

PLAN ADJUSTMENT APPLICATION FOR INPATIENT PSYCHIATRIC BEDS

In

MOBILE COUNTY

SUBMITTED BY

ALTAPOINTE HEALTH



A Public Non-profit Mental Health Center Serving South Alabama With
Acute Care Psychiatric Hospitals in Mobile and Daphne with South
Alabama Outpatient Locations In:

[BayView Professional Associates – Fairhope](#)

[BayView Professional Associates – Mobile](#)

[Adult Outpatient Services – West Mobile – Hwy. 90](#)

[Outpatient Services – Fairhope \(Child/Adult\)](#)

[Outpatient Services – Bay Minette \(Child/Adult\)](#)

[Outpatient Services – Foley \(Adult\)](#)

[Outpatient Services – Foley \(Children\)](#)

[Adult Outpatient Services – Mobile – Zeigler Campus](#)

[Community Counseling Center of South Mobile \(Child/Adult\)](#)

[Children’s Outpatient Services – Mobile – Old Shell Road](#)

[USA Department of Psychiatry](#)

[Adult Outpatient Services – Mobile – Gordon Smith Dr.](#)

[Community Counseling Center of Washington County \(Child/Adult\)](#)

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GOALS OF THE ADJUSTMENT

The Goal of the Adjustment is to provide the right type of clinical inpatient psychiatric services and to provide the right type of inpatient psychiatric beds to the populations of south Alabama to achieve the mental health requirements of the public. This includes the replacement of "adult" inpatient psychiatric beds recently relocated and converted to geriatric beds, which relocation was approved by the CON Review Board.

PROPOSED ADJUSTMENT - SUMMARY EXPLANATION

There is one (1) proposed Adjustment, which is presented in specific language on page 5.

Adjustment Summary

The Adjustment proposes a total increase of 34 inpatient psychiatric beds in Mobile County with 18 beds for inpatient adult psychiatric services and 16 beds for adolescent inpatient psychiatric services. There are no adult beds in Mobile County. The Applicant operates adolescent beds in Mobile County.

APPLICANT

AltaPointe Health Systems, the 501(c)(3) Community Mental Health 310 Board for Mobile County, which also has the mission to serve Baldwin and Washington counties. AltaPointe owns both BayPointe Behavioral Health Hospital in Mobile County and EastPointe Hospital in Baldwin County. AltaPointe is the only 310 Board in Alabama that owns and operates an acute care psychiatric hospital.

CONTACT INFORMATION

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FEE

\$3,500 paid

COMMUNITY REACTION

One method of evidence for project support is demonstrated by letters of support, which are presented in ATTACHMENT 5 beginning on page 22. Additional evidence of community support comes from the many persons contacted by the Applicant and its representatives including other hospitals that have provided Letters of Support. Another evidence of community support is that the Adjustment is proposed by a non-profit community organization whose Board consists of 24 community representatives.

AltaPointe's Board's representatives are as follows:

Gaylord Lyon
President

Aubury Fuller
Vice President

Mel Ann Sullivan
Secretary

Gil Laden
Treasurer

Mary Bennett

Georgia Christian

Karin Christopherson

Sherri Clark

George Dye

Marion Embry

Edward Hall, Ph. D.

Robin Hall

Malvina Holloway

Alan Hurst

Larry Jackson

Louise McGrady

Pamela Millsaps

George Noonan

Kay Robertson

Hon. Jerry Turner

Jean Williams

Robert A. Wills, Sr.

Hon. Pat Whaley

Mary Zoghby

GEOGRAPHICAL AREA FOR PROPOSED ADJUSTMENT

The geographical area for the proposed adjustment is Mobile County. ATTACHMENT 3 on page 14 presents the locations of existing inpatient psychiatric beds by type clinical category for both Mobile and Baldwin counties. AltaPointe has inpatient psychiatric services in both counties. In Mobile County, AltaPointe provides Adolescent beds and Mobile Infirmiry Medical Center provides Geriatric beds. In Baldwin County, AltaPointe provides Adult beds (voluntary and involuntary) and North Baldwin Infirmiry provides Geriatric beds.

REQUESTED ADJUSTMENT - SPECIFIC LANGUAGE FOR SHP

The Adjustment the Statewide Health Coordinating Council is requested to adopt is as follows:

410-2-4-.10 Psychiatric Care

(4) Plan Adjustments. Consistent with this provision, the SHCC has recognized the need for:

- (1) the Adjustment for a total of 34 inpatient psychiatric beds on the same campus under the same owner allocated for 18 adult inpatient psychiatric beds and 16 adolescent inpatient psychiatric beds for location in Mobile County.

