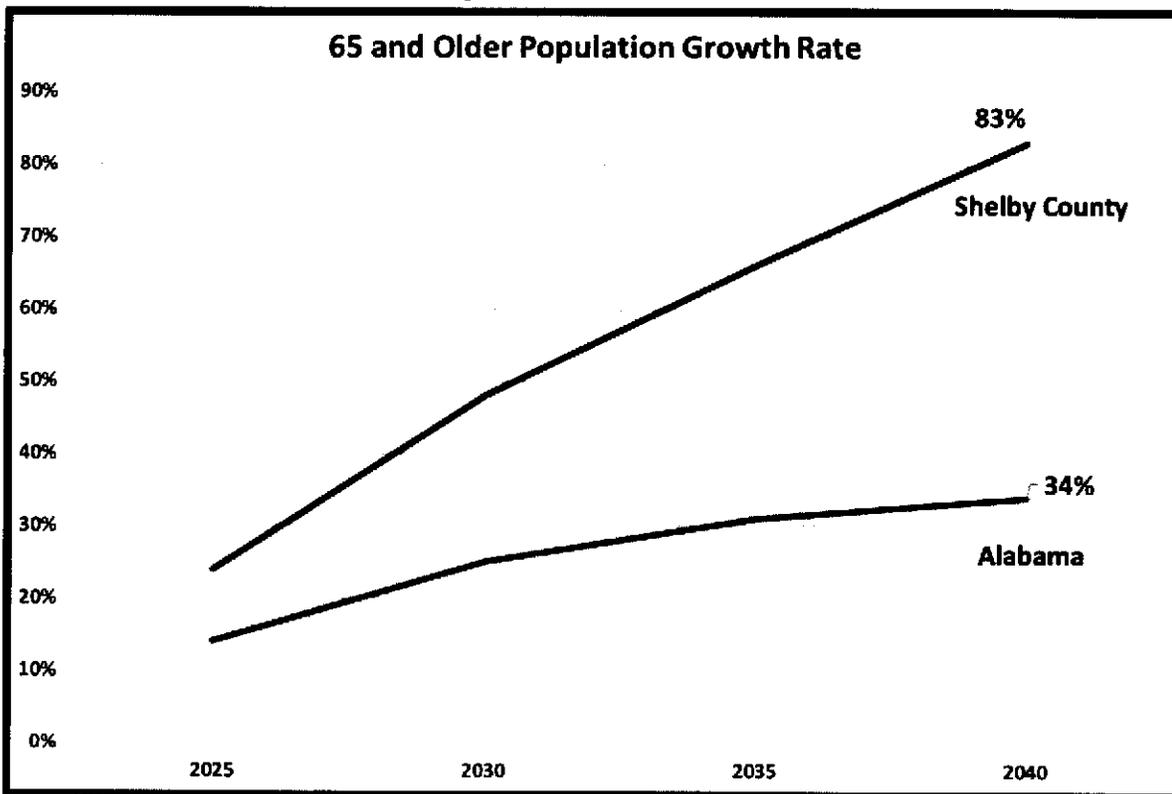


APPLICATION FOR ADJUSTMENT TO THE ALABAMA STATE HEALTH PLAN

THIRTY-TWO (32) SPECIALTY CARE ASSISTED LIVING FACILITY BEDS

SHELBY COUNTY, ALABAMA

Shelby County Projections from 2020



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

EVERY 65 SECONDS SOMEONE IN THE UNITED STATES DEVELOPS ALZHEIMER'S DISEASE

Source: Alzheimer's Association 2018 Facts and Figures.



PROPOSED ADJUSTMENT

The SHCC has recognized the need for an additional thirty-two (32) specialty care assisted living facility beds in Shelby County, so that they provide for a multi-level senior living community which will provide a continuum of senior housing options on a contiguous campus under the same ownership and management.

The Adjustment to the State Health Plan proposed to the Statewide Health Coordinating Council (SHCC) is consistent with the following provisions:

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

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

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

410-2-5-.04 Plan Revision Procedures

410-2-5-.04 (2) (a) Plan Adjustment

410-2-5-.04 (3) (a) Application Procedure for Plan Adjustment



APPLICANT: Phoenix Senior Living d/b/a The Bluffs at Greystone
6328 Farley Lane
Hoover, Alabama 35242

(205) 378-8300

CONTACT

PERSON: Stephen D. Preston
Preston Strategy Group
3680 Village Center Lane
Birmingham, Alabama 35226

(205) 873-0816 stephen@prestonstrategygroup.com

ADMINISTRATIVE FEE: \$3,500

INTRODUCTION

Phoenix Senior Living is a privately held Senior Living Organization based in the Southeast. Every Phoenix Senior Living Community offers innovative and personalized services for seniors in both assisted living and memory care settings. The Bluffs at Greystone will serve seniors with their unique Live, Love, and Learn philosophy. Every aspect of the care programs is designed to coincide with the National Wellness Institute's Six Dimensions of Wellness; Emotional, Physical, Cognitive, Occupational, and Spiritual Wellness and will provide purposeful and active days for their residents, where each of the six dimensions of wellness are integrated into individual care plans. All care and services at The Bluffs at Greystone will be led by a leadership team who are Certified Dementia Practitioners.

The Bluffs at Greystone will offer premiere Senior Living options including Independent Living and Assisted Living. Our state-of-the-art community will offer stylish accommodations with an inviting personalized environment.

Phoenix Senior Living is a company built on love that spans generations. Phoenix Senior Living, whose leadership collectively has been serving seniors in the Southeast for more than 30 years, believes that transitioning into your new home at The Bluffs at Greystone welcomes a new chapter in your life, where seniors can live as independently as they desire – a life where seniors live, love, and thrive in a comfortable environment. The Bluffs at Greystone helps every



resident live life to the fullest. Our assisted living services cultivate a sense of purposeful living tailored to each resident's unique gifts, life experiences, and interests. We offer an outstanding quality of life for our active residents as well as those who might need more assistance and care as they age. Featuring a robust activity and outings calendar, delicious restaurant-style dining and a team of Phoenix Senior Living associates, all graduates of The Phoenix Academy, in a beautiful community designed to serve seniors and their families.

PROJECT DESCRIPTION

Adding thirty-two (32) SCALF beds to Shelby County is projected to enhance and expand the availability and accessibility of dementia/memory care services to the senior population. Shelby County is on the precipice of tremendous increase in the Age 65 and Older population. In the five-year projection from 2020 – 2025, 56% of the entire population increase in Shelby County is expected to be age 65 and older.

Quality of health care for the residents of Shelby County will be improved due to great access to SCALF services. According to the Alzheimer's Association, in 2018, Alzheimer's Disease was the 6th leading cause of death in the United States. One (1) in three (3) seniors dies with Alzheimer's or another dementia. In 2018, Alzheimer's and other dementias will cost the nation \$277 Billion.

SERVICE AREA

The Service Area for the proposed Plan Adjustment is Shelby County – map attached.

POPULATION PROJECTIONS

According to the 2018 Alzheimer's Association Prevalence Report (attached):

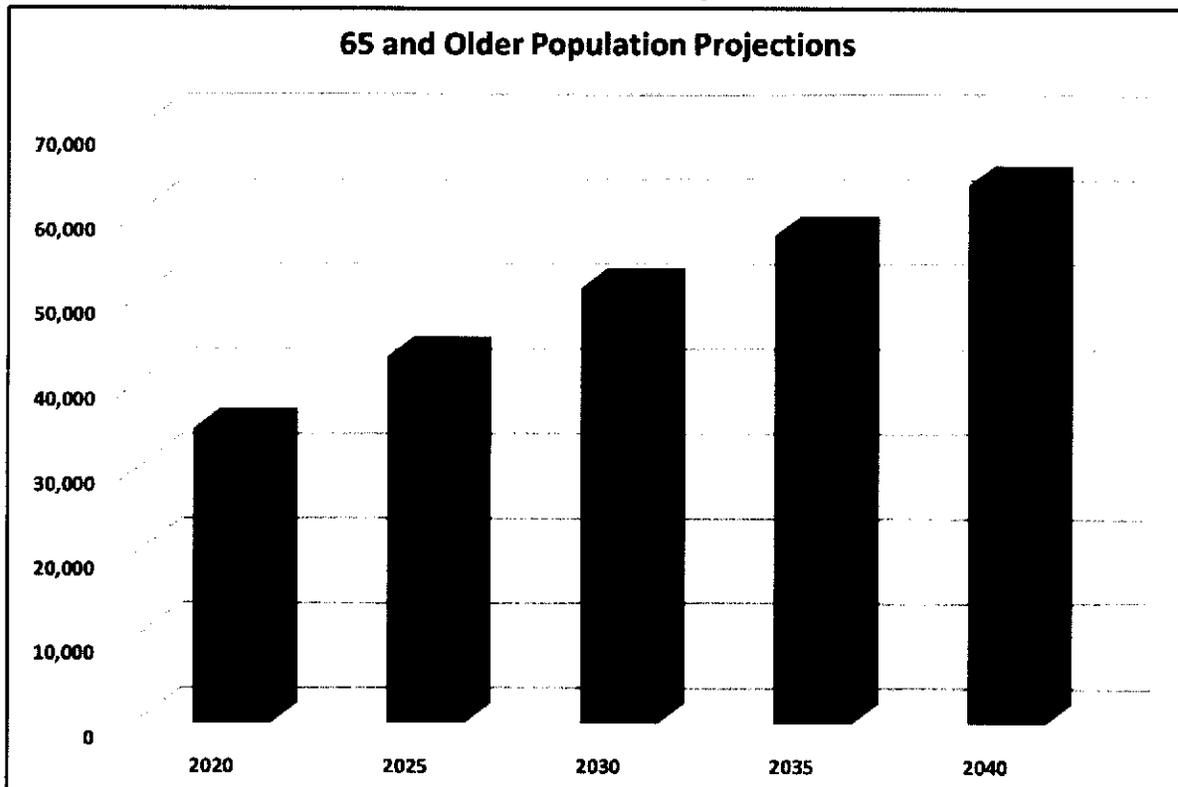
- 97% of People with Alzheimer's Dementia in the United States are Ages 65 and older.
- One in 10 people age 65 and older has Alzheimer's dementia.

In Alabama, by 2025, 110,000 seniors age 65 and older will have Alzheimer's dementia

The growth rate from 2010 – 2040 for age 65 and older in Shelby County is projected to be 207.6% - the highest in Alabama – and approximately 5 times the growth rate of the overall Shelby County population.



Shelby County



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

NEED FOR ADJUSTMENT

In September 2018, SHPDA performed a statistical update to the Alabama State Health Plan for section 410-2-4-.04, Limited Care Facilities (SCALF), which showed a net NEED in Shelby County for 19 SCALF beds. Included in the Total Beds Needed calculation based upon the current methodology were 24 SCALF CON Authorized Beds Not in Service. **Thus, for 2018, there were only 140 Total CON Authorized Beds in Service – 43 beds shy of the 183 needed.**

Phoenix Senior Living has several decades of experience providing comprehensive senior services. Currently they are operating and developing approximately 30 multi-level senior housing projects in the Southeast. This tremendous experience has allowed Phoenix to develop



market analyses that pinpoint area needs for independent, assisted, and memory care (SCALF) services. Based upon their current analysis for Shelby County:

Memory Care (SCALF) Unmet Demand	186
Assisted Living Unmet Demand	228
Independent Living Unmet Demand	142

This analysis also measures Advanced Metrics which helped Phoenix confirm an unmet need:

Dementia Beneficiaries	2,287
Dementia Prescriptions	8,967
Cognitive Impairment Rate	12.80%

Copy of the analysis is attached.

