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Sep 11 2018

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

PLAN ADJUSTMENT APPLICATION  
FOR  
SEVEN (7) INPATIENT REHABILITATION BEDS  
FOR  
MOBILE COUNTY  
SUBMITTED BY



AN EXISTING 11-BED IRF REHABILITATION PROVIDER



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## GOAL OF ADJUSTMENT

The Goal of the Adjustment is to provide 7 additional rehabilitation beds to improve accessibility of inpatient beds to treat persons with clinical inpatient rehabilitation needs. At the Applicant's 11-bed inpatient rehabilitation facility ("IRF"), 27% of patients have been denied admission due to bed unavailability during the most recent 12 months. Other factors include:

- ❖ For five of these most recent 12 months, denials of admits due solely to lack of beds have been over 30% and as high as 70%.
- ❖ Since the Applicant's first year in 2016, the increase in rehabilitation inpatients has been almost 40%.
- ❖ The senior population in Mobile County is projected to increase 14.8% between 2020 and 2025, which aging will be a key driver in the use of rehabilitation services just in Mobile County alone since about two-thirds of patients are over the age of 65.
- ❖ Almost 90% of the Applicant's rehabilitation inpatients live in Mobile County.

## PROPOSED ADJUSTMENT

The Adjustment to the State Health Plan the SHCC is requested to adopt is as follows (underlined portion below to be added):

### **410-2-4-.08 Inpatient Physical Rehabilitation**

**( 5 ) Accessibility-Distribution.** Inpatient Rehabilitation services appear to be well distributed in the most populous regions of Alabama, with the exception of Region V, the largest of the seven planning regions. The SHCC, through the adjustment process in August of 2005, recognized the need for 5 additional rehabilitation beds to be located in Houston County. Future consideration should be given to locating a unit in Dallas County to serve the western counties of Region V.

**Notwithstanding anything to the contrary, the SHCC, through the adjustment process in the month of \_\_\_\_\_ of 2018, has recognized the need for seven (7) inpatient physical rehabilitation beds for location in Mobile County west of Interstate 65.**

## APPLICANT

The applicant is Springhill Medical Center, located in Mobile, Alabama. Springhill is an existing Medicare approved IRF rehabilitation provider. Springhill offers an 11-bed IRF rehabilitation unit that has experienced tremendous growth since opening less than three years ago.

## **CONTACT INFORMATION**

### **Contact Persons:**

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## **FEE**

\$3,500 paid

## **COMMUNITY REACTION**

Community reactions are favorable to the existing 11-bed rehabilitation unit and to adding 7 beds proposed by this adjustment. This is illustrated in the Letters of Support presented in ATTACHMENT 5 beginning on page 31.

## **WHAT IS THE PROJECT**

The project is to add 7 inpatient rehabilitation beds.

## WHY IS THIS ADJUSTMENT NEEDED

Five of the keystone reasons why this Adjustment for 7 additional IRF inpatient rehabilitation beds is needed are:

- ❖ At the Applicant, in the most recent 12 months, 27% of people were denied admission solely due to bed unavailability;
- ❖ At the Applicant, for 5 of the most recent 12 months, denial of admits have been over 30% and as high as 70% due to lack of rehabilitation beds;
- ❖ Since the Applicant's first year in 2016, the increase in rehabilitation patients has been almost 40%;
- ❖ For Mobile County alone, the growth in the senior population is projected at 43.3% between 2015 and 2040. This aging is a key driver in the use of inpatient rehabilitation services since about two-thirds of rehabilitation inpatients are over the age of 65;
- ❖ At the Applicant, almost 90% of the inpatient rehabilitation patients live in Mobile County; and
- ❖ The recent reduction of rehabilitation beds in Mobile County with relocation to Thomas Hospital in Fairhope, Baldwin County.

## EFFECT ON EXISTING INPATIENT REHABILITATION PROVIDERS

One of the key reasons the Applicant does not anticipate a negative effect is that the opening of the Springhill inpatient rehabilitation unit did not have an unfavorable or negative effect on the only existing provider located in Mobile County. For case in point, the Applicant's facility increased from zero admissions to 284 in 2017, while the other facility in Mobile County increased admissions 21.6% from 570 to 693 during the same time period<sup>1</sup>. If any unfavorable or negative effect had occurred, such would have been evident during the initial years of the Applicant opening its 11-bed inpatient rehabilitation service.

The Applicant does not anticipate an effect on other existing IRF providers in South Alabama, which one facility is located in Mobile County and one facility in Baldwin County. These two facilities are controlled by the same organization. In 2016, this organization received a CON to relocate 12 rehabilitation beds to Baldwin County from Mobile County. These 12 beds were placed into operation in early 2018 at Thomas Hospital in Fairhope, which hospital also has CON Approval for an additional 25 inpatient rehabilitation beds.

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<sup>1</sup> Figures from respective providers' Annual Reports filed with SHPDA 2015, 2016 and 2017.

Another key factor is that the Applicant's service area for inpatient rehabilitation is almost exclusively Mobile County with 88% of patients in 2018 living in Mobile County<sup>2</sup>. The Applicant received 12% of its inpatient rehabilitation patients from the geographical area outside Mobile County including other states. The patients denied treatments due to lack of bed availability at the Applicant's facility were overwhelmingly residents of Mobile County.

For 2018, 5% of the Applicant's inpatient rehabilitation patients came from Baldwin County or only about 1 patient per month. The Applicant receiving about 1 patient per month from Baldwin County was consistent with 2016, 2017 and 2018 patient origin data through May.

Furthermore, it is unlikely that 7 beds could negatively impact another inpatient rehabilitation provider located in Mobile County or Baldwin County as 7 beds is a small number compared to the 79 inpatient rehabilitation beds controlled by the same entity.

## **PHYSICIANS COMMITTED TO PRACTICE IN AREA**

Many physicians practice in Mobile County and at the four hospitals in Mobile County including the two hospitals that offer inpatient rehabilitation services. Many of these physicians who admit and treat rehabilitation patients are on the active and consulting Medical Staffs at Springhill as well as on the staffs of several other hospitals in Mobile County. The proposed 7 additional rehabilitation beds are not dependent on new physician availability.

## **POPULATION**

The population used by the State Health Plan considers all ages of the total population to estimate bed need for inpatient rehabilitation services. However, there is an additional consideration that should be highlighted, which is the population 65 years and older. This should be considered because two-thirds of rehabilitation inpatients are 65 years and older. The State Health Plan for inpatient rehabilitation services is lacking in this regard.

For instance, data for residents of Mobile County show that two-thirds of the inpatient rehabilitation patients are 65 years and older. But, considering the total population without age distribution can foster a distortion in which the 65+ population are not adequately considered. While 67% of inpatient rehabilitation patients are 65 years and over, this age group comprises only 16% of the total population in Mobile County as is presented in Table 1 on page 7. This is a population ratio of 6.25 to 1.0 compared to a use ratio of 2:1. This distortion can result in the understating of need for inpatient rehabilitation beds, which utilization at the Applicant reflects this distortion.

Population information for Mobile County is presented below including factors pertaining to the populations 65 years and older and the total population. Several key factors are as follows:

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<sup>2</sup> First five months of 2018.

- ❖ While Mobile County's total population is projected to increase only 4.0% from 2015 to 2040, the population 65 years and older is projected to increase significantly at 43.3%;
- ❖ Most of the increase in the population 65 years and older is occurring this decade and is expected to continue through 2030 (33,000 increase from 2010 to 2030);
- ❖ The estimated increase in the population 65 years and older between 2020 and 2030 is about 17,400 residents of Mobile County; and
- ❖ Both inpatient rehabilitation facilities in Mobile County have experienced an increase in utilization. Since the Applicant's first year in 2016, the increase in rehabilitation patients has been almost 40% while the other facility in Mobile County increased admissions 21.6% from 570 to 693 during the same time period (2015-2017).

As the population 65 years and older increases, this has a much more material impact on the demand for inpatient rehabilitation services than the increase (or decrease) in total population. This demand impact exists today and will increase as the population ages, at least through 2030.