UTILIZATION

Adolescent Services

Total adolescent admissions are trending up along with a sharp increase in patient days, which reflects longer hospitalization stays consistent with the growing national trends of mental illness. The utilization data below do not include the residential programs provided at BayPointe.

Table 1 AltaPointe's BayPointe Hospital in Mobile County --- Adolescent Inpatient Psychiatric Beds

Year	Admissions	Patient Days
2017	1,326	13,027
2016	999	9,333
2015	1,454	12,018
2014	1,266	11,391
2013	881	7,370

Source: SHPDA Annual Reports 2013-2017 for AltaPointe's BayPointe Hospital in Mobile County. As of about 2017, beds for Adults between 19 and 65 years were not available in Mobile County at any Provider.

Adult Services

A steadying upward trend in patient days can be seen primarily as a result of a longer length of stay. Admissions remained stable between 2013 and 2017. For 2018 to date, 53% of all Adult patients at EastPointe were involuntary admissions from the Mobile County Judicial System. Involuntary admissions from Baldwin County were approximately 14% of Adult admissions. The remaining 33% were voluntary admissions.

Table 2 AltaPointe's EastPointe Hospital in Baldwin County --- Adult Inpatient Psychiatric Beds

Year	Admissions	Patient Days
2017	1,447	15,092
2016	1,389	14,649
2015	1,369	17,240
2014	1,642	17,960
2013	1,472	12,736

Source: SHPDA Annual Reports 2013-2017 from AltaPointe's EastPointe Hospital in Baldwin County. As of about 2017, beds for Adults between 19 and 65 years were not available in Mobile County at any Provider.

PHYSICIANS COMMITTED TO PRACTICE IN AREA

Mobile County is fortunate to have an excellent foundation of psychiatric physicians. The two Adjustments do not depend on the need for additional physicians or additional physician specialties. AltaPointe serves as the Department of Psychiatry for the University of South Alabama.

STAFFING

The estimated non-physician staffing for inpatient psychiatric services for the 34 additional beds would represent 65 to 70 positions to be obtained from the local and regional labor markets as well as the local educational and training programs. These positions would provide 24-hour coverage 7 days a week.

EFFECT ON EXISTING INPATIENT PSYCHIATRIC PROVIDERS

No effect is anticipated on existing inpatient psychiatric providers in the normal course of retaining competitive services, programs, access and quality as perceived by the potential users. Furthermore, AltaPointe proposes an adjustment to inpatient psychiatric services that are not provided by other hospitals in Mobile County or Baldwin County. Today, there is not a provider of Adult psychiatric beds in Mobile County.



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ATTACHMENTS

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ATTACHMENT 1 - POPULATION DEMOGRAPHICS

Table 3 Total Population Mobile and Baldwin Counties

Alabama County Population 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
POPULATION										
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	9.5%
Mobile County	399,843	412,992	415,278	416,420	419,698	423,249	427,345	431,909	16,631	4.0%
Baldwin County	140,415	182,265	202,710	222,554	242,345	261,777	281,200	300,899	98,189	48.4%
Total Mobile & Baldwin Counties	540,258	595,257	617,988	638,974	662,043	685,026	708,545	732,808	114,820	18.6%
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. Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018.										

Table 4 65+ Population Mobile and Baldwin Counties

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
POPULATION										
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%
Baldwin County 65+	21,703	30,568	38,870	47,034	56,876	66,159	72,875	78,769	39,899	102.6%
Total Mobile & Baldwin 65+	69,622	83,889	100,892	115,729	135,712	152,231	161,127	167,677	66,785	66.2%
POPULATION GROWTH EVERY FIVE YEARS										
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%		
Baldwin County 65+			27.2%	21.0%	20.9%	16.3%	10.2%	8.1%		
Total Mobile & Baldwin 65+			20.3%	14.7%	17.3%	12.2%	5.8%	4.1%		
65+ AS PERCENT OF TOTAL POPULATION										
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%		
Baldwin County 65+	15.5%	16.8%	19.2%	21.1%	23.5%	25.3%	25.9%	26.2%		
Total Mobile & Baldwin 65+	12.9%	14.1%	16.3%	18.1%	20.5%	22.2%	22.7%	22.9%		
TOTAL POPULATION										
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	9.5%
Mobile County	399,843	412,992	415,278	416,420	419,698	423,249	427,345	431,909	16,631	4.0%
Baldwin County	140,415	182,265	202,710	222,554	242,345	261,777	281,200	300,899	98,189	48.4%
Total Mobile & Baldwin	540,258	595,257	617,988	638,974	662,043	685,026	708,545	732,808	93,834	15.2%
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.										

