PA2019-006

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

BEFORE THE STATE HEALTH COORDINATING COUNCIL

State Health Plan Adjustment Petition for

24 ADDITIONAL
SPECIALTY CARE ASSISTED LIVING FACILITY BEDS

TO ENSURE CONTINUITY OF CARE
AND IMPROVE ACCESS TO CARE
IN MONTGOMERY COUNTY

Submitted by:

LEGENDARY LIVING SERVICES VR, LLC

PA 2019-_____

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TABLES AND CHARTS

EXHIBIT LIST

I. GOAL

The goal of this proposed adjustment is to ensure seniors in Montgomery County and the surrounding region have improved access to the appropriate level of care for their individual needs, while allowing them to age-in-place and experience true continuity of care in a full-service retirement community. To accomplish this goal, this Petition proposes the addition of 24 Specialty Care Assisted Living Facility ("SCALF") beds in Montgomery County, for location at a senior living community providing a full continuum of services to include cottage living, independent living, assisted living, and specialty care assisted living services on a single contiguous campus. The proposed adjustment will result in better access and choice for seniors and will help to meet the increasing demand in this community for senior living services.

II. PROPOSED ADJUSTMENT

The Adjustment the SHCC is requested to adopt is as follows:

410-2-4-.04: (2)(e)	Limited Care Facilities – Specialty Care Assisted Living Facilities (SCALFs) Consistent with Ala. Admin. Code § 410-2-4-.04(2)(e), the SHCC has recognized a need in Montgomery County for an additional twenty-four (24) specialty care assisted living facility beds for location in a senior living community defined as one that will provide independent living, assisted living, and specialty care assisted living services on a contiguous campus under the same ownership and management. [1]

III. APPLICANT CONTACT INFORMATION

Applicant: Steve Griggs
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[1] See Exhibit 1 (Alabama State Health Plan, Specialty Care Assisted Living Facilities).

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Proof of Publication: To be provided under separate cover within the time mandated by rule.

Fee: $3,500.00, alc previously paid in full.

IV. INTRODUCTION

SCALF facilities in Alabama provide an increased level of care and supervision "which is designed to address the resident's special needs due to the onset of dementia, Alzheimer's disease, or similar cognitive impairment."[2] The Alzheimer's Association estimates that in 2017 over 5.5 million Americans were living with Alzheimer's disease or some form of dementia, including 5.3 million Americans age 65 and over. (See Exhibit 2, Alzheimer's Association 2017 Facts and Figures Report: Prevalence of Alzheimer's).

There is a tremendous need for additional SCALF beds in Montgomery County at this time, and this need will continue to increase over the next decade. Montgomery County is the fourth most populous county in Alabama and its population is aging rapidly. Various market studies have shown a need for well over two hundred additional SCALF beds in Montgomery County within the next few years based solely on the services currently provided and Montgomery County's growing population of seniors. But Montgomery County also serves as a regional hub for the provision of senior living services, and when the additional need for SCALF beds in the counties surrounding Montgomery County is considered the need for additional SCALF beds in Montgomery County grows even larger. When you also consider that the incidence of Alzheimer's Disease and other forms of dementia is predicted to grow by over 22%

[2] See Alabama Admin. Code § 410-2-4.-04(1) (defining "Specialty Care Assisted Living Facility" in the State Health Plan).

in Alabama by the year 2025, the need for additional SCALF beds in Montgomery County is clear.

Approval of this Petition will allow Legendary Living Services VR, LLC d/b/a Legendary Living Montgomery Specialty Care Assisted Living ("Legendary Living Montgomery") to help meet the need for better access to SCALF beds and other related senior living services in Montgomery County. Legendary Living Montgomery is currently developing a senior living community located at 8660 Vaughn Road in Montgomery, Alabama that will consist of sixty-four (64) independent living units, forty-eight (48) assisted living units, and twenty-four (24) SCALF units.[3] This new, state-of-the-art senior living community will meet a portion of the need for additional SCALF beds in Montgomery County, and will improve access and choice for other senior living services as well. Legendary Living of Montgomery's facility will be privately-funded and will not impact the Medicaid program or Alabama taxpayers in any way.

V. WHY IS THIS ADJUSTMENT NEEDED?

The proposed adjustment to recognize a need for an additional twenty-four (24) SCALF beds in Montgomery County is necessary to meet the tremendous need for such beds in this area of the state and to ensure seniors living in this area have improved access to the full continuum of senior living services and greater choice in senior living service providers. Specifically, the proposed adjustment is necessary for the following reasons:

1) There is a tremendous unmet need for additional SCALF beds in Montgomery County and the surrounding counties;

2) The population of Montgomery County is growing and aging rapidly;

3) Continuity of care is critical for Alzheimer's and dementia residents, reduces costs on taxpayers, and reduces healthcare spending; and

4) Increased supply means greater access, choice, and healthcare for seniors.

[3] A map of the planned Legendary Living Montgomery, LLC campus is attached as Exhibit 3.

A. There Is A Tremendous Unmet Need For Additional SCALF Beds In Montgomery County And The Surrounding Counties.

The current State Health Plan vastly underestimates the number of SCALF beds needed in Montgomery County. According to the State Health Plan's outdated need methodology only 155 SCALF beds are needed in Montgomery County, which is 23 less beds than are currently in service.[4] There are many reasons to question the State Health Plan's estimate of need for SCALF beds in Montgomery County. As discussed in detail below, the State Health Plan's estimate of need is contradicted by the high occupancy rates of existing SCALF providers and the actual market demand for additional dementia care. More contemporary methods for determining need for dementia care (SCALF beds) show a need for far more SCALF beds in Montgomery County than currently exist.

Legendary Living Montgomery retained an independent market research firm with more than 25 years of experience in the senior housing market to determine the actual need for additional SCALF beds and other senior living services in Montgomery County. This firm – Senior Market Research Associates – reviewed a variety of quantitative data and conducted interviews with existing providers and local planning authorities. The firm then prepared a detailed report analyzing the available information for the Montgomery County market, which included a need analysis for independent living, assisted living, and SCALF (referred to as "memory care") beds. Attached as Exhibit 4 is a summary of the need analysis for additional SCALF beds in Montgomery County. According to Senior Market Research Associates, an additional 234 SCALF beds will be needed in Montgomery County by 2020, and this number will grow to 282 additional SCALF beds needed in Montgomery County by 2022.

The State Health Plan need methodology also fails to take into account that Montgomery County is a regional hub for the provision of dementia care and other senior living services. Seniors come to Montgomery County from its surrounding counties, all of which are far more rural and have smaller populations than Montgomery County. Many of these surrounding counties have no SCALF beds available at all, and others have no SCALF beds available in a senior living community that provides the full continuum of senior living services, to include independent living and assisted living. Attached as Exhibit 5 is a map showing the eight

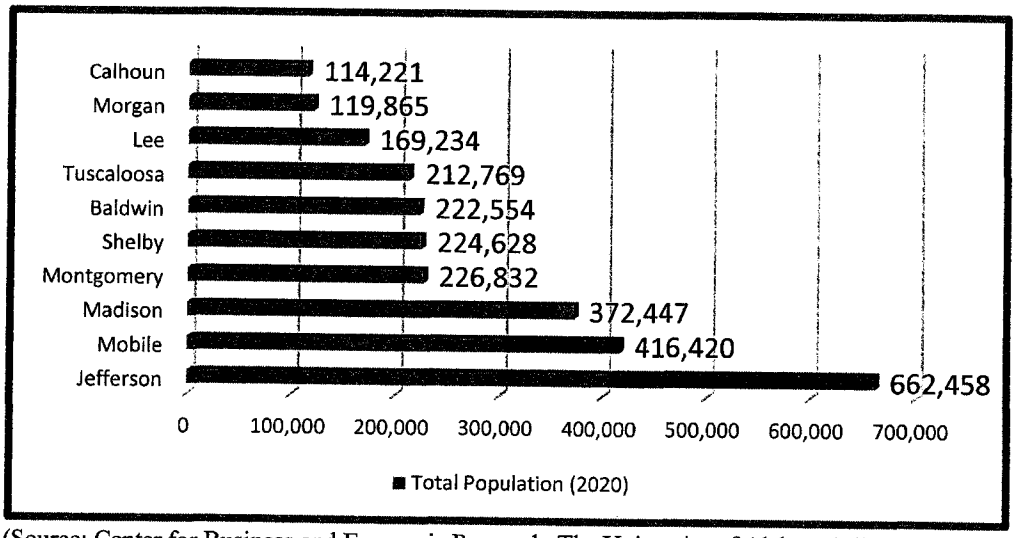
[4] CON applications for an additional 112 SCALF beds have also been approved over the past three years, although none of these beds are in service and there is reason to believe that at least some of these beds may never be opened.

counties contiguous to Montgomery County, as well as the counties contiguous to these eight counties. This rough estimate of the region from which Montgomery County draws seniors in need of SCALF and other senior living services reveals that there is a combined net need in the counties surrounding Montgomery County for an additional 232 SCALF beds.

B. The Population Of Montgomery County Is Aging Rapidly.

Montgomery County is one of the most populous counties in Alabama, and its population is aging rapidly. As estimated by CBER,[5] Montgomery County will be the fourth most populous county in the State of Alabama in 2020, as shown in Chart 1 below. (See Exhibit 6, Population Projections).

Chart 1: Top Ten Counties with Greatest Population (2020)



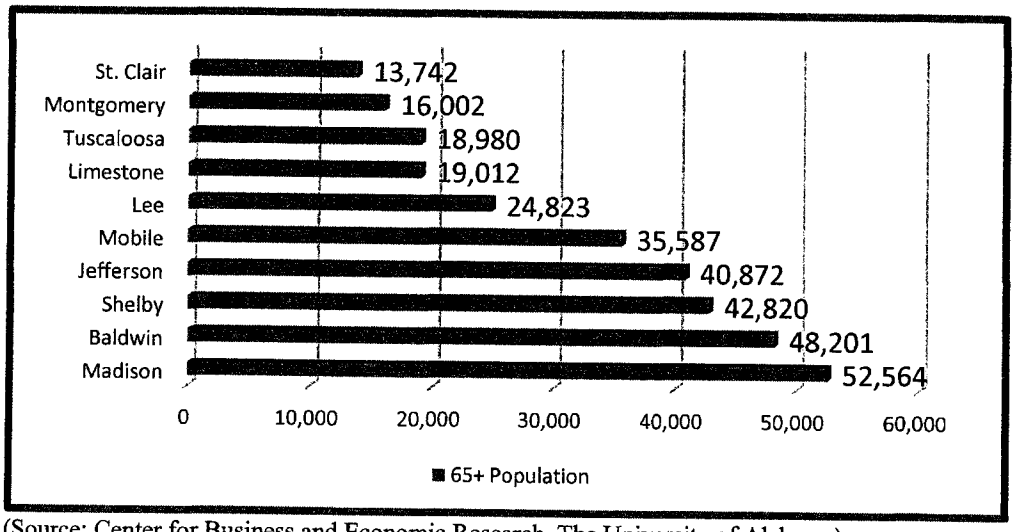
(Source: Center for Business and Economic Research, The University of Alabama) (2017 Series)

Montgomery County also has the sixth largest population age 65 and over in the State of Alabama. (See Exhibit 6, CBER Population Projections). Montgomery County is the state capitol and the metropolitan hub of the surrounding counites which are mostly more rural parts of Alabama. As the baby boomer generation continues to cross into the 65 and over population category, Montgomery County is projected to age more rapidly than it grows. Accordingly, CBER projects that Montgomery County will have a 58.4 % increase in persons age 65 and over by 2040. This will be the ninth largest increase of persons age 65 and over in any county in

[5] Pursuant to SHPDA rules and regulations, Ala. Admin Code r. 410-1-6-.06(2), population estimates and projections from the University of Alabama Center for Business and Economic Research are the most reliable data available.

Alabama, as shown in Chart 2 below. This increase in the 65 and over population will have a positive impact on the need for SCALF services in Montgomery County, as this group of the population uses SCALF services at the highest rate and the numerical methodology utilized in the State Health Plan is driven by this population component.

Chart 2: Top Ten Counties For 65+ Population Growth (2010 – 2040)



(Source: Center for Business and Economic Research, The University of Alabama)

C. Continuity Of Care Is Critical For Alzheimer's And Dementia Residents, Reduces Costs To Taxpayers, And Reduces Healthcare Spending.

According to Robert Edge, Vice President of Public Policy for the Alzheimer's Association, continuity of care is most important in the area of dementia and Alzheimer's care.[6] Seeing friendly faces and people who the patient trust results in better health outcomes and can help patients live longer. A study published in 2016 by JAMA Internal Medicine, an international peer-reviewed journal published by the American Medical Association, researched the outcomes of patients with dementia with higher continuity of care versus patients with lower continuity of care.[7] The study concluded that patients suffering from dementia with lower continuity of care had worse outcomes, including higher rates of hospitalization, emergency

[6] See Before the United State House of Representatives, Testimony of Robert Edge, Vice President of Public Policy, Alzheimer's Association, *Dual-Eligibles: Understanding This Vulnerable Population and How to Improve Their Care*, p. 13 (June 21, 2011), https://www.alz.org/national/documents/egge_energy_commerce_subcommittee.pdf.

[7] Halima Amjad M.D., Bynum, Julie P.W., M.D., et. al., *Continuity of Care and Health Care Utilization in Older Adults With Dementia in Fee-for-Service Medicare*, JAMA Intern Med. 2016;176(9):1371-1378, (July 25, 2016), https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2536188.

department visits, testing, and higher healthcare spending.[8] Many dementia and Alzheimer's patients are over the age of 65 and utilizing some form of Medicare. As a result, higher hospitalization rates for residents with Alzheimer's and dementia turns into higher spending by the Medicare program and more money from taxpayers. Providing for better patient outcomes and high quality patient care through healthcare data collection and planning are the essence of the State Health Coordinating Council's ("SHCC") purpose. The approval of this adjustment petition will increase access to a variety of senior living services in Montgomery County and will help seniors "age in place". This will improve the continuity of care provided to seniors with dementia and Alzheimer's, which will result in better care for these seniors and reduced costs for the healthcare system as a whole.

D. Increased Supply Means Better Access, Choice, And Healthcare For Seniors.

According to the independent demand study commissioned by Legendary Living Montgomery, Montgomery County requires at least 122 additional SCALF beds more than the SCALF beds that currently exist and are authorized to be added in the county.[9] This excess demand for SCALF beds means that there are potentially residents that need care but are not able to obtain care. This places a heavy burden on family members and loved ones caring for an elderly mother or father with Alzheimer's. According to the Alzheimer's Association, one in five care contributors of a family member with Alzheimer's cuts back on their own doctor visits and 74 percent report they are "somewhat to very concerned about maintaining their own health." (See Exhibit 7, Alzheimer's Association Facts and Figures, 2016 Fact Sheets). Approximately thirty (30) to forty (40) percent of family care contributors for people with dementia suffer from depression. In addition, fifty-nine (59) percent of care contributors report their stress as "High to very high."[10] Fifteen (15) percent of care contributors who were employed at the time they become a care contributor in the past year reported that they ultimately quit their jobs, fifty-seven (57) percent reported having to go in late or leave early, and sixteen (16) percent had to take leaves of absence.[11] The Alzheimer's Association estimates that the value of unpaid care

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[8] Id.

[9] This number will increase if any of the 112 beds for which CONs have been issued within the last three years but that are not yet licensed are not put into service.

[10] Alzheimer's Association, 2017 Alzheimer's Disease Facts and Figures, Alzheimer's Dement 2017;13:325-373), p. 40, https://www.alz.org/documents_custom/2017-facts-and-figures.pdf.

[11] Id. at 42.

provided by care contributors of dementia patients in Alabama in 2016 was around 345 million hours of unpaid care, worth an estimated 4.359 billion dollars.[12]

This burden should not fall on the family of a loved one; these patients should have access to SCALF services. Montgomery County has the sixth largest number of residents age 65 and over with many of the surrounding counties more rural and not able to sustain a stand-alone SCALF facility. This creates a lack of access for these seniors that need SCALF services. The lack of access to necessary services for such a large sector of Alabama's 65 and over population is unacceptable and must be remedied by an adjustment to the State Health Plan. The increase in supply that will result from such an adjustment will enable these seniors who have been denied access to SCALF services, and others that need SCALF services, to obtain the healthcare they deserve. While the "one size fits all" bed need criteria of "4 SCALF beds per 1,000 population" might fit some counties in Alabama, Montgomery County is an exception due to its status as a metropolitan hub for more rural counties in Alabama. The increased access to SCALF beds will, in turn, give these residents a choice to live in a facility where they can be cared for, rather than live at home and place such an undue burden on their families. An adjustment to the State Health Plan is necessary to ensure seniors in Montgomery County have access to necessary SCALF services.

VI. FACTS & FIGURES ABOUT ALZHEIMER'S DISEASE

A. SCALF Beds Are Needed To Meet The Growing Number Of Alzheimer's Patients.

SCALF facilities in Alabama provide an increased level of care and supervision "which is designed to address the resident's special needs due to the onset of dementia, Alzheimer's disease, or similar cognitive impairment."[13] Dementia is a an "overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities."[14] According to the Alzheimer's Association, 5.5 million people have Alzheimer's disease or some form of dementia, including 5.3 million patients age 65 and older (approximately 96 percent). (See Exhibit 2). An estimated

[12] Id. at 38.
[13] See Alabama Admin. Code § 410-2-4.-04(1) (defining "Specialty Care Assisted Living Facility" in the State Health Plan).
[14] Alzheimer's Association, *What is Dementia*, http://www.alz.org/what-is-dementia.asp (January 4, 2018).

90,000 patients have Alzheimer's in Alabama. By 2050, the number of persons living with Alzheimer's disease is estimated to triple, to between 13.8 and 16 million people. One in ten people age 65 and older (10 percent) have Alzheimer's disease, in addition to approximately 200,000 individuals under age 65 with "younger-onset Alzheimer's." To place this in perspective, someone in the United States develops the disease every 66 seconds. By 2050, someone in the United States will develop the disease every 33 seconds.