In January 2019, the Certificate of Need (CON) Review Board approved 38 SCALF beds for Shelby County which are currently not in service. In approving the 38 SCALF beds, the CON Review Board accepted testimony that, based upon an independent market analysis (copy attached), **there is an unmet need for 82 SCALF beds by 2020 and 124 by 2022** – the striking fact was that this analysis was only for a 5-mile radius within Shelby County.

CURRENT AND PROJECTED UTILIZATION

According to the Alabama Department of Public Health (ADPH) Health Care Facilities Directory, there are four (4) licensed Specialty Care Assisted Living Facilities as on January 19, 2019, however, Premier Assisted Living (Shangri-La) SCALF facility closed May 31, 2016. The directory of facilities is attached.

Utilization rates based upon SHPDA Annual Reports:

SHELBY COUNTY 2018

Lakeview Estates	76	18,480	66.7%
Memory Care at St. V's 119	24	8,474	96.7%
Specialty Care at Danberry	24	7,715	88.1%
Total	124	34,669	76.5%



**SHELBY COUNTY
2017**

Lakeview Estates	76	19,227	69.3%
Memory Care at St. V's 119	24	8,265	94.3%
Specialty Care at Danberry	24	8,411	96.0%
Total	124	35,903	79.3%

**SHELBY COUNTY
2016**

Lakeview Estates	64	23,424	100%*
Memory Care at St. V's 119	24	8,288	94.6%
Specialty Care at Danberry	24	8,628	98.2%
Shangi-La SCALF	16	4,223	72.1%*
Total	128	44,563	95.1%

*Lakeview Estates – possible error on report filed with SHPDA 2016

*Shangi-La SCALF – facility closed May 31, 2016

Based upon the significant growth rate projections for the population age 65 and older in Shelby County and the increasing diagnosis of the Alzheimer's Disease and other forms of dementia, projected utilization of SCALF services in Shelby County should remain high.

STAFFING

Staffing for 32 SCALF beds will meet or exceed ADPH regulatory standards. Phoenix Senior Living is committed to be a great place to work now and, in the future, – always providing opportunities for their associates. With a goal of growing leaders organically, approximately 70% of new leadership positions have been internal promotions.

Phoenix Academy is a comprehensive training program designed specifically to prepare our associates for their various roles (positions) at Phoenix Senior Living. The Academy currently consists of five core courses (Phoenix Core, Activities of Daily Living, Housekeeping, Dining and Programming & Outreach) with each curriculum devised purposefully to provide associates with a solid understanding of the Phoenix processes and standards. Every associate from the CEO to our frontline team attends each of these courses within the first 90 days of their employment to insure they fully understand Phoenix's history, philosophies, core values and expectations for standards of care. Phoenix Senior Living was recently certified as A Great Place



to Work by our associates which is a direct reflection of our commitment to our associates, their training and development.

In 2018, the Great Place to Work Institute honored Phoenix Senior Living with certification as a Great Place to Work. The certification process considered more than 1,000 employee surveys from across their Southeast locations. Great Place to Work, an independent research and consulting firm, evaluated more than 60 elements of team members' experience on the job. These include employee pride in the organization's community impact, belief that their work makes a difference, and feeling work has special meaning. Rankings are based on employee's experiences, no matter who they are or what they do. www.Greatplacetowork.com

The health and wellness of the residents is paramount. The caring, dedicated staff at Phoenix is always focused on engaging residents in the six dimensions of wellness – Emotional Wellness, Physical Wellness, Cognitive Wellness, Sense of Purpose, Social Wellness, Spiritual Wellness. They not only care for their physical needs, but also exercising, socializing, spending time in prayer, and challenging their cognitive skills. Phoenix's Live, Love, Thrive philosophy forms the foundation for their activity guides, designed to keep seniors connected and healthy. These activity guides are made accessible to all associates and outline descriptive programming instructions, as well as identify residents' preferences and abilities.

EFFECT ON EXISTING FACILITIES

No detrimental effect on the existing SCALF facilities in Shelby County is expected given several significant factors:

- The extremely high occupancy levels reported to SHPDA by the existing SCALF providers in Shelby County, especially the 24 bed facilities that are more comparable to The Bluffs at Greystone:

○ 2018	92.4%
○ 2017	95.2%
○ 2016	96.6%
- The closure of Premiere Assisted Living (Shangri-La) in 2016.
- The increasing number of Alabamians diagnosed with Alzheimer's Disease or other dementia related illness.
- The skyrocketing population projections age 65 and older in Shelby County.
- The documented unmet need for SCALF services in Shelby County.



COMMUNITY REACTION

See attached Letters of Support



ATTACHMENTS

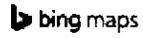


ATTACHMENTS

SERVICE AREA



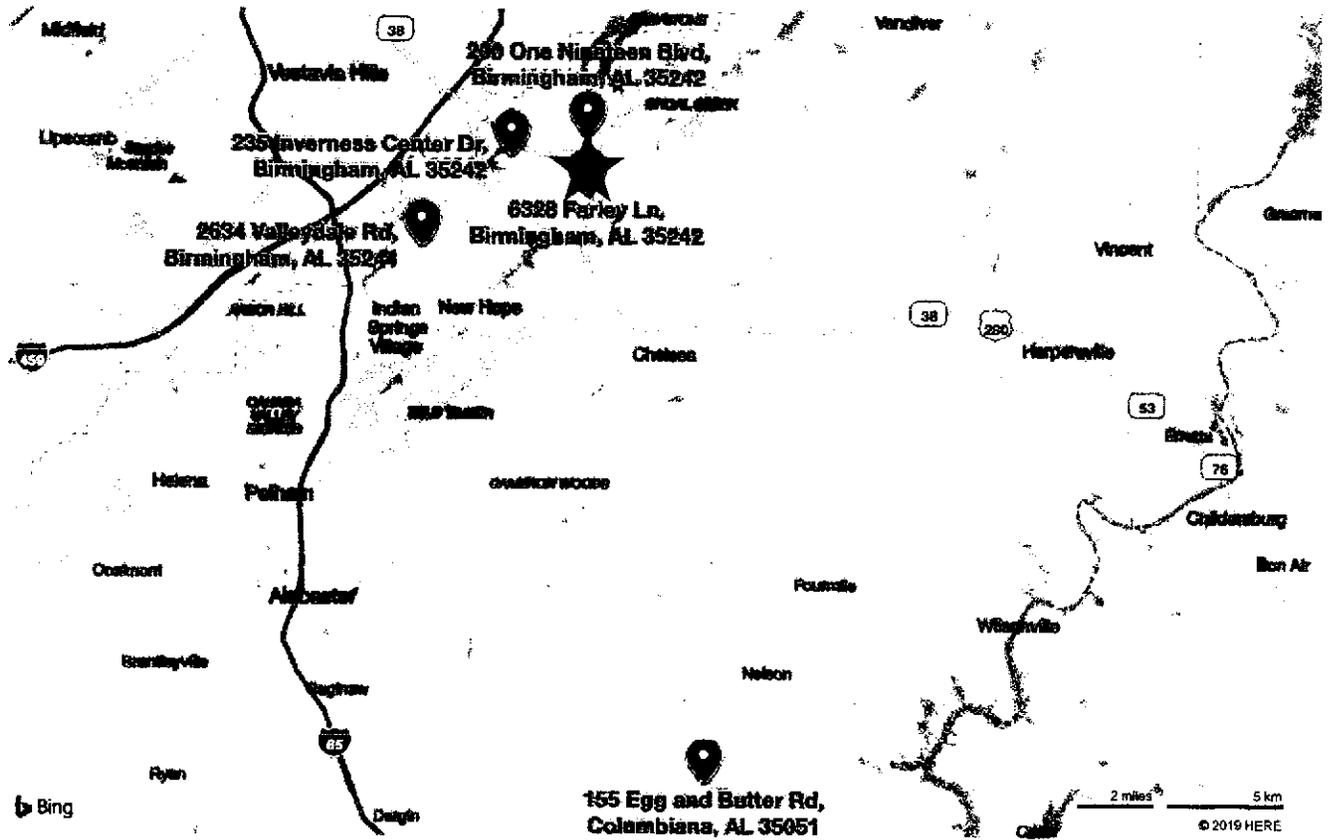
ATTACHMENTS



6328 Farley Ln, Birmingham, AL 35242

SHELBY COUNTY
 ADPH Health Care Facilities Directory
 Assisted Living Facilities (Specialty Care)

The Bluffs at Greystone



MARKET NEED ANALYSIS



ATTACHMENTS



VISION
LLC

Site Report

Site Id 1
Facility Shelby County
Address AL
Latitude 33.2642786210899
Longitude -86.6606654601942
Market Area Custom
Benchmark Birmingham-Hoover, AL MSA
Date 1/15/2019 1:43 PM