Table 5 Population by Race, Age and Sex Mobile and Baldwin Counties

Alabama County Population Estimates by Race, Age, and Sex: July 1, 2010 and July 1, 2016								
Category	7/1/2010	7/1/2016	7/1/2010	7/1/2016	Residents Change 2010 to 2016		Percent Change 2010 to 2016	
	Mobile		Baldwin		Mobile	Baldwin	Mobile	Baldwin
Total Population	413,369	414,836	183,199	208,563	1,467	25,364	0.35%	13.85%
Non-Hispanic	403,334	403,255	175,115	199,352	-79	24,237	-0.02%	13.84%
Hispanic or Latino	10,035	11,581	8,084	9,211	1,546	1,127	15.41%	13.94%
Race:								
White alone	252,148	247,092	160,556	181,835	-5,056	21,279	-2.01%	13.25%
Black alone	143,834	148,635	17,343	19,184	4,801	1,841	3.34%	10.62%
American Indian & Alaskan Native alone	3,929	3,984	1,338	1,608	55	270	1.40%	20.18%
Asian alone	7,738	8,360	1,380	2,242	622	862	8.04%	62.46%
Native Hawaiian & Other Pac Islander alone	259	244	130	124	-15	-6	-5.79%	-4.62%
Two or more races	5,461	6,521	2,452	3,570	1,060	1,118	19.41%	45.60%
Age:								
0 to 4	28,120	27,159	11,161	11,660	-961	499	-3.42%	4.47%
5 to 9	27,850	27,257	11,619	12,426	-593	807	-2.13%	6.95%
10 to 14	28,834	26,799	12,015	13,175	-2,035	1,160	-7.06%	9.65%
15 to 19	30,507	27,391	11,624	12,466	-3,116	842	-10.21%	7.24%
20 to 24	29,267	28,091	9,579	11,105	-1,176	1,526	-4.02%	15.93%
25 to 29	27,711	30,674	10,281	11,985	2,963	1,704	10.69%	16.57%
30 to 34	26,088	26,941	10,806	11,810	853	1,004	3.27%	9.29%
35 to 39	25,466	25,300	11,512	12,536	-166	1,024	-0.65%	8.90%
40 to 44	25,864	24,011	12,074	12,678	-1,853	604	-7.16%	5.00%
45 to 49	29,380	25,005	13,431	13,764	-4,375	333	-14.89%	2.48%
50 to 54	30,434	27,711	13,550	14,448	-2,723	898	-8.95%	6.63%
55 to 59	26,886	28,937	12,635	15,020	2,051	2,385	7.63%	18.88%
60 to 64	23,320	25,924	12,089	14,386	2,604	2,297	11.17%	19.00%
65 to 69	17,203	22,286	10,240	14,118	5,083	3,878	29.55%	37.87%
70 to 74	12,994	15,779	7,724	10,765	2,785	3,041	21.43%	39.37%
75 to 79	9,638	11,197	5,624	7,411	1,559	1,787	16.18%	31.77%
80 to 84	7,340	7,364	3,978	4,694	24	716	0.33%	18.00%
85+	6,467	7,010	3,257	4,116	543	859	8.40%	26.37%
Sex:								
Male	198,520	198,197	89,651	101,241	-323	11,590	-0.16%	12.93%
Female	214,849	216,639	93,548	107,322	1,790	13,774	0.83%	14.72%
Note: Data retrieved from Missouri Census Data Center http://mcdc.missouri.edu/data/popests/Datasets.html .								
Source: U.S. Census Bureau, Population Division, June 2017, downloaded from CBER July 2018.								