Alzheimer's is the sixth leading cause of death in the United States and Alabama, and the fifth leading cause of death in patients 65 and older. (See Exhibit 8, Alzheimer's Association 2017 Facts and Figures Report: Mortality and Morbidity of Alzheimer's). In fact, "nearly one in every three seniors who dies each year has Alzheimer's or another dementia." (See Exhibit 7, Alabama Alzheimer's Statistics). Even more frightening is that the number of Alzheimer's patients is expected to continue to grow at an alarming rate. It is estimated that the number of patients in Alabama age 65 and older with Alzheimer's will grow by 22.2% by the year 2025 (See Exhibit 2).

B. The Toll On Families Can Be Lessened By Additional SCALF Beds.

Alzheimer's takes a significant physical and mental toll on the family members of Alzheimer's patients. One-fifth of all care contributors of a patient with Alzheimer's do not take care of their own doctor visits and 74 percent report they are "somewhat to very concerned about maintaining their own health." (See Exhibit 7, Alzheimer's Facts and Figures, Fact Sheets). The Alzheimer's Association estimates that the value of unpaid care provided by care contributors of dementia patients in Alabama in 2015 was around 344 million hours of unpaid care, worth over an estimated 4 Billion dollars. This adjustment will give residents of Legendary Living Montgomery that need Alzheimer's and dementia care the opportunity to achieve their highest practical level of care and help alleviate some of the excessive costs that would otherwise be borne by their family members.

VII. QUALITY OF CARE

The quality of SCALF services can be judged, in part, by the access seniors have to services and facilities equipped to handle their care. Where seniors lack access to necessary

services, it places a burden on the patient and their family. It has been determined under the State Health Plan that the presence of an adequate number of SCALF beds is critical to the provision of a full continuum of care for Montgomery County seniors and the seniors in the surrounding counties. Seniors in Alabama deserve to have the most appropriate and cost efficient care possible. The independent demand study conducted by Senior Market Research Associates establishes a need for 122 SCALF beds above the 290 CON Authorized SCALF beds currently existing in Montgomery County.

In addition, Montgomery County is a hub for the more rural counties surrounding it. These rural counties cannot support a stand-alone SCALF facility and thus these seniors come to Montgomery County for their dementia care needs. When there are not a sufficient number of SCALF beds available in Montgomery County to provide for these seniors, they have to be kept at home where they may sustain unnecessary accidents and injuries. The unavailability of a sufficient number of SCALF beds as established by the demand study attached as Exhibit 4 creates a quality of care concern for seniors of Montgomery County and the surrounding counties that need SCALF services. Only by having adequate resources in all levels of care can the true aim of the State Health Plan be realized and patients receive the highest practicable quality of care available.

VIII. GEOGRAPHICAL AREA OF PROPOSED ADJUSTMENT

The geographical area for the proposed adjustment is Montgomery County. A map showing the currently existing SCALF facilities in Montgomery County and the proposed site of Legendary Living Montgomery is attached as Exhibit 9.

IX. IMPACT ON OTHER FACILITIES

Legendary Living Montgomery does not anticipate an impact on other SCALF facilities in Montgomery County due to the following:

1. There is a greater need for SCALF services in Montgomery County than recognized by the State Health Plan;

2. The SCALF facilities near the Proposed Service Area are running near capacity and currently operating efficiently;

3. Many residents admitted to Legendary Living Montgomery's SCALF beds will be current residents of Legendary Living Montgomery that might otherwise be cared for in other areas of the community with home health and sitters;

4. The large population of residents 65 and older in Montgomery County and the surrounding counties and the projected increase in this population; and

5. The incidence of dementia and Alzheimer's in Alabama and the alarming growth of both diseases.

X. SCALF ANNUAL REPORTS FILED WITH SHPDA

The most recent statistical update for SCALF beds shows that 155 beds are needed in Montgomery County, with 178 beds licensed. (See Exhibit 10, State Health Plan Statistical Update: Specialty Care Assisted Living Facilities (2018)). There are currently five SCALF providers in Montgomery County. (See Exhibit 11, Alabama Department of Public Health: Montgomery County Health Care Facilities Directory – Specialty Care Assisted Living Facilities).[15] A summary of the annual reports filed with SHPDA by all Montgomery County SCALF providers from the years 2016 through 2018 is attached as Exhibit 12. In addition, a CON has been granted to Oak Grove Inn for 48 beds back in 2016 and 2017, Vantage Pointe at Pike Road for 32 beds in 2017, and Crossings at Eastchase for 32 beds in 2017. However, none of these facilities have opened and thus none of these beds are currently available to seniors in need. The existing SCALF providers have run near capacity with the aggregate beds available for use running near 88% occupancy in all but the most recent year. The market study conducted by Senior Market Research Associates further shows that the five current SCALF providers in Montgomery County run near an average occupancy of 91%.

XI. STAFFING

Pursuant to the rules and regulations of ADPH, a SCALF facility must have an administrator, a medical director, at least one Registered Nurse, and a unit coordinator. In addition, each SCALF facility must have staff coverage meeting or exceeding the staffing ratios specified by ADPH regulations on a 24-hour per day, seven day a week basis.

[15] Exhibit 11 shows that there are nine (9) SCALF facilities in Montgomery County, Alabama. However, Angels for the Elderly have four 16 bed facilities on the same campus and Country Cottage Montgomery has two facilities on its campus, each with 16 SCALF beds.

Legendary Living Montgomery has the resources in place to address all staffing concerns, including the following staff:

- Full-time Director of Assisted Living who is a qualified licensed SCALF Administrator and Registered Nurse;
- A Licensed Practical Nurse on all three shifts, seven days a week;
- A Certified Nursing Assistant on all three shifts, seven days a week; and
- A qualified Recreational Assistant five days a week.

XII. LETTERS OF SUPPORT

Letters of support from sixty-six (66) residents of Montgomery County, including community members, caregivers, and local leaders are attached as Exhibit 13.

XIII. LEGENDARY LIVING MONTGOMERY ADDITIONAL INFORMATION

Legendary Living Montgomery is a part of the Legendary Family of Companies. Legendary Living Services VR, LLC d/b/a Legendary Living Montgomery Specialty Care Assisted Living will hold the license and the CON for the Legendary Living Montgomery community. Legendary Living Montgomery's new senior living facility will be operated in conjunction with its affiliation with Starling, a privately held company that owns, operates, and develops best in class senior living communities across the Southeast. Starling's management team has over three decades of combined experience managing senior living facilities. Additional information about Starling can be found at Exhibit 14.

EXHIBIT 1:

STATE HEALTH PLAN
SPECIALTY CARE ASSISTED LIVING FACILITIES

410-2-4-.04 Limited Care Facilities – Specialty Care Assisted Living Facilities

(1) Definition. Specialty Care Assisted Living Facilities are intermediate care facilities which provide their residents with increased care and/or supervision which is designed to address the residents' special needs due to the onset of dementia, Alzheimer's disease or similar cognitive impairment and which is in addition to assistance with normal daily activities including, but not limited to, restriction of egress for residents where appropriate and necessary to protect the resident and which require a license from the Department of Public as a Specialty Care Assisted Living Facilities pursuant to Ala. Admin. Code § 420-5-20, *et seq.*

(2) Specialty Care Assisted Living Facility Bed Need Methodology

(a) Purpose. The purpose of this specialty care assisted living facility bed need methodology is to identify, by county, the number of beds needed to assure the continued availability, accessibility, and affordability of quality care for residents of Alabama.

(b) General. Formulation of this bed need methodology was accomplished by a committee of the Statewide Health Coordinating Council (SHCC). The committee which provided its recommendations to the SHCC, was composed of providers and consumers of health care. Only the SHCC, with the Governor's final approval, can make changes to this methodology except that the SHPDA staff shall annually update bed need projections and inventories to reflect more current population and utilization statistics. Such updated information is available for a fee upon request. Adjustments are addressed in paragraph (E).

(c) Basic Methodology. Considering the availability of more community and home based services for the elderly in Alabama, there should be a minimum of 4 beds per 1,000 population 65 and older for each county.

The bed need formula is as follows:

(4 beds per thousand) x (population 65 and older) =
Projected Bed Need

(d) Planning Policies

1. Projects to develop specialty care assisted living facilities or units in areas where there exist medically underserved, low income, or minority populations should be given priority over projects not being developed in these critical areas when the project to develop specialty care assisted living facilities in areas where there exists medically underserved, low income or minority populations is not more costly to develop than other like projects.

2. Bed need projections will be based on a three-year planning horizon.

3. Planning will be on a countywide basis.

4. Subject to SHCC adjustments, no beds will be added in any county where that county's projected ratio exceeds 4 beds per 1,000 population 65 and older.

5. When any specialty care assisted living facility relinquishes its license to operate, either voluntarily or involuntarily other than by a Certificate of Need approved transfer, or by obtaining title by a foreclosure as specified in the opinion rendered by the Alabama Attorney General, November 17, 1980, the need for the facility and its resources will automatically be eliminated from the facilities portion of the State Health Plan. The new bed need requirement in the county where the facility was located will be that number which will bring the county ratio up to 4 beds per 1,000 population 65 and older.

6. Additional need may be shown in situations involving a sustained high occupancy rate either for a county or for a single facility. An applicant may apply for additional beds, and thus the establishment of need above and beyond the standard methodology, utilizing one of the following two policies. Once additional beds have been applied for under one of the policies, that applicant shall not qualify to apply for additional beds under either of these policies unless and until the established time limits listed below have passed. All CON authorized SCALF beds shall be included in consideration of occupancy rate and bed need.

(i) If the occupancy rate for a county is greater than 92% utilizing the census data in the most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, an additional need of the greater of either ten percent (10%) of the current total CON Authorized bed capacity of that county or sixteen (16) total beds may be approved for either the creation of a new facility or for the expansion of existing facilities within that county. However, due to the priority of providing the most cost effective health care services available, a new facility created under this policy shall only be allowed through the conversion of existing beds at an Assisted Living Facility currently in possession of a regular, non-probationary license from the Alabama Department of Public Health. Once additional need has been shown under this policy, no new need shall be shown in that county based upon this rule for twenty-four (24) months following issuance of the initial CON, to allow for the impact of those beds in that county to be analyzed. Should the initial applicant for beds in a county not apply for the total number of beds allowed to be created under this rule, the remaining beds would then be available to be applied for by other providers in the county, so long as said providers meet the conditions listed in this rule.

(ii) If the occupancy rate for a single facility is greater than 92% utilizing the census data in the last two (2) most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, irrespective of the total occupancy rate of the county over that time period, up to sixteen (16) additional beds may be approved for the expansion of that facility only. Once additional beds have been approved under this policy, no new beds shall be approved for that facility for twenty-four (24) months following issuance of the CON, to allow for the impact of those beds at that facility to be analyzed.

7. No application for the establishment of a new, freestanding SCALF shall be approved for fewer than sixteen (16) beds, to allow for the financial feasibility and viability of a project. Because of this, need may be adjusted by the Agency for any county currently showing a need of more than zero (0) but fewer than sixteen (16) total beds to a total need of sixteen (16) new beds, but only in the consideration of an application for the construction of a new facility in that county. Need shall not be adjusted in consideration of an application involving the expansion of a currently authorized and licensed SCALF or for the conversion of beds at an existing Assisted Living Facility.

8. Any CON Application filed by a licensed SCALF shall not be deemed complete until, and unless:

(i) The applicant has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

9. No licensed SCALF filing an intervention notice or statement in opposition in any CON proceeding may cite or otherwise seek consideration by SHPDA of such facility's utilization data until, and unless:

(i) The intervenor or opponent has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

(e) Adjustments. The bed need, as determined by the methodology, is subject to adjustments by the SHCC. The specialty care assisted living facility bed need may need to be adjusted by the SHCC if an applicant can prove that the identified needs of a targeted population are not being met by existing specialty care assisted living facilities in the county of the targeted population.

(f) Notwithstanding the foregoing, any application for certificate of need for specialty care assisted living facility beds for which a proper letter of intent was duly filed with SHPDA prior to the adoption of the bed need methodology shall not be bound by this bed need methodology.

(g) The determination of need for specialty care assisted living facility beds shall not be linked to the number of existing assisted living beds in the county.

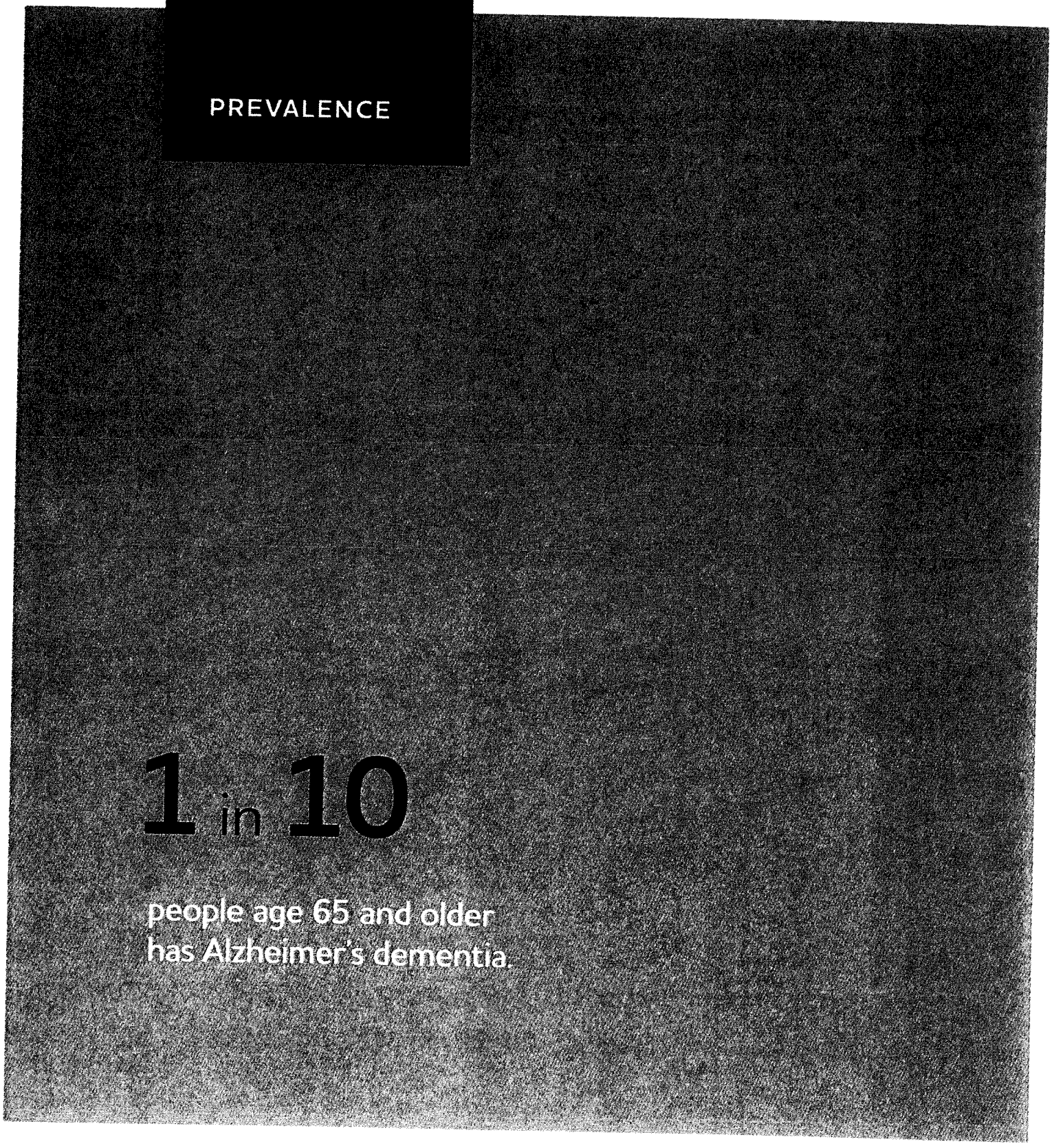
Author: Statewide Health Coordinating Council
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.
History: Effective November 22, 2004; Amended: Filed August 14, 2012; Effective September 18, 2012.

EXHIBIT 2:

ALZHEIMER'S ASSOCIATION 2017 FACTS AND FIGURES REPORT:

PREVALENCE OF ALZHEIMER'S

PREVALENCE



Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to nearly double from 48 million to 88 million by 2050.[135] The baby boom generation has already begun to reach age 65 and beyond,[136] the age range of greatest risk of Alzheimer's; in fact, the first members of the baby boom generation turned 70 in 2016.

This section reports on the number and proportion of people with Alzheimer's dementia to describe the magnitude of the burden of Alzheimer's on the community and health care system. The prevalence of Alzheimer's dementia refers to the proportion of people in a population who have Alzheimer's dementia at a given point in time. Incidence, the number of new cases per year, is also provided as an estimate of the risk of developing Alzheimer's or other dementias for different age groups. Estimates from selected studies on the number and proportion of people with Alzheimer's or other dementias vary depending on how each study was conducted. Data from several studies are used in this section.

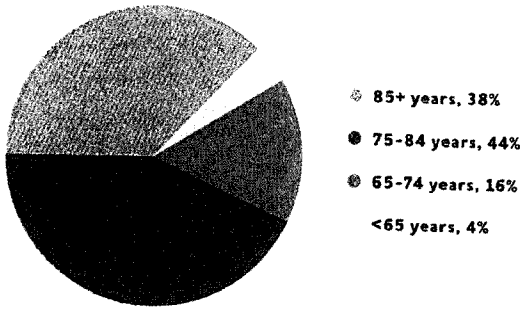
Prevalence of Alzheimer's and Other Dementias in the United States

An estimated 5.5 million Americans of all ages are living with Alzheimer's dementia in 2017. This number includes an estimated 5.3 million people age 65 and older[A2,31] and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.[137]

- One in 10 people age 65 and older (10 percent) has Alzheimer's dementia.[A3,31]
- The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia.[31]
- Of people who have Alzheimer's dementia, 82 percent are age 75 or older (Figure 1).[A4,31]

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2017



Created from data from Hebert et al.[A4,31]
Percentages do not total 100 because of rounding.