Trails End Rd

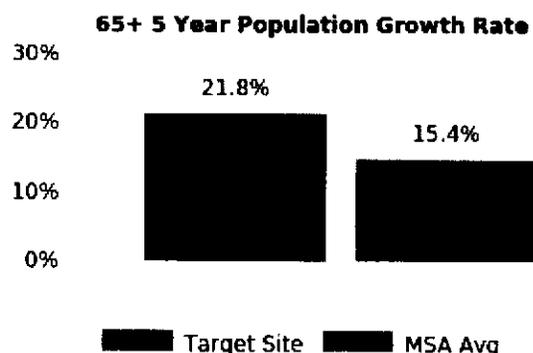
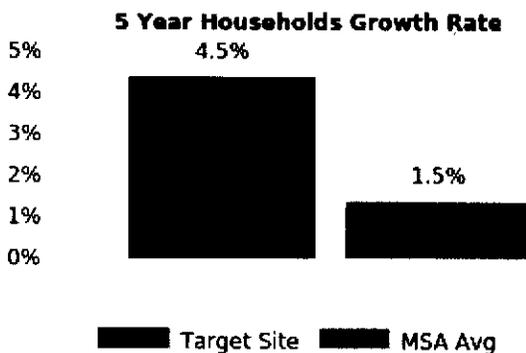
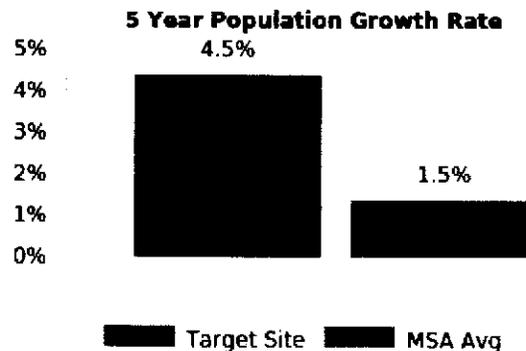
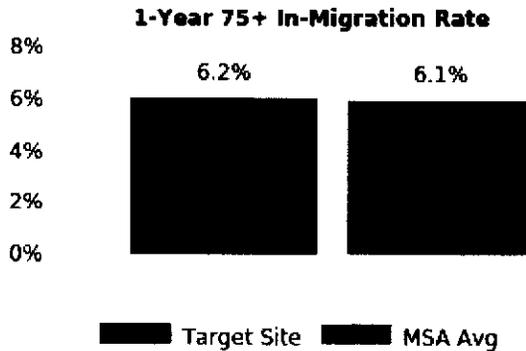
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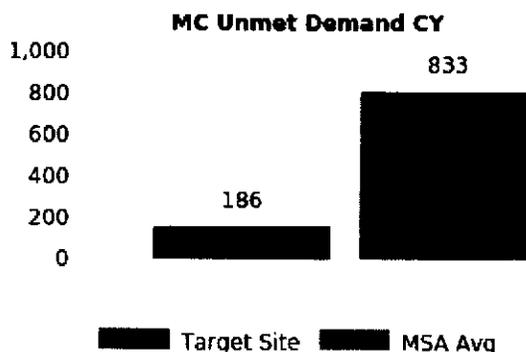
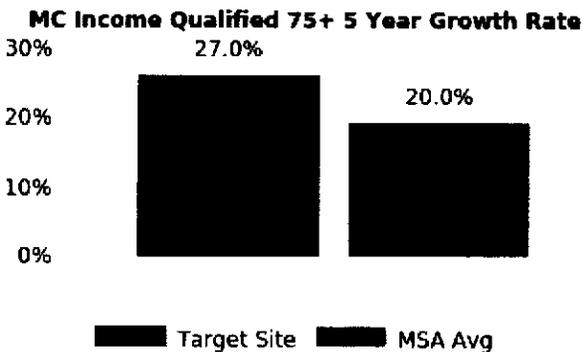
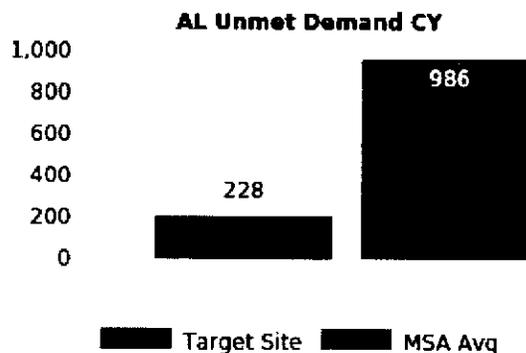
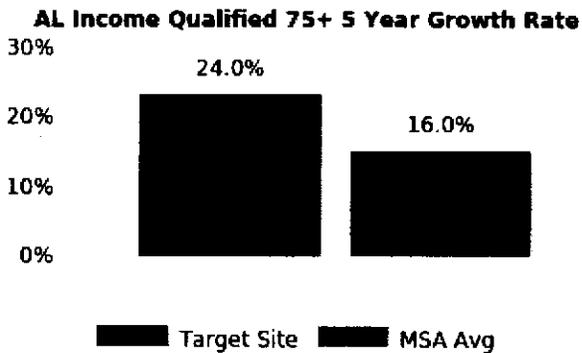
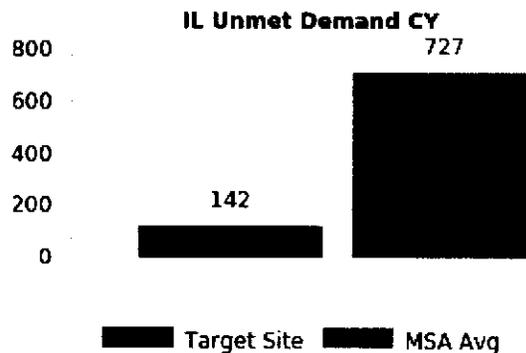
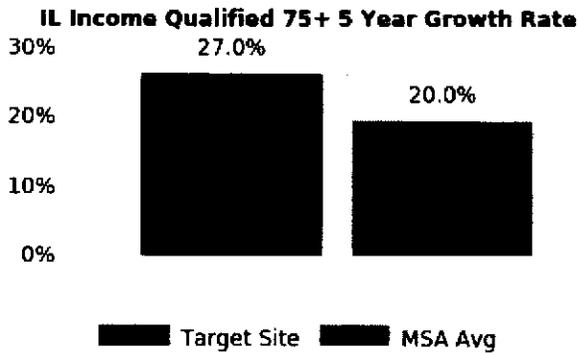
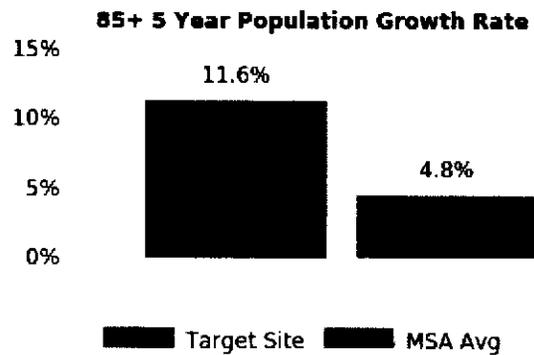
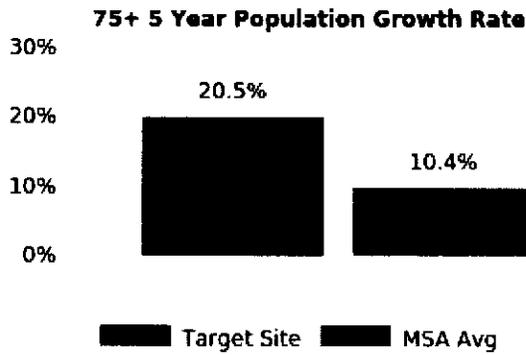
Map data ©2019 Google

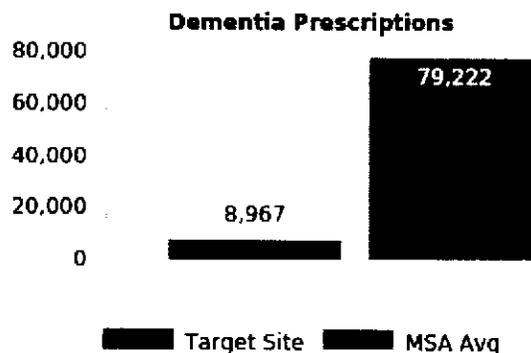
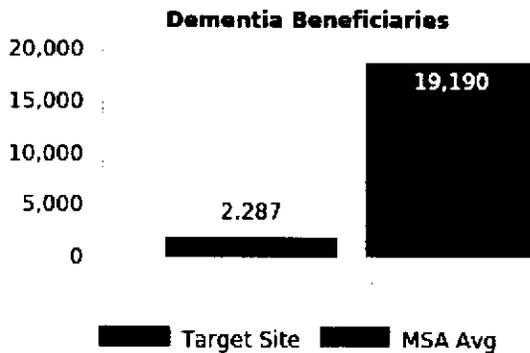
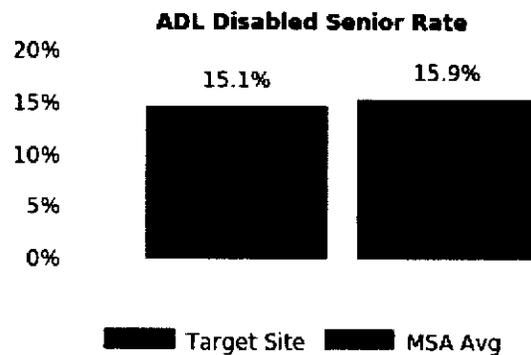
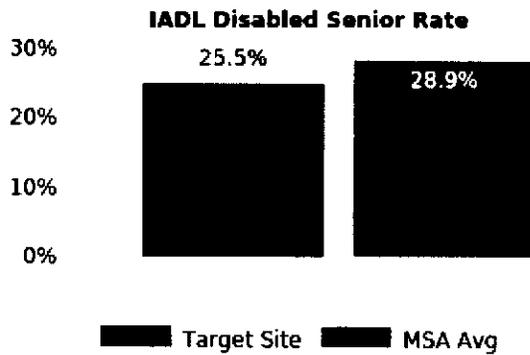
Assumptions

Assumption	Site
Adult Child Qualifying Income	100,000
IL Income Threshold	50,000
AL Income Threshold	35,000
MC Income Threshold	50,000
Global Income Threshold	50,000
Adult Child Net Worth Threshold	250,000
75+ Net Worth Threshold	250,000
Supply Age Threshold	30

Executive Summary







Demographics

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Total Households CY	82,529	452,301	-369,772
Total Households FY	86,252	459,188	-372,936
Total Population CY	217,367	1,154,221	-936,854
Total Population FY	227,212	1,171,908	-944,696
65+ Population CY	33,077	190,707	-157,630
65+ Population FY	40,299	220,140	-179,841
75+ Population CY	12,398	75,365	-62,967
75+ Population FY	14,942	83,201	-68,259
85+ Population CY	3,253	21,673	-18,420
85+ Population FY	3,631	22,707	-19,076
Adult Child Households 45-64 CY	32,924	168,416	-135,492
Adult Child Households 45-64 FY	33,656	162,734	-129,078

Demographic Growth Rates

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
5 Year Households Growth Rate	4.50%	1.50%	3%
5 Year Population Growth Rate	4.50%	1.50%	3%
Adult Child Household 45-64 5-Year Growth Rate	2%	-3%	5%
65+ 5 Year Population Growth Rate	21.80%	15.40%	6.40%
75+ 5 Year Population Growth Rate	20.50%	10.40%	10.10%
85+ 5 Year Population Growth Rate	11.60%	4.80%	6.80%
1-Year 75+ In-Migration Rate	6.20%	6.10%	0.10%

Income

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Median HH Income CY	\$74,895	\$55,550	\$19,345
Median HH Income FY	\$81,875	\$60,671	\$21,204
Median Income 45-64 CY	\$91,518	\$66,875	\$24,643
Median Income 45-64 FY	\$98,547	\$74,819	\$23,728
Median Income 75+ CY	\$40,178	\$31,562	\$8,616
Median Income 75+ FY	\$41,964	\$33,625	\$8,339
75+ 5 Year Median Income Growth Rate	4.40%	6.50%	-2.10%
Income Qualified HH Adult Child 45-64 CY	14,961	53,805	-38,844
Income Qualified HH Adult Child 45-64 FY	16,826	59,923	-43,097

\$35K+ Income Qualified 75+ CY	4,401	23,809	-19,408
\$35K+ Income Qualified 75+ FY	5,445	27,695	-22,250
\$50K+ Income Qualified 75+ CY	3,089	15,971	-12,882
\$50K+ Income Qualified 75+ FY	3,936	19,136	-15,200
\$75K+ Income Qualified 75+ CY	1,707	8,175	-6,468
\$75K+ Income Qualified 75+ FY	2,303	10,482	-8,179

Wealth

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Median Net Worth 45-64 CY	\$250,001	\$150,000	\$100,001
Net Worth Qualified Adult Children 45-64 CY	17,860	65,405	-47,545
Median Net Worth 75+ CY	\$250,001	\$202,533	\$47,468
Net Worth Qualified 75+ CY	3,432	20,775	-17,343
Median Home Value CY	\$218,493	\$163,565	\$54,928
Owner Occupancy Rate CY	74%	62%	12%
75+ Home Owners w/o Mortgage Rate	64.40%	64.70%	-0.30%