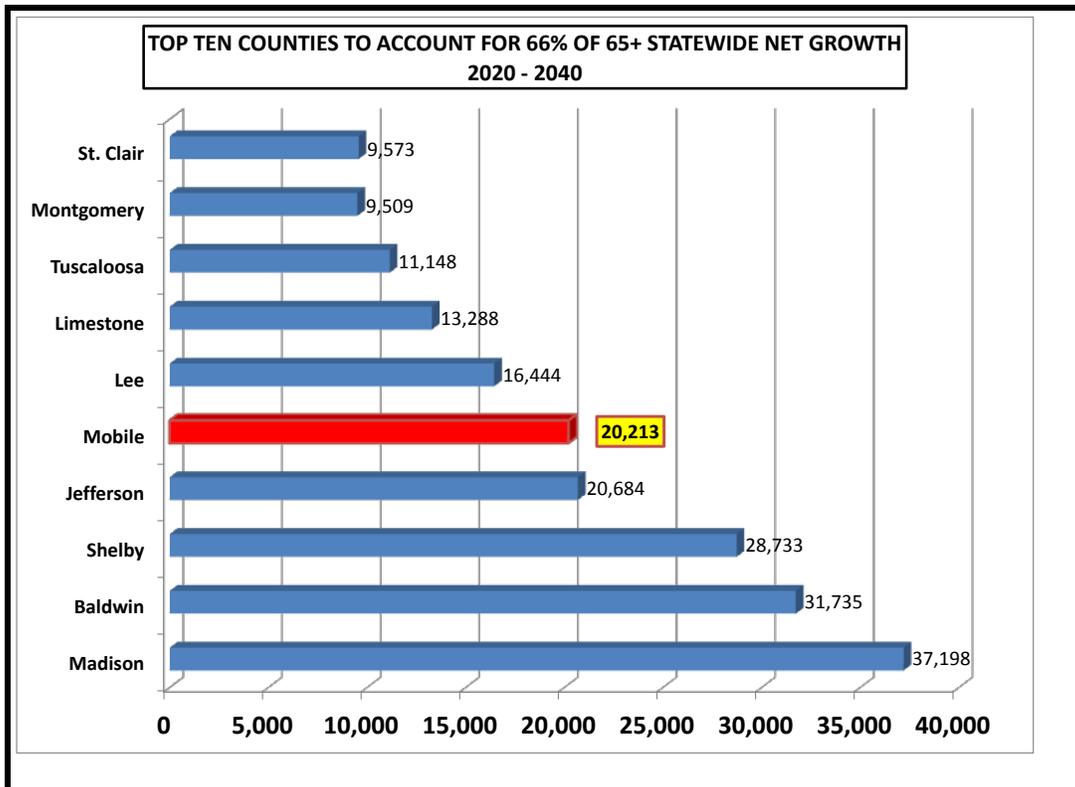
**Table 1 POPULATION MOBILE COUNTY**

Alabama County Population Aged 65 and Over 2000-2015 and Projections 2020-2040 (Middle Series)										
	Census 2000	Census 2010	April 1, 2015 Estimate	Projected					Change 2015-2040	
				2020	2025	2030	2035	2040	Number	Percent
<b>POPULATION</b>										
Alabama 65+	579,798	657,792	763,724	851,293	970,297	1,067,787	1,114,140	1,144,172	380,448	49.8%
Mobile County 65+	47,919	53,321	62,022	68,695	78,836	86,072	88,252	88,908	26,886	43.3%
<b>POPULATION GROWTH EVERY FIVE YEARS</b>										
Alabama 65+			16.1%	11.5%	14.0%	10.0%	4.3%	2.7%		
Mobile County 65+			16.3%	10.8%	14.8%	9.2%	2.5%	0.7%		
<b>65+ AS PERCENT OF TOTAL POPULATION</b>										
Alabama 65+	13.0%	13.8%	15.7%	17.2%	19.3%	20.8%	21.3%	21.5%		
Mobile County 65+	12.0%	12.9%	14.9%	16.5%	18.8%	20.3%	20.7%	20.6%		
<b>TOTAL POPULATION</b>										
Alabama	4,447,100	4,779,736	4,855,847	4,940,253	5,030,870	5,124,380	5,220,527	5,319,305	463,458	9.4%
Mobile County	399,843	412,992	415,278	416,420	419,698	423,249	427,345	431,909	16,631	4.0%

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.  
Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.

Economically, Mobile County is important to the viability of Alabama and is one of the top five counties in Alabama's economic progress. Likewise, the growth in the 65+ population in the top five counties for the State of Alabama as is illustrated in the following chart including Mobile County.

**CHART 1 TOP 10 COUNTIES FOR INCREASE IN 65+ POPULATION**



Source: U. S. Census Bureau

### **GEOGRAPHICAL AREA FOR PROPOSED ADJUSTMENT**

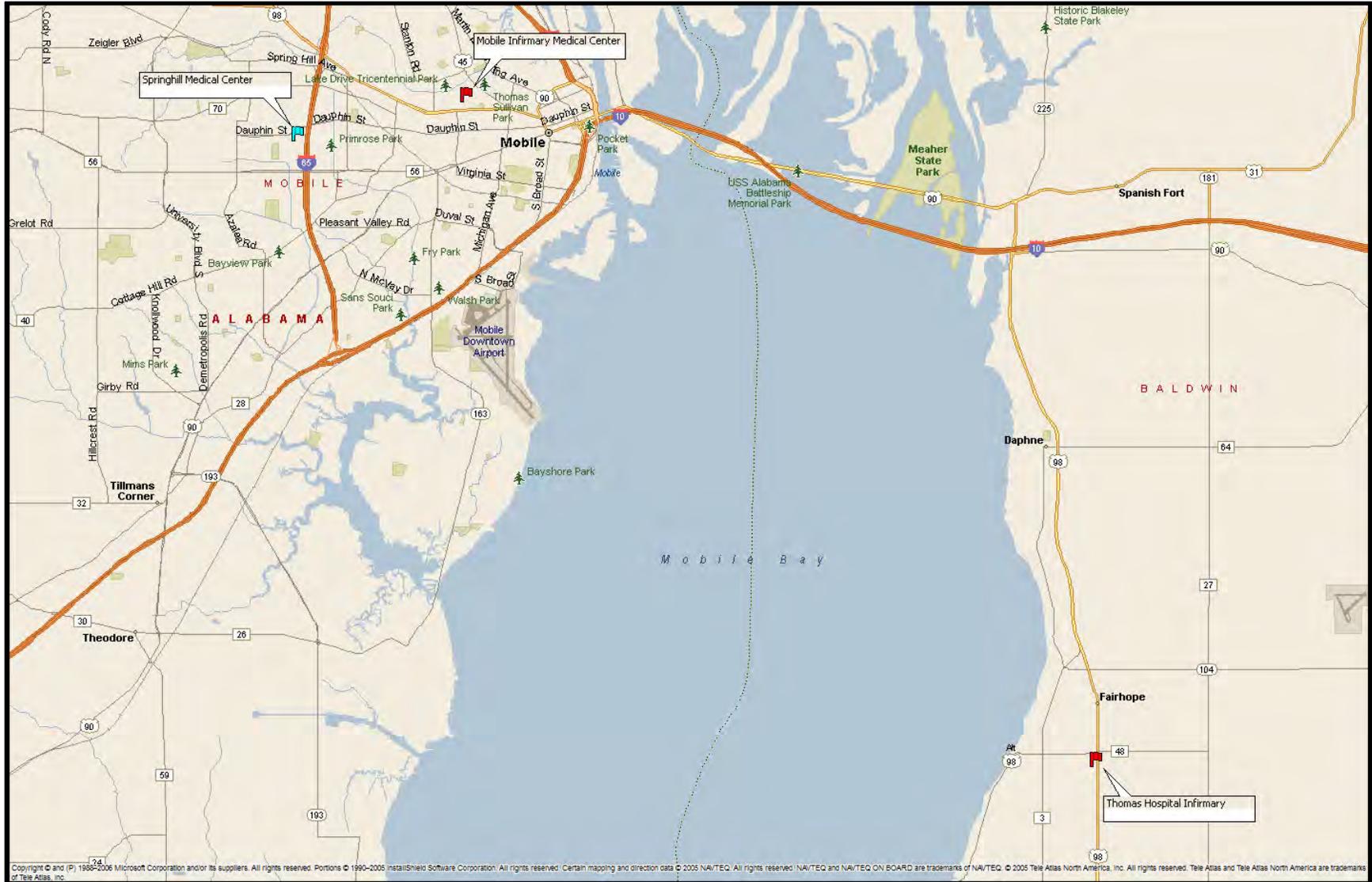
The geographical area is Mobile County, which is in Rehab Region 6. 88% of the Applicant's inpatient rehabilitation patients live in Mobile County. A map of Mobile County and the other counties comprising Region 6 is presented on the next page.

# MAP 1 MAP OF MOBILE COUNTY AND OTHER REGION 6 COUNTIES



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## MAP 2 CURRENT IRF REHABILITATION LOCATIONS SOUTH ALABAMA



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## ANNUAL REPORTS FILED WITH SHPDA

Annual Reports filed with SHPDA and available pertaining to rehabilitation were reviewed for the years 2002 - 2017 as well as Medicare Cost Reports specific to inpatient rehabilitation services for Region 6. The Annual Reports are for 12 months ending September 30.

In Region 6 during the Report years 2016 and 2017, the only operational inpatient rehabilitation beds (IRF) were at Mobile Infirmary Medical Center and Springhill Medical Center. Operational inpatient rehabilitation beds were 38 beds in 2015 and 52 beds in 2017. The Applicant opened 11 beds during Report year 2016.