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**ATTACHMENT 2 - HISTORY OF ALTAPOINTE'S BAYPOINTE HOSPITAL AND
EASTPOINTE HOSPITAL**

HISTORY - BAYPOINTE HOSPITAL AND RESIDENTIAL PROGRAMS

BayPointe Hospital, located in Mobile County, opened its doors in 2002 as a free-standing



psychiatric hospital serving the Mobile community and specializing in children's inpatient care. Located in west Mobile on a beautiful 15-acre campus, it offers short-term stabilization in a 60 bed inpatient setting and long-term treatment in a residential setting for children and adolescents. Prior to 2002, the hospital building was operated by Charter Behavioral, until its bankruptcy, as a psychiatric hospital.

BayPointe hospital and residential psychiatric programs are located on the same campus. Patients can move fluidly between programs depending on the level of care and the amount of time needed for treatment. BayPointe's Children's Hospital provides a caring and secure environment where children 5 to 12 years of age, adolescents 13 to 18 years of age and young adults up to the age of 21, receive the stabilization they need to alleviate their acute symptoms as swiftly as possible. BayPointe's qualified staff provides supervision 24 hours a day, 7 days per week throughout their stay.

Many factors must be considered before admission to BayPointe is appropriate. Often these children have suffered from abuse, neglect or substance abuse and an intervention is desperately needed. They may be disruptive, sometimes uncontrollable, exhibiting suicidal, aggressive or other unsafe behaviors and can no longer function in their homes and community settings.

When a child or teen living with a psychiatric illness cannot thrive in the home or in a community-based setting, an intensive, structured program may be prescribed. BayPointe Children's Residential Treatment Center cares for children 5 to 12 years of age and adolescents 13 to 18 years of age. The program provides medically monitored intensive and comprehensive psychiatric treatment. The average length of stay is nine to 12 months.

BayPointe is accredited by The Joint Commission, certified by the Alabama Department of Mental Health and licensed by the Alabama Department of Public Health. It is a division of AltaPointe Health, the most comprehensive psychiatric and behavioral healthcare provider in Alabama.

AltaPointe has provided care since 1957, operating as Mobile Mental Health Center until it was rebranded in 2007. In addition to BayPointe, AltaPointe offers a comprehensive continuum of care for children and teens including outpatient, day treatment, residential and transitional age programs, all of which are tracked and monitored through electronic medical records.



HISTORY - EASTPOINTE HOSPITAL

EastPointe Hospital, located in Baldwin County, opened its doors as the only free-standing adult psychiatric hospital in the Mobile Bay region in July 2012. Today, it is the only hospital providing adult psychiatric services in Baldwin and Mobile Counties.



It offers the highest level of behavioral supports to patients experiencing mental distress. We care for adults 19 years of age or older who are in psychiatric crisis and require 24-hour support and supervision. We offer evaluation and treatment to individuals who may be at risk to themselves or others or who may be unable to care for themselves because of their psychiatric symptoms. EastPointe is licensed by the Alabama Department of Public Health.

Operated by AltaPointe Health, EastPointe's experienced healthcare professionals provide treatment that focuses on stabilizing psychiatric symptoms, preventing psychiatric commitment and ultimately improving quality of life. Our program cares for patients who have been diagnosed with illnesses such as bipolar disorder, schizophrenia, depression and anxiety.

The building in which EastPointe operates was constructed in 1986 by Bradford Healthcare facility. The Alabama Department of Mental Health (ADMH) purchased it many years later. ADMH operated the Searcy State Hospital's assessment center in the early 90s. It was known as the Emmett Poundstone Mental Health Facility at that time. Later, it became home to the Albert P. Brewer Developmental Center when the facility of that same name moved there from Mobile in the late 90s. ADMH vacated the building in 2004. The Shoulder, an alcohol and drug rehabilitation organization used a portion of the building from 2005 to 2012. AltaPointe purchased the building from the State of Alabama. Subsequently, AltaPointe obtained a CON for 66 beds and invested \$12,000,000 in renovating the building to bring into functional and code compliance.