Advanced Metrics

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Dementia Beneficiaries	2,287	19,190	-16,903
Dementia Beneficiaries Per Competitive MC Bed	54.45	70.81	-16.36
Dementia Prescriptions	8,967	79,222	-70,255
Cognitive Impairment Rate	12.80%	16.10%	-3.30%
Cognitively Impaired Seniors Per Competitive MC Bed	37.76	44.69	-6.94
ADL Disabled Senior Rate	15.10%	15.90%	-0.80%
ADL Disabled Seniors Per Competitive AL Bed	6.50	5.07	1.43
IADL Disabled Senior Rate	25.50%	28.90%	-3.40%
IADL Disabled Seniors Per Competitive SH Bed	5.34	5.44	-0.10

Transaction Data

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Median Sales Price Per Unit Last 5 Years	\$164,019	\$129,307	\$34,712
Total SH Property Sales Last 12 Months	0	0	0
Median SH Property Tax Rate	6%	6%	0%

Independent Living Market Analysis

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
IL Income Qualified 75+ CY	3,089	15,971	-12,882
IL Income Qualified 75+ FY	3,936	19,136	-15,200
IL Income & Frailty Qualified 75+ CY	3,089	15,971	-12,882
IL Income & Frailty Qualified 75+ FY	3,936	19,136	-15,200
IL Unmet Demand CY	142	727	-585
IL Unmet Demand FY	184	885	-701
Total IL Supply CY	262	1,516	-1,254
Competitive IL Supply CY	262	1,372	-1,110
Total IL Supply FY	262	1,516	-1,254
Competitive IL Supply FY	262	1,372	-1,110
IL Average Age	9	22	-13
IL Supply Growth - Past 5 Years	0%	0%	0%
Number of Campus Rentals	0	0	0
Number of CCRCs	0	0	0

Assisted Living Market Analysis

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
AL Income Qualified 75+ CY	4,401	23,809	-19,408
AL Income Qualified 75+ FY	5,445	27,695	-22,250
AL Income & Frailty Qualified 75+ CY	1,297.03	7,160.76	-5,863.73
AL Income & Frailty Qualified 75+ FY	1,588.03	8,263.95	-6,675.92
AL Unmet Demand CY	228	986	-758
AL Unmet Demand FY	278	1,172	-894
Total AL Supply CY	288	2,363	-2,075
Competitive AL Supply CY	288	2,363	-2,075
Total AL Supply FY	288	2,363	-2,075

Competitive AL Supply FY	288	2,363	-2,075
AL Supply Growth - Past 5 Years	0%	0%	0%
AL Average Age	0	0	0

Memory Care Market Analysis

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
MC Income Qualified 75+ CY	3,089	15,971	-12,882
MC Income Qualified 75+ FY	3,936	19,136	-15,200
MC Income & Frailty Qualified 75+ CY	756.05	4,038.51	-3,282.46
MC Income & Frailty Qualified 75+ FY	948.93	4,783.13	-3,834.20
MC Unmet Demand CY	186	833	-647
MC Unmet Demand FY	224	971	-747
Total MC Supply CY	42	271	-229
Competitive MC Supply CY	42	271	-229
Total MC Supply FY	42	271	-229
Competitive MC Supply FY	42	271	-229
MC Average Age	0	0	0
MC Supply Growth - Past 5 Years	0%	0%	0%

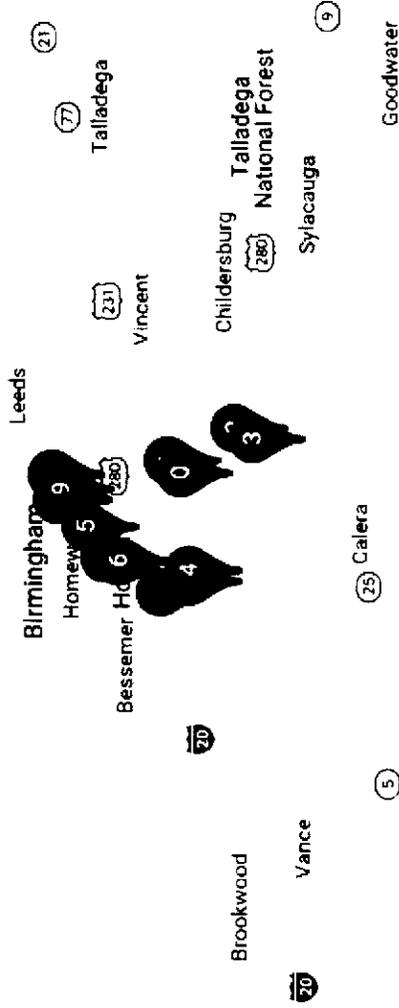
Labor

	Site	Birmingham-Hoover, AL MSA	Variance from MSA
Average LPN Hrly Wage	\$19.31	\$19.31	\$0
LPN Hrly Wage Growth Rate	4%	4%	0%
Average RN Hrly Wage	\$28.41	\$28.41	\$0
RN Hrly Wage Growth Rate	1%	1%	0%
Care Aide Hrly Wage	\$10.25	\$10.25	\$0
Care Aide Hrly Wage Growth Rate	3%	3%	0%
Average Minimum Wage Rate	7.25	7.25	0
Unemployment Rate	3.90%	6.30%	-2.40%



VISION LLC Site Competition Report

Site Id 1
Facility Shelby County
Address AL
Latitude 33.2642786210899
Longitude -86.6606654601942
Market Area Custom



Go g le

ID	Name	Address	Open Year	Profit?	Operator	Existing AL Units	Construction AL Units	Existing IL Units	Construction IL Units	Existing MC Units	Construction MC Units	Existing NC Units	Construction NC Units	Distance from Site
1	Chelsea's Hidden Acres *	245 Hidden Acres Circle Chelsea, AL 35043	0	0		16	0	0	0	0	0	0	0	1.48 miles
2	Columbiana Health And Rehabilitation, Llc *	22969 Highway 25 Columbiana, AL 35051	2004	0	Columbiana Health and Rehabilitation, LLC	0	0	0	0	0	0	63	0	6.2 miles
3	Premier Assisted Living *	155 Egg And Butter Road Columbiana, AL 35051	0	0		11	0	0	0	5	0	0	0	7.1 miles
4	Shelby Ridge Nursing Home *	881 3Rd Street Northeast Alabaster, AL 35007	1991	0	Rehab Select	0	0	0	0	0	0	131	0	8.67 miles
5	Lakeview Estates *	2634 Valleydale Road Birmingham, AL 35244	0	0	Five Star Senior Living	53	0	0	0	23	0	0	0	9.52 miles
6	Gardens Of Pelham *	2124 Old Montgomery Highway Pelham, AL 35124	0	0	Great Oaks Management	16	0	0	0	0	0	0	0	9.53 miles
7	Chandler Health & Rehab Center,	850 Northwest Ninth Street	1976	0		0	0	0	0	0	0	198	0	9.55 miles

Map data ©2019 Google



VISION LLC Site Labor Report

2017 Wages by Position

Position	Total Employment	Labor Availability	FTE Per Licensed Bed	Avg. Hourly	Bottom 10%	Bottom 25%	Median	75th Percentile	90th Percentile
Bookkeeping, Accounting, and Auditing Clerks	6600	1426.81%	23.427	\$19.75	\$12.66	\$15.76	\$18.84	\$23.63	\$28.67
Bus Drivers, School or Special Client	1960	1509.24%	8.548	\$8.9	\$7.77	\$8.13	\$8.71	\$9.31	\$10.08
Chefs and Head Cooks	140	2657.28%	5.524	\$27.37	\$17.6	\$20.81	\$25.67	\$31.47	\$41.47
Cooks, Institution and Cafeteria	3300	2084.65%	15.685	\$12.13	\$8.02	\$8.69	\$9.95	\$13.26	\$21.91
Dishwashers	1290	866.89%	1.129	\$9.13	\$7.92	\$8.36	\$9.09	\$9.82	\$11.14
Food Servers, Nonrestaurant	590	1557.96%	1.613	\$10.17	\$8.17	\$9.01	\$10.03	\$11.25	\$12.3
Home Health Aides	1010	1208.96%	1.573	\$9.86	\$7.86	\$8.35	\$9.15	\$10.73	\$13.77
Janitors and Cleaners, Except Maids and Housekeeping Cleaners	6910	788.21%	0.323	\$11.12	\$8.14	\$9.07	\$10.68	\$12.23	\$14.91
Laundry and Dry-Cleaning Workers	590	1329.2%	2.339	\$10.04	\$7.95	\$8.59	\$9.78	\$11.54	\$13.02
Licensed Practical and Licensed Vocational Nurses	3130	1368.12%	1.573	\$19.16	\$15.43	\$16.93	\$19.31	\$21.98	\$23.69
Maids and Housekeeping Cleaners	2130	1127.08%	5	\$9.44	\$7.9	\$8.38	\$9.19	\$10.46	\$11.77
Maintenance and Repair Workers, General	3350	1284.81%	1.29	\$19.8	\$12.39	\$15.54	\$18.87	\$23.78	\$29.15
Nursing Assistants	5840	1535.73%	0.242	\$11.63	\$8.86	\$9.95	\$11.3	\$13.22	\$14.95
Office Clerks, General	8200	1085.73%	0.323	\$13.21	\$8.37	\$9.57	\$12.51	\$15.77	\$19.22
Personal Care Aides	3550	960.85%	12.661	\$9.19	\$7.79	\$8.19	\$8.85	\$9.63	\$11.8
Receptionists and Information Clerks	3690	901.81%	3.347	\$13.12	\$8.8	\$10.48	\$12.94	\$15.09	\$18.05
Recreation Workers	1040	1371.16%	2.258	\$11.71	\$7.87	\$8.51	\$9.81	\$14.14	\$18.32
Registered Nurses Secretaries and Administrative Assistants, Except Legal, Medical, and Executive	17640	510.66%	0.403	\$28.91	\$20.69	\$23.81	\$28.41	\$33.54	\$38.01
Administrative Assistants, Except Legal, Medical, and Executive	12450	1368.86%	7.379	\$17.55	\$11.68	\$13.88	\$17.06	\$20.62	\$24.62
Security Guards	5500	1220.57%	0.161	\$11.68	\$8.04	\$8.71	\$9.85	\$13.17	\$18.07



VISION LIC Site Construction Cost Report

SqFT Cost of Building Components By Class

Building Type Convalescent Hospitals-Masonry/Concrete
 Square Footage 5,000
 National Construction Cost Index 2%

SqFT describes area within the exterior walls and all insets outside the main walls but under the main roof.