A summary of these Annual Reports for the years 2010 to 2017 is presented in ATTACHMENT 1 on page 14. Two interesting trends from 2010 to 2017 pertaining to Region 6 were as follows:

- ❖ 14.2% increase in inpatient rehabilitation census (patient days); and
- ❖ 30.1% decrease in inpatient rehabilitation beds available to the public.

While these Annual Reports may be accurate as far as the data that is requested is concerned, the Annual Reports are not intended and do not reflect the dynamics of several rehabilitation changes in South Alabama and Mobile County in recent years. Simply, the Annual Reports do not present a clear picture of inpatient rehabilitation services in South Alabama, especially for Mobile County. Nor, do the Annual Reports reflect use after September 30, 2017 or the denial of admissions due to lack of inpatient physical rehabilitation beds before and after that date.

The current number of CON Approved inpatient rehabilitation beds for Mobile County and South Alabama Region 6 is presented in the following table.

**Table 2 CON APPROVED IRF BEDS MOBILE AND BALDWIN COUNTIES JUNE 2018**

IRF FACILITY	COUNTY	CON APPROVED BEDS June 2018
Springhill Medical Center	Mobile	11
Mobile Infirmary Medical Center	Mobile	42
Total Mobile County		53
Thomas Hospital - Infirmary	Baldwin	37
Total Baldwin County		
Total Mobile & Baldwin Counties		90

Source: SHPDA

## **PHYSICIANS COMMITTED TO PRACTICE IN AREA**

Many physicians practice in Mobile County and at the four hospitals in Mobile County including the two hospitals that offer inpatient rehabilitation services. Many of these physicians who admit and treat rehabilitation patients are on the active and consulting Medical Staffs at the Applicant as well as on the staffs of several other hospitals in Mobile County. The proposed 7 additional rehabilitation beds are not dependent on new physician availability.

## **STAFFING**

Staffing availability for the proposed 7 rehabilitation beds exists and no inpatient rehabilitation provider will be negatively impacted. For the 7 additional rehabilitation beds, a minimal number of new staffing positions are anticipated to be added for nursing and therapy services (estimated 6 to 8 positions). Such will not have an impact on the local labor market or existing IRF providers.

## ATTACHMENTS

**ATTACHMENT 1 - SUMMARY OF IRF REHABILITATION ANNUAL REPORTS FILED  
WITH SHPDA**

**Table 3 SUMMARY OF FILED IRF INPATIENT REHABILITATION HOSPITAL ANNUAL REPORTS 2010 - 2017**

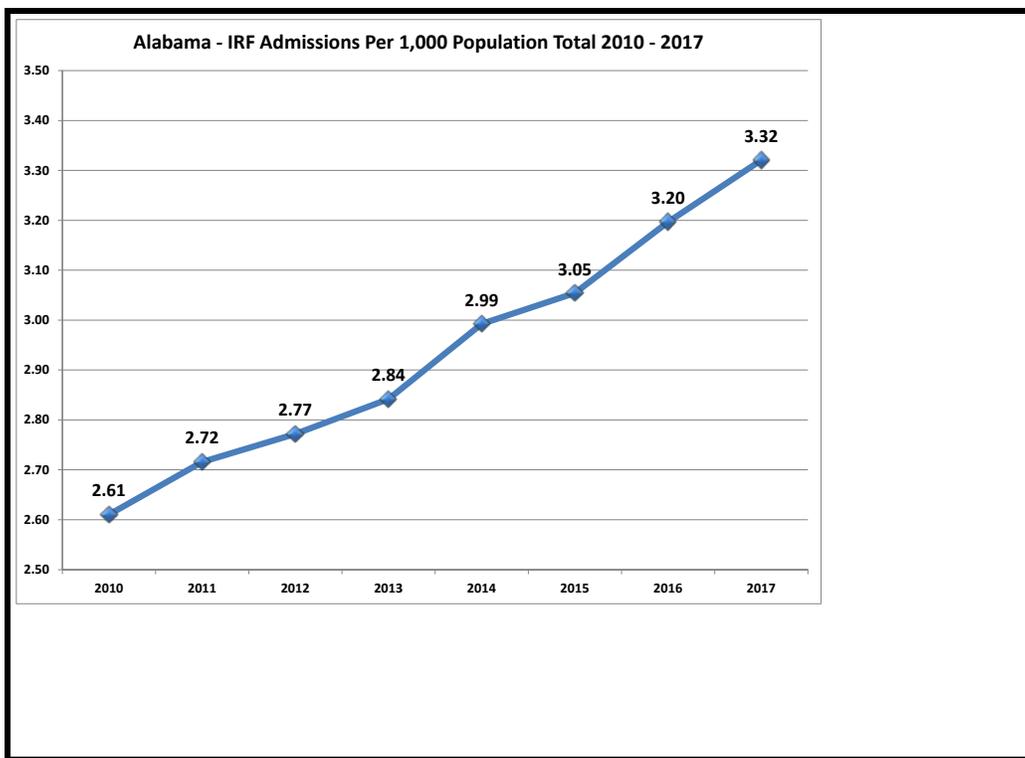
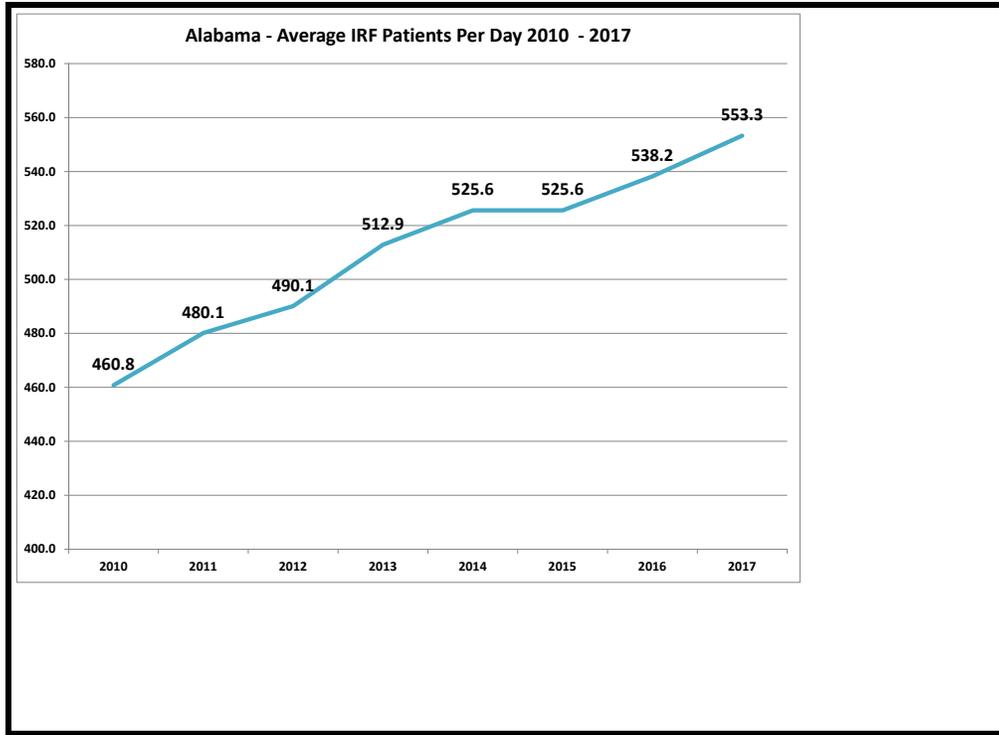
	A	B	C	D	E	F	G	H	I	J	K	L
93					Rehab Patient Days							
94	Physical County	Region	FacID	FacName	2010	2011	2012	2013	2014	2015	2016	2017
95	BALDWIN	6	003-6539180	MERCY MEDICAL (Mobile Bay) (Closed - Beds to Thomas Hospital)	4,086	3,903	3,902	4,957	2,606	0	0	0
96	COLBERT	1	033-653090A	SHOALS HOSPITAL	8,060	8,024	9,204	8,703	9,392	10,038	9,384	9,591
97	COVINGTON	7	039-6530050	ANDALUSIA REGIONAL HOSPITAL	0	1,483	0	0	0	0	0	0
98	ETOWAH	4	055-1112	HEALTHSOUTH REHABILITATION HOSPITAL OF GADSDEN	13,945	14,049	13,985	14,498	14,102	14,266	14,582	14,082
99	HOUSTON	7	069-0530039	HEALTHSOUTH REHABILITATION HOSPITAL	13,001	12,985	13,317	13,641	16,603	17,891	18,312	18,137
100	JEFFERSON	3	073-6530175	BROOKWOOD MEDICAL CENTER	2,573	2,191	3,062	4,772	7,404	8,926	9,528	9,323
101	JEFFERSON	3	073-6530220	HEALTHSOUTH LAKESHORE REHABILITATION HOSPITAL	32,002	32,381	32,216	33,285	33,384	33,899	32,877	31,614
102	JEFFERSON	3	073-6530142	MEDICAL WEST, AN AFFILIATE OF UAB HEALTH SYSTEM	4,592	4,230	3,657	3,297	3,213	3,833	3,648	3,466
103	JEFFERSON	3	073-6530180	ST. VINCENTS EAST	2,832	2,936	3,369	3,004	3,225	3,464	4,290	4,261
104	JEFFERSON	3	073-6530161	TRINITY MEDICAL CENTER	4,211	3,805	3,719	3,643	3,292	2,614	4,349	5,175
105	JEFFERSON	3	073-6530304	UNIVERSITY OF ALABAMA HOSPITAL	14,606	14,415	14,925	15,931	16,245	15,531	16,273	15,782
106	MADISON	1	089-0530038	HEALTHSOUTH REHAB HOSPITAL OF NORTH ALABAMA	21,126	22,457	23,600	23,970	23,793	24,301	24,067	24,181
107	MOBILE	6	097-6530620	MOBILE INFIRMARY MEDICAL CENTER	7,594	8,293	8,671	9,393	9,281	7,828	8,879	10,207
108	MONTGOMERY	5	101-0530037	HEALTHSOUTH REHABILITATION HOSPITAL OF MONTGOMERY	18,983	19,308	20,606	22,488	22,934	22,283	21,735	22,961
109	RUSSELL	5	113-6530776	REGIONAL REHABILITATION HOSPITAL	9,734	13,861	14,344	15,661	15,925	16,534	16,482	16,388
110	TUSCALOOSA	2	125-0530026	NORTHPORT MEDICAL CENTER	10,845	10,927	10,313	9,953	10,439	10,444	10,226	10,272
111	MOBILE	6	097-6530640	SPRINGHILL MEMORIAL HOSPITAL	0	0	0	0	0	0	1,807	3,137
112	CHAMBERS	5	017-6530580	EAMC LANIER	0	0	0	0	0	0	5	3,366
113	BALDWIN	6	003-6530417	THOMAS HOSPITAL	0	0	0	0	0	0	0	0
114				Total IRF Patient Days	168,190	175,248	178,890	187,196	191,838	191,852	196,444	201,943
115												

