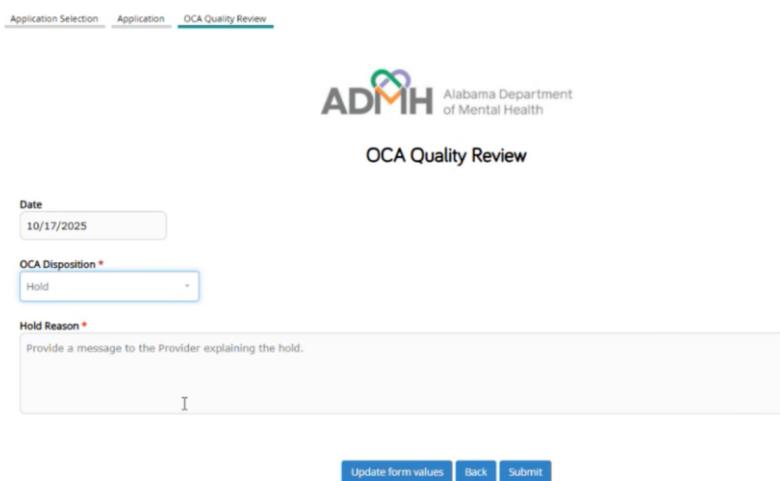
OCA Quality Review

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

Print

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 a demo of what 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.

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 

 Alabama Department of Mental Health

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.

 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**

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 *

Review Comments

Message to Provider *

Attachments to Provider

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

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...

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

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 *
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 

 Alabama Department of Mental Health

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 --

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

 Alabama Department of Mental Health

MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- 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.

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 4910
MONTGOMERY, AL 36130-4910
WWW.MH.ALABAMA.GOV



Kay Ivey
Governor

test
Executive Director
test
123
test. CO 12345



Kimberly G. Boswell
Commissioner

The OCA Director reviews it and hits ‘Submit’.



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH

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



Kay Ivey
Governor

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

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 *

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

 Alabama Department of Mental Health

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 Ctr.	1234 Ridgeway Drive, Santa...	1251	10/17/2025, 10:01 AM	Ken Chcate
Actions	94	Pending DO Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Residential...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mh.a...
Documents	93	Pending DO Review	10/17/2025, 9:42 AM	425 Pratt Street CRF	Certified Residential Facility...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mh.a...
Cancel Request	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Chcate
Edit Request	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Chcate
View History	90	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Chcate
Reassign User	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpleGov API
Edit Submitted Data	88	Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SimpleGov API
Submit From This									
Resend Notifications									

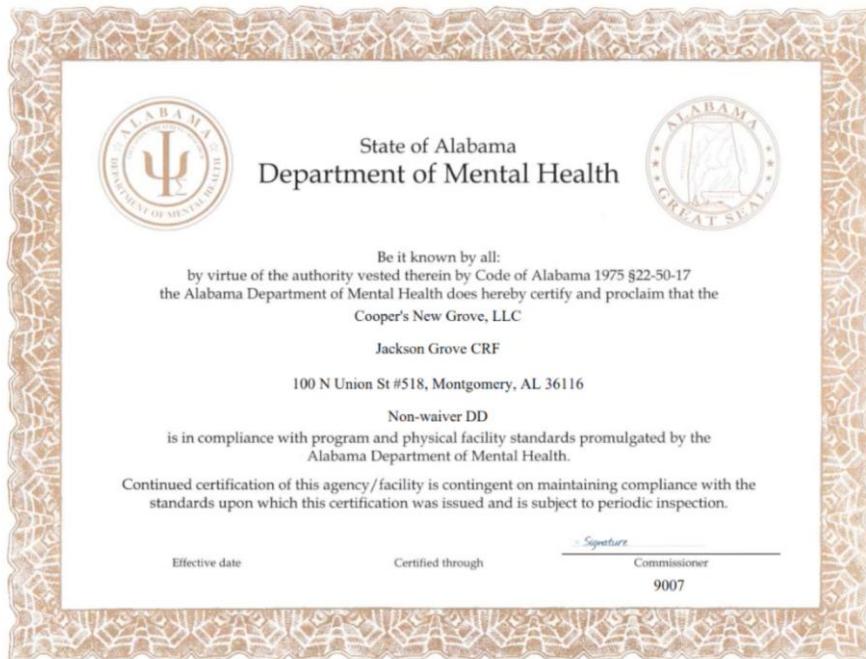
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Summary Details for NameChg#00025																																																																																																																							
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So, in the documents, the Provider can go in here and download the merged.