Building Component	Best	Good	Average	Poor
Foundation	\$41.73	\$37.11	\$32.32	\$27.10
Floor Structure	\$23.18	\$20.62	\$17.95	\$15.06
Roof and Cover	\$16.23	\$14.43	\$12.57	\$10.54
Exterior Finish: Walls	\$27.82	\$24.74	\$21.54	\$18.07
Exterior Finish: Front	\$11.59	\$10.31	\$8.98	\$7.53
Exterior Finish: Windows	\$11.59	\$10.31	\$8.98	\$7.53
Exterior Finish: Doors	\$11.59	\$10.31	\$8.98	\$7.53
Interior Finish: Floors	\$23.18	\$20.62	\$17.95	\$15.06
Interior Finish: Walls	\$18.55	\$16.49	\$14.36	\$12.04
Interior Finish: Ceilings	\$23.18	\$20.62	\$17.95	\$15.06
Main Bath and Showers	\$11.59	\$10.31	\$8.98	\$7.53
Toilet Rooms	\$231.82	\$206.18	\$179.54	\$150.58
Total SqFT Cost				

'Serial Entrepreneur,' Former Brookdale Exec Team Up on Fast-Growing Atlas Senior Living

Monday, January 14, 2019

Atlas Senior Living is not one of the largest senior housing providers in the country, but it is growing at a fast clip, combining entrepreneurial energy with operational know-how. Hamilton is a senior housing industry veteran and spent eight years at Brookdale Senior Living. SHN interviewed Goldberg about the transition to senior housing, advice for other budding entrepreneurs and Atlas' development and acquisition strategy. Popular Reports Senior Housing News: Why did you want to make the transition into senior living? Scott Goldberg: I didn't want to be part of a real estate venture if we could not also operate the ventures. New investors are going to markets of oversupply, who might not have a true appreciation for seniors. What is your advice to entrepreneurs looking to enter senior living? Make sure you have a very healthy respect and understanding that, while it is hospitality and we're selling a lifestyle, you still have to have senior housing staffing disciplines. Need a healthy balance of senior housing knowledge, especially when entering assisted living.

Dominion Partners sells Somerby Senior Living portfolio

Monday, January 14, 2019

The deal means that Bridge acquires the Somerby Senior Living Co. and the Somerby brand. According to the company, Dominion and Bridge have plans to develop additional senior living communities this year, to be managed by Somerby. David Grady, President and COO of Somerby Senior Living, the Somerby corporate team and all current employees will remain with Somerby as operator and will continue to manage all properties, the company announced. The Somerby portfolio encompasses 1,558 senior living units with another 1,153 units under fee management. Somerby has eight facilities, including ones in Birmingham, Mobile and Auburn. Bridge Seniors is among the largest owners of seniors housing units in the United States, with 90 communities as of the end of last year. "We are very excited for Somerby and its future under the leadership and vision of Bridge. Robb Chapin, CEO of Bridge Seniors Housing Fund Manager LLC, said the company is thrilled to align with a best in class operator with a proven track record of providing the highest quality of care, amenities and service offerings that culminate in to exceptional resident experiences."

HFF Announces Sale and Financing of 9-Property Seniors Housing Portfolio in Southeastern U.S.

Tuesday, January 8, 2019

DALLAS-(BUSINESS WIRE)-Holliday Fenoglio Fowler, L.P. announces the sale and financing of a nine-property seniors housing portfolio totaling 1,558 units across the southeastern United States. The HFF investment advisory team representing the seller included senior managing directors Ryan Maconachy and Chad Lavender. The principals of Dominion Partners have been actively involved in owning and developing senior living communities for more than 20 years, consistently providing upscale retirement living throughout the Southeast. About Bridge Seniors Housing Fund Manager LLC Bridge Seniors Housing Fund Manager LLC invests in seniors housing and medical property assets across its family of funds, including seeking and investing in joint ventures and separately managed accounts. Bridge Seniors is among the largest owners of seniors housing units in the United States, with \$3.5 billion of assets under management as of Q3 2018 and owning 90 communities with over 10,600 units as of December 31, 2018. These facilities provide accommodations and extensive services to residents in our seniors housing communities and seek to enliven their lives through state-of-the-art dining, wellness, social and other programs. Bridge combines its 1,200-person, nationwide operating platform with specialized teams of investment professionals focused on select U.S. real estate verticals, which Bridge believes offer above-market opportunity: multifamily, office, seniors housing, affordable housing and debt strategies.

Bridge Investment Group Acquires Somerby Living Services, Including Nine Seniors Housing Communities

Monday, January 7, 2019

The seniors housing firm is a wholly owned subsidiary of Dominion Partners, a Birmingham-based real estate developer. The acquisition includes a nine-property portfolio of seniors housing assets located in prime markets in Alabama, Florida, Georgia, South Carolina and Tennessee. At the close of 2018, Bridge owned 90 properties totaling 10,600 units across two private equity funds managed by its seniors housing affiliate, Bridge Seniors Housing Fund Manager. "We are excited to further vertically integrate Bridge Seniors Housing Fund Manager through this acquisition," says Robert Chapin, CEO of Bridge Seniors Housing Fund Manager. Bridge plans to retain David Grady, president and chief operating officer of Somerby, to lead the company post-acquisition. New York-based Bridge Investment Group is a privately held real estate investment management firm with \$13.5 billion in assets under management. Orlando-based Bridge Seniors is among the largest owners of seniors housing units in the United States, with \$3.5 billion of assets under management as of Sept. 30, 2018.

Bridge Investment Group Acquires Somerby Senior Living Services and Portfolio

Monday, January 7, 2019

The purchase of Somerby will allow Bridge to offer a more vertically integrated property management model within the seniors housing space. As of the end of 2018, Bridge owns 90 properties across two private equity funds managed by Bridge Seniors Housing Fund Manager. "We are thrilled to bring David Grady and the Somerby team onboard. The portfolio and the team are best-in-class, with a compelling combination of product, people and markets. We are excited to further vertically integrate Bridge Seniors Housing Fund Manager through this acquisition," said Robert Chapin, CEO of Bridge Seniors Housing Fund Manager. About Bridge Seniors Housing Fund Manager LLC Bridge Seniors Housing Fund Manager LLC invests in seniors housing and medical property assets across its family of funds, including seeking and investing in joint ventures and separately managed accounts. Bridge Seniors is among the largest owners of seniors housing units in the United States, with \$3.5 billion of assets under management as of Q3 2018, and owning 90 communities with over 10,600 units as of December 31, 2018. About Bridge Investment Group Bridge Investment Group is a privately-held real estate investment management firm with \$13.5 billion in assets under management. Bridge combines its 1,200-person, nationwide operating platform with specialized teams of investment professionals focused on select US real estate verticals, which Bridge believes offer above-market opportunity: multifamily, office, seniors housing, affordable housing and debt strategies.

Bridge Investment Group Acquires Somerby Senior Living Services and Portfolio

Monday, January 7, 2019

Bridge Seniors Housing Fund Manager LLC, an affiliate of Bridge Investment Group, today announced the purchase of Somerby Senior Living Services, a premier seniors housing operator in the Southeastern United States, and a nine-property portfolio of seniors housing assets. The purchase of Somerby will allow Bridge to offer a more vertically integrated property management model within the seniors housing space. As of the end of 2018, Bridge owns 90 properties across two private equity funds managed by Bridge Seniors Housing Fund Manager. "We are thrilled to bring David Grady and the Somerby team onboard. The portfolio and the team are best-in-class, with a compelling combination of product, people and markets. We are excited to further vertically integrate Bridge Seniors Housing Fund Manager through this acquisition," said Robert Chapin, CEO of Bridge Seniors Housing Fund Manager. About Bridge Seniors Housing Fund Manager LLC Bridge Seniors Housing Fund Manager LLC invests in seniors housing and medical property assets across its family of funds, including seeking and investing in joint ventures and separately managed accounts. Bridge Seniors is among the largest owners of seniors housing units in the United States, with \$3.5 billion of assets under management as of Q3 2018, and owning 90 communities with over 10,600 units as of December 31, 2018. Bridge combines its 1,200-person, nationwide operating platform with specialized teams of investment professionals focused on select US real estate verticals, which Bridge believes offer above-market opportunity: multifamily, office, seniors housing, affordable housing and debt strategies.

In the Pipeline: Active Adult Community Planned in Florida; Titan, Civitas Open in Texas

Thursday, December 20, 2018

Construction: Complete Titan, Civitas Celebrate Opening of Texas Community Titan Development and Civitas Senior Living have opened a new assisted living and memory care community in Corpus Christi, Texas. Elan Corpus Christi is one of seven communities that Civitas Senior Living manages for Titan Development in three states. Sunrise Senior Living is seeking to open a new assisted living community in Manhattan Beach, California. Local officials in Brighton, Michigan, have given the go-ahead to plans for a new 210-unit senior living community. Plans are moving forward to bring a 150-unit senior living community to Fairfield, Connecticut. A Chicago-based developer has won approval for its plan to build a 60-unit senior living community in Crystal Lake, Illinois. The city of Lake in the Hills, Illinois, could get a new senior living community.

Transactions & Financings: Griffin-American's \$400 Million Credit Facility

Tuesday, December 4, 2018

Bank of America's \$400M Credit Facility for Griffin-American Healthcare REIT Griffin-American Healthcare REIT co-sponsors, Griffin Capital and American Healthcare Investors, announced that the REIT and certain of its subsidiaries have entered into a new credit facility totaling \$400 million with Merrill Lynch, Pierce, Fenner & Smith Incorporated, KeyBank Capital Markets and Citizens Bank, National Association as joint lead arrangers and joint bookrunners. Bank of America will serve as administrative agent, swing line lender and letters of credit issuer. The maximum principal amount of the credit facility may be increased to up to \$650 million upon the request of the REIT and satisfaction of certain conditions. The credit facility may be utilized for refinancing existing debt and for general corporate purposes including, without limitation, property acquisitions. The Village at Rockville Secures \$87.5 Million Bond Financing The Village at Rockville, a National Lutheran community, secured \$87.5 million in bond financing for Glenmere, comprising of 130 one- and two-bedroom independent living apartments, guest suites, an aquatic center with spa and lap pool, and an enclosed pedestrian link to the village's health center. Lancaster Pollard Structures Financing Between Agemark, Protective Life Insurance Lancaster Pollard Mortgage Company facilitated a refinancing between Protective Life Insurance Company, headquartered in Birmingham, Alabama, and Berkeley, California-based Agemark Corporation, for two of Agemark's properties-Countryhouse of Lincoln III, a 37-unit memory care facility in Lincoln, Nebraska, and Countryhouse of Omaha, a 38-unit memory care facility in Omaha, Nebraska. The principals of Agemark aimed to refinance the two facilities with long-term, non-recourse debt.

USDA Invests to Improve Rural Health Care in Nebraska

Monday, December 3, 2018

Under the leadership of Agriculture Secretary Sonny Perdue and Assistant to the Secretary for Rural Development Anne Hazlett, USDA is dedicated to partnering with local stakeholders to ensure that rural communities have the resources needed to improve quality of life and economic development. Haven House Family Services Center is receiving a \$142,400 loan and \$32,100 grant to purchase and renovate a vacant facility that will allow Haven House to expand services and assist more survivors of domestic and sexual abuse. The new facility, which previously housed a private medical practice, will provide more rooms and privacy for staff and clients - better equipping Haven House to serve the local population of nearly 25,000. The award is in coordination with Assistant Secretary Anne Hazlett's recent announcement that USDA is investing \$501 million in 60 projects nationwide through the Community Facilities direct loan program. Examples of investments being made in other states include: - The Blackfeet Tribe is receiving an \$8 million loan to help build a 39-bed, long-term-care facility on the Blackfeet Indian Reservation in northwestern Montana. The new, 27,079-square-foot facility will replace a smaller one that is 47 years old. The Buffalo Lake Health Care Center, in Buffalo, Lake, Minn., is receiving a \$1.2 million loan to expand a 49-bed, skilled nursing home and 16-unit assisted-living center.