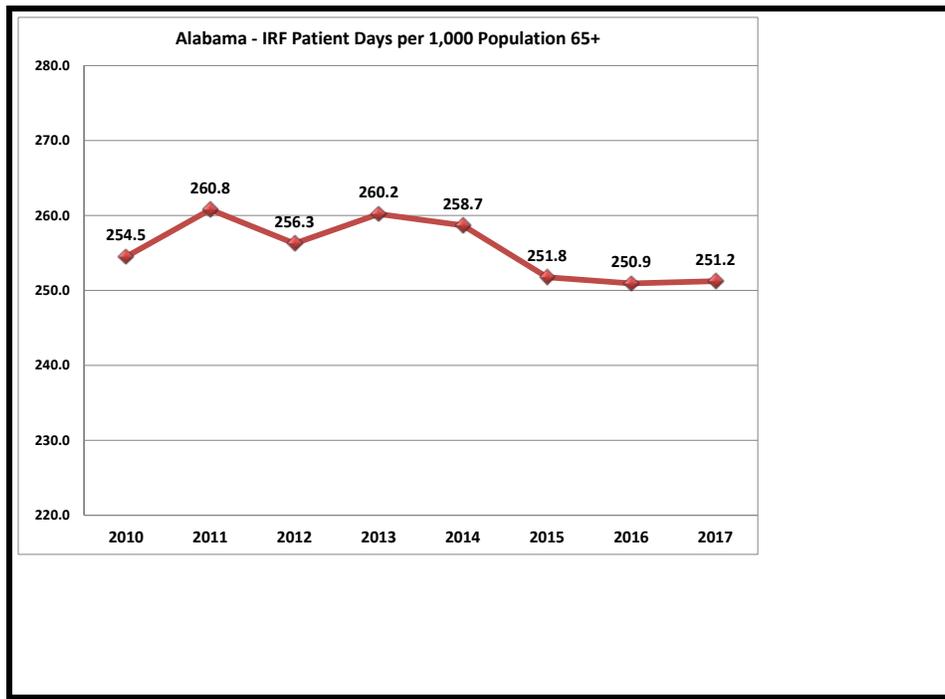
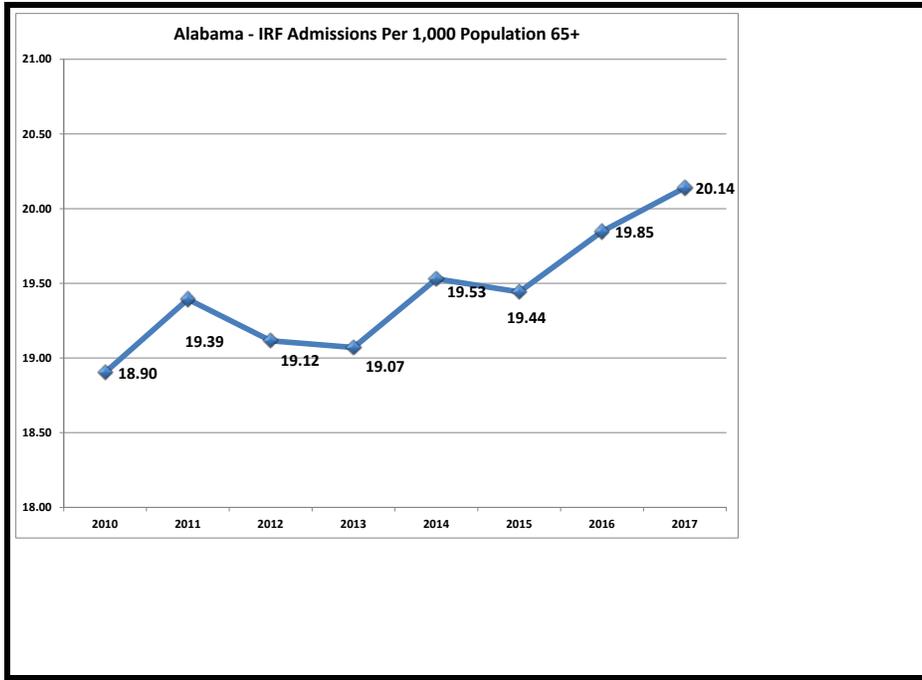
Note: Yellow highlight indicates data from Medicare Cost Reports.

	A	B	C	D	E	F	G	H	I
97	UTILIZATION	ALABAMA STATE HEALTH PLAN IRF PLANNING REGION							
98		1	2	3	4	5	6	7	OVERALL
99		Madison/Colbert	Tuscaloosa	Jefferson	Etowah	Montgomery/Phenix	Mobile/Baldwin	Houston	Statewide
100	Average IRF Patients Per Day								
101	2010	80.0	29.7	166.6	38.2	78.7	32.0	35.6	460.8
102	2011	83.5	29.9	164.3	38.5	90.9	33.4	39.6	480.1
103	2012	89.6	28.2	166.5	38.2	95.5	34.4	36.4	488.8
104	2013	89.5	27.3	175.2	39.7	104.5	39.3	37.4	512.9
105	2014	90.9	28.6	182.9	38.6	106.5	32.6	45.5	525.6
106	2015	94.1	28.6	187.0	39.1	106.3	21.4	49.0	525.6
107	2016	91.6	28.0	194.4	40.0	104.7	29.3	50.2	538.2
108	2017	92.5	28.1	190.7	38.6	117.0	36.6	49.7	553.3
109	Percent Change 2010-2017	15.7%	-5.3%	14.5%	1.0%	48.7%	14.2%	39.5%	20.1%
110									

	A	B	C	D	E	F	G	H	I
15	<b>UTILIZATION</b>	<b>ALABAMA STATE HEALTH PLAN IRF PLANNING REGION</b>							
16		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>OVERALL</b>
17		Madison/Colbert	Tuscaloosa	Jefferson	Etowah	Montgomery/Phenix	Mobile/Baldwin	Houston	Statewide
18	<b>Number Beds Staffed By Year</b>								
19	2010	96	42	231	39	108	75	39	630
20	2011	102	42	239	37	118	75	44	657
21	2012	102	42	243	44	118	75	39	663
22	2013	102	42	236	44	118	75	43	660
23	2014	102	42	231	44	118	75	51	663
24	2015	102	42	231	44	118	38	51	626
25	2016	102	42	231	44	127	53	51	650
26	2017	102	42	231	44	145	52	51	667
27	Percent Change 2010-2017	6.3%	0.0%	0.0%	12.8%	34.3%	-30.7%	30.8%	5.9%
28									