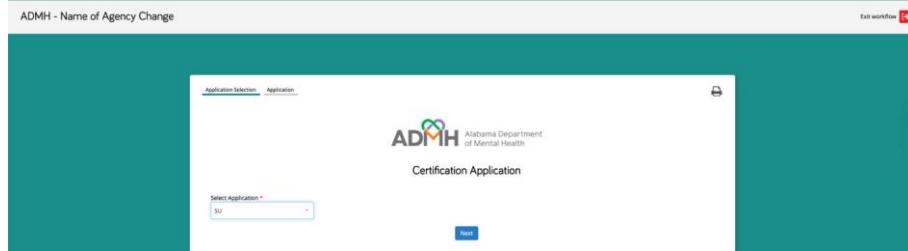
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There is a generated Certificate.



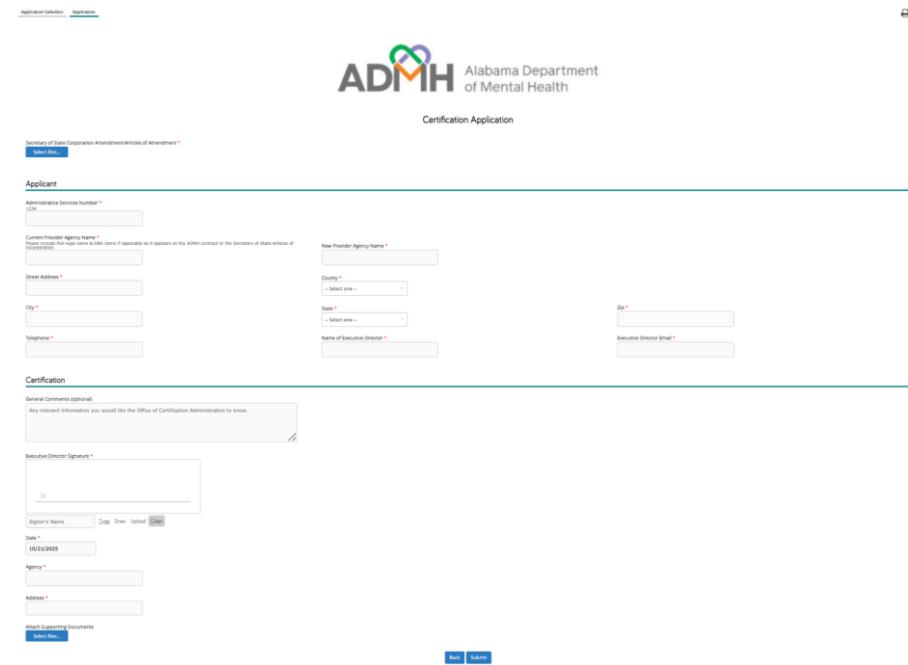
5. SU Provider

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



The screenshot shows a web-based application interface for the Alabama Department of Mental Health (ADMH). The title bar reads 'ADMH - Name of Agency Change'. The main content area is titled 'Certification Application'. At the top, there are two tabs: 'Application Selection' (which is active) and 'Application'. Below the tabs, a dropdown menu is open, showing 'SU' as the selected option. A blue 'Next' button is located at the bottom of this section.

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 'Certification Application' form. At the top, the ADMH logo and 'Alabama Department of Mental Health' are displayed. Below the logo, the title 'Certification Application' is centered. The form is divided into sections: 'Applicant' and 'Certification'. The 'Applicant' section contains fields for 'Administrative Service Number' (with 'LCH' entered), 'Current Provider Agency Name' (with 'LCH' entered), 'Street Address', 'City', 'Telephone', 'County', 'State', 'Zip', 'Name of Executive Director', and 'Executive Director Email'. The 'Certification' section contains a 'General Comments (optional)' text area and a 'Executive Director Signature' field with a signature placeholder. Below the signature field are fields for 'Signer's Name' (with 'LCH' entered), 'Date' (with '10/23/2020' entered), 'Agency' (with 'LCH' entered), 'Address' (with 'LCH' entered), and 'Attach Supporting Documents' (with a 'Select File' button). At the bottom right, there are 'Back' and 'Submit' buttons.