Lancaster Pollard Structures Financing Between Agemark and Protective Life Insurance Company

Thursday, November 29, 2018

Lancaster Pollard Mortgage Company, LLC announced today it has facilitated a refinancing between Protective Life Insurance Company and Agemark Corporation, which is based in Berkeley, California, and owns and operates assisted living and memory care facilities throughout the West and Midwest. Two of Agemark's eight Nebraska properties-Countryhouse of Lincoln III, a 37-unit MC facility, and Countryhouse of Omaha, a 38-unit MC facility-were encumbered with traditional bank debt. The principals of Agemark aimed to refinance the two facilities with long-term, non-recourse debt. "Having longstanding relationships with both Protective Life and Agemark, we were pleased to help the two establish a new lending relationship," said Casey Moore, managing director of agency finance with Lancaster Pollard, a full-service financial institution for health care and senior living facilities. "This will help Agemark grow its seniors housing business." Based in Birmingham, Alabama, Protective Life Insurance Company, a wholly owned subsidiary of Protective Life Corporation, which in turn is a wholly owned subsidiary of Dai-ichi Life Holdings, Inc., provides long-term first mortgage financing for various commercial real estate asset types. Ultimately, Agemark secured a 10-year, fixed rate financing in a rising interest rate environment. "The relationship established through this deal will give Agemark additional options in financing structures for its facilities moving forward." About Lancaster Pollard Lancaster Pollard helps health care and senior living providers expand and improve their services by providing a full range of investment banking, mortgage banking, private equity, balance sheet financing and M&A advisory services.

MARKET NEED ANALYSIS

Excerpts from PA2018-005



ATTACHMENTS

1. SUMMARY OF FACTS & CONCLUSIONS

STATEMENT OF SCOPE AND WORK

Daniel Dorn with Smith/Packett Med-Com, LLC (The Client), has commissioned this study to determine the level of demand for a memory care facility to be located on a tract of land at 2410 Parkway River Road, Hoover, Alabama, 35244. Below are the findings and recommendations from that investigation.

PERTINENT DATES

Effective Date

The conclusions in this report are effective as of July 19, 2017.

Report Date

This report was completed on July 26, 2017.

FINDINGS

Pertinent conclusions are as follows:

MARKET AREA DESCRIPTION & ANALYSIS

The proposed memory care facility will be located on a tract of land 2410 Parkway River Road, Hoover, Alabama, 35244. Considering the lack of physical and psychological barriers, the density of the population, and the number of competing facilities in the area, we have concluded that a reasonable definition of the Hoover PMA would be a 5-mile radius around the proposed project site in Hoover.

Due to the amount of competing facilities in the Hoover PMA (5-mile radius), we expect that as much as 70% of the eventual resident population will come from within the 5-mile radius.

SUPPLY AND DEMAND ANALYSIS

The PMA (5-mile radius) is a densely populated area, with a growing elderly segment. The 65+ population living in the Hoover PMA represents 14.6% of the total population and

from 2016-2021 this segment of the population is projected to increase by a significant 24.8%.

Our analysis shows that the PMA currently has five memory care facilities inside the 5-mile radius.

According to nationally recognized senior housing demand formulas and methodologies, we estimate an unmet demand in 2020 for 82 units of memory care. We found there to be no active senior living projects in the development pipeline for the PMA.

DETERMINATION OF ACHIEVABLE RENTAL RATES

Our concluded achievable rental rates for the subject are as follows (2020 dollars):

CAMPUS SUMMARY

Type	Size	Total	Monthly Rent	Rent Per Sq. Ft.
Studio	350 s.f.	45	\$5,000	\$14.29
TOTAL:		45		

CONCLUSION

For three reasons, we conclude that the Hoover market presents conditions conducive for the development and operation of a full-service memory care facility:

1. Demand formulas show that the Hoover PMA will have an unmet demand for 82 memory care units by 2020.
2. The Hoover PMA has no new competitive facilities in the pipeline.
3. The proposed facility would be in close vicinity to Riverchase Galleria Mall shopping area. This is a developing area of town draws many residents of the region to the area.

As such, we conclude that the proposed development of a new full-service memory care facility at the proposed site is feasible.

SUMMARY AND CONCLUSIONS

Memory Care Demand

According to the bed need methodologies used by industry experts to calculate the demand for more memory care beds, the market appears to be under-bedded. The unmet demand for memory care beds is projected to exceed 82 beds by 2020 and 124 beds by 2022.

LETTERS OF SUPPORT



ATTACHMENTS



ALABAMA STATE SENATE

ALABAMA STATE HOUSE
11 SOUTH UNION STREET, 7TH FLOOR
MONTGOMERY, ALABAMA 36130-4600

J.T. "JABO" WAGGONER
STATE SENATOR 16TH DISTRICT
P.O. BOX 660609
VESTAVIA HILLS, ALABAMA 35266-0609
PHONE: 334-242-7892
FAX: 334-242-2278

COMMITTEES:
CHAIRMAN, RULES
VICE CHAIR, CONFIRMATIONS
COUNTY & MUNICIPAL GOVERNMENT
FINANCE & TAXATION EDUCATION
FINANCE & TAXATION GENERAL FUND
BANKING & INSURANCE
HEALTH

January 24, 2019

State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

ATTN: Bradford L. Williams

RE: Phoenix Senior Living
SCALF Beds

Dear Mr. Williams:

I am pleased to offer my full support of the proposed senior living project by Phoenix Senior Living which will bring needed Specialty Care Assisted Living Facility (SCALF) beds to northern Shelby County, and encourage the Statewide Health Coordinating Council (SHCC) to approve this matter.

Phoenix Senior Living is requesting 32 additional SCALF beds for Shelby County. Given the significant population growth projections, especially those age 65 and older, in Shelby County, it is imperative that healthcare facilities respond to the growing demand for services in advance of that growth.

I appreciate the SHCC's consideration of my support for this project.

Sincerely,

A handwritten signature in cursive script that reads "J.T. Waggoner".

J. T. "Jabo" Waggoner

JTW/ss



**Brookwood
Baptist
Health**

**Brookwood Baptist Medical Center
Administration**

January 23, 2019

Mr. Bradford L. Williams
Acting Executive Director
State Health Planning and Development Agency

RE: SCALF Beds
Shelby County

Dear Mr. Williams:

On behalf of Brookwood Baptist Medical Center and the Brookwood Baptist Freestanding Emergency Department (FED), I am pleased to offer my support to the proposed addition of 32 Specialty Care Assisted Living Facility (SCALF) beds for Shelby County.

The Bluffs at Greystone, the proposed Independent Living, Assisted Living and SCALF facility will be located less than 2 miles from the Brookwood Baptist FED, a comprehensive 20,000 square foot Emergency Department operating 24/7. Access to emergency medical services is imperative for multi-level senior housing projects such as The Bluffs at Greystone and is a critical factor for seniors and their families in making the important decision on where to relocate.

The Shelby County senior population is expected to continue its skyrocketing growth rate and facilities such as The Bluffs at Greystone and the Brookwood Baptist FED are necessary and will provide complementary healthcare services to the community.

Sincerely,

Amy Beard, MSN, RN, NEA-BC
Chief Nursing Officer
Brookwood Baptist Medical Center



January 25, 2019

State Health Planning and Development Agency

Statewide Health Coordinating Council

100 North Union Street, Suite 870

Montgomery, Alabama 36104

RE: The Bluffs at Greystone

On behalf of the Hoover Chamber of Commerce, I am pleased to offer my support for the Bluffs at Greystone's application for Specialty Care Assisted Living Facility (SCALF) beds in Shelby County.

The population growth estimates for southern Jefferson and northern Shelby counties are such that many businesses and governments are preparing for a tremendous influx of residents, especially those age 65 and older. The Bluffs at Greystone is developing independent and assisted living units with plans to provide memory care (SCALF) beds for our vulnerable population suffering with Alzheimer's Disease and other forms of dementia. Given the population projections in the area, many of The Bluffs at Greystone residents will come from the Hoover community.

The Hoover Chamber of Commerce understands the growing needs and demands for senior services and supports this project.

Respectfully,

April R. Stone, IOM

Hoover Area Chamber of Commerce

**STATISTICAL UPDATE
ALABAMA STATE HEALTH PLAN**

410-2-4-.04 LIMITED CARE FACILITIES (SCALF)



ATTACHMENTS



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 5, 2018

MEMORANDUM

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

FROM: Alva M. Lambert
Executive Director 

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

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

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

AML/blw

Enclosure: As stated

**Specialty Care Assisted Living Facilities
Bed Need
2018**

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

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

5-Sep-18

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

NOTES

CON Authorized beds not yet licensed by ADPH:

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

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

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

ADPH HEALTH CARE FACILITIES DIRECTORY
SPECIALTY CARE ASSISTED LIVING FACILITIES



ATTACHMENTS

Assisted Living Facilities (Specialty Care)

Shelby County

Lakeview Estates
2634 Valleydale Road
Birmingham, AL 35244 (205) 981-0001
76 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Callie Simmons
Fac ID: P5903 License: Regular
Medicare: N/A

.....

Memory Care at Somerby at St. Vincent's One Nineteen
200 One Nineteen Blvd.
Hoover, AL 35242 (205) 745-4600
24 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Carolyn Katterjohn
Fac ID: P5905 License: Regular
Medicare: N/A

.....

Premier Assisted Living
155 Egg and Butter Road
Columbiana, AL 35051 (205) 621-8407
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Corporation
Administrator: Shane Armstrong
Fac ID: P5925 License: Regular
Medicare: N/A

.....

Specialty Care at Danberry at Inverness
235 Inverness Center Drive
Hoover, AL 35242 (205) 443-9500
24 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Jaclyn E. Gardner
Fac ID: P3724 License: Regular
Medicare: N/A

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**2018 ALZHEIMER'S ASSOCIATION
Prevalence Report
Facts and Figures**



ATTACHMENTS

PREVALENCE

Every
65
seconds

*100 million people
are living with HIV*

Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to grow from 53 million in 2018 to 88 million by 2050.^{144, 145} The baby boom generation has already begun to reach age 65 and beyond,¹⁴⁶ the age range of greatest risk of Alzheimer's; in fact, the oldest members of the baby boom generation turned age 72 in 2018.

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

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

An estimated 5.7 million Americans of all ages are living with Alzheimer's dementia in 2018. This number includes an estimated 5.5 million people age 65 and older^{A1,30} and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.¹⁴⁷

- One in 10 people (10 percent) age 65 and older has Alzheimer's dementia.^{A2,30,145}
- The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia.³⁰
- Of people who have Alzheimer's dementia, 81 percent are age 75 or older (Figure 1).^{A3,30}

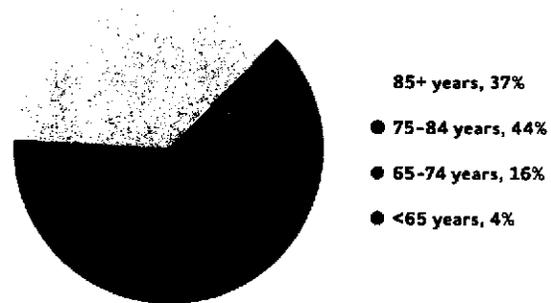
The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.³⁰

National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults.^{A4,148-149} Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.¹⁴⁸

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia.

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2018



Created from data from Hebert et al.^{A3,30}

Percentages do not total 100 because of rounding.