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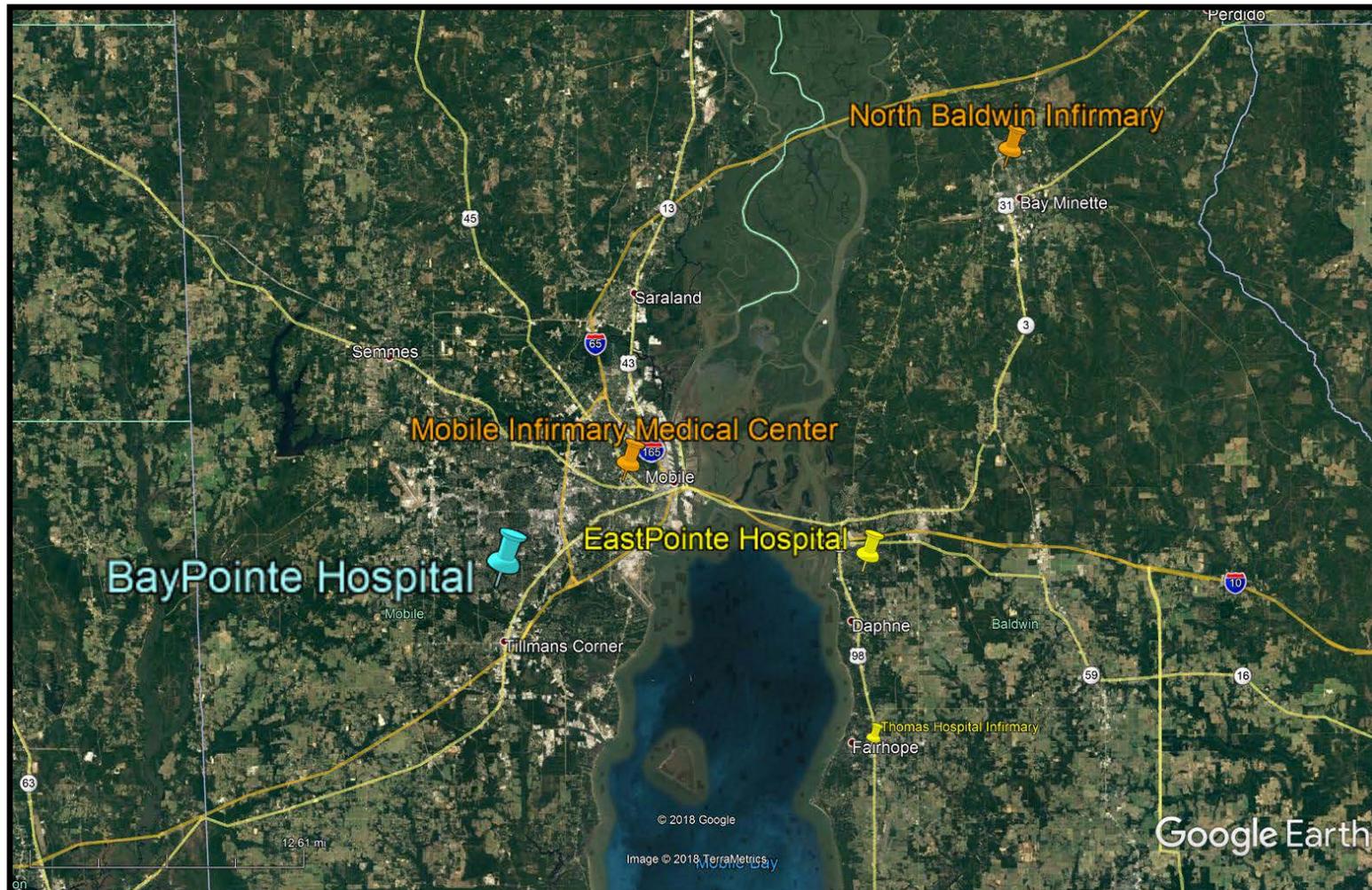
**ATTACHMENT 3 - LOCATIONS OF INPATIENT PSYCHIATRIC BEDS IN MOBILE AND
BALDWIN COUNTIES BY CLINICAL CATEGORY AS OF JULY 2018**

MAP 1 --- LOCATIONS OF INPATIENT PSYCHIATRIC BEDS IN MOBILE AND BALDWIN COUNTIES BY CLINICAL CATEGORY AS OF JULY 2018

Blue = Adolescent Beds

Yellow = Adult Beds

Orange = Geriatric Beds



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**ATTACHMENT 4 - SHP ADJUSTMENT REVISION PROCEDURES EFFECTIVE MARCH
23, 2018**

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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.

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Sep 12 2018

STATE HEALTH PLANNING AND
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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.