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

 Alabama Department of Mental Health

OCA Quality Review

Date
10/21/2025

OCA Disposition *
Return to Provider for Changes

Message to Applicant

Print

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: 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 

 Alabama Department of Mental Health

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.

 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**

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 *

Review Comments

Message to Provider *

Attachments to Provider

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

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...

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

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 *
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 

 Alabama Department of Mental Health

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 --

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

 Alabama Department of Mental Health

MHSU Associate Commissioner Review

Associate Commissioner Disposition *

-- 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.

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 440
MONTGOMERY, AL 36130-0440
WWW.MH.ALABAMA.GOV



Kay Ivey
Governor

test
Executive Director
test
123
test. CO 12345



Kimberly G. Boswell
Commissioner

The OCA Director reviews it and hits ‘Submit’.



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH

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



Kay Ivey
Governor

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



Alabama Department
of Mental Health

[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

 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

 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

 Alabama Department of Mental Health

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 Ctr.	1234 Ridgeway Drive, Santa...	1251	10/17/2025, 10:01 AM	Ken Cheate
Actions	94	Pending DO Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mh.a...
Documents	93	Pending DO 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@mh.a...
Cancel Request	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Cheate
Edit Request	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Cheate
View History	90	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Cheate
Reassign User	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpleGov API
Edit Submitted Data	88	Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SimpleGov API
Submit From This									
ReSync									
Resend Notifications									

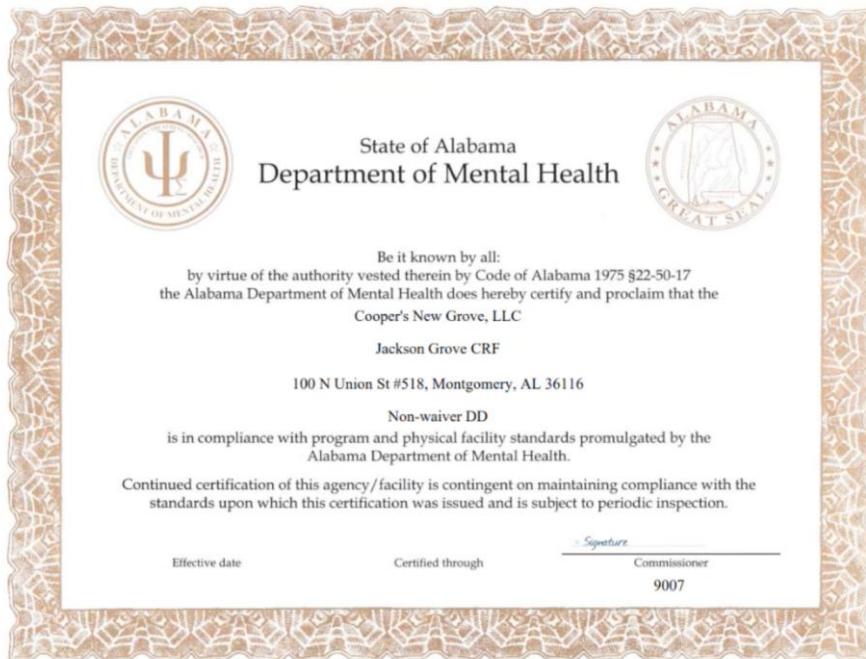
Then goes to the ‘Documents’ tab. And there are all the Certificates that were generated. As it's doing that, it's applying the certs here in the documents, which the Provider will want to show off.

Summary Details for NameChg#00025																																																																																																																							
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So in the documents, the Provider can go in here and can download the merged.