But outside of research settings, a substantial portion of those who would meet the diagnostic criteria for Alzheimer's and other dementias are not diagnosed with dementia by a physician.¹⁵⁰⁻¹⁵³ Furthermore, fewer than half of Medicare beneficiaries who have a diagnosis of Alzheimer's or another dementia in their Medicare records (or their caregiver, if the beneficiary's cognitive impairment prevented him or her from responding) report being told of the diagnosis.¹⁵⁴⁻¹⁵⁷ Because Alzheimer's dementia is underdiagnosed and underreported, a large portion of Americans with Alzheimer's may not know they have it.

The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. However, as described in the Overview (see page 15) and Special Report (see page 58), revised diagnostic guidelines²⁰⁻²³ recognize that Alzheimer's disease begins many years before the onset of dementia.

While more research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the proposed preclinical stage of Alzheimer's disease, some recent studies have begun to address these topics. For example, a new report from the American Academy of Neurology¹⁵⁸ estimates that 15.8 percent of people in the United States age 60 and older have MCI. Using U.S. Census population estimates, that equates to 11.6 million people in 2018. However, because this estimate is not based on biomarker evidence, researchers do not yet know how many of these people have MCI due to Alzheimer's and how many have MCI due to other causes. Regarding the proposed preclinical stage of Alzheimer's disease, another recent article¹⁵⁹ estimated that in 2017 there were 38.4 million people in the United States age 30 and older who had elevated levels of beta-amyloid in the brain, but who did not yet have MCI.

It is important to note that not all people with MCI or people who are in the proposed preclinical stage of Alzheimer's disease will go on to develop Alzheimer's dementia. In addition, further research using biomarkers in large, representative samples is still needed to obtain reliable estimates of the true prevalence of MCI due to Alzheimer's disease and the number of people in the proposed preclinical stage of the disease.

Subjective Cognitive Decline

The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's or other dementias as well as MCI.¹⁶⁰⁻¹⁶⁴ Subjective cognitive decline does not refer to someone occasionally forgetting their keys or the name of

someone they recently met; it refers to more serious issues such as having trouble remembering how to do things one has always done or forgetting things that one would normally know. Not all of those who experience subjective cognitive decline go on to develop MCI or dementia, but many do.¹⁶⁵⁻¹⁶⁷ According to a recent study, only those who over time consistently reported subjective cognitive decline that they found worrisome were at higher risk for developing Alzheimer's dementia.¹⁶⁸ The Behavioral Risk Factor Surveillance System (BRFSS) survey, which includes questions on self-perceived confusion and memory loss, found that in 2015-2016, 11 percent of Americans age 45 and older reported subjective cognitive decline, but 55 percent of those who reported it had not consulted a health care professional about it.¹⁶⁹ Individuals concerned about declines in memory and other cognitive abilities should consult a health care professional.

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

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.¹⁷⁰ Of the 5.5 million people age 65 and older with Alzheimer's in the United States, 3.4 million are women and 2.0 million are men.¹⁷¹ Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.¹⁴⁸

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.¹⁷⁰ The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.¹⁷¹⁻¹⁷³ Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age.^{172,174-175} A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.¹⁷³ Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

TABLE 4

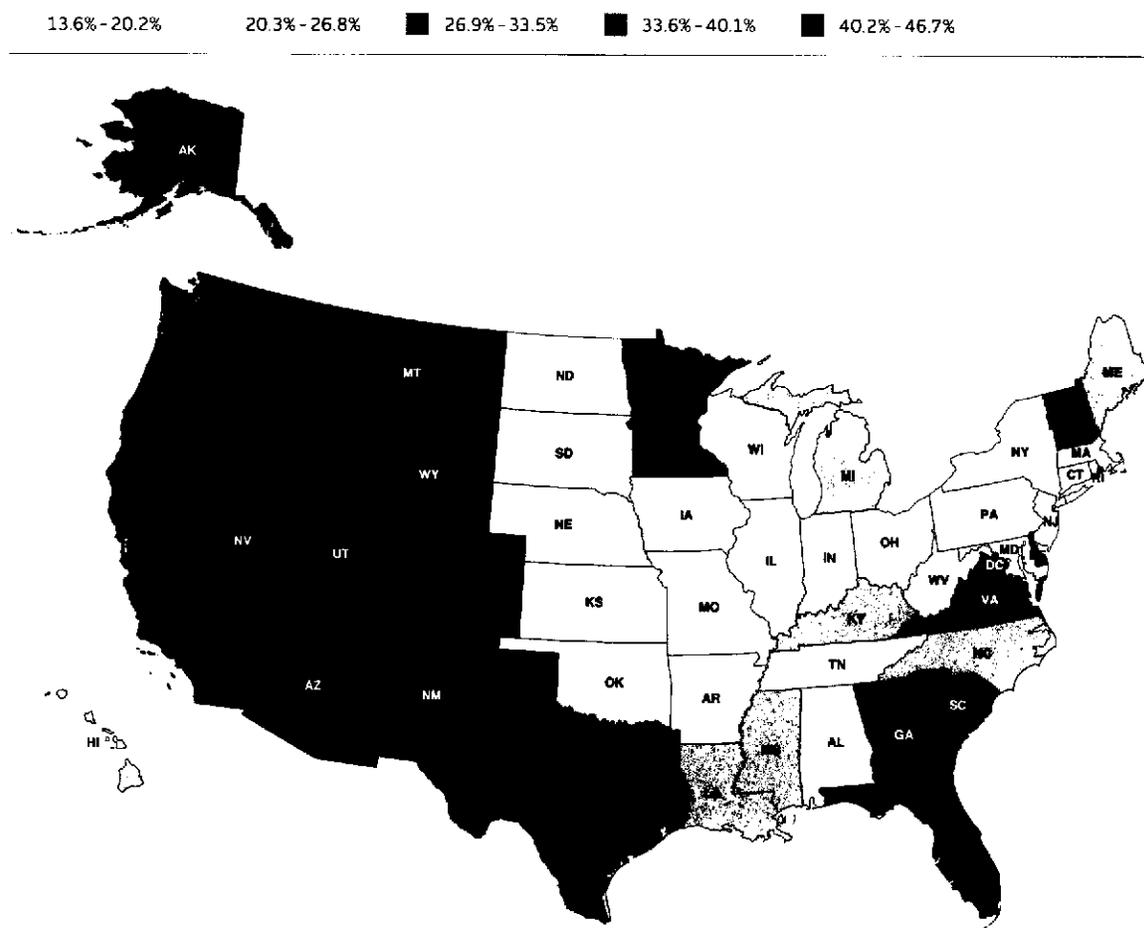
Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's Dementia by State

State	Projected Number with Alzheimer's (in thousands)		Percentage Increase	State	Projected Number with Alzheimer's (in thousands)		Percentage Increase
	2018	2025	2018-2025		2018	2025	2018-2025
Alabama	92	110	19.6	Montana	20	27	35.0
Alaska	7.5	11	46.7	Nebraska	34	40	17.6
Arizona	140	200	42.9	Nevada	45	64	42.2
Arkansas	56	67	19.6	New Hampshire	24	32	33.3
California	650	840	29.2	New Jersey	180	210	16.7
Colorado	71	92	29.6	New Mexico	39	53	35.9
Connecticut	77	91	18.2	New York	400	460	15.0
Delaware	18	23	27.8	North Carolina	170	210	23.5
District of Columbia	8.9	9	1.1	North Dakota	14	16	14.3
Florida	540	720	33.3	Ohio	220	250	13.6
Georgia	140	190	35.7	Oklahoma	64	76	18.8
Hawaii	28	35	25.0	Oregon	65	84	29.2
Idaho	25	33	32.0	Pennsylvania	280	320	14.3
Illinois	220	260	18.2	Rhode Island	23	27	17.4
Indiana	110	130	18.2	South Carolina	89	120	34.8
Iowa	64	73	14.1	South Dakota	17	20	17.6
Kansas	53	62	17.0	Tennessee	120	140	16.7
Kentucky	71	86	21.1	Texas	380	490	28.9
Louisiana	87	110	26.4	Utah	31	42	35.5
Maine	28	35	25.0	Vermont	13	17	30.8
Maryland	110	130	18.2	Virginia	140	190	35.7
Massachusetts	130	150	15.4	Washington	110	140	27.3
Michigan	180	220	22.2	West Virginia	38	44	15.8
Minnesota	94	120	27.7	Wisconsin	110	130	18.2
Mississippi	54	65	20.4	Wyoming	9.7	13	34.0
Missouri	110	130	18.2				

Created from data provided to the Alzheimer's Association by Weuve et al.^{A7,209}

FIGURE 2

Projected Increases Between 2018 and 2025 in Alzheimer's Dementia Prevalence by State



Change from 2018 to 2025 for Washington, D.C.: 1.1%

Created from data provided to the Alzheimer's Association by Weuve et al.^{A7,209}

Researchers are now questioning whether the risk of Alzheimer's could actually be higher for women at any given age due to biological or genetic variations or differences in life experiences.¹⁷⁶ A number of studies have shown that the APOE-e4 genotype (see the Overview, page 11), the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than in men.¹⁷⁷⁻¹⁷⁸ However, a recent meta-analysis, which combined data from a number of independent studies, found no difference between men and women in the association between APOE genotype and Alzheimer's dementia except for a slightly elevated risk for women with the APOE-e3/e4 genotype compared with men with the same genotype between ages 65 and 75.¹⁷⁹

It is unknown why the APOE gene could convey different risk for women, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.¹⁸⁰⁻¹⁸¹ Finally, because low education is a risk factor for dementia,^{88-89,95,174,182-183} it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.¹⁸⁴

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

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-

(the “oldest-old”).^{A8,210} This translates to approximately two new cases per 1,000 people age 65 to 74, 11 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.^{A8} A study using more recent data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer’s dementia.¹⁷⁴ Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer’s and other dementias is projected to double by 2050.²¹⁰

- Every 65 seconds, someone in the United States develops Alzheimer’s dementia.^{A9}
- By 2050, someone in the United States will develop Alzheimer’s dementia every 33 seconds.^{A9}

Lifetime Risk of Alzheimer’s Dementia

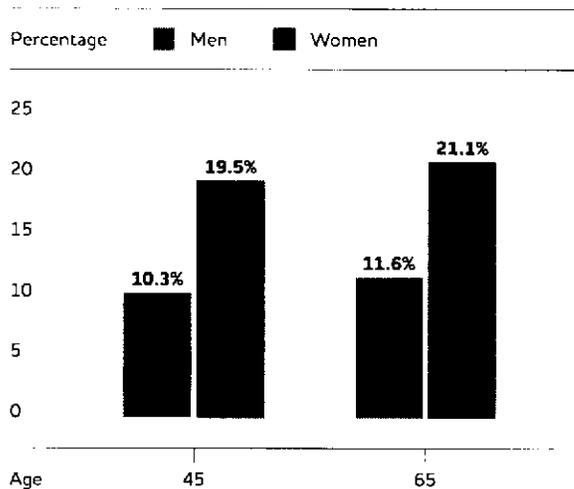
Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer’s dementia by age and sex.^{A10,173} As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer’s dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.¹⁷³