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ATTACHMENT 5 - LETTERS OF SUPPORT



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STATE HEALTH PLANNING AND
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JUVENILE COURT
THIRTEENTH JUDICIAL CIRCUIT
Edmond Naman, CIRCUIT JUDGE
2315 COSTARIDES STREET
MOBILE, ALABAMA 36617

JUDGE'S CHAMBERS

PHONE : (251) 574-5212
FAX: (251) 574-5211
E-MAIL: edmond.naman@alacourt.gov

June 19, 2018

Mr. Alva M. Lambert
State Health Planning and Development Agency

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert:

I understand an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region is being presented to SHPDA. I also understand that at some future point inpatient psychiatric beds are to be added to BayPointe hospital with approval of a Certificate of Need application. Access to psychiatric care is an increasing challenge for patients, families and the communities in this region and we are thankful for the services provided by AltaPointe.

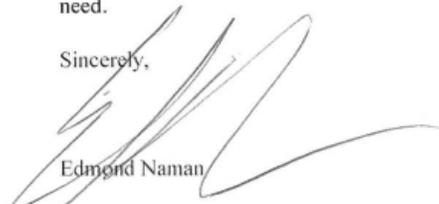
As a resident of southwest Alabama, I offer my full support to this effort.

With the reduced services provided by the State, more inpatient psychiatric beds are needed for the adult and adolescent population. In my opinion, the need for psychiatric beds is in demand and thus, I offer my support for this Plan Adjustment and the subsequent Certificate of Need application.

I am a Judge and member of the community and am in a position to know the need for additional inpatient adult and adolescent psychiatric beds. I am also familiar with the operations of AltaPointe and the critical services they provide the communities of southwest Alabama.

As a Judge presiding over the Mobile County Juvenile Court system, I know firsthand the impact the mental health crisis is having on our communities and the toll it takes on services already strained under the weight of this growing problem. AltaPointe has been serving this region for many years and I fully support their efforts to add inpatient psychiatric beds expand access to care for patients and families in need.

Sincerely,



Edmond Naman
Circuit Judge



UNIVERSITY OF SOUTH ALABAMA

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

June 5, 2018

Mr. Alva M. Lambert
State Health Planning and Development Agency
PO Box 3030164
Montgomery, AL 36104

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert:

I am pleased to provide this letter of support for AltaPointe as they seek an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region. I also understand that at some future point inpatient psychiatric beds are to be added to both BayPointe and EastPointe hospitals with approval of a Certificate of Need application.

Access to psychiatric care is an increasing challenge for patients, families and the communities in this region, and we are thankful for the services provided by AltaPointe. As a resident of southwest Alabama, I offer my support for this Plan Adjustment and the subsequent Certificate of Need application.

My team and I at USA Health know firsthand the impact the mental health crisis is having on our communities and the toll it takes on services already strained under the weight of this growing problem. USA Health and AltaPointe have worked in close partnership for many years, so I am familiar with their operations and the critical services they provide to the communities of southwest Alabama. Together we are focused on serving this region, and I fully support AltaPointe's efforts to add inpatient psychiatric beds expand access to care for patients and families in need.

Sincerely,

Owen Bailey
Chief Executive Officer

USA HEALTH

2451 USA Medical Center Drive Suite 2110 Mobile, Alabama 36617-2293
TEL: (251) 471-7118 FAX: (251) 445 9169 www.usahealthsystem.com

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



Thomas Hospital
INFIRMARY HEALTH

Ormand P. Thompson III
President

June 22, 2018

Mr. Alva M. Lambert
Executive Director
State Health Planning and Development Agency
P. O. Box 303025
Montgomery, Alabama 36130-3025

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert,

I understand an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region is being presented to the State Health Planning and Development Agency. It is also my understanding, at some time in the future, inpatient psychiatric beds are to be added to BayPointe Hospital with approval of a Certificate of Need application. Access to psychiatric care is an increasing challenge for patients, families and the communities in this region and we are thankful for the services provided by AltaPointe. The additional psychiatric beds are needed for adult and adolescent patients.

Thomas Hospital wholeheartedly supports the Plan Adjustment and the subsequent Certificate of Need application. I fully understand the impact the mental health crisis is having on our community and the lack of available facilities in our area. AltaPoint has been serving the region for many years and I fully support their efforts to add inpatient psychiatric beds to expand access to care for patients and families in need.

Sincerely,

Ormand P. Thompson III
President

OPT/smh

750 Morphy Avenue | P.O. Box 929 | Fairhope, AL 36533 | 251-279-1516
thomashospital.org

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



Joe T. Stough, III
Executive Vice President
Chief Operating Officer

June 4, 2018

Mr. Alva M. Lambert
State Health Planning and Development Agency
P. O. Box 3030164
Montgomery, Alabama 36104

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert:

I understand an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region is being presented to SHPDA. I also understand that at some future point inpatient psychiatric beds are to be added to both BayPointe and EastPointe hospitals with approval of a Certificate of Need application.

Access to psychiatric care is an increasing challenge for patients, families and the communities in this region. With the reduced services provided by the State, more inpatient psychiatric beds are needed for the adult and adolescent population. As a resident of southwest Alabama, I offer my full support of this Plan Adjustment and the subsequent Certificate of Need application.

As the executive vice president and chief operating officer of Infirmary Health, I know firsthand the impact the mental health crisis is having on our communities and the toll it takes on services already strained under the weight of this growing problem. I am also familiar with the operations of AltaPointe and the critical services they provide the communities of southwest Alabama. AltaPointe has been serving this region for many years, and I fully support their efforts to add inpatient psychiatric beds to expand access to care for patients and families in need.

Sincerely,

Joe T. Stough, III
EVP/Chief Operating Officer

JTS/lhq

P.O. Box 2226 | Mobile, AL 36652 | (251) 435-3214 | Fax: (251) 435-2060
infirmaryhealth.org



1 **AltaPointe**
Health

Your well-being is our priority.

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Sep 12 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 16, 2018

Mr. Alva M. Lambert
State Health Planning and Development Agency

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert:

I understand an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region is being presented to SHPDA. I also understand that at some future point inpatient psychiatric beds are to be added to BayPointe hospital with approval of a Certificate of Need application. Access to psychiatric care is an increasing challenge for patients, families and the communities in this region and we are thankful for the services provided by AltaPointe.

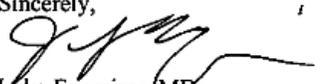
As a resident of southwest Alabama, I offer my full support to this effort.

With the reduced services provided by the State and elimination of adult inpatient psychiatric beds by Infirmary Health in Mobile County, more inpatient psychiatric beds are needed for the adult population in our region. In my opinion, the need for psychiatric beds is in demand and thus, I offer my support for this Plan Adjustment and the subsequent Certificate of Need application.

I am an Alabama State Board Certified Physician and practicing Psychiatrist in the community and am in a position to know the need for additional inpatient adult psychiatric beds. I am also employed by AltaPointe and understand the critical services they provide the communities of southwest Alabama.

As a Psychiatrist I know firsthand the impact the mental health crisis is having on our communities and the toll it takes on services already strained under the weight of this growing problem. AltaPointe has been serving this region for many years and I fully support their efforts to add inpatient psychiatric beds expanding access to care for patients and families in need.

Sincerely,



Luke Engeriser MD

Serving the Mobile Bay & Sylacauga Regions of Alabama

5750-A Southland Drive Mobile, AL 36693 (251) 450-2211 AltaPointe.org



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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 16, 2018

Mr. Alva M. Lambert
State Health Planning and Development Agency

RE: Support for Additional Psychiatric Beds
Southwest Region

Dear Mr. Lambert:

I understand an adjustment to the State Health Plan for additional inpatient psychiatric beds for the southwest region is being presented to SHPDA. I also understand that at some future point inpatient psychiatric beds are to be added to BayPointe hospital with approval of a Certificate of Need application. Access to psychiatric care is an increasing challenge for patients, families and the communities in this region and we are thankful for the services provided by AltaPointe.

As a resident of southwest Alabama, I offer my full support to this effort.

With the BayPointe facility capacity reached on several occasions over the past year, more inpatient psychiatric beds are needed for the child and adolescent population in our region. In my opinion, the need for psychiatric beds is in demand and thus, I offer my support for this Plan Adjustment and the subsequent Certificate of Need application.

I am an Alabama State Board Certified Physician and practicing Psychiatrist in the community and am in a position to know the need for additional inpatient child and adolescent psychiatric beds. I am also employed as the Chief Medical Officer for AltaPointe Health and understand the critical services they provide the communities of southwest Alabama.

As a Psychiatrist, I also know firsthand the impact the mental health crisis is having on our communities and the toll it takes on services already strained under the weight of this growing problem. AltaPointe has been serving this region for many years and I fully support their efforts to add inpatient psychiatric beds expanding access to care for patients and families in need.

Sincerely,

Sandra Parker, MD

Serving the Mobile Bay & Sylacauga Regions of Alabama

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