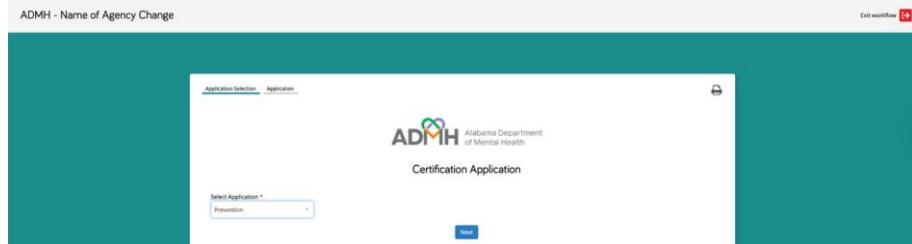
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There is a generated Certificate.

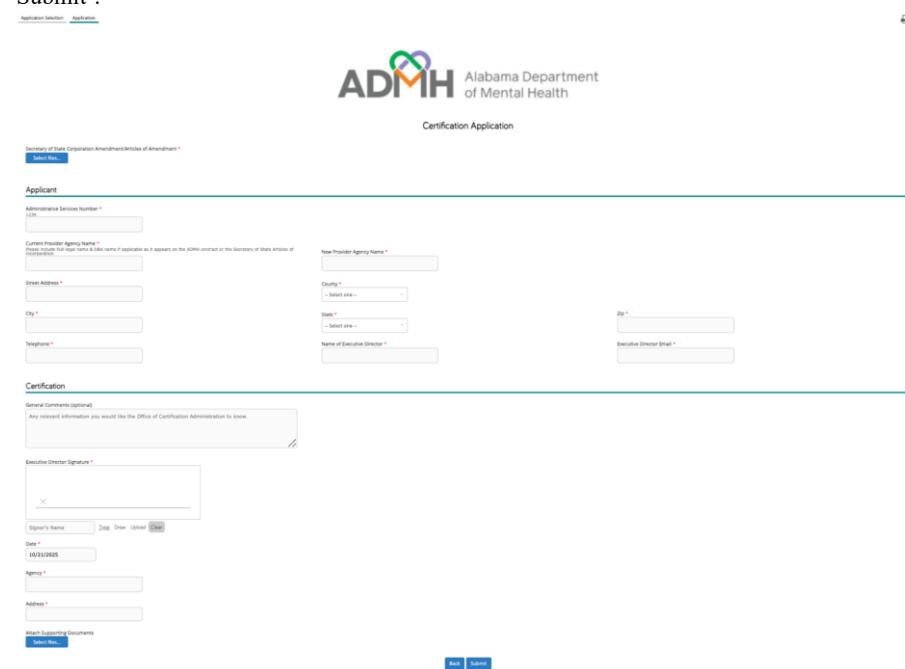


6. Prevention

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



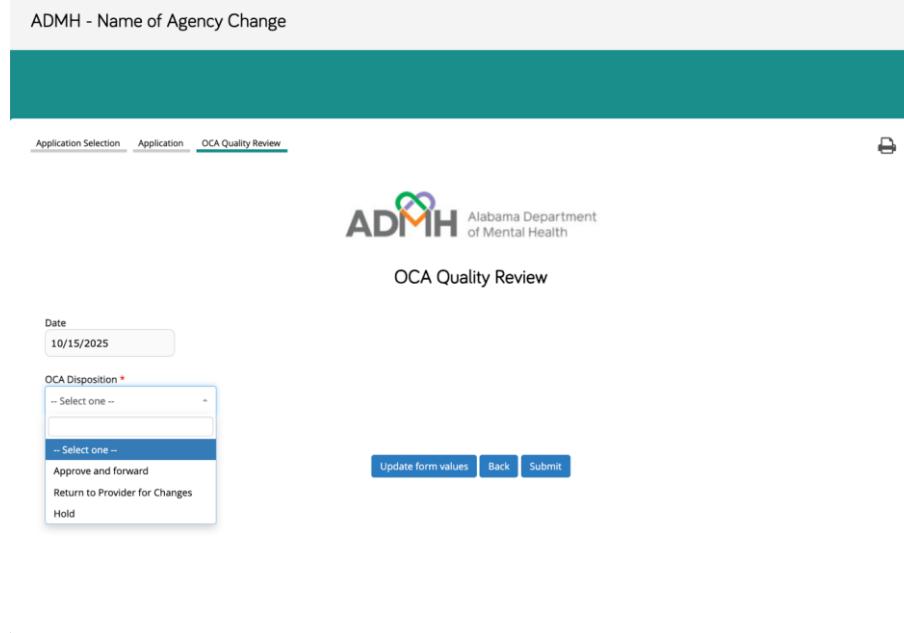
The Applicant fills out the required fields marked with * in the Application section. Address fields, Telephone, Name of Executive Director, and Executive Director Email will pre-populate as soon as the Provider enters the Administrative Service Number. Then hits 'Submit'.



OCA Quality Review

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

ADMH - Name of Agency Change



Date
10/15/2025

OCA Disposition *

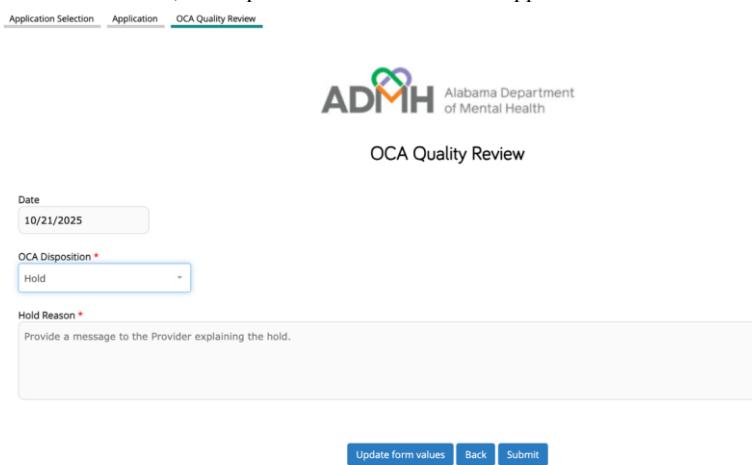
-- Select one --

-- 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

 Alabama Department of Mental Health

OCA Quality Review

Date
10/21/2025

OCA Disposition *
Return to Provider for Changes

Message to Applicant

Print

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: 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 

 Alabama Department of Mental Health

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.

 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**

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 *

Review Comments

Message to Provider *

Attachments to Provider

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

Select files...

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

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 *
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 

 Alabama Department of Mental Health

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

 Alabama Department of Mental Health

MHSU Certification Director Review

Certification Director Disposition *

-- 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

 Alabama Department of Mental Health

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

Print

ADMH 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

Print

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.
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.

Back Next

The OCA Director reviews it and hits 'Submit'.



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

Kay Ivey
Governor

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.



Kimberly G. Boswell
Commissioner

Sincerely,
Kimberly G. Boswell
Commissioner

 Alabama Department
of Mental Health

[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

 Alabama Department of Mental Health

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 Ctr.	1234 Ridgeview Drive, Santa...	1251	10/17/2025, 10:01 AM	Ken Chcate
Actions	94	Pending DO Review	10/17/2025, 9:43 AM	Hatcher Home CRF#2	Community Based Resident...	P.O. Box 851661, Mobile, AL...		10/17/2025, 6:54 AM	nakema.moss@mh.a...
Documents	93	Pending DO Review	10/17/2025, 9:42 AM	425 Pratt Street CRF	Certified Residential Facility...	425 Pratt Street, Prattville, A...		10/16/2025, 11:17 AM	nakema.moss@mh.a...
Cancel Request	92	Pending OCA Final Review	10/17/2025, 9:41 AM					10/17/2025, 9:39 AM	Ken Chcate
Edit Request	91	Complete	10/17/2025, 9:35 AM					10/17/2025, 9:35 AM	Ken Chcate
View History	90	Pending Commissioner Rev...	10/17/2025, 9:20 AM					10/17/2025, 9:05 AM	Ken Chcate
Reassign User	89	Completed	10/17/2025, 9:12 AM					10/17/2025, 9:05 AM	SimpleGov API
Edit Submitted Data	88	Completed	10/17/2025, 9:10 AM					10/17/2025, 9:05 AM	SimpleGov 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																																																																																																																							
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