Trends in the Prevalence and Incidence of Alzheimer’s Dementia

A growing number of studies indicate that the age-specific risk of Alzheimer’s and other dementias in the United States and other higher-income Western countries may have declined in the past 25 years,²¹¹⁻²²⁴ though results are mixed.^{29,225} These declines have been attributed to increasing levels of education and improved control of cardiovascular risk factors.^{211,214,217-218} Such findings are promising and suggest that identifying and reducing risk factors for Alzheimer’s and other dementias may be effective. Although these findings indicate that a person’s risk of dementia at any given age may be decreasing slightly, it should be noted that the total number of people with Alzheimer’s or other dementias in the United States and other high-income Western countries is expected to continue to increase dramatically because of the increase in the number of people at the oldest ages. Furthermore, it is unclear whether these positive trends will continue into the future given worldwide trends showing increases in diabetes and obesity — potential risk factors for Alzheimer’s dementia — which may lead to a rebound in dementia risk in coming years.^{60,215,226-227} Thus, while recent findings are promising, the social and economic burden of Alzheimer’s and other dementias will

FIGURE 3

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



Created from data from Chene et al.¹⁷³

continue to grow. Moreover, 68 percent of the projected increase in the global prevalence and burden of dementia by 2050 will take place in low- and middle-income countries, where there is no evidence that the risk of Alzheimer’s and other dementias has been declining.²²⁸

Looking to the Future

A large segment of the American population — the baby boom generation — has begun to reach age 65 and older, ages when the risk for Alzheimer’s and other dementias is elevated. By 2030, the segment of the U.S. population age 65 and older will increase substantially, and the projected 74 million older Americans will make up over 20 percent of the total population (up from 16 percent in 2018).^{145,229} As the number of older Americans grows rapidly, so too will the numbers of new and existing cases of Alzheimer’s dementia, as shown in Figure 4.^{A11,30}

- In 2010, there were an estimated 454,000 new cases of Alzheimer’s dementia. By 2030, that number is projected to be 615,000 (a 35 percent increase), and by 2050, 959,000 (a 110 percent increase from 2010).²¹⁰
- By 2025, the number of people age 65 and older with Alzheimer’s dementia is projected to reach 7.1 million — almost a 29 percent increase from the 5.5 million age 65 and older affected in 2018.^{A12,30}
- By 2050, the number of people age 65 and older with Alzheimer’s dementia may grow from 5.5 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow, or cure Alzheimer’s disease.^{A11,30}

Americans and Hispanics are more likely, on a per-capita basis, than older whites to have Alzheimer's or other dementias.¹⁸⁵⁻¹⁹¹ Most studies indicate that older African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites.¹⁹²⁻¹⁹³ Some studies indicate Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.¹⁹³⁻¹⁹⁵ Recent studies suggest the increased likelihood for Hispanics may be slightly lower than this, depending upon the specific Hispanic ethnic group observed (for example, Mexican-Americans compared with Caribbean-Americans).¹⁹⁶

There are fewer data from population-based cohort studies regarding the national prevalence of Alzheimer's and other dementias in racial and ethnic groups other than whites, African-Americans, and Hispanics. However, a study examining electronic medical records of members of a large health plan in California indicated that dementia incidence — determined by the presence of a dementia diagnosis in members' medical records — was highest in African-Americans, intermediate for Latinos (the term used in the study for those who self-reported as Latino or Hispanic) and whites, and lowest for Asian-Americans.¹⁹⁷ A follow-up study with the same cohort showed heterogeneity within Asian-American subgroups, but all subgroups studied had lower dementia incidence than whites.¹⁹⁸ A recent systematic review of the literature found that Japanese-Americans were the only Asian-American subgroup with reliable prevalence data, and that they had the lowest prevalence of dementia compared with all other ethnic groups.¹⁹⁶ More studies, especially those involving population-based cohorts, are necessary to draw conclusions about the prevalence of Alzheimer's and other dementias in Asian-Americans and how it may differ by subgroup.

Variations in health, lifestyle and socioeconomic risk factors across racial groups likely account for most of the differences in risk of Alzheimer's and other dementias by race.¹⁹⁹ Despite some evidence that the influence of genetic risk factors on Alzheimer's and other dementias may differ by race,^{191,200-201} genetic factors do not appear to account for the large prevalence differences among racial groups.^{199,202} Instead, health conditions such as cardiovascular disease and diabetes, which are associated with an increased risk for Alzheimer's and other dementias, are believed to account for these differences, as they are more prevalent in African-American and Hispanic people.²⁰³⁻²⁰⁴ Socioeconomic characteristics, including lower levels of education, higher rates of poverty, and greater exposure to early life adversity and discrimination may

also increase risk in African-American and Hispanic communities.^{191,203-205} Some studies suggest that differences based on race and ethnicity do not persist in rigorous analyses that account for such factors.^{86,148,199}

There is evidence that missed diagnoses of Alzheimer's and other dementias are more common among older African-Americans and Hispanics than among older whites.²⁰⁶⁻²⁰⁷ Based on data for Medicare beneficiaries age 65 and older, Alzheimer's or another dementia had been diagnosed in 6.9 percent of whites, 9.4 percent of African-Americans and 11.5 percent of Hispanics.²⁰⁸ Although rates of diagnosis were higher among African-Americans than among whites, according to prevalence studies that detect all people who have dementia irrespective of their use of the health care system, the rates should be even higher for African-Americans.

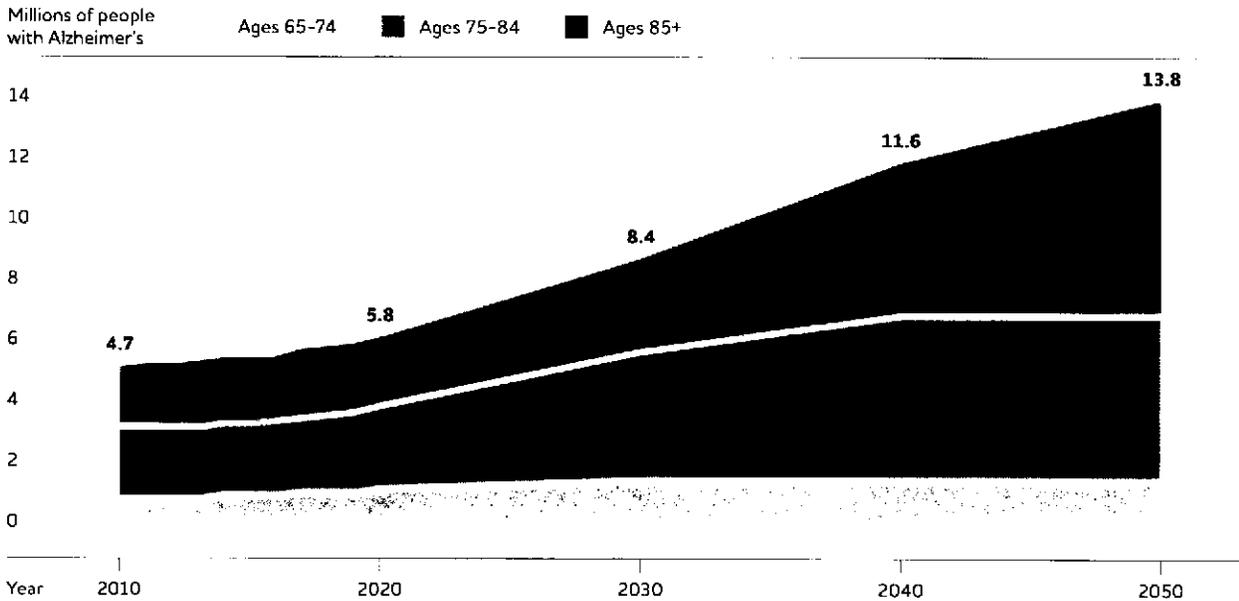
Estimates of the Number of People with Alzheimer's Dementia by State

Table 4 (see page 19) lists the estimated number of people age 65 and older with Alzheimer's dementia by state for 2018, the projected number for 2025, and the projected percentage change in the number of people with Alzheimer's between 2018 and 2025.^{47,209}

As shown in Figure 2, between 2018 and 2025 every state across the country is expected to experience an increase of at least 13 percent in the number of people with Alzheimer's. These projected increases in the number of people with Alzheimer's are due to projected increases in the population age 65 and older in these states. The West and Southeast are expected to experience the largest percentage increases in people with Alzheimer's between 2018 and 2025. These increases will have a marked impact on states' health care systems, as well as the Medicaid program, which covers the costs of long-term care and support for some older residents with dementia.

Incidence of Alzheimer's Dementia

While prevalence refers to existing cases of a disease in a population at a given time, incidence refers to new cases of a disease that develop in a given period of time in a defined population — in this case, the U.S. population age 65 or older. Incidence provides a measure of risk for developing a disease. According to one study using data from the Established Populations for Epidemiologic Study of the Elderly (EPESE), approximately 484,000 people age 65 or older will develop Alzheimer's dementia in the United States in 2018.⁴⁸ The number of new cases of Alzheimer's increases dramatically with age: in 2018, there will be approximately 66,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 245,000 new cases among people age 85 and older

FIGURE 4**Projected Number of People Age 65 and Older (Total and by Age) in the U.S. Population with Alzheimer's Dementia, 2010 to 2050**

Created from data from Hebert et al.^{A11,30}

Growth of the Oldest-Old Population

The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically due to medical advances, as well as social and environmental conditions.²²⁹ Longer life expectancies and aging baby boomers will lead to an increase in the number and percentage of Americans who will be 85 and older, the oldest-old. Between 2012 and 2050, the oldest-old are expected to comprise an increasing proportion of the U.S. population age 65 and older — from 14 percent in 2012 to 22 percent in 2050.²²⁹ This will result in an additional 12 million oldest-old people — individuals at the highest risk for developing Alzheimer's dementia.²²⁹

- In 2018, about 2.1 million people who have Alzheimer's dementia are age 85 or older, accounting for 37 percent of all people with Alzheimer's dementia.³⁰
- When the first wave of baby boomers reaches age 85 (in 2031), it is projected that more than 3 million people age 85 and older will have Alzheimer's dementia.³⁰
- By 2050, 7 million people age 85 and older are projected to have Alzheimer's dementia, accounting for half (51 percent) of all people 65 and older with Alzheimer's dementia.³⁰

2018 ALZHEIMER'S DISEASE FACTS AND FIGURES

ALZHEIMER'S DISEASE IS THE

leading cause of death
in the United States

provide unpaid care for people with
Alzheimer's or other dementias

These caregivers provided an estimated

5.4 billion hours

of care valued at over

\$100 billion

Between 2000 and
2015 deaths from heart
disease have decreased

while deaths from Alzheimer's
disease have increased

12%



1 IN 7

seniors dies
with Alzheimer's
or another
dementia

It kills more than
breast cancer and
prostate cancer



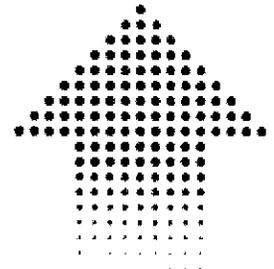
EARLY AND ACCURATE DIAGNOSIS COULD SAVE UP TO

25% of the costs of
Alzheimer's disease

in medical and care costs

BY 2050, these costs
could rise as high as

\$1.1 TRILLION



5.7
MILLION

Americans are living
with Alzheimer's

BY 2050, this
number is projected
to rise to nearly

14
MILLION

**EVERY
65 SECONDS**
someone in the
United States
develops the
disease

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS: