

Jun 27 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Rev. 6-16

**ALABAMA  
CERTIFICATE OF NEED APPLICATION**Filing Fee Remitted: \$ 25,706 tml**For Staff Use Only**Project # AL2025-016E

Date Rec. \_\_\_\_\_

**INSTRUCTIONS:** Please submit an electronic pdf copy of this completed form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, in accordance with ALA. ADMIN. CODE r. 410-1-7-.06 (Filing of a Certificate of Need Application) and 410-1-3-.09 (Electronic Filing). Electronic filings meeting the requirements of the aforementioned rules shall be considered provisionally received pending receipt of the required filing fee and shall be considered void should the proper filing fee not be received by the end of the next business day. Refer to ALA. ADMIN. CODE r. 410-1-7-.06 to determine the required filing fee.

Filing fees should be remitted to: State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

or the fee may be submitted electronically via the payment portal available through the State Agency's website at [www.shpda.alabama.gov](http://www.shpda.alabama.gov).

**PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION**

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL (\_\_\_\_) NURSING HOME (X\_\_\_\_)  
OTHER (\_\_\_\_) (Specify) \_\_\_\_\_

**A. Alabama Department of Veterans Affairs**

Name of Applicant (in whose name the CON will be issued if approved)

<u>PO Box 1509</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County
<u>Alabama</u>	<u>36102</u>	<u>(334) 242-5077</u>
State	Zip Code	Phone Number

**B. Command Sergeant Major Bennie G. Adkins State Veterans Homes**

Name of Facility/Organization (if different from A)

<u>522 Veterans Parkway</u>	<u>Enterprise</u>	<u>Coffee</u>
Address	City	County
<u>Alabama</u>	<u>36330</u>	<u>(334) 470-2443</u>
State	Zip Code	Phone Number

**C.**

Name of Legal Owner (if different from A or B)

Address	City	County
State	Zip Code	Phone Number

**D. Kim Justice, Executive Director - State Veterans Homes**

Name and Title of Person Representing Proposal and with whom SHPDA should communicate

<u>PO Box 1509</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County
<u>Alabama</u>	<u>36102</u>	<u>(334) 242-5077</u>
State	Zip Code	Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

1. Individual ☐  
2. Partnership ☐  
3. Corporate (for profit) ☐

\_\_\_\_\_  
Name of Parent Corporation

4. Corporate (non-profit) ☐

\_\_\_\_\_  
Name of Parent Corporation

5. Public ☒  
6. Other (specify) ☐

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

GOVERNING BOARD MEMBERS

State of Alabama, Department of Veterans Affairs

Jeffrey L. Newton, Commissioner

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

\_\_\_\_ New Facility  
Type \_\_\_\_\_

\_\_\_\_ Major Medical Equipment  
Type \_\_\_\_\_

\_\_\_\_ New Service  
Type \_\_\_\_\_

\_\_\_\_ Termination of Service or Facility

X Construction/Expansion/Renovation

X Other Capital Expenditure  
Type Fire Remediation

\_\_\_\_ Change in Service

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

See attachment A

#### IV. COST

A. Construction (includes modernization expansion)		
1.	Predevelopment	\$ _____
2.	Site Acquisition	_____
3.	Site Development	_____
4.	Construction	<u>90,000,000</u>
5.	Architect and Engineering Fees	<u>5,500,000</u>
6.	Renovation	_____
7.	Interest during time period of construction	_____
8.	Attorney and consultant fees	_____
9.	Bond Issuance Costs	_____
10.	Other <u>contingency</u>	<u>4,500,000</u>
11.	Other _____	_____
TOTAL COST OF CONSTRUCTION		\$ <u>100,000,000</u>
B. Purchase		
1.	Facility	\$ _____
2.	Major Medical Equipment	_____
3.	Other Equipment (furniture/minor equipment)	<u>2,000,000</u>
TOTAL COST OF PURCHASE		\$ <u>2,000,000</u>
C. Lease		
1.	Facility Cost Per Year _____ x _____ Years =	\$ _____
2.	Equipment Cost per Month _____ x _____ Months =	_____
3.	Land-only Lease Cost per Year _____ x _____ Years	_____
TOTAL COST OF LEASE(s)		\$ <u>0</u>
(compute according to generally accepted accounting principles)		
Cost if Purchased		\$ _____
D. Services		
1.	_____ New Service	\$ _____
2.	_____ Expansion	\$ _____
3.	_____ Reduction or Termination	\$ _____
4.	_____ Other	\$ _____
FIRST YEAR ANNUAL OPERATING COST		\$ _____
E.	Total Cost of this Project (Total A through D) (should equal V-C on page A-4)	\$ <u>102,000,000</u>