	A	B	C	D	E	F	G	H	I
84	<b>UTILIZATION</b>	<b>ALABAMA STATE HEALTH PLAN IRF PLANNING REGION</b>							
85		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>OVERALL</b>
86		Madison/Colbert	Tuscaloosa	Jefferson	Etowah	Montgomery/Phenix	Mobile/Baldwin	Houston	Statewide
87	<b>Occupancy CON Staff Beds</b>								
88	2010	83.3%	70.7%	72.1%	98.0%	72.8%	42.7%	91.3%	73.1%
89	2011	81.9%	71.3%	68.7%	104.0%	77.0%	44.6%	90.1%	73.1%
90	2012	87.9%	67.1%	68.5%	86.8%	80.9%	45.8%	93.3%	73.7%
91	2013	87.8%	64.9%	74.2%	90.3%	88.6%	52.4%	86.9%	77.7%
92	2014	89.1%	68.1%	79.2%	87.8%	90.2%	43.4%	89.2%	79.3%
93	2015	92.2%	68.1%	81.0%	88.8%	90.1%	56.4%	96.1%	84.0%
94	2016	89.8%	66.7%	84.2%	90.8%	82.5%	55.2%	98.4%	82.8%
95	2017	90.7%	67.0%	82.6%	87.7%	80.7%	70.3%	97.4%	82.9%
96									





Source: Provider filed Annual Reports and Medicare Cost Reports when more reliable data is available.

## **ATTACHMENT 2 - EFFECTIVE 2011 SHP STATISTICAL UPDATE FOR BED NEED IN 2011 and UTILIZATION FROM 2008 ANNUAL REPORTS**

*NOTE: ATTACHMENT 2 does not include SHCC approved Plan Adjustments since the SHP Statistical Update on November 13, 2011 for IRF Rehabilitation beds. However, there have been no Plan Adjustments since that time for IRF Rehabilitation beds in Mobile County or Region 6 (South Alabama).*

*Since 2011, 15 additional beds have received CON approval in Mobile County with 11 of the 15 beds at Springhill Medical Center and 4 beds at Mobile Infirmary Medical Center. Subsequently, Mobile Infirmary Medical Center received CON approval in 2016 to relocate 12 beds from Mobile to Fairhope, which beds became operational in early 2018 at Thomas Hospital. Thomas Hospital has CON approvals for 37 inpatient rehabilitation beds.*

*Since 2011, Plan Adjustments for inpatient rehabilitation beds occurred in 2015 for the counties of: Chambers 23 beds; and Russell 10 beds. A more detailed history of Statewide Adjustments and CON Approvals is available from SHPDA upon request.*

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

November 3, 2011

**MEMORANDUM**

TO: Recipients of the 2004-2007 *Alabama State Health Plan*  
Interested Parties for Statistical Updates to the 2004-2007 *Alabama State Health Plan*

FROM: Alva M. Lambert *AML*  
Executive Director

SUBJECT: New procedures for publishing Statistical Updates to the *State Health Plan*

Please be advised that the enclosed statistical updates will be the last set physically mailed to purchasers of the 2004-2007 *Alabama State Health Plan* or to interested parties. Due to ever increasing postage costs, the Agency has looked into alternative means of providing current statistical updates to *State Health Plan* recipients and interested parties. After this update, all future updates will only be published on the Agency's website, [www.shpda.alabama.gov](http://www.shpda.alabama.gov). Using the menu on the left hand side of the screen, select Announcements - SHP. All statistical updates will be linked to on this page in chronological order of their release.

E-mail notifications will be sent to all recipients of the current *State Health Plan*, but in order to send notifications, updated e-mail addresses are required. Please send an e-mail to either [Deborah.Lutz@shpda.alabama.gov](mailto:Deborah.Lutz@shpda.alabama.gov), or to [Clark.Bruner@shpda.alabama.gov](mailto:Clark.Bruner@shpda.alabama.gov) in order to inform the Agency that you wish to continue to be notified when new statistical updates are issued.

AMI/blw

Enclosures: As stated

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

TABLE I  
 INPATIENT PHYSICAL REHABILITATION PROJECTION  
 OF BED NEED  
 (Based on 12 Beds per 100,000 Population)

REGION	POPULATION (2011)	BEDS NEEDED	BEDS EXISTING	CON ISSUED	NET NEED (EXCESS)	NOTES
I	891,868	107	96	12	(1)	(1), (2)
II	300,657	36	50		(14)	
III	1,386,741	183	289		(106)	
IV	379,539	46	44		2	
V	860,044	103	118		(15)	
VI	750,794	90	75		15	
VII	307,026	37	51		(14)	
		602	723	12	(133)	

*Please note that the listed need for Region III reflects an adjustment signed 9/15/2011 by Governor Bentley showing an additional 17 beds specifically in Shelby County.*

- (1) - CON 2540-REHAB, Shoals Hospital, Project Pending Completion
- (2) - CON 2541-REHAB, Healthsouth Rehabilitation Hospital of North Alabama, Project Pending Completion

3-Nov-11

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**TABLE II**  
**REHABILITATION BEDS AUTHORIZED**

COUNTY	FACILITY	REGION	BEDS	OCCUPANCY <u>2008</u>
COLBERT	SHOALS HOSPITAL	1	26	90.7%
	** SHOALS HOSPITAL	1	6	
MADISON	HEALTHSOUTH REHAB HOSPITAL OF NORTH ALABAMA	1	70	76.8%
	*** HEALTHSOUTH REHAB HOSPITAL OF NORTH ALABAMA	1	6	
	<b>REGION I TOTAL</b>		<b>108</b>	
TUSCALOOSA	NORTHPORT MEDICAL CENTER	2	50	58.2%
	<b>REGION II TOTAL</b>		<b>50</b>	
JEFFERSON	UAB MEDICAL WEST	3	27	43.2%
	TRINITY MEDICAL CENTER	3	17	47.8%
	BROOKWOOD MEDICAL CENTER	3	30	29.7%
	ST. VINCENT'S EAST	3	20	49.7%
	HEALTHSOUTH LAKESHORE REHABILITATION HOSPITAL	3	100	77.8%
	UNIVERSITY OF ALABAMA HOSPITAL	3	78	50.9%
	* PHYSICIANS MEDICAL CENTER CARRAWAY	3	17	
	<b>REGION III TOTAL</b>		<b>289</b>	
ETOWAH	HEALTHSOUTH REHABILITATION HOSPITAL OF GADSDEN	4	44	85.9%
	<b>REGION IV TOTAL</b>		<b>44</b>	
MONTGOMERY	HEALTHSOUTH REHAB HOSPITAL OF MONTGOMERY	5	70	61.9%
RUSSELL	REGIONAL REHABILITATION HOSPITAL	5	48	87.1%
	<b>REGION V TOTAL</b>		<b>118</b>	
BALDWIN	MERCY MEDICAL	6	25	45.8%
MOBILE	MOBILE INFIRMARY	6	50	44.9%
	<b>REGION VI TOTAL</b>		<b>75</b>	
COVINGTON	ANDALUSIA REGIONAL HOSPITAL	7	12	38.6%
HOUSTON	HEALTHSOUTH REHABILITATION HOSPITAL	7	39	82.7%
	<b>REGION VII TOTAL</b>		<b>51</b>	
	<b>TOTAL REHAB BEDS</b>		<b>735</b>	

\* - CON in process of being transferred to another facility

\*\* - CON 2540-REHAB, Shoals Hospital, Project pending completion

\*\*\* - CON2541-REHAB, Healthsouth Rehabilitation Hospital of North Alabama, Project pending completion

Utilization source: 2008 Annual Report for Hospitals and Related Facilities (Form BHD-134A)

3-Nov-11

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**ATTACHMENT 3 - EFFECTIVE STATE HEALTH PLAN FOR INPATIENT PHYSICAL  
REHABILITATION**

#### 410-2-4-.08 Inpatient Physical Rehabilitation

(1) Definition. Inpatient physical rehabilitation services are those designed to be provided on an integrated basis by a multidisciplinary rehabilitation team to restore the disabled individual to the highest physical usefulness of which he is capable. These services may be provided in a distinct part unit of a hospital, as defined in the Medicare and Medicaid Guidelines, or in a free-standing rehabilitation hospital.

(2) General. Rehabilitation can be viewed as the third phase of the medical care continuum, with the first being the prevention of illness, the second, the actual treatment of disease, and the third, rehabilitation or a constructive system of treatment designed to enable individuals to attain their highest degree of functioning. In many cases, all three phases can occur simultaneously. For the purposes of this section of the State Health Plan, only the need and inventory of inpatient rehabilitation facilities will be addressed.

(3) Need Determination. The Statewide Health Coordinating Council (SHCC) has determined that there is a need for 12 rehabilitation beds per 100,000 population for each region (see Table I).

(4) Planning Policies

(a) Planning Policy

Regional occupancy for the most recent reporting year should be at least 75% before the SHCC gives consideration to any requests for plan adjustments for additional bed capacity.

(b) Planning Policy

Conversion of existing hospital beds to rehabilitation beds should be given priority consideration over new construction when the conversion is significantly less costly and the existing structure can meet licensure and certification requirements.

(5) Accessibility-Distribution. Inpatient Rehabilitation services appear to be well distributed in the most populous regions of Alabama, with the exception of Region V, the largest of the seven planning regions. The SHCC, through the adjustment process in August of 2005, recognized the need for 5 additional rehabilitation beds to be located in Houston County. Future consideration should be given to locating a unit in Dallas County to serve the western counties of Region V. Notwithstanding anything to the contrary, the SHCC, through the adjustment process in August of 2015, has recognized the need for twenty-three (23) inpatient physical rehabilitation beds in Chambers County, which currently has no inpatient rehabilitation beds, to be located in an acute care health care facility in Chambers County, Alabama.

Author: Statewide Health Coordinating Council (SHCC).

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004; Amended: August 30, 2005; Filed June 30, 2006; Effective: August 4, 2006.

**ATTACHMENT 4 - STATE HEALTH PLAN ADJUSTMENT PROCEDURES EFFECTIVE  
MARCH 23, 2018**

APA-3

**CERTIFICATION OF ADMINISTRATIVE RULES  
FILED WITH THE LEGISLATIVE SERVICES AGENCY  
OTHNI LATHRAM, DIRECTOR**

(Pursuant to Code of Alabama 1975, §41-22-6, as amended).

I certify that the attached is/are correct copy/copies of rule/s as promulgated and adopted on the 24th day of January, 2018, and filed with the agency secretary on the 2nd day of February, 2018.

AGENCY NAME: State Health Planning and Development Agency (Statewide Health Coordinating Council)

Amendment  New  Repeal (Mark appropriate space)

Rule No. 410-2-5-.04 (4)(b) - (g)  
(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Plan Revision Procedures

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments:

**No public comments were received; the rule was adopted without changes and as published for comment in the Alabama Administrative Monthly.**

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXVI,  
ISSUE NO. 1, AAM, DATED October 31, 2017.

Statutory Rulemaking Authority: Code of Alabama, 1975 §§ 22-21-260(13), (15).

(Date Filed)  
(For LRS Use Only)

REC'D & FILED  
FEB 06 2018  
LEGISLATIVE SVC AGENCY

Alva M. Lambert  
Certifying Officer or his or her  
Deputy  
Alva M. Lambert, Executive Director

(NOTE: In accordance with §41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.

410-2-5-.04 **Plan Revision Procedures**

(1) Introduction. The Statewide Health Coordinating Council (SHCC) is responsible for the development of the State Health Plan (SHP) with final approval resting with the Governor. The SHCC desires (a) a process that will maintain a viable and current SHP; (b) a coordinated system of revising the SHP; and (c) an application form to be used by individuals, groups, or other entities that request a specific revision to the SHP commonly called an adjustment.

(2) There are three types of plan revisions:

(a) Plan Adjustment – In addition to such other criteria that may be set out in the SHP, a requested modification or exception, to the SHP, of limited duration, to permit additional facilities, beds, services, or equipment to address circumstances and meet the identified needs of a specific county, or part thereof, or another specific planning region that is less than statewide and identified in the State Health Plan. A Plan Adjustment is not of general applicability and is thus not subject to the AAPA's rulemaking requirements. Unless otherwise provided by the SHCC, a Plan Adjustment shall be valid for only one (1) year from the date the Plan Adjustment becomes effective, subject to the exceptions provided in this paragraph 2(a). If an Application is not filed with SHPDA seeking a Certificate of Need for all or part of the additional facilities, beds, services or equipment identified in the Plan Adjustment within one (1) year of the Plan Adjustment, the Plan Adjustment shall expire and be null and void. If an Application(s) seeking a Certificate of Need for all or part of the additional facilities, beds, services or equipment identified in the Plan Adjustment is filed prior to the expiration of the one (1) year period, the Plan Adjustment shall remain effective for purposes of such pending Certificate of Need Application(s). Such one (1) year period shall be further extended for the duration of any deadline provided by SHPDA for the filing of applications as part of a batching schedule established in response to a letter of intent filed within nine (9) months of the effective date of the adjustment. Upon the expiration of such deadlines, no Certificate of Need Applications shall be accepted by SHPDA which are based, in whole or in part, upon the expired Plan Adjustment.

(b) Statistical Update – An update of a specific section of the SHP to reflect more current population, utilization, or other statistical data.

(c) Plan Amendment – The alteration or adoption of rules, policies, methodologies, or any other plan revision that does not meet the plan adjustment or statistical update definition. An amendment is of "general applicability" and subject to the AAPA's rulemaking requirements.

(3) Application Procedures.

(a) Application Procedure for Plan Adjustment – Any person may propose an adjustment to the SHP, which will be considered in accordance with the provisions of SHPDA Rule 410-2-5-.04(4). The proposal will state with specificity the proposed language of the adjustment on such forms as may be prescribed by SHPDA from time to time and shall meet the electronic filing requirements of SHPDA Rule 410-1-3-.09 (Electronic Filing).

(b) Procedure for Statistical Update – SHPDA staff shall make statistical updates to the SHP as needed. The SHCC shall be informed at its next regularly scheduled meeting of such updates.

(c) Application Procedure for Plan Amendment – Any person may propose an amendment to the SHP by submitting a detailed description of the proposal to the SHPDA, on such forms as may be prescribed by SHPDA from time to time, in accordance with the electronic filing requirements of SHPDA Rule 410-1-3-.09 (Electronic Filing). Such amendment shall be considered in accordance with the provisions of Rule 410-2-5-.04(4). The proposal will state with specificity the proposed language of the amendment. If it is to amend a methodology, the exact formula will be included, as well as the results of the application of the formula. The SHCC may also consider Plan Amendments on its own motion.

(4) Review Cycle

(a) Within fifteen (15) days from the date of receipt of an application for an amendment or adjustment, the SHPDA staff shall determine if the applicant has furnished all required information for SHCC review and may thus be accepted as complete. The SHCC Chairman and the applicant will be notified when the application is accepted as complete.

(b) Within forty-five (45) days after the application is deemed complete, the application will be added to the SHCC calendar for review. SHPDA shall provide notice of the application for an amendment or adjustment when the application is deemed complete to: (1) all certificated health care facilities known to provide similar services in the county where the adjustment is requested; (2) all certificated health care facilities known to provide similar services in adjacent counties; and (3) such health care associations, state agencies and other entities that have requested to be placed on SHPDA's general notice list for such county. Once an application is deemed complete, persons other than the applicant will have thirty (30) days from the date of completion to electronically file statements in opposition to or in support of the application, as well as any other documentation they wish to be considered by the SHCC. All such documentation shall be filed with SHPDA in accordance with the provisions of Rule 410-1-3-.09 (Electronic Filing), together with a certification that it has been served on the applicant and/or any other persons that have filed notices of support or opposition to the application. No documentation may be submitted beyond the deadlines in this subsection and subsection (3) unless authorized by written order issued by the Chairperson. All persons shall adhere to SHPDA's rules governing electronic filing.

(c) Procedure for Consideration of Plan Adjustments. Proposed Plan Adjustments deemed complete will be placed on the SHCC agenda (individually or collectively) for a public hearing

without further action by the SHCC. Unless otherwise provided herein, all written documentation to be considered by the SHCC at the public hearing shall be filed with the State Agency and served on the applicant and any intervenors and opponents of record not less than fourteen (14) days prior to the public hearing. Interested parties may address the proposed Plan Adjustments at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman. If the SHCC approves the Plan Adjustment in whole or in part, the adjustment, along with the SHCC's favorable recommendation, will be sent to the Governor for his consideration and approval/disapproval. A Plan Adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days.

(d) Procedure for Consideration of Plan Amendments. A proposed Plan Amendment deemed complete will be placed on the SHCC agenda (individually or along with other proposed amendments) for an initial determination if the proposed amendment should be published in accordance with the AAPA and set for public hearing. At the Chairman's discretion, interested parties may be allowed to address the SHCC regarding the proposed amendments prior to such initial consideration. If the SHCC accepts the amendment for publication and hearing in accordance with the AAPA, SHPDA shall cause such publication and notice to be issued in accordance with the AAPA and the provisions of Rule 410-1-3-.10. Interested parties may address the proposed Plan Amendment at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman.

(e) If approved by the SHCC, a Plan Amendment, along with the SHCC's favorable recommendation, will be sent to the Governor for his approval or disapproval. A Plan Amendment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days. Upon approval by the Governor, a Plan Amendment shall be filed with the Legislative Reference Service for further review in accordance with the AAPA. No party shall have any rights of administrative review, reconsideration or appeal of the approval or denial of a Plan Amendment except as may be specifically provided in the AAPA.

(f) MEDIATION. At the discretion of the Chairman of the SHCC, non-binding mediation may be used to resolve differences between interested parties in regard to any pending matter before the SHCC. Said mediation will be conducted by the Chairman of the SHCC or his or her designee. Any modification or compromise relating to a pending proposal resulting from the mediation shall be sent to all interested parties as defined in paragraph (4)(b). No statement, representation or comment by any party to the Mediation shall be used, cited to, referenced or otherwise introduced at the SHCC's hearing on the proposal in question. Any proposed compromise or other agreement between the parties shall not be binding upon the SHCC.

(5) Filing Fees. Any person proposing a Plan Adjustment shall be required to pay an administrative fee equal to the minimum fee set by SHPDA for the filing of a Certificate of Need Application. Such fees shall be non-refundable and shall be used to defray costs associated with the processing and consideration of Plan Adjustment requests. All required filing fees must be submitted to the State Agency via overnight mail or other delivery method and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

Author: Statewide Health Coordinating Council (SHCC).  
Statutory Authority: §§ 22-21-260 (13), (15), Code of Alabama, 1975.  
History: Effective November 22, 2004. Amended: Filed: February 1, 2013; effective: March 8, 2013. Amended: Filed: December 22, 2016; effective: February 7, 2017. Amended: Filed: February 6, 2018; effective: March 23, 2018.

**ATTACHMENT 5 - LETTERS OF SUPPORT**

07/30/2018

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104



**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I am the Nursing Home Administrator at Springhill Nursing and Rehab Center. We work in collaboration with the Inpatient Rehab Unit at Springhill Hospital. Our working relationship allows for greater patient access to post acute services across all levels of care. I am aware that the 11-beds rehab unit has increased the numbers of patients to the point patients are being turned away and being referred elsewhere. In the most recent 12 months, 27% of patients have been denied admission due to bed unavailable. Five of these months have been over 30% and as high as 70%.

I am aware of the success of this unit, which has been operational for about three years. During this time, the unit has experienced an increase in rehab patients. I have been told almost 40%. The existing eleven bed unit has too few beds for the services it provides.

I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,

A handwritten signature in black ink, appearing to read "Lana Davis".

Lana Davis, RN, NHA  
Springhill Senior Residence  
3717 Dauphin Street  
Mobile, Alabama 36608  
251-343-0909

★ 3717 Dauphin Street ★ Mobile, Alabama 36608 ★ (251) 343-0909 ★ Fax: (251) 340-6810 ★

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

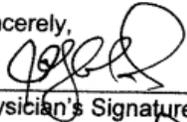
Dear Chairman McClurkin:

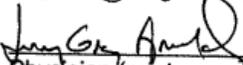
I would like to lend my support to Springhill's Adjustment Application for seven additional rehabilitation beds. As a physician working in Springhill Hospital and refer patients to the existing 11 bed rehab unit, I have been aware of the increase in rehab patients. This increase has been almost 40% since Springhill's first year in 2016.

With the increase in the senior population expected to be 38% between 2020 and 2025, this aging will be a key driver in the use of rehabilitation services just in Mobile County. About two-thirds of patients are over the age of 65.

I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature

  
\_\_\_\_\_  
Physician (print name)

*MD/ Internal medicine*  
\_\_\_\_\_  
Credentials

*7/30/18*  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I would like to lend my support to Springhill's Adjustment Application for seven additional rehabilitation beds. As a physician working in Springhill Hospital and refer patients to the existing 11 bed rehab unit, I have been aware of the increase in rehab patients. This increase has been almost 40% since Springhill's first year in 2016.

With the increase in the senior population expected to be 38% between 2020 and 2025, this aging will be a key driver in the use of rehabilitation services just in Mobile County. About two-thirds of patients are over the age of 65.

I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature

*Morgan Ashurst*  
\_\_\_\_\_  
Physician (print name)

*MD*  
\_\_\_\_\_  
Credentials

*7/30/18*  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I am a practicing physician in Mobile County. As part of my practice, I refer patients for inpatient rehab services to Springhill Medical Center. I am aware of the success of this unit, which has been operational for about three years. During this time, the unit has experienced an increase in rehab patients. I have been told almost 40%.

The existing eleven bed unit has too few beds for the services it provides. This unit not only serves Springhill's patients, but also our patients from Providence Hospital as well as from USAMC. Springhill's rehab unit receives nearly all its rehab patients from these three hospitals and almost 90% of these patients reside in Mobile County.

I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,



Physician's Signature

Eric Becker MD.  
Physician (print name)

\_\_\_\_\_  
Credentials

7/30/18  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

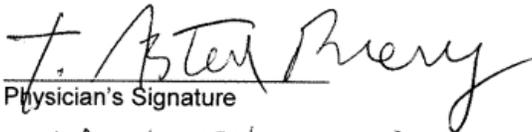
Dear Chairman McClurkin:

I am a practicing physician in Mobile County. As part of my practice, I refer patients for inpatient rehab services to Springhill Medical Center. I am aware of the success of this unit, which has been operational for about three years. During this time, the unit has experienced an increase in rehab patients. I have been told almost 40%.

The existing eleven bed unit has too few beds for the services it provides. This unit not only serves Springhill's patients, but also our patients from USAMC as well as from Providence Hospital. Springhill's rehab unit receives nearly all its rehab patients from these three hospitals and almost 90% of these patients reside in Mobile County.

I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,



Physician's Signature

T. Ashton Blessley MD

Physician (print name)

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date

7/30/18

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I am a practicing physician in Mobile County. As part of my practice, I refer patients for inpatient rehab services to Springhill Medical Center. I am aware of the success of this unit, which has been operational for about three years. During this time, the unit has experienced an increase in rehab patients. I have been told almost 40%.

The existing eleven bed unit has too few beds for the services it provides. This unit not only serves Springhill's patients, but also our patients from Providence Hospital as well as from USAMC. Springhill's rehab unit receives nearly all its rehab patients from these three hospitals and almost 90% of these patients reside in Mobile County.

I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature

C. A. BODET, II, M.D.  
Physician (print name)

M.D.  
\_\_\_\_\_  
Credentials

7/27/18  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I would like to lend my support to Springhill's Adjustment Application for seven additional rehabilitation beds. As a physician working in Springhill Hospital and refer patients to the existing 11 bed rehab unit, I have been aware of the increase in rehab patients. This increase has been almost 40% since Springhill's first year in 2016.

With the increase in the senior population expected to be 38% between 2020 and 2025, this aging will be a key driver in the use of rehabilitation services just in Mobile County. About two-thirds of patients are over the age of 65.

I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

*Andi Burch*  
Physician's Signature

Lisa Burch  
Physician (print name)

MD  
Credentials

7-30-18  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I would like to lend my support to Springhill's Adjustment Application for seven additional rehabilitation beds. As a physician working in Springhill Hospital and refer patients to the existing 11 bed rehab unit, I have been aware of the increase in rehab patients. This increase has been almost 40% since Springhill's first year in 2016.

With the increase in the senior population expected to be 38% between 2020 and 2025, this aging will be a key driver in the use of rehabilitation services just in Mobile County. About two-thirds of patients are over the age of 65.

I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

Physician's Signature

Clare Carney  
Physician (print name)

MD, PhD  
Credentials

7/20/18  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I am a practicing physician at Springhill Medical Center. As part of my practice, I attend to patients in the 11-bed rehab unit. Unfortunately, in the most recent 12 months, 27% of patients have been denied admission due to beds unavailable. In some months, this percentage is over 50%.

The existing eleven bed unit has too few beds for the services it provides. This unit serves patients from Springhill, USAMC and Providence Hospital. Springhill's rehab unit receives nearly all its rehab patients from these three hospitals and almost 90% of these patients reside in Mobile County. Springhill's rehab unit is indeed a community service.

I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,

William R. Huggs  
Physician's Signature

WILLIAM R. HUGGS  
Physician (print name)

WOUND CARE & CV Surgery  
Credentials

7/26/18  
Date



Ms. Mary Sue McClurkin, Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment for 7 Rehab Beds**

Dear Chairman McClurkin:

I would like to lend my support to Springhill's Adjustment Application for (7) seven additional rehabilitation beds. As a physician referring patients to the existing 11 bed rehab unit, I have been aware of the increase in rehab patients. This increase has been almost 40% since Springhill's first year in 2016.

With the increase in the senior population expected to be 38% between 2020 and 2025, this aging will be a key driver in the use of rehabilitation services just in Mobile County. About two-thirds of patients are over the age of 65.

I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

\_\_\_\_\_  
Physician's Signature

EMILE KLEYN

\_\_\_\_\_  
Physician's (print name)

07.23.18

\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

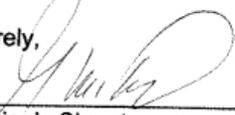
Dear Chairman McClurkin:

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I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature

Genevieve McLean  
Physician (print name)

M.D.