The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.[31]

National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults.[A5,138-139] Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.[138]

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia. But outside of research settings, only about half of those who would meet the diagnostic criteria for Alzheimer's and other dementias are diagnosed with dementia by a physician.[140-142] Furthermore, as discussed in *2015 Alzheimer's Disease Facts and Figures*, fewer than half of those who have a diagnosis of Alzheimer's or another dementia in their Medicare records (or their caregiver, if the person was too impaired to respond to the survey) report being told of the diagnosis.[143-146] Because Alzheimer's dementia is underdiagnosed and underreported, a large portion of Americans with Alzheimer's may not know they have it.

The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. But as described in the Overview section (see pages 4-16) and Special Report (see pages 61-68), revised diagnostic guidelines[20-23] propose that Alzheimer's disease begins many years before the onset of dementia. More research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the preclinical stage of Alzheimer's disease. However, if Alzheimer's disease could be accurately detected before dementia develops, the number of people reported to have Alzheimer's disease would change to include more than just people who have been diagnosed with Alzheimer's dementia.

Subjective Cognitive Decline

The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's or other dementias as well as MCI.[147-151] Subjective cognitive decline does not refer to someone occasionally forgetting their keys or the name of someone they recently met; it refers to more serious issues such as having trouble remembering how to do things one has always done or forgetting things that one would normally know. Not all of those who experience subjective cognitive decline go on to develop MCI or dementia, but many do.[152-154] According to a recent study, only those who over time consistently reported subjective cognitive decline that they found worrisome were at higher risk for developing Alzheimer's dementia.[155] Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, which included questions on self-perceived confusion and memory loss for people in 33 U.S. states and the District of Columbia, showed that 12 percent of Americans age 45 and older reported subjective cognitive decline, but 56 percent of those who reported it had not consulted a health care professional about it.[156] Individuals concerned about declines in memory and other cognitive abilities should consult a health care professional.

Differences Between Women and Men in the Prevalence of Alzheimer's and Other Dementias

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.[A6.31] Of the 5.3 million people age 65 and older with Alzheimer's in the United States, 3.3 million are women and 2.0 million are men.[A6.31] Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.[138,157]

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.[158] The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.[157,159-160] Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia[161] have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age. A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.[160] Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

However, researchers have recently begun to revisit the question of whether the risk of Alzheimer's could actually be higher for women at any given age due to biological or genetic variations or differences in life experiences.[162] A large study showed that the APOE-e4 genotype, the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than

in men.[163-164] It is unknown why this may be the case, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.[165-166] Finally, because low education is a risk factor for dementia,[80-83,88,161] it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.[167]

Racial and Ethnic Differences in the Prevalence of Alzheimer's and Other Dementias

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-Americans and Hispanics are more likely, on a per-capita basis, than older whites to have Alzheimer's or other dementias.[168-173] A review of many studies by an expert panel concluded that older African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites,[174-175] and Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.[A7,175-177] Currently, there is not enough evidence from population-based cohort studies in which everyone is tested for dementia to estimate the national prevalence of Alzheimer's and other dementias in other racial and ethnic groups. However, a study examining electronic medical records for members of a large health plan in California indicated that dementia incidence — determined by the presence of a dementia diagnosis in one's medical record — was highest in African-Americans, intermediate for Latinos (the term used in the study for those who self-reported as Latino or Hispanic) and whites, and lowest for Asian-Americans.[178]

Variations in health, lifestyle and socioeconomic risk factors across racial groups likely account for most of the differences in risk of Alzheimer's and other dementias by race.[179] Despite some evidence that the influence of genetic risk factors on Alzheimer's and other dementias may differ by race,[180-181] genetic factors do not appear to account for the large prevalence differences among racial groups.[179,182] Instead, health conditions such as cardiovascular disease and diabetes, which are associated with an increased risk for Alzheimer's and other dementias, are believed to account for these differences as they are more prevalent in African-American and Hispanic people.[183-184] Indeed, vascular dementia accounts for a larger proportion of dementia in African-Americans than in whites.[181] Socioeconomic characteristics, including lower levels of education, higher rates of poverty, and greater exposure to early life adversity and discrimination, may also increase risk in African-American and Hispanic communities.[183-185] Some studies suggest that differences based on race and ethnicity do not persist in rigorous analyses that account for such factors.[78,138,179]

There is evidence that missed diagnoses of Alzheimer's and other dementias are more common among older African-Americans and Hispanics than among older whites.[186-187] Based on data for Medicare beneficiaries age 65 and older, Alzheimer's or another dementia had been diagnosed in 6.9 percent of whites, 9.4 percent of African-Americans and 11.5 percent of Hispanics.[138] Although rates of diagnosis were higher among African-Americans than among whites, according to prevalence studies that detect all people who have dementia irrespective of their use of the health care system, the rates should be higher (i.e., twice as high as 6.9 percent, which is approximately 13.8 percent).

Estimates of the Number of People with Alzheimer's Dementia by State

Table 4 lists the estimated number of people age 65 and older with Alzheimer's dementia by state for 2017, the projected number for 2025, and the projected percentage change in the number of people with Alzheimer's between 2017 and 2025.[A8,189] Comparable estimates and projections for other types of dementia are not available.

TABLE 4

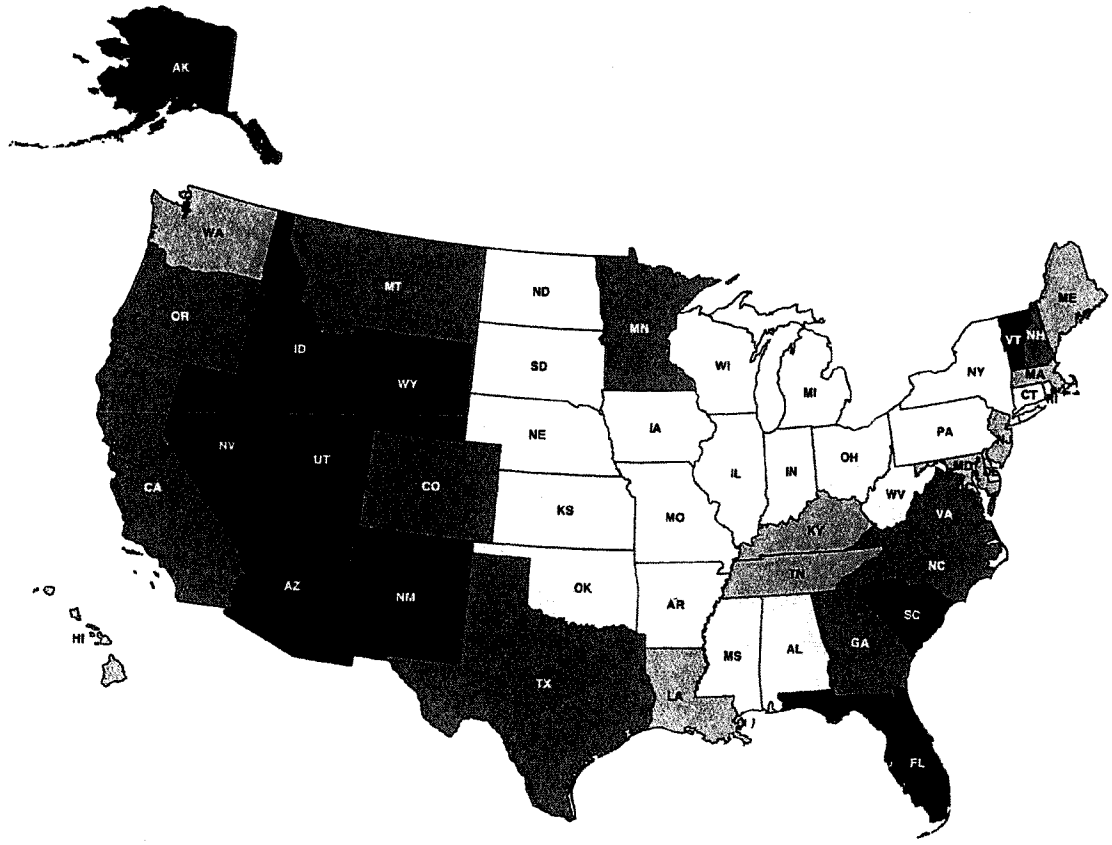
Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's Dementia by State

State	Projected Number with Alzheimer's (in thousands)		Percentage Change
	2017	2025	2017-2025
Alabama	90	110	22.2
Alaska	7.1	11	54.9
Arizona	130	200	53.8
Arkansas	55	67	21.8
California	630	840	33.3
Colorado	69	92	33.3
Connecticut	75	91	21.3
Delaware	18	23	27.8
District of Columbia	9	9	0.0
Florida	520	720	38.5
Georgia	140	190	35.7
Hawaii	27	35	29.6
Idaho	24	33	37.5
Illinois	220	260	18.2
Indiana	110	130	18.2
Iowa	64	73	14.1
Kansas	52	62	19.2
Kentucky	70	86	22.9
Louisiana	85	110	29.4
Maine	27	35	29.6
Maryland	100	130	30.0
Massachusetts	120	150	25.0
Michigan	180	220	22.2
Minnesota	92	120	30.4
Mississippi	53	65	22.6
Missouri	110	130	18.2
Montana	20	27	35.0
Nebraska	33	40	21.2
Nevada	43	64	48.8
New Hampshire	24	32	33.3
New Jersey	170	210	23.5
New Mexico	38	53	39.5
New York	390	460	17.9
North Carolina	160	210	31.3
North Dakota	14	16	14.3
Ohio	210	250	19.0
Oklahoma	63	76	20.6
Oregon	63	84	33.3
Pennsylvania	270	320	18.5
Rhode Island	23	27	17.4
South Carolina	86	120	39.5
South Dakota	17	20	17.6
Tennessee	110	140	27.3
Texas	360	490	36.1
Utah	30	42	40.0
Vermont	12	17	41.7
Virginia	140	190	35.7
Washington	110	140	27.3
West Virginia	37	44	18.9
Wisconsin	110	130	18.2
Wyoming	9.4	13	38.3

Created from data provided to the Alzheimer's Association by Weuve et al.[48, 189]

FIGURE 2

Projected Increases Between 2017 and 2025 in Alzheimer's Dementia Prevalence by State



Change from 2017 to 2025 for Washington, D.C.: 0.0%

Created from data provided to the Alzheimer's Association by Weuve et al.[Ad. 189]

As shown in Figure 2, between 2017 and 2025 every state across the country is expected to experience an increase of at least 14 percent in the number of people with Alzheimer's due to increases in the population age 65 and older. The West and Southeast are expected to experience the largest percentage increases in people with Alzheimer's between 2017 and 2025. These increases will have a marked impact on states' health care systems, as well as the Medicaid program, which covers the costs of long-term care and support for some older residents with dementia.

Incidence of Alzheimer's Dementia

While prevalence refers to *existing* cases of a disease in a population at a given time, incidence refers to *new* cases of a disease that develop in a given period of time in a defined population — in this case, the U.S. population age 65 or older. Incidence provides a measure of *risk* for developing a disease. According to one study using data from the Established Populations for Epidemiologic Study of the Elderly (EPESE), approximately 480,000 people age 65 or older will

develop Alzheimer's dementia in the United States in 2017.[A9] The number of new cases of Alzheimer's increases dramatically with age: in 2017, there will be approximately 64,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 243,000 new cases among people age 85 and older (the "oldest-old").[A9,190] This translates to approximately two new cases per 1,000 people age 65 to 74, 12 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.[A9] A more recent study using data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer's dementia.[161] Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.[190]

- Every 66 seconds, someone in the United States develops Alzheimer's dementia.[A10]
- By 2050, someone in the United States will develop Alzheimer's dementia every 33 seconds.[A10]

Lifetime Risk of Alzheimer's Dementia

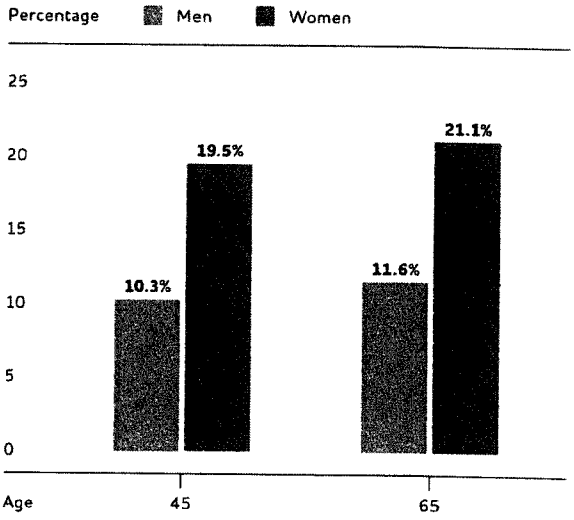
Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer's dementia by age and sex.[A11,160] As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer's dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.[160]

Trends in the Prevalence and Incidence of Alzheimer's Dementia

A growing number of studies indicate that the age-specific risk of Alzheimer's and other dementias in the United States and other higher-income Western countries may have declined in the past 25 years,[191-202] though results are mixed.[30] These declines have been

FIGURE 3

Estimated Lifetime Risk for Alzheimer's Dementia, by Sex, at Age 45 and Age 65



Created from data from Chene et al.[160]

attributed to increasing levels of education and improved control of cardiovascular risk factors.[193,199,202] Such findings are promising and suggest that identifying and reducing risk factors for Alzheimer's and other dementias may be effective. Although these findings indicate that a person's risk of dementia at any given age may be decreasing slightly, it should be noted that the total number of Americans with Alzheimer's or other dementias is expected to continue to increase dramatically because of the population's shift to older ages. Furthermore, it is unclear whether these positive trends will continue into the future given worldwide trends showing increasing mid-life diabetes and obesity — potential risk factors for Alzheimer's dementia — which may lead to a rebound in dementia risk in coming years.[200,203-204] Thus, while recent findings are promising, the social and economic burden of Alzheimer's and other dementias will continue to grow. Moreover, 68 percent of the projected increase in the global prevalence and burden of dementia by 2050 will take place in low- and middle-income countries, where there is no evidence for a decline in the risk of Alzheimer's and other dementias.[205]

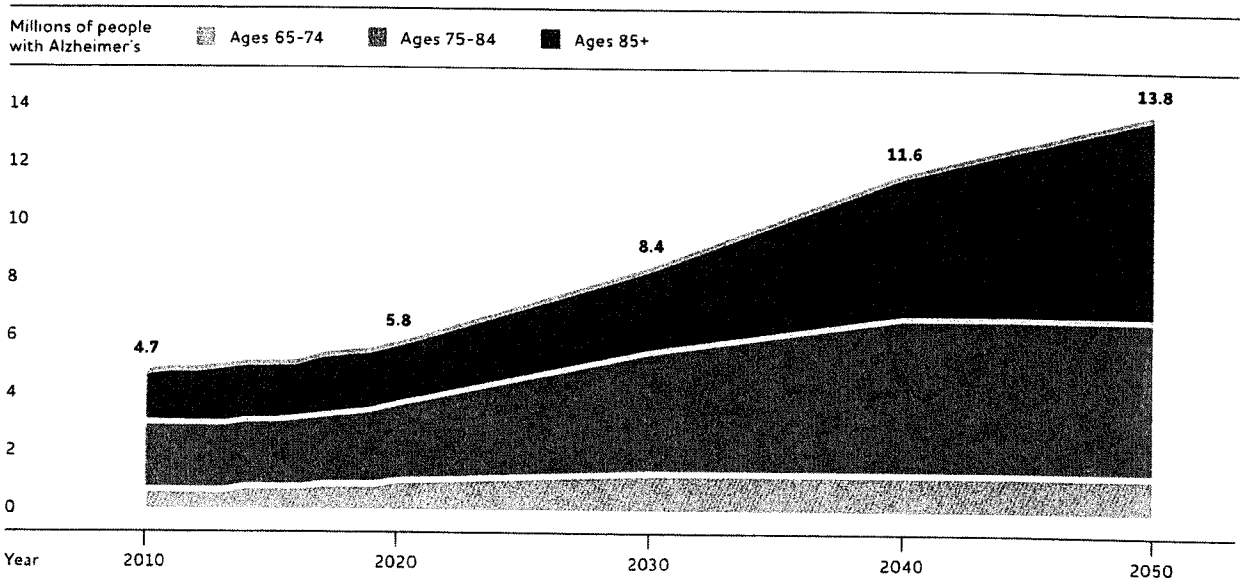
Looking to the Future

The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically due to medical advances, as well as social and environmental conditions.[206] Additionally, a large segment of the American population — the baby boom generation — has begun to reach age 65 and older, ages when the risk for Alzheimer's and other dementias is elevated. By 2030, the segment of the U.S. population age 65 and older will increase substantially, and the projected 74 million older Americans will make up over 20 percent of the total population (up from 14 percent in 2012).[206] As the number of older Americans grows rapidly, so too will the numbers of new and existing cases of Alzheimer's dementia, as shown in Figure 4.[A12,31]

- In 2010, there were an estimated 454,000 new cases of Alzheimer's dementia. By 2030, that number is projected to be 615,000 (a 35 percent increase), and by 2050, 959,000 (a 110 percent increase from 2010).[190]
- By 2025, the number of people age 65 and older with Alzheimer's dementia is estimated to reach 7.1 million — almost a 35 percent increase from the 5.3 million age 65 and older affected in 2017.[A13,31]
- By 2050, the number of people age 65 and older with Alzheimer's dementia may nearly triple, from 5.3 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent or cure Alzheimer's disease.[A12,31] Previous estimates based on high-range projections of population growth provided by the U.S. Census suggest that this number may be as high as 16 million.[A14,207]

FIGURE 4

Projected Number of People Age 65 and Older (Total and by Age Group) in the U.S. Population with Alzheimer's Dementia, 2010 to 2050



Created from data from Hebert et al.[A12, 31]

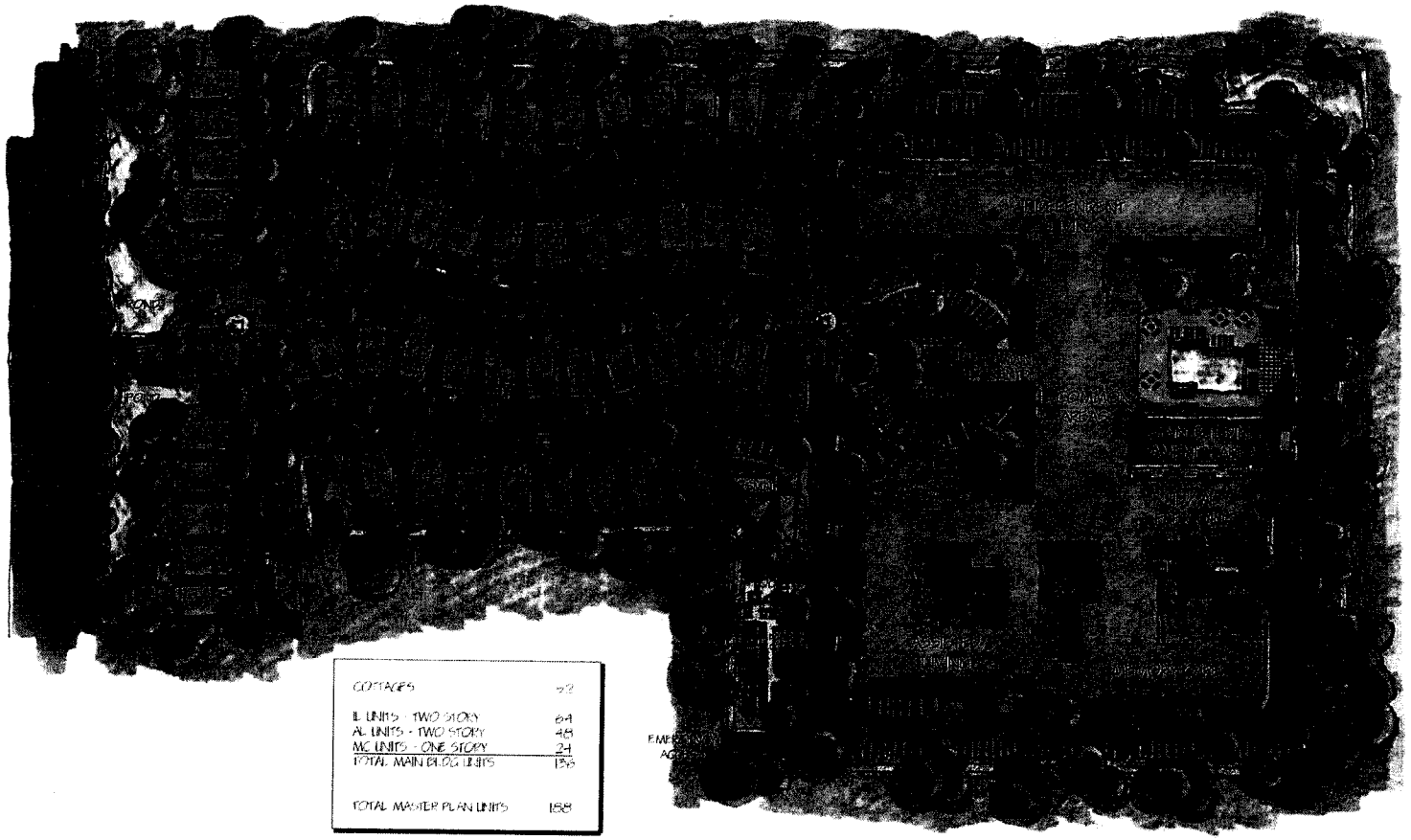
Growth of the Oldest-Old Population

Longer life expectancies and aging baby boomers will also increase the number and percentage of Americans who will be 85 and older. Between 2012 and 2050, the oldest-old are expected to increase from 14 percent of all people age 65 and older in the United States to 22 percent of all people age 65 and older.[206] This will result in an additional 12 million oldest-old people — individuals at the highest risk for developing Alzheimer's dementia.[206]

- In 2017, about 2.1 million people who have Alzheimer's dementia are age 85 or older, accounting for 38 percent of all people with Alzheimer's dementia.[31]
- When the first wave of baby boomers reaches age 85 (in 2031), it is projected that more than 3 million people age 85 and older will have Alzheimer's dementia.[31]
- By 2050, as many as 7 million people age 85 and older may have Alzheimer's dementia, accounting for half (51 percent) of all people 65 and older with Alzheimer's dementia.[31]

EXHIBIT 3:

SITE PLAN OF LEGENDARY LIVING MONTGOMERY



COTTAGES	22
IL UNITS - TWO STORY	64
AL UNITS - TWO STORY	48
MC UNITS - ONE STORY	24
TOTAL MAIN BLDG UNITS	136
TOTAL MASTER PLAN UNITS	158

Legendary

STARLING

Legendary Living Montgomery

Proposed Site Plan

February 16, 2019

RRIVE ARCHITECTURE GROUP

SDCA SOUTHERN DESIGN CONCEPTS OF ATLANTA

EXHIBIT 4:

DEMAND STUDY SUMMARY

MEMORY CARE DEMAND ANALYSIS

Memory Care Demand

2020 Income-Qualified Households Requiring Memory Care

Age	% Memory	Income Qualified Hholds	# Draw from Qualified Members	Non Income Qualified Hholds	# Non-Qualified Memory	% Draw from Non Qualified	# Draw from Non-Qualified	# Memory Total
55-64	1.88%	7,848	148	6,294	118	5%	6	154
65-74	5.00%	5,041	252	5,760	288	5%	14	266
75+	22.10%	3,114	688	4,831	1,068	15%	160	848
Total		**16,003**	**1,088**	**16,885**	**1,474**		**180**	**1,268**

2022 Income-Qualified Households Requiring Memory Care

55-64	1.88%	8,376	157	5,807	109	5%	5	162
65-74	5.00%	5,820	291	5,851	293	5%	15	306
75+	22.10%	3,561	787	4,770	1,054	15%	158	945
Total		**17,757**	**1,235**	**16,428**	**1,456**		**178**	**1,413**

Memory Care Demand Calculation

		2020	2022
1	Calculated Market Potential	1,268	1,413
2	Identified Competitive Units in Market Area	175	175
3	Maximum Occupancy in Competitive Units	95%	95%
4	Adjusted Competitive Units	166	166
5	**Available Prospects in Market Area (Line 1 - Line 4)**	**1,102**	**1,247**
6	Percent of Added prospects from Outside the Market Area	÷ 0.75	÷ 0.75
7	Prospects from Outside the Market Area (Line 5 ÷ 0.75- Line 5)	367	416
8	**Potential Market Area Prospects (Line 5 + Line 7)**	1,469	1,663
	Market Demand Computation		
9	Total Adjusted Market Potential (Line 4 + Line 8)	1,635	1,829
10	Estimated Percent of Need Met by Memory Care Units	25%	25%
11	Calculated Number of Units to Fill Total Demand	409	457
12	Less Competitive Units (Line 2)	175	175
	MEMORY CARE - NET DEMAND	**234**	**282**

As the table above indicates, the Unmet Demand for memory care units in the Montgomery PMA is projected to total 234 units by 2020 and 282 units by 2022.

SUMMARY AND CONCLUSIONS

Independent Living Demand

According to the bed need methodologies used by industry experts to calculate the demand for more independent living units, the Montgomery PMA (10-mile radius) appears to be under-bedded, with demand projected to total 361 units by 2020 and growing to 393 units by 2022.

Assisted Living Demand

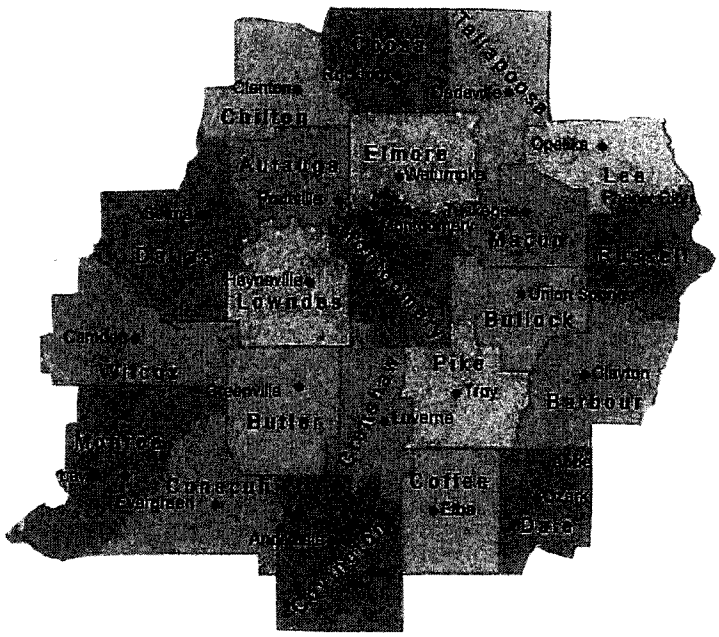
According to the bed need methodologies used by industry experts to calculate the demand for more assisted living units, the Montgomery PMA (10-mile radius) appears to be significantly under-bedded, with demand projected to total 380 units by 2020 and growing to 413 units by 2022. The demand should easily accommodate the proposed campus.

Memory Care Demand

The prospects for memory care in the Montgomery PMA appear to be equally robust. According to the bed need methodologies used by industry experts to calculate the demand for more memory care beds, the market appears to be under-bedded. The unmet demand for memory care beds is projected to exceed 234 beds by 2020 and 282 beds by 2022.

EXHIBIT 5:

MAP OF DEMAND IN SURROUNDING COUNTIES



Contiguous

Autauga – (29)
Lowndes – 8
Butler – 1
Crenshaw – 11
Pike – 5
Bullock – 8
Macon – 14
Elmore – 57
NET – 75

Surrounding

Tallapoosa – (11)
Lee – (48)
Russell – 37
Barbour – 19
Dale – 34
Coosa – 10
Chilton – 29
Dallas – 12
Wilcox – 9
Monroe – 18
Conecuh – 12
Covington – 33
Coffee – 3
NET – 157

TOTAL NEED = 232[1]

[1] September 5, 2018 Statistical Update to the 2014-2017 Alabama State Health Plan, 410-2-4-.04, Limited Care Facilities (SCALF).

EXHIBIT 6:

POPULATION PROJECTIONS

Alabama County Population 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent
Alabama	*4,447,100*	*4,779,736*	*4,940,253*	*5,030,870*	*5,124,380*	*5,220,527*	*5,319,305*	*539,569*	*11.3*
Autauga	43,671	54,571	56,705	58,464	60,327	62,488	64,771	10,200	18.7
Baldwin	140,415	182,265	222,554	242,345	261,777	281,200	300,899	118,634	65.1
Barbour	29,038	27,457	25,633	24,891	24,288	23,902	23,634	-3,823	-13.9
Bibb	20,826	22,915	22,354	22,174	22,023	21,932	21,885	-1,030	-4.5
Blount	51,024	57,322	58,383	59,154	59,995	61,064	62,095	4,773	8.3
Bullock	11,714	10,914	10,637	10,528	10,414	10,331	10,271	-643	-5.9
Butler	21,399	20,947	19,690	19,233	18,909	18,706	18,558	-2,389	-11.4
Calhoun	112,249	118,572	114,221	113,195	112,529	112,025	111,723	-6,849	-5.8
Chambers	36,583	34,215	33,918	33,709	33,485	33,313	33,147	-1,068	-3.1
Cherokee	23,988	25,989	25,835	25,778	25,709	25,637	25,573	-416	-1.6
Chilton	39,593	43,643	44,308	44,793	45,388	46,119	46,953	3,310	7.6
Choctaw	15,922	13,859	12,475	11,786	11,167	10,639	10,185	-3,674	-26.5
Clarke	27,867	25,833	23,759	22,867	21,995	21,169	20,414	-5,419	-21.0
Clay	14,254	13,932	13,233	12,928	12,639	12,374	12,142	-1,790	-12.8
Cleburne	14,123	14,972	15,104	15,187	15,278	15,374	15,464	492	3.3
Coffee	43,615	49,948	52,318	53,663	55,104	56,661	58,469	8,521	17.1
Colbert	54,984	54,428	54,281	54,026	53,707	53,315	52,890	-1,538	-2.8
Conecuh	14,089	13,228	12,157	11,647	11,195	10,802	10,470	-2,758	-20.8
Coosa	12,202	11,539	10,193	9,717	9,281	8,883	8,523	-3,016	-26.1
Covington	37,631	37,765	37,925	37,994	38,044	38,083	38,096	331	0.9
Crenshaw	13,665	13,906	14,017	14,081	14,150	14,230	14,315	409	2.9
Cullman	77,483	80,406	82,904	83,897	84,776	85,636	86,350	5,944	7.4
Dale	49,129	50,251	48,938	48,411	48,022	47,871	47,780	-2,471	-4.9
Dallas	46,365	43,820	39,219	37,762	36,743	36,054	35,393	-8,427	-19.2
DeKalb	64,452	71,109	71,629	72,394	73,615	75,364	77,344	6,235	8.8
Elmore	65,874	79,303	83,991	86,641	89,231	91,708	93,933	14,630	18.4
Escambia	38,440	38,319	37,284	36,830	36,421	36,110	35,804	-2,515	-6.6
Etowah	103,459	104,430	102,137	101,245	100,612	100,280	100,127	-4,303	-4.1
Fayette	18,495	17,241	16,214	15,698	15,207	14,774	14,380	-2,861	-16.6
Franklin	31,223	31,704	31,633	31,614	31,604	31,614	31,636	-68	-0.2

Alabama County Population 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent
Geneva	25,764	26,790	26,894	27,109	27,361	27,672	28,014	1,224	4.6
Greene	9,974	9,045	7,984	7,601	7,326	7,112	6,907	-2,138	-23.6
Hale	17,185	15,760	14,509	14,047	13,600	13,161	12,805	-2,955	-18.8
Henry	16,310	17,302	17,296	17,443	17,597	17,776	17,969	667	3.9
Houston	88,787	101,547	107,353	110,561	113,789	117,189	120,823	19,276	19.0
Jackson	53,926	53,227	51,736	51,057	50,424	49,836	49,384	-3,843	-7.2
Jefferson	662,047	658,466	662,458	663,999	665,244	666,345	667,433	8,967	1.4
Lamar	15,904	14,564	13,265	12,672	12,086	11,526	11,000	-3,564	-24.5
Lauderdale	87,966	92,709	92,757	92,914	93,309	93,804	94,385	1,676	1.8
Lawrence	34,803	34,339	32,260	31,523	30,914	30,458	30,077	-4,262	-12.4
Lee	115,092	140,247	169,234	180,742	191,587	201,732	211,019	70,772	50.5
Limestone	65,676	82,782	99,775	108,021	116,015	122,976	129,617	46,835	56.6
Lowndes	13,473	11,299	9,667	9,048	8,559	8,242	7,947	-3,352	-29.7
Macon	24,105	21,452	17,617	17,111	16,773	16,492	16,268	-5,184	-24.2
Madison	276,700	334,811	372,447	392,382	412,126	431,697	451,043	116,232	34.7
Marengo	22,539	21,027	19,162	18,647	18,213	17,877	17,605	-3,422	-16.3
Marion	31,214	30,776	29,604	28,956	28,274	27,671	27,122	-3,654	-11.9
Marshall	82,231	93,019	96,219	98,049	100,136	102,494	105,088	12,069	13.0
Mobile	399,843	412,992	416,420	419,698	423,249	427,345	431,909	18,917	4.6
Monroe	24,324	23,068	20,552	19,800	19,163	18,558	17,958	-5,110	-22.2
Montgomery	223,510	229,363	226,832	227,480	228,160	228,882	229,647	284	0.1
Morgan	111,064	119,490	119,865	120,464	121,344	122,557	124,028	4,538	3.8
Perry	11,861	10,591	8,875	8,343	7,925	7,642	7,479	-3,112	-29.4
Pickens	20,949	19,746	20,743	20,535	20,289	19,985	19,668	-78	-0.4
Pike	29,605	32,899	33,231	33,598	34,276	35,029	35,907	3,008	9.1
Randolph	22,380	22,913	22,483	22,370	22,303	22,281	22,301	-612	-2.7
Russell	49,756	52,947	61,932	64,037	66,162	68,385	70,490	17,543	33.1
St. Clair	64,742	83,593	90,634	94,713	100,206	106,219	113,123	29,530	35.3
Shelby	143,293	195,085	224,628	239,859	253,485	265,330	276,373	81,288	41.7
Sumter	14,798	13,763	12,588	12,147	11,727	11,320	10,935	-2,828	-20.5

Alabama County Population 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent
Talladega	80,321	82,291	79,964	79,164	78,524	78,012	77,644	-4,647	-5.6
Tallapoosa	41,475	41,616	40,213	39,690	39,214	38,794	38,442	-3,174	-7.6
Tuscaloosa	164,875	194,656	212,769	221,743	230,259	238,579	246,892	52,236	26.8
Walker	70,713	67,023	64,532	64,080	63,759	63,568	63,441	-3,582	-5.3
Washington	18,097	17,581	16,268	15,827	15,436	15,100	14,783	-2,798	-15.9
Wilcox	13,183	11,670	10,450	9,868	9,400	9,025	8,668	-3,002	-25.7
Winston	24,843	24,484	23,388	22,920	22,531	22,198	21,887	-2,597	-10.6

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent
Alabama	*579,798*	*657,792*	*851,293*	*970,297*	*1,067,787*	*1,114,140*	*1,144,172*	*486,380*	*73.9*
Autauga	4,451	6,546	8,476	9,917	11,466	12,583	13,882	7,336	112.1
Baldwin	21,703	30,568	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Barbour	3,873	3,909	4,820	5,087	5,260	5,056	4,795	886	22.7
Bibb	2,413	2,906	3,673	4,048	4,419	4,658	4,859	1,953	67.2
Blount	6,558	8,439	10,800	11,922	13,003	13,766	14,275	5,836	69.2
Bullock	1,543	1,469	1,897	2,137	2,237	2,141	2,050	581	39.6
Butler	3,506	3,489	4,088	4,431	4,619	4,577	4,460	971	27.8
Calhoun	15,872	16,990	19,886	21,657	22,710	22,709	22,405	5,415	31.9
Chambers	5,928	5,706	7,043	7,778	8,181	8,352	8,330	2,624	46.0
Cherokee	3,818	4,651	5,956	6,711	7,272	7,611	7,798	3,147	67.7
Chilton	5,097	5,921	7,159	8,016	8,602	8,903	9,231	3,310	55.9
Choctaw	2,332	2,519	2,889	3,040	3,111	3,021	2,895	376	14.9
Clarke	3,764	4,174	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Clay	2,359	2,449	2,756	2,973	3,192	3,245	3,267	818	33.4
Cleburne	1,933	2,361	3,044	3,314	3,601	3,765	3,874	1,513	64.1
Coffee	6,171	7,210	8,641	9,369	9,968	10,319	10,710	3,500	48.5
Colbert	8,493	9,463	11,296	12,369	13,091	13,206	12,983	3,520	37.2
Conecuh	2,223	2,362	2,929	3,199	3,399	3,342	3,217	855	36.2
Coosa	1,761	1,970	2,513	2,877	3,054	3,107	3,088	1,118	56.8
Covington	6,740	6,939	8,176	9,070	9,679	9,714	9,652	2,713	39.1
Crenshaw	2,338	2,210	2,657	2,955	3,229	3,277	3,382	1,172	53.0
Cullman	11,342	12,810	16,067	17,867	19,401	19,875	20,057	7,247	56.6
Dale	5,807	6,759	8,255	9,130	9,662	9,600	9,334	2,575	38.1
Dallas	6,428	6,165	6,968	7,728	8,156	7,971	7,663	1,498	24.3
DeKalb	8,882	9,875	12,818	14,368	15,566	16,624	17,376	7,501	76.0
Elmore	7,071	9,436	13,651	16,262	18,850	20,389	21,757	12,321	130.6
Escambia	5,236	5,812	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Etowah	16,560	16,508	19,670	21,388	22,404	22,982	23,404	6,896	41.8
Fayette	2,976	3,084	3,587	3,779	3,909	3,838	3,675	591	19.2
Franklin	4,637	4,825	5,277	5,563	5,767	5,777	5,808	983	20.4
Geneva	4,203	4,674	5,705	6,289	6,799	7,096	7,157	2,483	53.1
Greene	1,470	1,454	1,860	2,127	2,222	2,152	2,016	562	38.7
Hale	2,316	2,370	3,050	3,469	3,840	3,795	3,670	1,300	54.9

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent
Henry	2,668	3,044	4,158	4,619	4,976	5,121	5,276	2,232	73.3
Houston	12,162	14,675	19,276	22,069	24,424	25,591	26,598	11,923	81.2
Jackson	7,210	8,773	10,962	12,081	12,800	12,960	13,089	4,316	49.2
Jefferson	90,285	86,443	106,631	119,605	127,360	128,036	127,315	40,872	47.3
Lamar	2,528	2,732	3,145	3,358	3,426	3,298	3,116	384	14.1
Lauderdale	13,241	15,553	19,412	21,599	23,261	23,953	24,038	8,485	54.6
Lawrence	4,195	4,999	6,141	6,830	7,603	7,941	7,913	2,914	58.3
Lee	9,337	12,716	21,095	26,082	30,877	34,466	37,539	24,823	195.2
Limestone	7,271	10,187	15,911	19,704	23,867	26,994	29,199	19,012	186.6
Lowndes	1,646	1,655	1,940	2,130	2,268	2,205	2,025	370	22.4
Macon	3,367	3,031	3,352	3,669	3,855	3,795	3,698	667	22.0
Madison	30,015	40,873	56,239	68,286	81,478	89,022	93,437	52,564	128.6
Marengo	3,287	3,424	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Marion	4,934	5,645	6,595	7,054	7,394	7,497	7,470	1,825	32.3
Marshall	11,717	13,862	16,495	18,118	19,526	20,007	20,485	6,623	47.8
Mobile	47,919	53,321	68,695	78,836	86,072	88,252	88,908	35,587	66.7
Monroe	3,363	3,618	4,308	4,751	5,075	5,141	5,076	1,458	40.3
Montgomery	26,307	27,421	33,914	38,302	41,547	42,493	43,423	16,002	58.4
Morgan	13,708	16,871	21,327	23,823	26,066	27,042	27,382	10,511	62.3
Perry	1,762	1,769	1,786	1,890	1,873	1,774	1,687	-82	-4.6
Pickens	3,293	3,336	4,087	4,567	4,963	5,032	4,858	1,522	45.6
Pike	3,727	4,211	5,188	5,769	6,094	6,207	6,178	1,967	46.7
Randolph	3,564	3,888	4,847	5,393	5,820	6,016	6,032	2,144	55.1
Russell	6,541	6,720	8,959	10,124	11,062	11,348	11,416	4,696	69.9
St. Clair	7,578	10,909	15,078	17,612	20,438	22,577	24,651	13,742	126.0
Shelby	12,179	20,627	34,714	43,182	51,263	57,471	63,447	42,820	207.6
Sumter	2,056	2,063	2,537	2,933	3,117	3,055	2,908	845	41.0
Talladega	10,655	11,591	14,373	15,957	16,911	17,283	17,519	5,928	51.1
Tallapoosa	6,872	7,193	8,694	9,556	9,991	10,037	9,889	2,696	37.5
Tuscaloosa	18,565	21,050	28,882	33,432	36,492	38,345	40,030	18,980	90.2
Walker	10,453	10,894	13,418	14,409	14,821	14,581	14,006	3,112	28.6
Washington	2,246	2,590	3,227	3,589	3,854	3,936	3,872	1,282	49.5
Wilcox	1,810	1,752	2,170	2,396	2,461	2,402	2,268	516	29.5
Winston	3,533	4,333	5,363	5,812	6,260	6,407	6,309	1,976	45.6

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census 2000	Census 2010	2020	2025	2030	2035	2040	*2018 series* Change 2010-2040 Number	Percent

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

EXHIBIT 7:

ALZHEIMER'S FACTS AND FIGURES
FACT SHEETS (2016)

alzheimer's association

factsheet

MARCH 2016

alz.org

2016 Alzheimer's Disease Facts and Figures

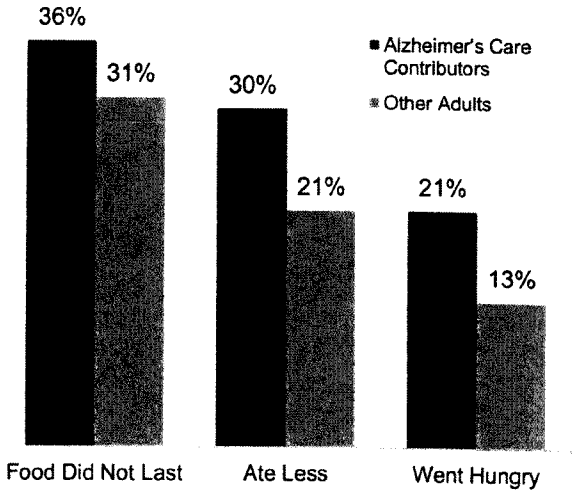
Alzheimer's takes a devastating toll – not just on those with the disease, but on entire families.

- Nearly half of care contributors – those who are caregivers of someone with Alzheimer's and/or contribute financially to their care – cut back on their own expenses (including food, transportation and medical care) to pay for dementia-related care of a family member or friend.
- Care contributors are 28 percent more likely than other adults to eat less or go hungry because they cannot afford to pay for food.
- One in five care contributors cut back on their own doctor visits because of their care responsibilities. And, among caregivers, 74 percent report they are "somewhat" to "very" concerned about maintaining their own health since becoming a caregiver.
- On average, care contributors lose over $15,000 in annual income as a result of reducing or quitting work to meet the demands of caregiving.
- In total, 15.9 million family and friends provided 18.1 billion hours of unpaid care in 2015 to those with Alzheimer's and other dementias. That care had an estimated economic value of $221.3 billion.

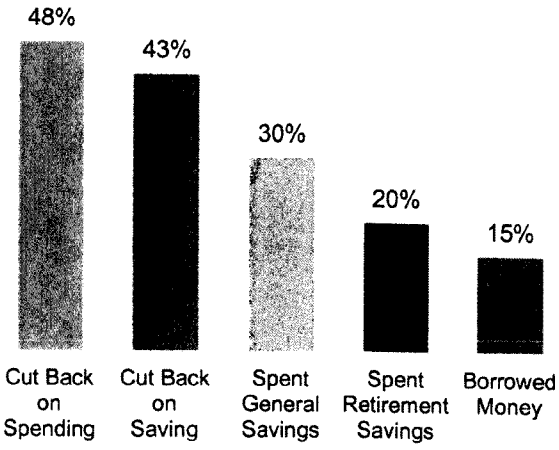
Facts in Your State

The *2016 Alzheimer's Disease Facts and Figures* report also contains state-by-state data on the impact of the disease. Find the full report and information on your state at www.alz.org/facts.

Consequences of Not Being Able to Afford Food, by Percent of Individuals



Financial Steps Taken to Help Pay for the Needs of Someone with Alzheimer's, by Percent of Care Contributors



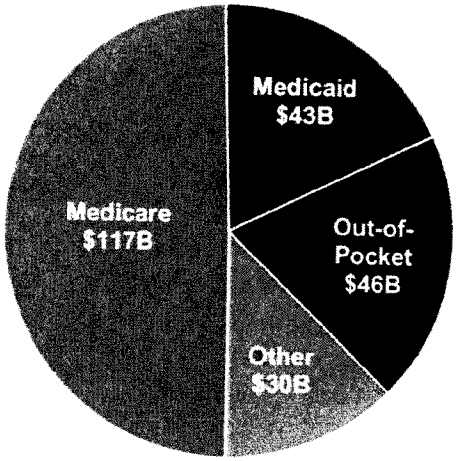
The number of Americans living with Alzheimer's disease is growing – and growing fast.

- Today, 5.4 million Americans are living with Alzheimer's disease, including an estimated 200,000 under the age of 65. By 2050, up to 16 million will have the disease.
- Nearly two-thirds of those with Alzheimer's disease – 3.3 million – are women.
- By 2025, 20 states will see at least 35 percent or greater growth in the number of people with Alzheimer's.
- Someone in the United States develops Alzheimer's every 66 seconds. In 2050, someone in the United States will develop the disease every 33 seconds.

The growing Alzheimer's crisis is helping to bankrupt Medicare.

- In 2016, the direct costs to American society of caring for those with Alzheimer's will total an estimated $236 billion, with just under half of the costs borne by Medicare.
- Nearly one in every five Medicare dollars is spent on people with Alzheimer's and other dementias. In 2050, it will be one in every three dollars.
- Average per-person Medicare spending for those with Alzheimer's and other dementias is three times higher than average per-person spending across all other seniors. Medicaid payments are 19 times higher.
- Unless something is done, in 2050, Alzheimer's will cost $1.1 trillion (in 2016 dollars). Costs to Medicare will increase 365 percent to $589 billion.

2016 Costs of Alzheimer's = $236 Billion



Alzheimer's is not just memory loss – Alzheimer's kills.

- Alzheimer's disease is the 6th leading cause of death in the United States and the 5th leading cause of death for those aged 65 and older.
- In 2013, over 84,000 Americans officially died *from* Alzheimer's; in 2016, an estimated 700,000 people will die *with* Alzheimer's – meaning they will die after having developed the disease.
- Deaths from Alzheimer's increased 71 percent from 2000 to 2013, while deaths from other major diseases (including heart disease, stroke, breast and prostate cancer, and HIV/AIDS) decreased.
- Among 70-year olds, 61 percent of those with Alzheimer's are expected to die before the age of 80 compared with 30 percent of people without Alzheimer's – a rate twice as high.
- Alzheimer's is the only cause of death among the top 10 in America that cannot be prevented, cured, or even slowed.

alzheimer's association

THE BRAINS BEHIND SAVING YOURS.

ALZHEIMER'S STATISTICS
ALABAMA

U.S. STATISTICS

Over **5 million Americans** are living with Alzheimer's, and as many as **16 million** will have the disease in 2050

The cost of caring for those with Alzheimer's and other dementias is estimated to total **$236 billion** in 2016, increasing to **$1.1 trillion** (in today's dollars) by mid-century

Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia

65+ Number of people aged 65 and older with Alzheimer's by age*

Year	65-74	75-84	85+	TOTAL
	14,000	39,000	36,000	89,000
	16,000	43,000	37,000	96,000
	18,000	52,000	41,000	110,000

Percentage change from 2016

7.9%

23.6%

Medicaid costs of caring for people with Alzheimer's, 2016

$808

Number of deaths from Alzheimer's disease in 2013

- 6th leading cause of death in Alabama

1,398

Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Lifetime Health Costs of Caregivers
20	299,000	341,000,000	$4,240,000,000	$164,000,000
20	301,000	342,000,000	$4,156,000,000	$171,000,000
20	302,000	344,000,000	$4,209,000,000	$177,000,000

For more information, view the 2016 *Alzheimer's Disease Facts and Figures* report at alz.org/facts.

EXHIBIT 8:

ALZHEIMER'S ASSOCIATION
2017 FACTS AND FIGURES REPORT:
MORTALITY AND MORBIDITY OF ALZHEIMER'S

89 percent

Increase in deaths due to Alzheimer's between 2000 and 2014. Deaths from Alzheimer's have nearly doubled during this period while those from heart disease — the leading cause of death — have declined.

Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States. It is the fifth-leading cause of death for those age 65 and older. However, many experts believe that official counts significantly underestimate the role Alzheimer's disease plays in causing deaths. Alzheimer's is also a leading cause of disability and poor health (morbidity). Before a person with Alzheimer's dies, he or she lives through years of morbidity as the disease progresses.

Deaths from Alzheimer's Disease

It is difficult to determine how many deaths are caused by Alzheimer's disease each year because of the way causes of death are recorded. According to data from the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), 93,541 people died from Alzheimer's disease in 2014.[208] The CDC considers a person to have died *from* Alzheimer's if the death certificate lists Alzheimer's as the underlying cause of death, defined by the World Health Organization as "the disease or injury which initiated the train of events leading directly to death."[209]

Severe dementia frequently causes complications such as immobility, swallowing disorders and malnutrition that significantly increase the risk of serious acute conditions that can cause death. One such condition is pneumonia, which is the most commonly identified cause of death among elderly people with Alzheimer's or other dementias.[210-211] Death certificates for individuals with Alzheimer's often list acute conditions such as pneumonia as the primary cause of death rather than Alzheimer's.[212-214] As a result, people with Alzheimer's disease who die due to these acute conditions may not be counted among the number of people who died from Alzheimer's disease according to the World Health Organization definition, even though Alzheimer's disease may well have caused the acute condition listed on the death certificate. This difficulty in using death certificates to accurately determine the number of deaths from Alzheimer's has been referred to as a "blurred distinction between death with dementia and death from dementia."[215]

Another way to determine the number of deaths from Alzheimer's disease is through calculations that compare the estimated risk of death in those who have Alzheimer's with the estimated risk of death in those who do not have Alzheimer's. A study using data from the Rush Memory and Aging Project and the Religious Orders Study estimated that 500,000 deaths among people age 75 and older in the United States in 2010 could be attributed to Alzheimer's (estimates for people age 65 to 74 were not available), meaning that those deaths would not be expected to occur in that year if those individuals did not have Alzheimer's.[216]

The true number of deaths caused by Alzheimer's is somewhere between the number of deaths from Alzheimer's recorded on death certificates and the number of people who have Alzheimer's disease when they die. According to 2014 Medicare claims data, about one-third of all Medicare beneficiaries who die in a given year have been diagnosed with Alzheimer's or another dementia.[188] Based on data from the Chicago Health and Aging Project (CHAP) study, in 2017 an estimated 700,000 people age 65 and older in the United States will have Alzheimer's when they die.[217] Although some seniors who have Alzheimer's disease at the time of death die from causes that are unrelated to Alzheimer's, many of them die from Alzheimer's disease itself or from conditions in which Alzheimer's was a contributing cause, such as pneumonia.

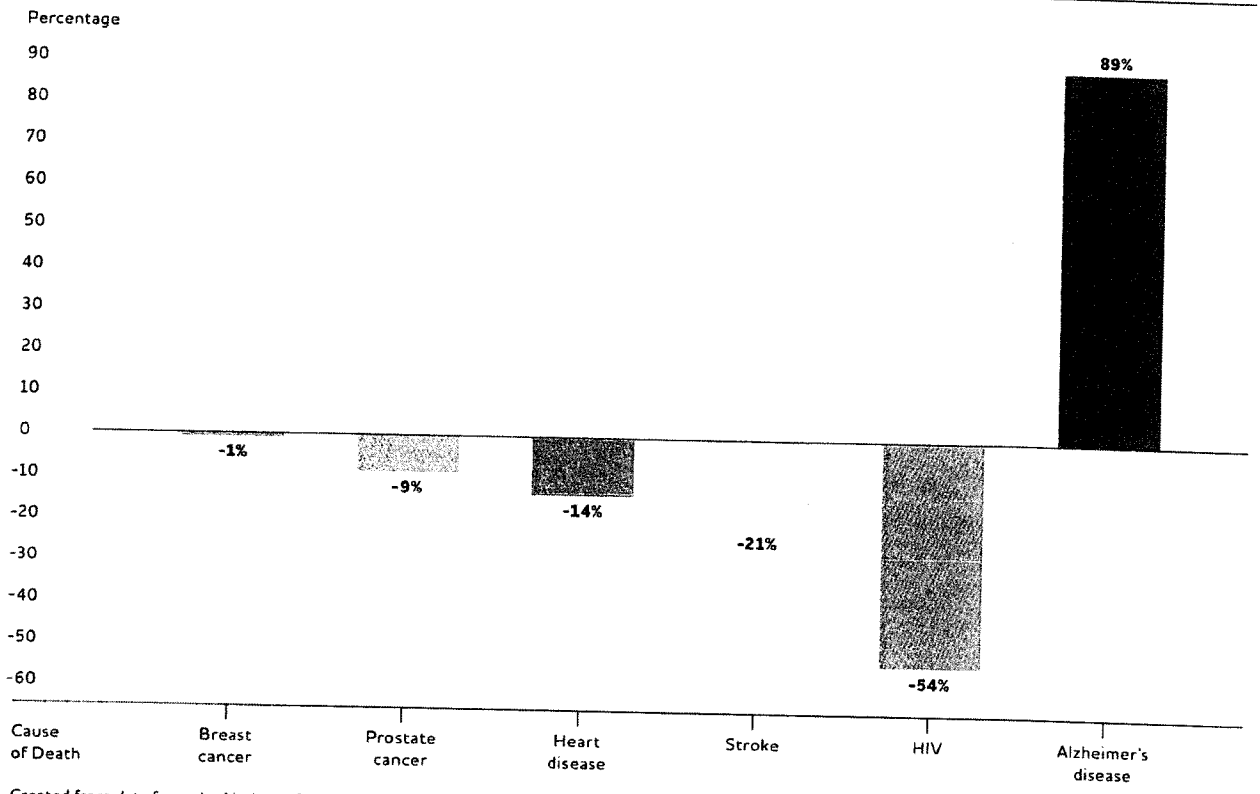
Irrespective of the cause of death, among people age 70, 61 percent of those with Alzheimer's are expected to die before age 80 compared with 30 percent of people without Alzheimer's.[218]

Public Health Impact of Deaths from Alzheimer's Disease

As the population of the United States ages, Alzheimer's is becoming a more common cause of death, and it is the only top 10 cause of death that cannot be prevented, cured or even slowed. Although deaths from other major causes have decreased significantly, official records indicate that deaths from Alzheimer's disease have increased significantly.

FIGURE 5

Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014



Created from data from the National Center for Health Statistics.[208 219]

Between 2000 and 2014, deaths from Alzheimer's disease as recorded on death certificates increased 89 percent, while deaths from the number one cause of death (heart disease) decreased 14 percent (Figure 5).[208] The increase in the number of death certificates listing Alzheimer's as the underlying cause of death reflects both changes in patterns of reporting deaths on death certificates over time as well as an increase in the actual number of deaths attributable to Alzheimer's.

State-by-State Deaths from Alzheimer's Disease

Table 5 provides information on the number of deaths due to Alzheimer's by state in 2014, the most recent year for which state-by-state data are available. This information was obtained from death certificates and reflects the condition identified by the physician as the underlying cause of death. The table also provides annual mortality rates by state to compare the risk of death due to Alzheimer's disease across states with varying population sizes. For the United States as a whole, in 2014, the mortality rate for Alzheimer's disease was 29 deaths per 100,000 people.[A15,208]

TABLE 5

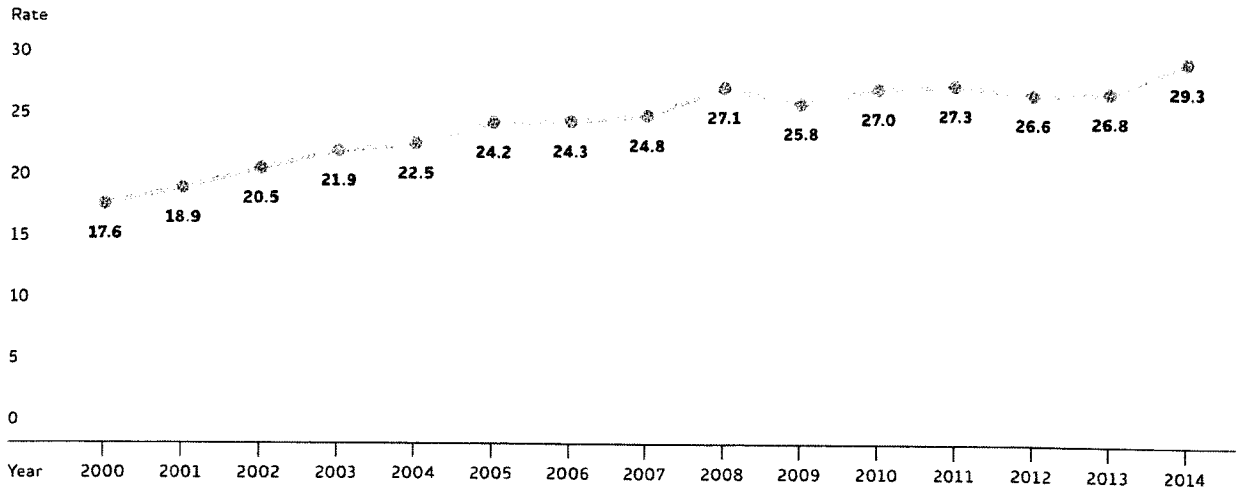
Number of Deaths and Annual Mortality Rate (per 100,000 People) Due to Alzheimer's Disease, by State, 2014

State	Number of Deaths	Mortality Rate
Alabama	1,885	38.9
Alaska	68	9.2
Arizona	2,485	36.9
Arkansas	1,193	40.2
California	12,644	32.6
Colorado	1,364	25.5
Connecticut	923	25.7
Delaware	188	20.1
District of Columbia	119	18.1
Florida	5,874	29.5
Georgia	2,670	26.4
Hawaii	326	23.0
Idaho	376	23.0
Illinois	3,266	25.4
Indiana	2,204	33.4
Iowa	1,313	42.3
Kansas	790	27.2
Kentucky	1,523	34.5
Louisiana	1,670	35.9
Maine	434	32.6
Maryland	934	15.6
Massachusetts	1,688	25.0
Michigan	3,349	33.8
Minnesota	1,628	29.8
Mississippi	1,098	36.7
Missouri	2,053	33.9
Montana	253	24.7
Nebraska	515	27.4
Nevada	606	21.3
New Hampshire	396	29.8
New Jersey	1,962	22.0
New Mexico	442	21.2
New York	2,639	13.4
North Carolina	3,246	32.6
North Dakota	364	49.2
Ohio	4,083	35.2
Oklahoma	1,227	31.6
Oregon	1,411	35.5
Pennsylvania	3,486	27.3
Rhode Island	403	38.2
South Carolina	1,938	40.1
South Dakota	434	50.9
Tennessee	2,672	40.8
Texas	6,772	25.1
Utah	584	19.8
Vermont	266	42.5
Virginia	1,775	21.3
Washington	3,344	47.4
West Virginia	620	33.5
Wisconsin	1,876	32.6
Wyoming	162	27.7
U.S. Total	**93,541**	**29.3**

Created from data from the National Center for Health Statistics.[A15 208]

FIGURE 6

U.S. Annual Alzheimer's Death Rate (per 100,000 People) by Year



Created from data from the National Center for Health Statistics.[70a]

Alzheimer's Disease Death Rates

As shown in Figure 6, the rate of deaths attributed to Alzheimer's has risen substantially since 2000.[208] Table 6 shows that the rate of death from Alzheimer's increases dramatically with age, especially after age 65.[208] The increase in the Alzheimer's death rate over time has disproportionately affected the oldest-old.[220] Between 2000 and 2014, the death rate from Alzheimer's increased only slightly for people age 65 to 74, but increased 33 percent for people age 75 to 84, and 51 percent for people age 85 and older.

Duration of Illness from Diagnosis to Death

Studies indicate that people age 65 and older survive an average of 4 to 8 years after a diagnosis of Alzheimer's dementia, yet some live as long as 20 years with Alzheimer's.[161,221-228] This reflects the slow, insidious progression of Alzheimer's. Of the total number of years that they live with Alzehimer's dementia, individuals will spend an average of 40 percent of this time in dementia's most severe stage.[218] Much of the time will be spent in a nursing home. At age 80, approximately 75 percent of people living with Alzheimer's dementia are expected to be in a nursing home compared with only 4 percent of the general population at age 80.[218] In all, an estimated two-thirds of those who die of dementia do so in nursing homes, compared with 20 percent of people with cancer and 28 percent of people dying from all other conditions.[229]

Burden of Alzheimer's Disease

The long duration of illness before death contributes significantly to the public health impact of Alzheimer's disease because much of that time is spent in a state of disability and dependence. Scientists have developed methods to measure and compare the burden of different diseases on a population in a way that takes into account not only the number of people with the condition, but also both the number of years of life lost due to that disease as well as the number of healthy years of life lost by virtue of being in a state of disability. These measures indicate that Alzheimer's is a very burdensome disease and that the burden of Alzheimer's has increased more dramatically in the United States than other diseases in recent years. The primary measure of disease burden is called disability-adjusted

TABLE 6

U.S. Annual Alzheimer's Death Rates (per 100,000 People) by Age and Year

Age	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
45-54	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
55-64	2.0	2.1	1.9	2.0	1.8	2.1	2.1	2.2	2.2	2.0	2.1	2.2	2.2	2.2	2.1
65-74	18.7	18.6	19.6	20.7	19.5	20.2	19.9	20.2	21.1	19.4	19.8	19.2	17.9	18.1	19.6
75-84	139.6	147.2	157.7	164.1	168.5	177.0	175.0	175.8	192.5	179.1	184.5	183.9	175.4	171.6	185.6
85+	667.7	725.4	790.9	846.8	875.3	935.5	923.4	928.7	1,002.2	945.3	987.1	967.1	936.1	929.5	1,006.8

Created from data from the National Center for Health Statistics.[208]

life years (DALYs), which is the sum of the number of years of life lost due to premature mortality and the number of years lived with disability, totaled across all those with the disease. Using this measure, Alzheimer's rose from the 25th most burdensome disease in the United States in 1990 to the 12th in 2010. No other disease or condition increased as much.[230] In terms of years of life lost, Alzheimer's disease rose from 32nd to 9th, the largest increase for any disease. In terms of years lived with disability, Alzheimer's disease went from ranking 17th to 12th; only kidney disease equaled Alzheimer's in as high a jump in rank.

Taken together, these statistics indicate that not only is Alzheimer's disease responsible for the deaths of more and more Americans, but also that the disease is contributing to more and more cases of poor health and disability in the United States.

EXHIBIT 9:

MAP SHOWING
GEOGRAPHIC AREA OF PROPOSED ADJUSTMENT

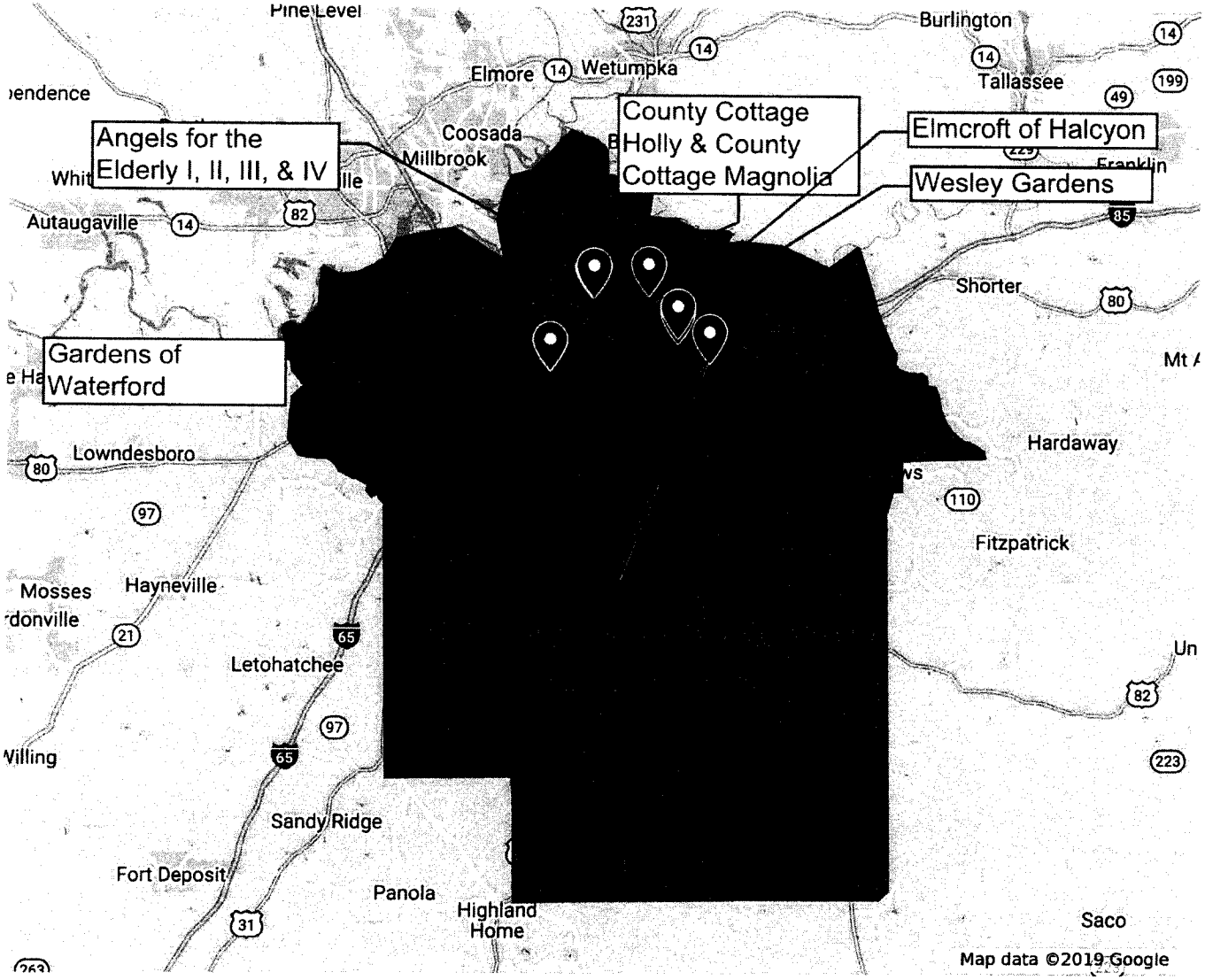

Angels for the Elderly I, II, III, & IV
County Cottage
Holly & County
Cottage Magnolia
Elmcroft of Halcyon
Wesley Gardens
Gardens of Waterford
Pine Level
Elmore
Wetumpka
Burlington
Tallassee
Coosada
Millbrook
Autaugaville
Shorter
Lowndesboro
Hardaway
Fitzpatrick
Hayneville
Mosses
Letohatchee
Sandy Ridge
Fort Deposit
Panola
Highland Home
Saco
Map data ©2019 Google

EXHIBIT 10:

STATE HEALTH PLAN STATISTICAL UPDATE: SPECIALTY CARE ASSISTED LIVING FACILITIES (2018)

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 5, 2018

MEMORANDUM

TO: Recipients of the 2014-2017 *Alabama State Health Plan*

FROM: Alva M. Lambert
Executive Director

SUBJECT: Statistical Update to the 2014-2017 *Alabama State Health Plan*

Enclosed are statistical updates to the 2014-2017 *Alabama State Health Plan.* The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

AML/blw

Enclosure: As stated

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113

Specialty Care Assisted Living Facilities
Bed Need
2018

COUNTY	Pop 65 & Older 2021	Total Beds Needed	Total CON Authorized Beds in Service	CON Authorized Beds Not in Service	Net Beds Needed	Notes Regarding Beds	Active SHP Adjustment
Autauga	8,746	35	48	16	(29)	(1)	
Baldwin	48,856	209	168	16	25	(2)	(B)
Barbour	4,872	19	0	0	19		
Bibb	3,745	15	0	0	15		
Blount	11,016	44	66	0	(22)		
Bullock	1,943	8	0	0	8		
Butler	4,154	17	16	0	1		
Calhoun	20,228	81	140	0	(59)		
Chambers	7,184	29	32	0	(3)		
Cherokee	6,100	24	36	0	(12)		
Chilton	7,323	29	0	0	29		
Choctaw	2,919	12	0	0	12		
Clarke	5,036	20	0	0	20		
Clay	2,798	11	0	0	11		
Cleburne	3,096	12	0	0	12		
Coffee	8,782	35	32	0	3		
Colbert	11,503	46	45	0	1		
Conecuh	2,981	12	0	0	12		
Coosa	2,582	10	0	0	10		
Covington	8,347	33	0	0	33		
Crenshaw	2,714	11	0	0	11		
Cullman	16,412	66	16	44	6	(3)	
Dale	8,423	34	0	0	34		
Dallas	7,114	28	16	0	12		
Dekalb	13,114	52	32	0	20		
Elmore	14,137	57	0	0	57		
Escambia	6,903	28	0	0	28		
Etowah	20,002	80	74	35	(29)	(4)	
Fayette	3,625	15	0	0	15		
Franklin	5,333	21	0	0	21		
Geneva	5,817	23	0	0	23		
Greene	1,911	8	0	0	8		
Hale	3,132	13	0	0	13		
Henry	4,246	17	0	0	17		
Houston	19,805	79	32	45	2	(5),(6)	
Jackson	11,177	45	16	0	29		
Jefferson	109,108	436	626	14	(204)	(14)	
Lamar	3,186	13	0	0	13		
Lauderdale	19,831	79	32	0	47		
Lawrence	6,273	25	0	0	25		
Lee	22,010	88	120	16	(48)	(20)	

COUNTY	Pop 65 & Older 2021	Total Beds Needed	Total CON Authorized Beds in Service	CON Authorized Beds Not in Service	Net Beds Needed	Notes Regarding Beds	Active SHP Adjustment
Limestone	16,606	66	32	24	10	(7)	
Lowndes	1,977	8	0	0	8		
Macon	3,413	14	0	0	14		
Madison	58,465	324	290	66	(32)	(15)-(19)	(C)
Marengo	4,047	16	16	0	0		
Marion	6,684	27	26	0	1		
Marshall	16,808	67	22	0	45		
Mobile	70,807	283	317	48	(82)	(8)	
Monroe	4,393	18	0	0	18		
Montgomery	34,749	155	178	96	(119)	(9),(10),(11)	(A)
Morgan	21,804	87	78	0	9		
Perry	1,806	7	0	0	7		
Pickens	4,179	17	0	0	17		
Pike	5,299	21	16	0	5		
Randolph	4,952	20	0	0	20		
Russell	9,181	37	0	0	37		
St. Clair	15,554	62	60	0	2		
Shelby	36,263	183	140	24	19	(12)	(D)
Sumter	2,612	10	0	0	10		
Talladega	14,677	59	16	0	43		
Tallapoosa	8,860	35	46	0	(11)		
Tuscaloosa	29,740	151	130	30	(9)	(13)	(E)
Walker	13,611	54	14	0	40		
Washington	3,296	13	0	0	13		
Wilcox	2,213	9	0	0	9		
Winston	5,450	22	16	0	6		
TOTAL	873,930	3,496	2,944	474	78		

5-Sep-18

* - Any County with a "net beds needed" value in parenthesis represents a county with more CON authorized beds than the total bed need projected by the methodology. As such, no need for additional beds is shown in those counties.

NOTES

CON Authorized beds not yet licensed by ADPH:

(1) - AL2017-001, CON 2776-SCALF - The Harbor at Hickory Hill - 16 Beds
(2) - AL2017-009, CON 2784-SCALF - LiveOak Village - 16 Beds
(3) - AL2015-035, CON 2767-SCALF - Woodland Haus - 44 Beds
(4) - AL2018-013, CON 2833-SCALF - Thrive at Gadsden - 35 Beds
(5) - AL2016-018, CON 2756-SCALF-EXT - Grand South Senior Living - 35 Beds
(6) - AL2016-019, CON 2757-SCALF - The Terrace at Eastgate - 10 Beds
(7) - AL2015-040, CON 2737-SCALF - The Phoenix at Madison - 24 Beds
(8) - AL2018-019, CON 2835-SCALF - Creekside Village - 48 Beds
(9) - AL2016-032, CON 2770-SCALF - Oak Grove Inn - 32 Beds
(10) - AL2018-008, CON 2824-SCALF - The Crossings at Eastchase - 32 Beds
(11) - AL2018-009, CON 2825-SCALF - Vantage Pointe at Pike Road - 32 Beds
(12) - AL2010-192, CON 2691-SCALF - Noland Health Services, Inc. - 24 Beds
(13) - AL2017-026, CON 2796-SCALF - Regency Remembrances - 30 Beds
(14) - AL2017-044, CON 2812-SCALF - Longleaf at Liberty Park - 14 Beds
(15) - Haven for Greater Living (16 Beds) - Closed 4/3/2018
(16) - AL2017-019, CON 2800-SCALF - Legacy At Hampton Cove - 12 Beds
(17) - AL2017-020, CON 2801-SCALF - Shepherd at the Range - 10 Beds
(18) - AL2017-037, CON 2814-SCALF - Twenty Two Pack Mgmt - 14 Beds
(19) - AL2017-038, CON 2815-SCALF - Shepherd at the Range - 14 Beds
(20) - The Northridge SCALF (16 Beds) - Closed 8/31/2018

Active State Health Plan Adjustments and Related Projects/Applications for which CON's have not yet been issued:

(A) - PA2017-005 - Montgomery County (16 Beds) - AL2018-029
(Montgomery AL Land Senior Property, LLC)
(On CONRB Tentative Agenda 9/19/2018)
(B) - PA2018-001 - Baldwin County (14 Beds) - AL2018-045
(Presbyterian Retirement Corporation, Inc.)
CON Application Received 8/30/2018)
(C) - PA2018-004 - Madison County (90 Beds) - AL2018-018, -023, -024, -025
(LC Big Cove, Huntsville Senior Services, Dominion Holdings, and Shepherd Living at the Range)
(Currently in Contested Case Hearing)
(D) - PA2018-005 - Shelby County (38 Beds) - LOI 2018-057
(Hoover Operations, LLC)
(LOI Received 8/9/2018)
(E) - PA2018-006 - Tuscaloosa County (32 Beds) - AL2018-043, AL2018-042
(Crimson Village, LLC)
(CON Application Received 8/27/2018)
(Tuscaloosa Operations, LLC d/b/a The Crossings at North River)
(CON Application Received 8/24/2018)

EXHIBIT 11:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
MONTGOMERY COUNTY HEALTH CARE FACILITIES
DIRECTORY:
SPECIALTY CARE ASSISTSED LIVING FACILITIES

Assisted Living Facilities (Specialty Care)

Montgomery County

Angels for the Elderly I
52 Angels Court
Montgomery, AL 36109 (334) 270-8050
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janice Lucas
Fac ID: P5115 License: Regular
Medicare: N/A

Angels for the Elderly II
44 Angels Court
Montgomery, AL 36109 (334) 270-8050
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janice Lucas
Fac ID: P5101 License: Regular
Medicare: N/A

Angels for the Elderly III
48 Angels Court
Montgomery, AL 36109 (334) 270-9122
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janice Lucas
Fac ID: P5102 License: Regular
Medicare: N/A

Angels for the Elderly IV
40 Angels Court
Montgomery, AL 36109 (334) 270-9122
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janice Lucas
Fac ID: P5112 License: Regular
Medicare: N/A

Montgomery County

Country Cottage - Montgomery - Holly
235 Sylvest Drive, Bldg. 100
Montgomery, AL 36117 (334) 260-8373
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Michelle Kelley
Fac ID: P5107 License: Regular
Medicare: N/A

Country Cottage Montgomery-Magnolia
235 Sylvest Drive
Montgomery, AL 36117 (256) 361-0084
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Michelle Kelley
Fac ID: P5116 License: Regular
Medicare: N/A

Elmcroft of Halcyon Specialty Care
1775 Halcyon Blvd
Montgomery, AL 36117 (334) 396-1111
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Tammy D. Grant
Fac ID: P5110 License: Regular
Medicare: N/A

Gardens of Waterford, The
3920 Antoinette Drive
Montgomery, AL 36111 (334) 288-2444
50 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Tisha Dickson Nickson
Fac ID: P5103 License: Regular
Medicare: N/A

Assisted Living Facilities (Specialty Care)

Montgomery County

Wesley Gardens Retirement Community-Specialty Care
1555 Taylor Road
Montgomery, AL 36117 (334) 272-7917
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Non-Profit Corporation
Administrator: Randy Allen
Fac ID: P5113 License: Regular
Medicare: N/A

EXHIBIT 12:

SUMMARY OF SCALF PROVIDER ANNUAL REPORTS

SUMMARY OF 2018 SCALF ANNUAL REPORTS FILED WITH SHPDA

Facility Name	Year	Facility ID	Authorized Beds	Available Beds	Resident Days	Possible Days	Occupancy %	Notes	
Angels for the Elderly I	2018	101-S5115	16	16	5,109	5,840	87.5%		
Angels for the Elderly II	2018	101-S5101	16	16	3,401	5,840	58.2%		
Angels for the Elderly III	2018	101-S5102	16	16	5,363	5,840	91.8%		
Angels for the Elderly IV	2018	101-S5110	16	16	5,457	5,840	93.4%		
Country Cottage - Holly	2018	101-S5127	16	16	3,073	5,840	52.6%		
Country Cottage - Magnolia	2018	101-S5116	16	16	5,078	5,840	87.0%		
Elmcroft of Halcyon	2018	101-S5129	16	16	3,384	5,840	57.9%		
Waterford Place	2018	101-S5103	50	50	12,045	18,250	66.0%	Based on Waterford's historical number of 35 beds available for use, their occupancy rate would have been 94.28%.	
Wesley Gardens	2018	101-S5119	16	16	5,393	5,840	92.3%		
TOTALS			**178**	**178**	**48,303**	**64,970**	**74.3%**		
Three Year Moving Average			**178**	**178**	**48,933**	**58,929**	**83.0%**		

* Until 2016, SHPDA required each facility to state the number of beds avaiable for use in the facility's annual report. From 2011 - 2015, Waterford Place has never made greater than 35 beds avaiable for use. As a result, Waterford Place's occupancy rate is determined based on their historical availability. Based on this number, the County occupancy rate would have been 81.2%.

SUMMARY OF 2017 SCALF ANNUAL REPORTS FILED WITH SHPDA

Facility Name	Year	Facility ID	Authorized Beds	Available Beds	Resident Days	Possible Days	Occupancy %	Notes
Angels for the Elderly I	2017	101-S5115	16	16	5,701	5,840	97.6%	
Angels for the Elderly II	2017	101-S5101	16	16	4,350	5,840	74.5%	
Angels for the Elderly III	2017	101-S5102	16	16	5,468	5,840	93.6%	
Angels for the Elderly IV	2017	101-S5110	16	16	5,280	5,840	90.4%	
Country Cottage - Holly	2017	101-S5127	16	16	3,687	5,840	63.1%	
Country Cottage - Magnolia	2017	101-S5116	16	16	4,249	5,840	72.8%	
Elmcroft of Halcyon	2017	101-S5129	16	16	4,947	5,840	84.7%	
Waterford Place	2017	101-S5103	50	50	18,243	18,250	99.96%	Historically, they have made 35 beds available for use.*
Wesley Gardens	2017	101-S5119	16	16	5,108	5,840	87.5%	
TOTALS			**178**	**178**	**57,033**	**64,970**	**87.8%**	

* Until 2016, SHPDA required each facility to state the number of beds avaiable for use in the facility's annual report. From 2011 - 2015, Waterford Place has never made greater than 35 beds avaiable for use.

SUMMARY OF 2016 SCALF ANNUAL REPORTS FILED WITH SHPDA

Facility Name	Year	Facility ID	Authorized beds	Available beds	Resident days	Possible days	Occupancy %	Notes
Angels for the Elderly I	2016	101-S5115	16	16	5,543	5,856	94.7%	
Angels for the Elderly II	2016	101-S5101	16	16	5,080	5,856	86.7%	
Angels for the Elderly III	2016	101-S5102	16	16	5,366	5,856	91.6%	
Angels for the Elderly IV	2016	101-S5110	16	16	5,594	5,856	95.5%	
Country Cottage - Holly	2016	101-S5127	16	16	4,308	5,856	73.6%	
Country Cottage - Magnolia	2016	101-S5116	16	16	5,252	5,856	89.7%	
Elmcroft of Halcyon	2016	101-S5129	16	16	4,968	5,856	84.8%	
Waterford Place	2016	101-S5103	50	50				Facility did not submit an annual report. Historically, they have made 35 beds available for use.
Wesley Gardens	2016	101-S5119	16	16	5,352	5,856	91.4%	
TOTALS			**178**	**178**	**41,463**	**46,848**	**88.5%**	

EXHIBIT 13:

LETTERS OF SUPPORT

FLOWERS WHITE

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

As the owner of a small engineering company in Montgomery, I see, and have a hand in much of, the development of the Montgomery area first hand. There has been, and currently is, a large demand for senior living, assisted living and memory care facilities in Montgomery. My family was forced to place my grandfather was in a memory care unit in the mid '90's and the choices for facilities that provided that type of service were very poor. The buildings were stale and the care was less than stellar. Having to leave him in the facility was heartbreaking. Since that time, the memory care in Montgomery has not improved much, but we now have the opportunity to provide a top notch facility that will be first class with developers and owners that are truly invested in the senior population and want to make a difference.

I want to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County. Their proposed development will be a tremendous addition to the new senior living facility that will be constructed off of Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties and pulls residents in from the surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

Bradley W. Flowers, PE/ PLS

P.O. Box 231286 • Montgomery, AL • 36123

(334) 356-7600 • flowersandwhite.com

VAUGHN FOREST
CHURCH

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I am writing to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County through the addition of a new senior living facility off Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties. As a result, it pulls residents in from these surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

Eddie Penton
VF Governance Board
President

VAUGHN FOREST
CHURCH

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I am writing to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County through the addition of a new senior living facility off Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties. As a result, it pulls residents in from these surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

Hardy Sellers
Administrative Pastor
Vaughn Forest Church

VAUGHN FOREST
CHURCH

8660 Vaughn Road, Montgomery AL 36117

vaughnforest.com 334.279.5433

2740 Central Parkway, Montgomery, Alabama 36106
phone 334.420.0099 | 334.834.3272 fax

CLEMENTS
FINANCIAL

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

As the owner of a small business, I see the need and I want to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County. Their proposed development will be a tremendous addition to the new senior living facility that will be constructed off of Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties and pulls residents in from the surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

John T. Clements

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I want to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County. Their proposed development will be a tremendous addition to the new senior living facility that will be constructed off of Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties and pulls residents in from the surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

Jamie Silas

Jamie Silas

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I want to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County. Their proposed development will be a tremendous addition to the new senior living facility that will be constructed off of Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties and pulls residents in from the surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

William J. Russell

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Legendary Living Montgomery, LLC to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I want to express my strong support for the proposal filed by Legendary Living Montgomery, LLC requesting to add twenty-four (24) Specialty Care Assisted Living Facility ("SCALF") beds to Montgomery County. Their proposed development will be a tremendous addition to the new senior living facility that will be constructed off of Vaughn Road, nestled between Vaughn Forest Church and Deer Creek, in Montgomery, Alabama. I believe that this new senior living community in the East Montgomery area is just what the aging population of Montgomery's residents need. In addition, Montgomery is the center hub for several surrounding counties and pulls residents in from the surrounding counties who also need memory care services. It is my belief that the addition of these SCALF beds in Montgomery County through the addition of a new senior living community at Legendary Living Montgomery will provide additional needed access to SCALF services and additional choice for seniors in need of SCALF services. I urge you to approve this project so that Legendary Living Montgomery can meet the needs of Montgomery County residents requiring SCALF services.

Sincerely,

Robert E. Cheek

Petition

We, the undersigned members of the Vaughn Forest church and members of the Montgomery Community, believe there is a need for a Senior Living Community located on Vaugh Road, adjacent to the Vaughn Forest Church and Deer Creek Community and sign this petition to evidence our support of the State Health Planning and Development Agency's approval of memory care beds for Legendary Living Montgomery, LLC.

NAME	ADDRESS
David R Spence	8248 Mossy Oak, Mont AL 36117
Norman S. Bell	55 W. Hunter Hill Lp
Jan A. Bell	Pike Rd, Al 36064
Chad S Boak	3128 Fitzgerald Road
	Montgomery, AL 36106
Jeff E. McFarland	9025 Crescent Cove Dr
Randall Cook	Pike Road, AL 36064
	8501 Harbinger Ct
Mack Johnson	Montgomery, AL 36117
	8636 Mullehaven Court
Tobias Mense	Montgomery, AL 36117
Albert Smith	82 Stone Park Trl.
Juanita Smith	Pike Road, AL 36064
Kay B Howell	428 Seminole Dr., Monts, AL
	428 Seminole Dr. Monty, AL
	8725 Cavillion FL-36117

Cindy Harris	407 Longwood Trail Pike Road, AL 36064
Lilly Taylor	2824 Peabody Rd Montg., Al 36116
Becky Ellis	8321 Dison Drive Montgomery, AL 36117
Gary Pruett	4 Will Ridge Wetumpka, AL 36093
Alicia Bryan Robertson	2185 Campbell Rd. Montgomery, Al. 36111
Russell Baker	8332 Old Federal Rd Montgomery, AL 36117
P.J. Beaver	2216 Halcyon Blvd Montgomery AL 36117
Gail Kuhlking	9233 Bristol Way Mont AL 36117
LOTHAR J. ZELL	8206 BARSDALE CHASE MONTGOMERY AL 36117
JULIANNA ZELL	8206 BARSDALE CHASE MONTGOMERY AL 36117
Helen Taylor	619 SKYWAY AVE Montg Al 36109

Jan LaPorte	8255 Mossy Oak Dr
Eddie LaPorte	Montgomery, AL 36117
	" "
	" "
Sharon Ponton	652 Dean Rd
	Alex City, AL 35010
Eddie Ponton Sr.	" " " "
Joe Curtis	289 Grey Rock Ln.
Rita Curtis	Cecil AL 36013
Gina Spivey	369 Crum Rd
	Mont, AL 36109
Ronnie Spivey	" "
	" "
Esther Allison	1220 Autumn Ridge Rd
	Mont. AL. 36117
Alice B. Smith	2551 Boykin Rd.
	Monty. AL 36117
Charlie Smith	" " " "
Hattie Francis	6328 Old Pond Rd
	Monty, AL 36117

Liannetarri Shannon Brown	6045 Forest Grove Dr. Mont. AL 36117
Cheryl Elmore	5533 Chaidin Dr Mont AL 36116
Suzette Taylor	1500 Katrina Pl Mtgy AL 36117
Yong Moon Lee	8804 Pemberton Park Montgomery AL 36117
Joy Lee	8804 Pemberton Park Montgomery AL 36117
Sharyn Strickland	7272 Waters Edge Montgomery 36117
Fred T. Strickland	7272 Waters Edge Montgomery AL 36117-6738
Ellie Mae Fuller	3319 Drexel Rd Montgomery 36106
William H Fisher	3319 Drexel Rd Montgomery AL 36106
Lonya Huffstetler	609 Kingsland Ct City 36109
Anita R Walker	401 C Turtle Ct Montgomery AL 36117

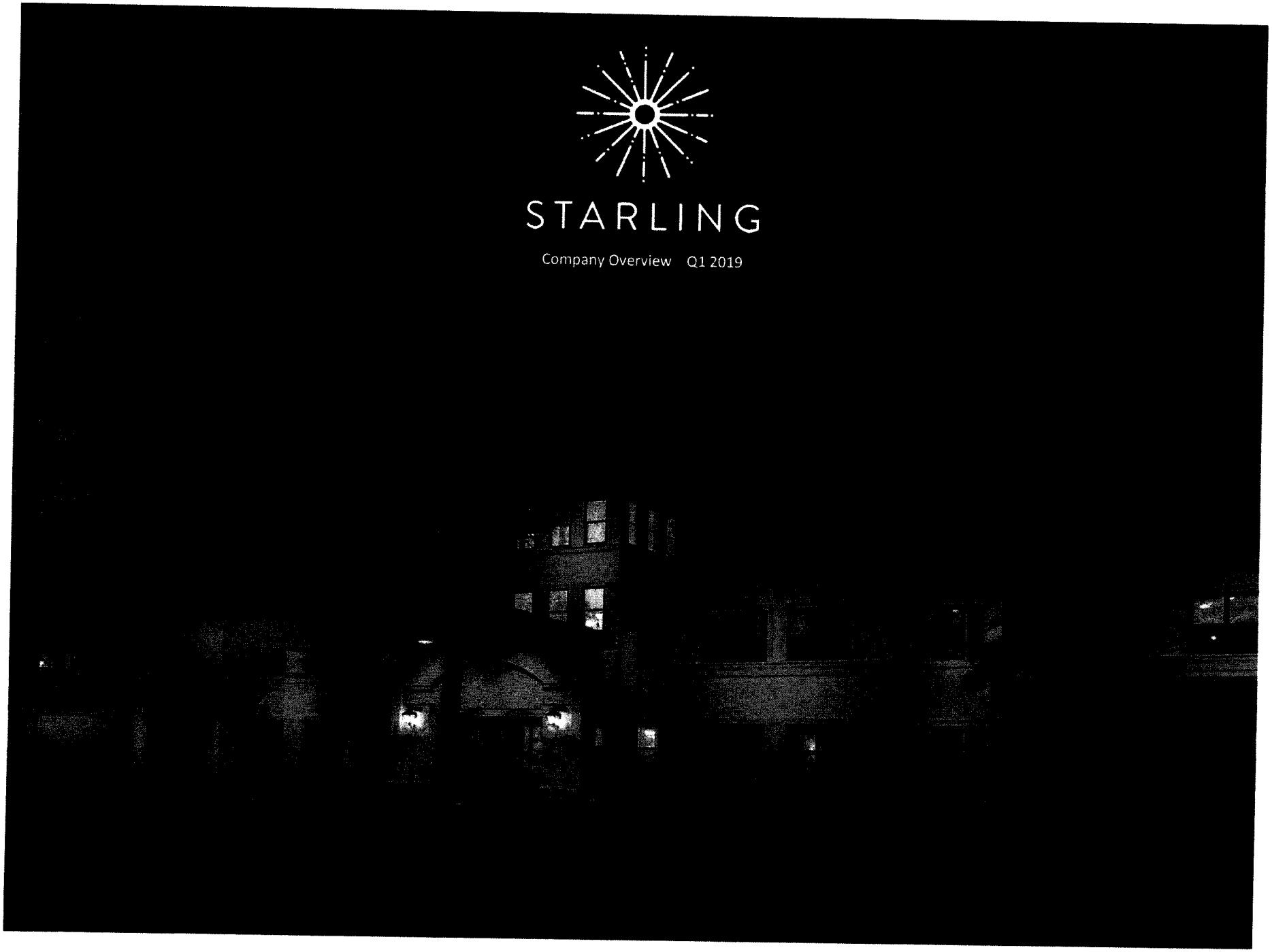
Ben Phillips ~~Melissa Phillips~~	403 Farmington Lane ~~Pike Road AL 36064~~
Juli Spence	8248 Mossy Oak Mtgy, AL 36117
THERESE LOE	484 CEDAR ST. MONTGOMERY, AL 36113
Kelly Oakley	8867 Broderick St, Montgomery, AL 36117
Chris & Abby Ireland	32 Boykin Lakes Loop Pike Rd, AL 36064
Jody & Monica Sadler	9403 Crescent Lodge Dr Pike Rd, AL 36064
Melissa Allen	668 Judkins Rd Ccl, AL 36013
Ronnie & Gina Sivley	349 Acme Road Mont AL 36109
DAVID & ROBERTSON	2185 CAMPBELL RD MONTGOMERY 36111
Zina Lou McMorry	105 Chattahoochee Dr. Montg. 36117
Hunter Sellers	668 Judkins Rd Ccl AL 36013

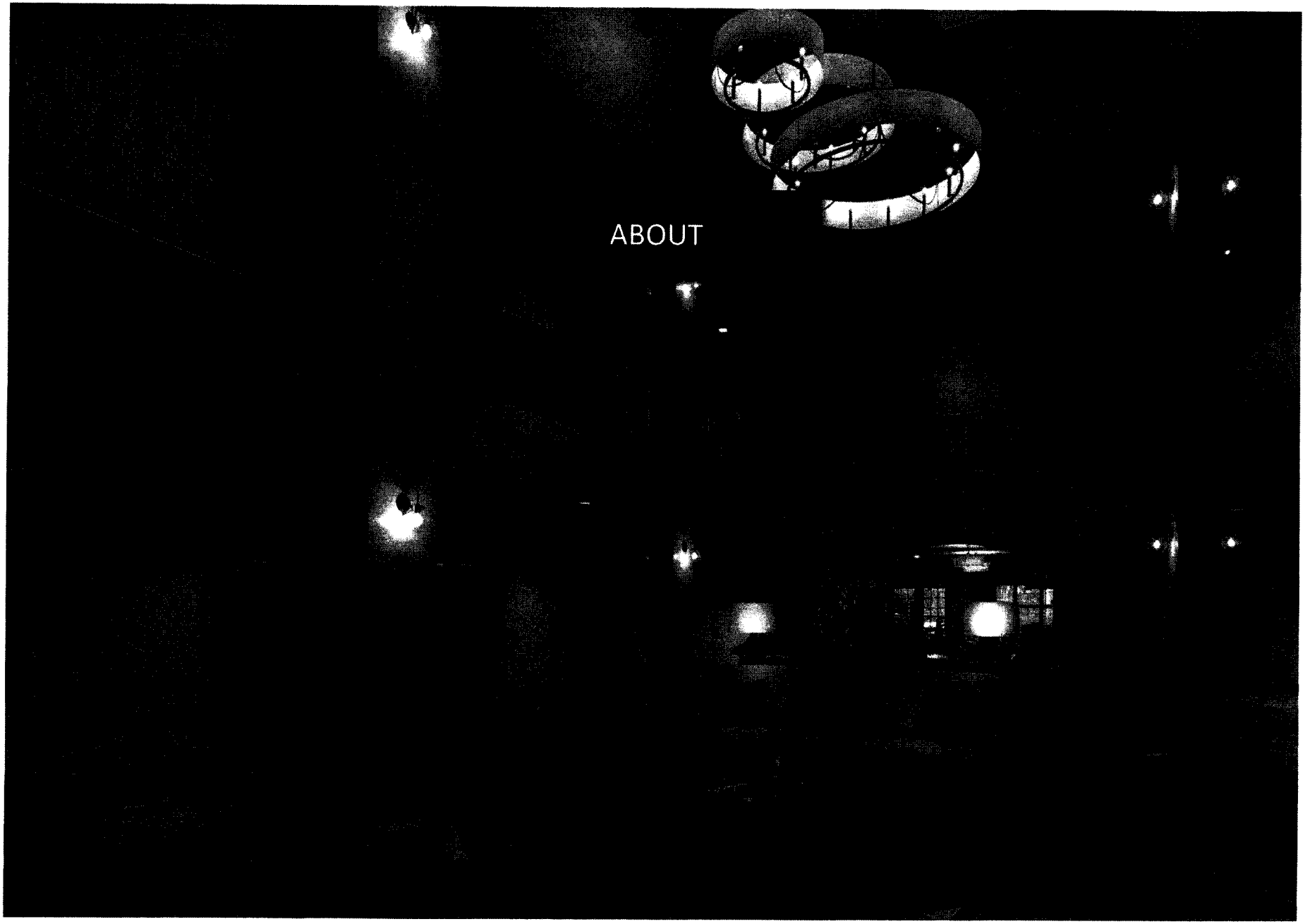
EXHIBIT 14:

STARLING
ADDITIONAL INFORMATION

STARLING

Company Overview Q1 2019




ABOUT

ABOUT

OVERVIEW

Starling is a privately held company that owns, operates, and develops best-in-class senior living communities across the Southeast.

Starling continues to raise the bar with its resident-centered, new-generation communities by incorporating engaging environments, premier amenities, and the highest standard of service and care.

Starling's management team shares over 30 years of combined seniors housing experience having managed, developed, and/or acquired 12 communities spanning over 1,300 units throughout their careers.

CORE VALUES

SUPPORTIVE
Empowering and nurturing all levels of our team to act as leaders and to achieve our high standard of excellence in everything they do.

TRUTHFUL
A strident commitment to honesty, safety, and being transparent with our staff, residents, and their families.

ACCOUNTABLE
Unwavering responsibility to honor our commitments by being resilient, responsive, and reliable to everyone we serve and support.

RESPECT
A sincere commitment to treating others with courtesy, kindness, and politeness.


EXPERIENCE

EXPERIENCE

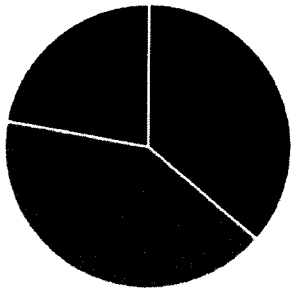
Starling's management team shares over 30 years of combined seniors housing experience having operated, developed, and/or acquired over 1,300 units throughout their collective careers while in key roles at Starling and other leading senior living operating companies.

By Type (units)[1]	
Indpendent Living	502
Assisted Living	577
Memory Care	308
Total	**1,387**

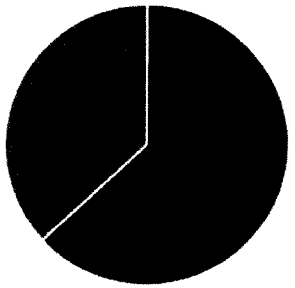
By Company (units)[1]	
Starling[2]	874
Other	513
Total	**1,387**

By State (communities)[1]	
Florida	10
Tennessee	1
Alabama	1
Total	**12**

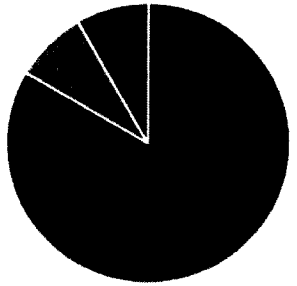
By Type (units)



By Company (units)



By Region (communities)

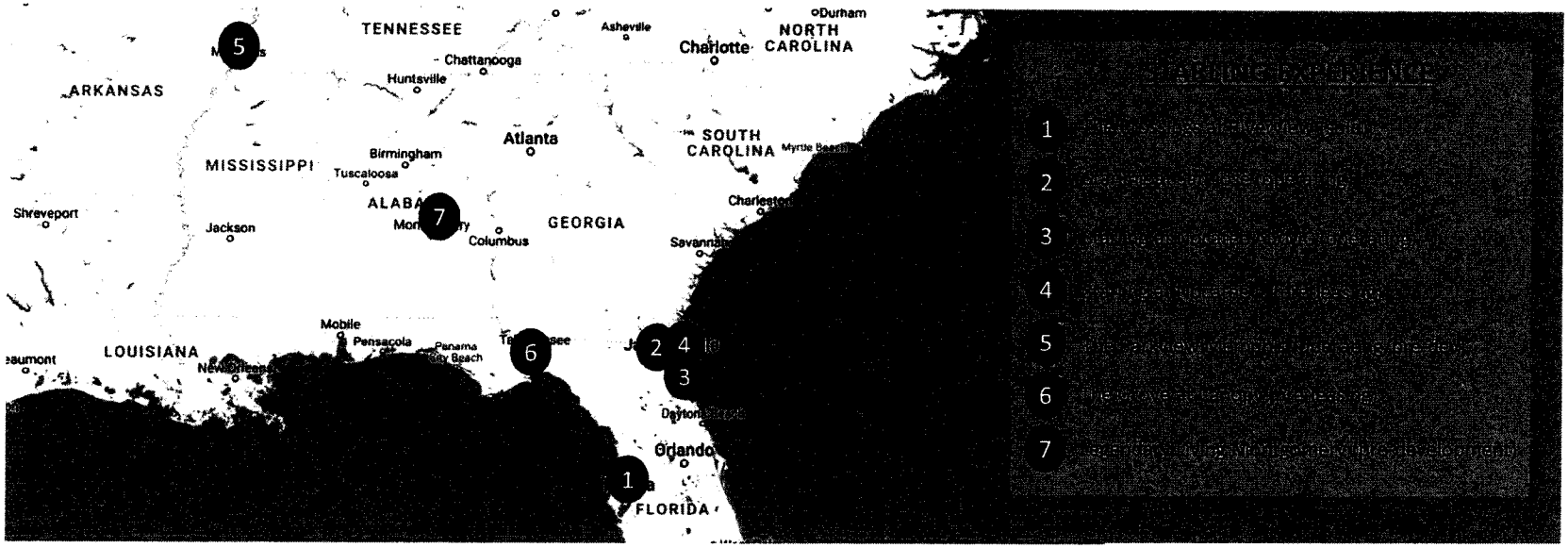


(1) *Comprised of experience of Starling's executive team while at Starling as well as previous operating companies, including: Discovery Senior Living, Superior Residences, Harbor Retirement Associates, and Emeritus.*

(2) *Starling's experience includes existing (5), sold (1), and pre-development (1) deals.*

EXPERIENCE

Company	Years	Communities	Units				Role		
			Total	IL	AL	MC	Principal	ED	Other
Starling	2012-2019	7	**876**	474	274	128	876	0	0
Other	2007-2017	5	**513**	30	303	180	0	365	148
TOTAL	**2001-2018**	**12**	**1,389**	**504**	**577**	**308**	**876**	**365**	**148**




TEAM

EXECUTIVE TEAM

BILL LONG

Principal

Bill Long is a principal and co-founder of Starling. Previously, he co-founded East Bay Capital, a real estate investment firm headquartered in Florida. Prior to East Bay, he was the Director of Development for The Clarkson Group, a hotel owner and operator, where he oversaw development and asset management for the firm's lodging joint venture with Fremont Realty Capital.

Bill received an MBA from Columbia Business School; an MS from The University of Texas at Austin, where he graduated at the top of his class; and a BE from Vanderbilt University, where he graduated with honors.

RYLAND LUCIE

Principal

Ryland Lucie is a principal and co-founder of Starling. Previously, he was a Senior Investment Manager at Stratford Land, a real estate private equity firm headquartered in Dallas. Prior to joining Stratford, he was a Vice President for Greenfield Partners, a real estate private equity firm headquartered in Connecticut. Before Greenfield, Ryland was an Associate with Lincoln Property Company. Prior to Lincoln, he was an Analyst with Banc of America Securities in the Real Estate Investment Banking Group.

Mr. Lucie received an MBA from Duke University's Fuqua School of Business and a BS in Business Administration from the University of North Carolina – Chapel Hill.

MEGAN KENNEDY

Vice President of Operations

Megan Kennedy is the Vice President of Operations at Starling where she oversees management of the firm's portfolio of senior living communities. She is a well-respected industry veteran with over 12 years of experience in key leadership positions at Starling and other leading national and regional senior living operating companies. Throughout her highly decorated career, Megan has consistently delivered results due to her unique ability to lead teams, develop talent, and improve outcomes for staff, residents and family alike.

Megan received a BS in Health Services Administration from Florida Gulf Coast University, is a Certified Dementia Practitioner, a CORE trained ALF Administrator, and a Department of Elder Affairs approved Alzheimer's Trainer.

TERESA GRAHAM

Vice President – Asset Management

Teresa Graham is the Vice President of Asset Management and Development at Starling, where she oversees asset management for the firm's development and acquisition platforms and assists with identifying new growth opportunities. Prior to joining Starling, she was an Analyst with Wachle Lear, a Florida-based real estate brokerage and advisory firm. Teresa was also an Analyst at CoStar Group, a leading research and information services firm based in Washington, D.C.

Teresa received an MS in Economics from the University of New Hampshire and a BS in History and Economics from the University of Virginia.

LORI NEAL

Controller

Lori Neal serves as Starling's Controller where she oversees accounting, tax, and financial reporting duties. Lori previously held senior level accounting positions at large regional and multinational firms including BGR, BDO USA, and Sysco Foods.

Lori hails from Ohio, where she attended Miami University.

STARLING

Company Overview Q1 2019

Bill Long | Principal
Starling
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Jacksonville, Florida 32246
(o) 904.301.9100 | (f) 904.301.9101
(d) 904.301.9103 | (c) 904.571.1259
blong@starlingliving.com | StarlingLiving.com

Ryland Lucie | Principal
Starling
9995 Gate Parkway North | Suite 320
Jacksonville, Florida 32246
(o) 904.301.9100 | (f) 904.301.9101
(d) 904.301.9102 | (c) 904.404.6751
rlucie@starlingliving.com | StarlingLiving.com

STARLING
www.StarlingLiving.com