\_\_\_\_\_  
Credentials

7/30/18  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

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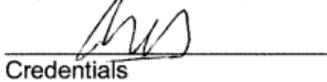
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Sincerely,



Physician's Signature

Michael Hedet MD  
Physician (print name)

  
Credentials

7/30/18  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

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Sincerely,



\_\_\_\_\_  
Physician's Signature

T. Greg McHolvey MD  
\_\_\_\_\_  
Physician (print name)

\_\_\_\_\_  
Credentials

7/30/18  
\_\_\_\_\_  
Date

# HOUSE CALL

We'll Send the Doctor to You!



**Dr. T. BARRY NICHOLSON, MD**

Medical Director

950 Dauphin Street, Ste B

Mobile, AL 36604-2532

251.652.3333 Phone

251.308.2570 Fax

housecallmeds@gmail.com

www.HouseCallmeds.com

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

## RE: Springhill Adjustment For 7 Rehab Beds

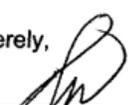
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Sincerely,

  
\_\_\_\_\_  
Physician's Signature

NICHOLSON

\_\_\_\_\_  
Physician (print name)

MD

\_\_\_\_\_  
Credentials

7/27/18  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

NEUROSURGERY  
Tina H. MIDDLETON, III, M.D.  
W. Brent FAIRCLOTH, M.D.  
Donald J. TYLER II, M.D.  
Edward H. FLOTTE, M.D.

**RE: Springhill Adjustment For 7 Rehab Beds**

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Sincerely,

  
Physician's Signature

Ozgur Oztas  
Physician (print name)

M.D.  
Credentials

7/25/2018  
Date

P.O. Box 160848 Mobile, AL 36616

Dunham Street & I-65 p: 251.450.1700 R01.623.5936 f: 251.450.4492 [whyeni.com](http://whyeni.com)



The Specialists' Specialists.

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

NEUROSURGERY  
Tom H. MIDDLETON, III, M.D.  
W. Bruce FAIRCLOTH, M.D.  
James W. TYLER II, M.D.  
Edward R. PLOTTE, M.D.

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I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,

  
Physician's Signature

Charles Scott Markle,  
Physician (print name)

M.D.

Credentials

Date

7/25/10

P.O. Box 160848 Mobile, Al. 36616

Dauphin Street 61405 p: 251.450.3700 800.625.5606 f: 251.450.4492 [whycni.com](http://whycni.com)



The Specialists' Specialists.



Ms. Mary Sue McClurkin, Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment for 7 Rehab Beds**

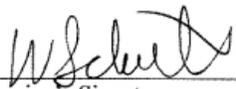
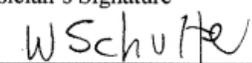
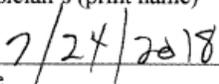
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I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature  
  
\_\_\_\_\_  
Physician's (print name)  
  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

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I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

  
\_\_\_\_\_  
Physician's Signature

ALAN SHAIN, M.D.  
101 MEMORIAL HOSPITAL DR.  
MOBILE, AL 36608  
\_\_\_\_\_  
Physician (print name)

\_\_\_\_\_  
Credentials

7/30/18  
\_\_\_\_\_  
Date



Ms. Mary Sue McClurkin, Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

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I ask the SHCC to approve this Adjustment, and I also support the subsequent CON Application.

Sincerely,

Physician's Signature

HARRY EARL STUDDARD, MD  
Physician's (print name)

23 JULY 2018  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

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Sincerely,

  
\_\_\_\_\_  
Physician's Signature

Mark Wiles  
\_\_\_\_\_  
Physician (print name)

M.D.  
\_\_\_\_\_  
Credentials

7/31/18  
\_\_\_\_\_  
Date



3719 Dauphin Street P.O. Box 8246 Mobile, AL 36689 251-344-9630

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I am the Director of Case Management in Springhill Medical Center. My team and I refer patients for inpatient rehab services to Springhill Medical Center. I am aware of the success of this unit, which has been operational for about three years. During this time, the unit has experienced an increase in rehab patients. I have been told almost 40%.

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I ask for the SHCC to approve the Adjustment and for the CONRB to approve a CON for additional rehab beds at Springhill.

Sincerely,  
  
Signature

Michelle D. Allen  
Print Name

Director of Case Management  
Credentials

7/26/18  
Date



Ms. Mary Sue McClurkin, Chairman  
 State Health Coordinating Council  
 100 North Union Street  
 RSA Union Building, Suite 870  
 Montgomery, Alabama 36104

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Sincerely,

  
 Physician's Signature  
 JAMES DEAN  
 Physician's (print name)  
 7/24/18  
 Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

Dear Chairman McClurkin:

I live in Mobile County and am involved with various community organizations. It has come to my attention that Springhill Medical Center is seeking SHPDA approvals to add 7 more rehab beds. I would like to support this addition of rehab beds.

I understand patients have been denied admission due to a lack of beds. I have been told that 27% of the time, a bed is not available. I hope SHPDA see the merits in Springhill adding 7 rehab beds that I do.

Sincerely,



Signature

DENNIS FELL

Print Name

7/26/18

Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

NEUROSURGERY  
Troy H. MIDDLETON, III, M.D.  
W. Bruce FAIRCLOTH, M.D.  
Donald R. TYLER II, M.D.  
Edward R. FLOTTE, M.D.

**RE: Springhill Adjustment For 7 Rehab Beds**

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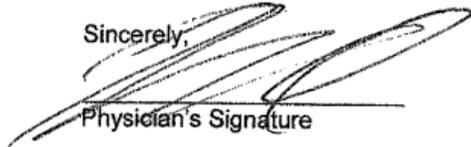
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Sincerely,

  
\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Timothy P. Hecker  
Physician (print name)

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
Credentials

\_\_\_\_\_  
Date/ 7/30/18

P.O. Box 160848 Mobile, AL 36616

Dauphin Street ☎1-65 p: 251.450.3700 800.628.5956 f: 251.450.4492 [wlycni.com](http://wlycni.com)



*The Specialists' Specialists.*

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

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Sincerely,

*Gerry M. Phillips, M.D.*  
Physician's Signature

Gerry M. Phillips, M.D.  
Physician (print name)

M.D.  
Credentials

7/31/2018  
Date

Ms. Mary Sue McClurkin  
Chairman  
State Health Coordinating Council  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36104

**RE: Springhill Adjustment For 7 Rehab Beds**

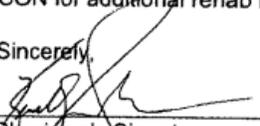
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Sincerely,

  
\_\_\_\_\_  
Physician's Signature

Kenneth Burnham, M.D.  
Physician (print name)

M.D.  
\_\_\_\_\_  
Credentials

7/31/2018  
\_\_\_\_\_  
Date

Ms. Mary Sue McClurkin  
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State Health Coordinating Council  
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RSA Union Building, Suite 870  
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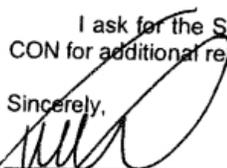
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Sincerely,

  
\_\_\_\_\_  
Physician's Signature

M Wail Hashimi, M.D.  
Physician (print name)

M.D.  
Credentials

7/31/2018  
Date

RECEIVED

Sep 11 2018

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

## ATTACHMENT 6 - CURRENT AND PROJECTED UTILIZATION

Due to the significant support from within and external to SMC, it projects essentially full occupancy any day, if not already from a practical viewpoint for an 11 bed unit. Historical patient days are presented on page 15 of this Adjustment Application. For Springhill, 2016 SHPDA Reporting Year was a short year while 2017 was a full year. Utilization was 3,137 patient days in 2017 for a 78% occupancy rate.

Without the additional 7 beds and with denial of admissions comparable with historical, patient days are projected at 3,400 for CY 2018 and CY 3,400 in 2019. These projections are greatly constrained by having just 11 beds, which is a small unit to have more use than 3,400 patient days annually or an 85% occupancy rate.

With the additional 7 beds and assuming these beds are online July 1, 2019, patient days are projected at 4,498 for CY 2019 for 14.5 average beds and at 5,585 for CY 2020 for 18 beds. If SMC had experienced NO admission denials due to lack of beds, patient days would have been approximately 4,300 patient days or more for the last twelve months without the constraints of just 11 beds.

For all rehab beds in Mobile County, rehab patient days increased from 7,828 patient days in Report Year 2015 to 13,344 patient days in Report Year 2017. This was an increase of 70.5%.

For Report Years 2016 and 2017, patient days at both Springhill and MIMC increased from previous years at each rehab unit and in total. Springhill's 11 bed Rehab Unit opened in late 2015 with Springhill's first Annual Hospital Report being 2016 for the rehab beds.