## IV. COST (continued)

#### F. Proposed Finance Charges

- |    |  |                             |
|----|--|-----------------------------|
| 1. | Total Amount to Be Financed                            | \$ <u>0</u>                 |
| 2. | Anticipated Interest Rates                             | <u>                    </u> |
| 3. | Term of Loan   | <u>                    </u> |
| 4. | Method of Calculating Interest on<br>Principal Payment | <u>                    </u> |

## V. ANTICIPATED SOURCE OF FUNDING

### A. Federal

- |           |          |        |
|-----------|----------|--------|
| Federal   | Amount   | Source |
| 1. Grants | \$ _____ | _____  |
| 2. Loans  |          |        |

### B. Non-Federal

- |    |                          |             |                |
|----|--------------------------|-------------|----------------|
| 1. | Commercial Loan          |             |                |
| 2. | Tax-exempt Revenue Bonds |             |                |
| 3. | General Obligation Bonds |             |                |
| 4. | New Earning and Revenues |             |                |
| 5. | Charitable Fund Raising  |             |                |
| 6. | Cash on Hand             |             |                |
| 7. | Other                    | 102,000,000 | Insurance&ADVA |

C. TOTAL (should equal IV-E on page A-3)

**\$ 102,000,000**

## VI. TIMETABLE

- |    |                               |                      |
|----|-------------------------------|----------------------|
| A. | Projected Start/Purchase Date | <u>Upon Issuance</u> |
| B. | Projected Completion Date     | <u>July 2027</u>     |

## **PART TWO: PROJECT NARRATIVE**

Note: In this part, please submit the information as an attachment. This will enhance the continuity of reading the application.

The applicant should address the items that are applicable to the project.

### **I. MEDICAL SERVICE AREA - See Attachment B**

- A. Identify the geographic (medical service) area by county (ies) or city, if appropriate, for the facility or project. Include an 8 ½ x 11" map indicating the service area and the location of the facility.
- B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.
- C. If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used, explain whether institution or county based, etc.
- D. Are there any other factors affecting access to the project?

☐ Geographic ☐ Economic ☐ Emergency ☐ Medically Underserved

Please explain.

### **II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA - See Attachment C**

- A. What are the factors (inadequacies) in the existing health care delivery system which necessitate this project?
- B. How will the project correct the inadequacies?
- C. Why is your facility/organization the appropriate facility to provide the proposed project?
- D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-.07. Provide information about the results of any local studies which reflect a need for the proposed project.
- E. If the application is for a specialized or limited-purpose facility or service, show the incidence of the particular health problem.
- F. Describe the relationship of this project to your long-range development plans, if you have such plans.

- III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES - See Attachment C
- A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.
  - B. How will the proposed project affect existing or approved services and facilities in the medical service area?
  - C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.
  - D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.
  - E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.
- IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES - See Attachment C
- A. What alternatives to the proposed project exist? Why was this proposal chosen?
  - B. How will this project foster cost containment?
  - C. How does the proposal affect the quality of care and continuity of care for the patients involved?
- V. DESCRIBE COMMUNITY REACTION TO THE PROJECT - See Attachment C
- VI. NON-PATIENT CARE - See Attachment C  
If appropriate, describe any non-patient care objectives of the facility, i.e., professional training programs, access by health professional schools and behavioral research projects which are designed to meet a national need.
- VII. MULTI-AREA PROVIDER - See Attachment C  
If the applicant holds itself as a multi-area provider, describe those factors that qualify it as such, including the percentage of admissions which resides outside the immediate health service area in which the facility is located.
- VIII. HEALTH MAINTENANCE ORGANIZATION - Not Applicable  
If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMOs, and show that the HMO is federally qualified.
- IX. ENERGY-SAVING MEASURES - See Attachment C  
Discuss as applicable the principal energy-saving measures included in this project.
- X. OTHER FACTORS - Not Applicable  
Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

**PART THREE: CONSTRUCTION OR RENOVATION ACTIVITIES**

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

I. ARCHITECT Sean Whitt  
Firm Williams Blackstock Architects, Inc.  
Address 2204 1st Avenue South, Suite 200  
City/State/Zip Birmingham, AL 35233  
Contact Person Sean Whitt  
Telephone (205) 587-6956  
Architect's Project Number WBA #20-041

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION

A. Describe the proposed construction/renovation

See Attachment D  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Total gross square footage to be constructed/renovated 188,656 SF  
C. Net useable square footage (not including stairs, elevators, corridors, toilets) 133,438 SF  
D. Acres of land to be purchased or leased None  
E. Acres of land owned on site 108 acres (donated)  
F. Anticipated amount of time for construction or renovations 24 (months)  
G. Cost per square foot \$ 530.07  
H. Cost per bed (if applicable) \$

**PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION**

This part should be completed for projects under \$500,000.00 and/or those projects for ESRD and home health. If this project is not one of the items listed above, please omit Part Four and complete Part Five. Indicate N/A for any questions not applicable.

I. UTILIZATION		CURRENT		PROJECTED	
		Years: 20_____	20_____	20_____	20_____
A.	ESRD				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____
B.	Home Health Agency				
	# Patients	_____	_____	_____	_____
	# of Visits	_____	_____	_____	_____
C.	New Equipment				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____
D.	Other				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____

**II. PERCENT OF GROSS REVENUE**

Source of Payment	Historical			Projected	
	20____	20____	20____	20____	20____
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans Administration					
Workers' Compensation					
<b>TOTAL</b>	%	%	%	%	%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.



### III. CHARGE INFORMATION

- A. List schedule of current charges related to this project.
- B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

### PART FIVE: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects which cost over \$500,000.00 or which propose a substantial change in service, or which would change the bed capacity of the facility in excess of ten percent (10%), or which propose a new facility. ESRD, home health, and projects that are under \$500,000.00 should omit this part and complete Part Four.

#### I. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	20	20	20 25	20 26	20 27
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay			10%	10%	10%
Other			43%	43%	43%
Veterans Administration			47%	47%	47%
Workers' Compensation					
<b>TOTAL</b>	<b>%</b>	<b>%</b>	<b>100 %</b>	<b>100 %</b>	<b>100 %</b>

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

#### II. CHARGE INFORMATION

- C. List schedule of current charges related to this project.
- D. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

Projected daily rate = \$260.00 (Veterans daily rate charge = \$24.00)

### III. INPATIENT UTILIZATION DATA

#### A. Historical Data

Give information for last three (3) years for which complete data is available.

#### OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	Yr2025	Yr	Yr	Yr2025	Yr	Yr	Yr2025	Yr	Yr	Yr2025	Yr	Yr
Medicine & Surgery												
Obstetrics												
Pediatrics												
Psychiatry												
Other (SNF)	174			110			9,374			15		
TOTALS	174			110			9,374			15		

#### B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

#### OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery								
Obstetrics								
Pediatrics								
Psychiatry								
Other	174	174	209 admissions	85 admissions	32,242	62,182	51%	98%
TOTALS	174	174	209 admissions	85 admissions	32,242	62,182	51%	98%

**IV. OUTPATIENT UTILIZATION DATA** (Not Applicable)  
(Not applicable)

**A. HISTORICAL DATA**

	<b>Number of Outpatient Visits</b>			<b>Percentage of Outpatient Visits</b>		
	Yr _____	Yr _____	Yr _____	Yr _____	Yr _____	Yr _____
<b>Clinical</b>						
<b>Diagnostic</b>						
<b>Rehabilitation</b>						
<b>Surgical</b>						

**B. PROJECTED DATA**

	<b>Number of Outpatient Visits</b>		<b>Percentage of Outpatient Visits</b>	
	1st year	2nd year	1st year	2nd year
<b>Clinical</b>				
<b>Diagnostic</b>				
<b>Rehabilitation</b>				
<b>Surgical</b>				

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	20____ (Total)	20____ (Total)	2025 (Total)	2027 (Total)	2028 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)			7,337,784	17,748,260	24,033,750
Other (Pharmacy)			38,224	92,454	125,197
Outpatient Services					
Emergency Services					
Gross Patient Revenue			7,376,008	17,840,714	24,158,947
Deductions from Revenue					
Contractual Adjustments			67,795	163,979	222,052
Discount/Miscellaneous Allowances					
Total Deductions			67,795	163,979	222,052
NET PATIENT REVENUE (Gross patient revenue less deductions)			7,308,213	17,676,735	23,936,895
Other Operating Revenue					
<b>NET OPERATING REVENUE</b>			7,308,213	17,676,735	23,936,895
OPERATING EXPENSES					
Salaries, Wages, and Benefits			3,324,431	11,357,378	14,899,132
Physician Salaries and Fees			111,706	167,559	223,412
Supplies and other			2,625,572	4,867,448	6,385,342
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)					
Other Expenses					
Total Operating Expenses			6,061,709	16,392,385	21,507,886
NON-OPERATING EXPENSES					
Taxes			20,381	64,504	94,080
Depreciation			71,646	160,000	160,000
Interest (other than mortgage)					
Existing Capital Expenditures				N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses			92,027	224,504	254,080
<b>TOTAL EXPENSES (Operating &amp; Capital)</b>			6,153,736	16,616,889	21,761,966
Operating Income (Loss)					
Other Revenue (Expense) -- Net					
NET INCOME (Loss)			1,154,477	1,059,846	2,174,929
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

**B. PROJECT SPECIFIC FINANCIAL INFORMATION**

<b>STATEMENT OF INCOME AND EXPENSE</b>	<b>HISTORICAL DATA</b> (Give information for last 3 years for which complete data are available)			<b>PROJECTED DATA</b> (First 2 years after completion of project)	
	20____ (Total)	20____ (Total)	2025 (Total)	2027 (Total)	2028 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)			7,337,784	17,748,260	24,033,750
Other (Pharmacy)			38,224	92,454	125,197
Outpatient Services					
Emergency Services					
Gross Patient Revenue			7,376,008	17,840,714	24,158,947
Deductions from Revenue					
Contractual Adjustments			67,795	163,979	222,052
Discount/Miscellaneous Allowances					
Total Deductions			67,795	163,979	222,052
NET PATIENT REVENUE(Gross patient revenue less deductions)			7,308,213	17,676,735	23,936,895
Other Operating Revenue					
<b>NET OPERATING REVENUE</b>			7,308,213	17,676,735	23,936,895
OPERATING EXPENSES					
Salaries, Wages, and Benefits			3,324,431	11,357,378	14,899,132
Physician Salaries and Fees			111,706	167,559	223,412
Supplies and other			2,625,572	4,867,448	6,385,342
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)					
Other Expenses					
Total Operating Expenses			6,061,709	16,392,385	21,507,886
NON-OPERATING EXPENSES					
Taxes			20,381	64,504	94,080
Depreciation			71,646	160,000	160,000
Interest (other than mortgage)					
Existing Capital Expenditures				N/A	N/A
Interest				N/A	N/A
Total Non-Operating Expenses			92,027	224,504	254,080
<b>TOTAL EXPENSES (Operating &amp; Capital)</b>			6,153,736	16,616,889	21,761,966
Operating Income (Loss)					
Other Revenue (Expense) – Net					
NET INCOME (Loss)			1,154,477	1,059,846	2,174,929
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

**STATEMENT OF COMMUNITY PARTNERSHIP FOR EDUCATION AND REFERRALS** (Not applicable)

- A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

**Note: The healthcare contractor that is awarded this project is expected to budget for community outreach projects. The figure is unknown at this time. The existing veterans homes provide community outreach programs in their area.**

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 2 years)	
	Year	Year	Year	Year	Year
Health Education (nutrition, fitness, etc.)					
Community service workers (school nurses, etc.)					
Health screenings					
Other					
<b>TOTAL</b>					

- B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

Please briefly describe some of the current services or programs presented to the underserved in your community. \_

Services are offered to the veterans across the state through County Veteran Service Officers and various veteran organizations at state and local levels. The Veterans Homes provide outreach by participating in Veterans Health and Benefit Fairs across the state. Each Veterans Home hosts community Veterans Day and Memorial Day Programs.

## **PART SIX: ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT**

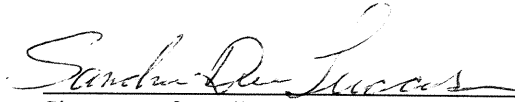
### **I. ACKNOWLEDGEMENT**

In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards for health facilities and services promulgated by the SHPDA have been read, and the applicant will comply with same.
- B. The issuance of a certificate of need will depend on the approval of the CON Review Board, and no attempt to provide the service or incur an obligation will be made until a bona fide certificate of need is issued.
- C. The certificate of need will expire in twelve (12) months after date of issuance, unless an extension is granted pursuant to the applicable portions of the SHPDA rules and regulations.
- D. The certificate of need is not transferrable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the State Health Planning and Development Agency when a project is started, completed or abandoned.
- F. The applicant shall file a progress report on each active project every six (6) months until the project is completed.
- G. The applicant must comply with all state and local building codes, and failure to comply will render the certificate of need null and void.
- H. The applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations, and standards.
- I. Projects are limited to the work identified in the Certificate of Need as issued.
- J. Any expenditure in excess of the amount approved on the Certificate of Need must be reported to the State Health Planning and Development Agency and may be subject to review.
- K. The applicant will comply with all state statutes for the protection of the environment.
- L. The applicant is not presently operating with a probational (except as may be converted by this application) or revoked license.

I. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.

  
Signature of Applicant

Sandra Lucas, Deputy Commissioner

Applicant's Name and Title  
(Type or Print)

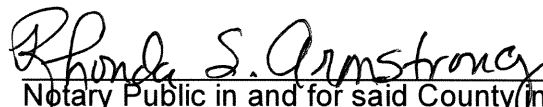
26 day of June 20 25

  
Notary Public (Affix seal on Original)

State of Alabama  
County of Montgomery

I, Rhonda Armstrong, hereby certify that Sandra D. Lucas whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, she executed the same voluntarily on the day the same bears date.

Given under my hand this 26th day of June, 2025.

  
Notary Public in and for said County in said State  
Expire 11-7-2027



**Author:** Alva M. Lambert

**Statutory Authority:** §§ 22-21-267, -271, -275, Code of Alabama, 1975

**History:** Amended: March 19, 1996; July 25, 2002; Filed: July 22, 2013; effective August 26, 2013.



# **ATTACHMENT A**

## **EXECUTIVE SUMMARY OF THE PROJECT**

## **PART ONE:**

### **III. EXECUTIVE SUMMARY OF THE PROJECT**

The Alabama Department of Veterans Affairs (ADVA) respectfully requests approval to undertake remediation, repair, and restoration efforts at the CSM Bennie G. Adkins State Veterans Home, a 174-bed skilled nursing facility located in Enterprise, Alabama (Coffee County). These actions are necessitated by a fire that began on April 16, 2025, and continued through April 19, 2025, resulting in substantial fire, smoke, and water damage throughout the facility—particularly within the utility spaces such as the kitchen, laundry, and utility room.

Originally opened on October 3, 2024, the facility was designed as a single-story, modified “small house” model, offering up to 54 memory care beds and providing high-quality, veteran-specific skilled nursing care. On the day of the fire, more than 90 veteran residents were receiving care. A construction crew was present completing close-out work when the fire, ruled accidental, began predominantly affected the insulation above the interior firewall and below the exterior roof line.

ADVA contracted, via our operations contractor, with a qualified provider to continue serving the displaced veterans at the nearby Enterprise Health and Rehabilitation Center. This arrangement ensures continuity of care by preserving established caregiver relationships and maintaining program integrity. Nevertheless, this displacement hampers the delivery of services in the dedicated, home-like environment the veterans were intended to receive, and prolongs separation from a purpose-built setting designed for their needs.

To restore operations, ADVA anticipates targeted demolition and reconstruction of fire-impacted areas, along with comprehensive interior and exterior repairs. Although every effort will be made to recover salvageable materials, significant investments will be necessary to replace irreparably damaged infrastructure, equipment, and furnishings. Restoration activities will comply with all applicable standards, including state laws governing State construction projects, ASHRAE 90.1 (2013) and federal VA construction criteria.

This project remains vital not only to the current displaced residents and their families but also to the broader population of Alabama veterans who rely on state-operated long-term care. With extensive waiting lists across the other four veterans homes in the state, timely restoration of the Enterprise facility is critical to preserving system-wide capacity and ensuring continued access to veteran-specific services.

Upon approval of this request and execution of a construction change order, ADVA will proceed with full-scale restoration.

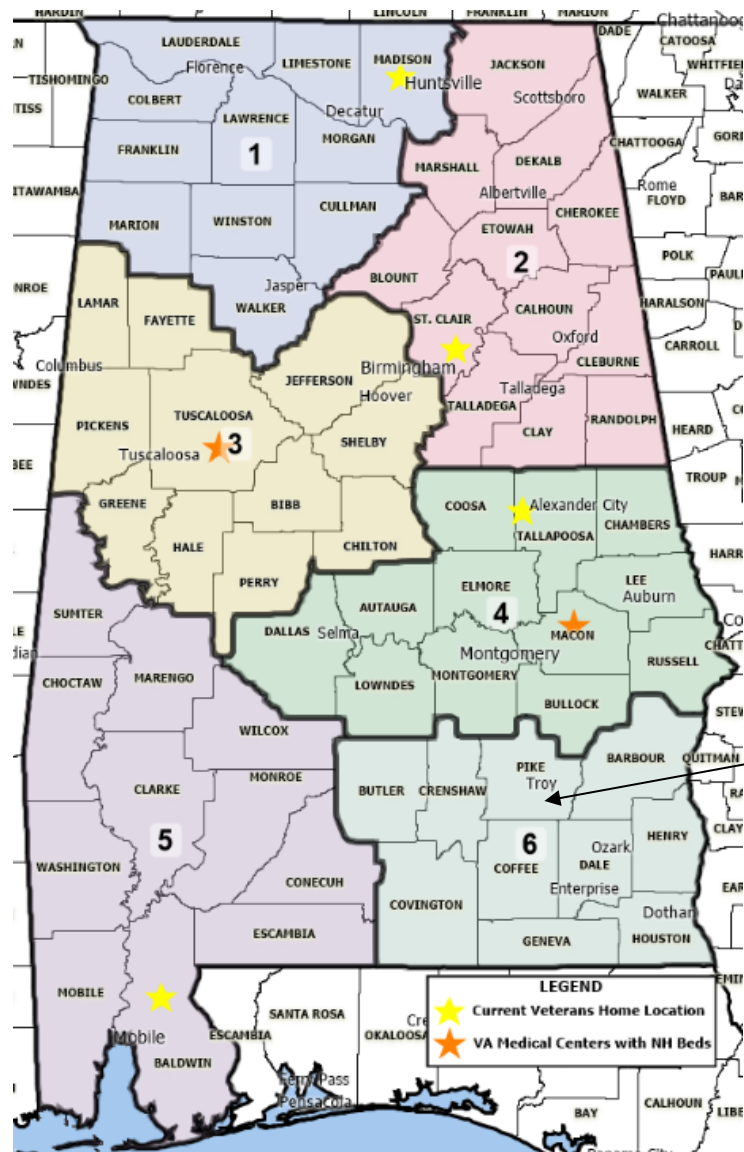
# **ATTACHMENT B**

## **MEDICAL SERVICE AREA**

## I. MEDICAL SERVICE AREA

**A. Identify the geographic (medical service) area by county (ies) or city, if appropriate, for the facility or project. Include an 8 ½ x 11" map indicating the service area and the location of the facility.**

The medical service area is for eligible veterans statewide. The focus area for site selection was District 6 which is the Wiregrass Area of Alabama. This includes Barbour County, Butler County Coffee County, Covington County, Crenshaw County, Dale County, Henry County, Houston County, Geneva County, and Pike County. The facility will be located in Enterprise, Alabama which is in Coffee County.



**B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.**

The population group served by the project will be Alabama veterans. The criteria by which a person is approved for admission includes the following:

- Veterans enlisted on or before September 7, 1980 or commissioned on or before October 16, 1981 must be honorably discharged from military service with a minimum of 90 continuous days of active-duty service. Veterans who enlisted after September 7, 1980 and those commissioned after October 16, 1981 must have served a minimum of 24 continuous months or the full period for which the person was called and be honorably discharged. Preference is given to war time veterans.
- Must be a resident of Alabama for the prior 12 months.
- Must be in need of skilled care nursing as approved by the Federal VA

The population in the state veterans homes is predominantly male. Currently the population in Alabama State Veterans Homes is 96% male and 4% female. This is anticipated to change with an increase of women veterans entering the age group of the 65 years and older category. The design of this facility was anticipated with that in mind by allowing more versatility in population with all private bedrooms and bathrooms. Additionally, there is a need for memory care beds for our veterans. This project provides up to 54 memory care beds.

Statewide Veterans Breakdown by Gender			
	Women Veterans	Male Veterans	Total
Total Number	37,775	339,535	377,310
Percentage of Population	10.01%	89.99%	100%

The table below show veterans are concentrated between the 45-64 and 65-84 age groups. Approximately 74% of the state's Veterans fall within these two groupings.

Statewide Veteran Age Breakdown					
	17-44	45-64	65-84	85+	Total
Total Number	76,411	140,288	138,852	21,760	377,310
Percentage of Population	20.25%	37.18%	36.80%	5.77%	100%

The population of veterans in Alabama 65 years of age and older continues to demonstrate the need for additional State Veterans Home beds (see attachment A1). There are 150 beds in District 1 (Huntsville), 174 beds in District 2 (Pell City), 134 beds in District 3 (Tuscaloosa VA) 241 beds in

Jul 07 2025

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

District 4 (Alexander City and Tuskegee VA), 150 beds in District 5 (Bay Minette) and with this restoration, 174 beds in District 6 (Enterprise).

Projected Veteran Nursing Home Bed Deficit by District - 2045			
ADVA District	Current # of Veteran Nursing Home Beds	2045 Projected # of Veterans Requiring Nursing Home Bed	Projected Veteran Nursing Home Bed Deficit
1	150	356	(206)
2	174	218	(44)
3	134	210	(76)
4	241	277	(36)
5	150	212	(62)
6	174	167	7
TOTAL	849	1440	(417)

A 2018 Feasibility Study revealed a critical and persistent gap in long-term care capacity for veterans residing in District 6. The study projected a shortfall of 197 veterans home beds by 2025, with the deficit expected to remain significant—at 167 beds—through 2045, absent any restoration of existing capacity or development of new facilities. The effects of the deficit are compounded by geographic isolation as most District 6 residents were located over 60 minutes from the nearest veterans facility prior to the establishment of this facility.

Importantly, this facility is projected to serve veterans from counties across Alabama, making the statewide forecast highly relevant. Even with the restoration of these 174 beds, Alabama is still projected to face a 591-bed deficit in veterans home capacity by 2045. This underscores the urgency and necessity of restoring every available resource.

Restoring this facility is not only a strategic response to data-driven projections—it is a commitment to honoring the service of our veterans by ensuring they receive the accessible, dignified, and state-supported care they have earned through their service.

- C. If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used, explain whether institution or county based, etc.

According to 38 CFR Part 40, the State of Alabama is authorized a maximum of 1,007 state veterans home beds to meet the long-term care needs of its veteran population. Currently, there are 704 operational beds across the four existing state veterans homes, and an additional 174 beds have been authorized for the Coffee County facility. Even with these allocations, Alabama still faces an unmet need of 129 beds—a clear indication that the state has not yet fully addressed the demand for veteran residential care services. This shortfall underscores the continued importance of fully utilizing and restoring available bed capacity to ensure Alabama's veterans receive the comprehensive care they deserve.

#### Code of Federal Regulations: Title 38

##### **§59.40 Maximum number of nursing home care and domiciliary care beds for veterans by State.**

(a) Except as provided in paragraph (b) of this section, a state may not request a grant for a project to construct or acquire a new state home facility, to increase the number of beds available at a state home facility, or to replace beds at a state home facility if the project would increase the total number of state home nursing home and domiciliary beds in that state beyond the maximum number designated for that state, as shown in the following chart. The provisions of 38 U.S.C. 8134 require VA to prescribe for each state the number of nursing home and domiciliary beds for which grants may be furnished (*i.e.*, the unmet need). A state's unmet need for state home nursing home and domiciliary beds is the number in the following chart for that state minus the sum of the number of nursing home and domiciliary beds in operation at state home facilities and the number of state home nursing home and domiciliary beds not yet in operation but for which a grant has either been requested or awarded under this part.

State	Maximum number of state home, nursing home & domiciliary beds based on 2020 projections
Alabama	1007
Alaska	179

Arizona	1520
Arkansas	653
California	4363
Colorado	1114
Connecticut	559
Delaware	207
District of Columbia	83
Florida	4049
Georgia	1975
Hawaii	268
Idaho	394
Illinois	1754
Indiana	1216
Iowa	578
Kansas	518
Kentucky	818
Louisiana	638
Maine	362
Maryland	1102
Massachusetts	944
Michigan	1786
Minnesota	1058
Mississippi	480
Missouri	1257
Montana	281
Nebraska	371
Nevada	649
New Hampshire	361
New Jersey	992
New Mexico	417
New York	2209
North Carolina	1900



North Dakota	137
Ohio	2143
Oklahoma	766
Oregon	907
Pennsylvania	2336
Puerto Rico	288
Rhode Island	157
South Carolina	1089
South Dakota	179
Tennessee	1311
Texas	4119
Utah	426
Vermont	142
Virginia	1903
Virgin Islands	12
Washington	1687
West Virginia	406
Wisconsin	1062
Wyoming	154
American Samoa	0
Guam	12
N. Mariana Islands	1

NOTE TO PARAGRAPH (a): The provisions of 38 U.S.C. 8134 require that the “un-met need” numbers be based on a 10-year projection of demand for nursing home and domiciliary care by veterans who at such time are 65 years of age or older and who reside in that state. In determining the projected demand, VA must take into account travel distances for veterans and their families.

(b) A State may request a grant for a project that would increase the total number of State nursing home and domiciliary beds beyond the maximum number for that State, if the State submits to VA, documentation to establish a need for the exception based on travel distances of at least two hours (by land transportation or any other usual mode of transportation if land transportation is not available) between a veteran population center sufficient for the establishment of a State home and any existing State home. The determination regarding a request for an exception will be made by the Secretary.

(Authority: 38 U.S.C. 101, 501, 1710, 1742, 8105, 8131-8137)

**D. Are there any other factors affecting access to the project?**

☐ Geographic   ☐ Economic   ☒ Emergency   ☐ Medically Underserved

**Please explain.**

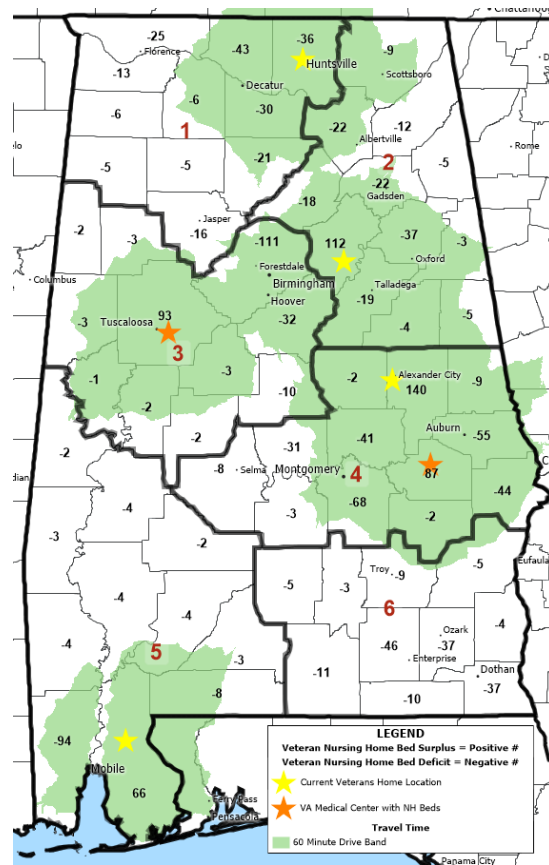
In a 2018 Feasibility Study, District 6 was ranked as having the greatest unmet need because there were no ADVA Homes or VA Medical Centers with Veteran nursing home beds in this region. Nearly all areas within its boundaries are beyond a 60-minute drive time from a Veteran nursing home bed facility. Additionally, in 2045, District 6 was projected to have the second largest Veteran nursing home bed deficiency across all districts with a deficit of 167 (28.3 percent of the total statewide deficiency). These two factors combined indicated the greatest need for construction of a new ADVA home in this region. The opening a fifth state veterans home in Coffee County allowed veterans in this area of the state to have access due to reduced travel distances to obtain care in a state veterans home. It also addressed the bed deficit by increasing the number of beds by 174. The total number of veterans home beds including this facility is 878.

These facts illustrate not only the original justification for construction but also reinforce the imperative to restore the Coffee County veterans home to its full functionality. The conditions that once warranted its development remain largely unchanged, making continued support and investment in this facility both prudent and necessary.

At the time of the fire, the veterans home provided residence and care for over ninety veterans, who were relocated to nearby Enterprise Health and Rehabilitation Center under the care of our operations contractor. While this temporary solution has helped maintain continuity of care by preserving familiar caregiver relationships and program integrity, it is not a replacement for the purpose-built environment these veterans deserve.

This displacement disrupts the delivery of services in the home-like setting specifically designed to meet the emotional, social, and medical needs of our veteran population. Prolonged separation from this environment not only diminishes their quality of life but also increases the emotional and psychological strain experienced during recovery. Timely restoration of the facility is essential to safeguarding the well-being of these veterans and reaffirming our commitment to their dignity and care.

***Map of Projected County Veteran Nursing Home Bed Surplus/Deficit with 60 Minute Drive Band for Current Veteran Nursing Home Bed Sites - 2045***



# **ATTACHMENT B.1**

State of Alabama

Population of Veterans age 65 yrs. and older  
by County

Projections through 2045

**TABLE 9L:****VetPop2018 County-Level Veteran Population by STATE, AGE, GROUP, GENDER  
2018-2048**

Numbers from this table should be reported to the nearest 1,000

Table 16. Total Projected Veteran Population by County					
County	Estimated Veteran Population, 2015	Projected 2025 Veteran Population	Projected 2035 Veteran Population	Projected 2045 Veteran Population	Percentage Change 2015-2045
Autauga	5,937	5,909	5,757	5,516	-7.1
Baldwin	20,100	19,133	17,023	14,966	-25.5
Barbour	1,828	1,496	1,186	956	-47.7
Bibb	1,261	984	743	571	-54.7
Blount	4,018	3,762	3,401	3,206	-20.2
Bullock	507	405	339	281	-44.6
Butler	1,505	1,282	1,085	899	-40.2
Calhoun	10,990	9,679	7,984	6,547	-40.4
Chambers	2,490	2,180	1,843	1,560	-37.4
Cherokee	1,888	1,609	1,233	914	-51.6
Chilton	2,924	2,521	2,109	1,809	-38.1
Choctaw	858	693	574	492	-42.6
Clarke	1,653	1,276	965	742	-55.1
Clay	1,164	1,017	852	708	-39.2
Cleburne	906	771	629	516	-43.0
Coffee	7,007	7,674	8,053	8,171	16.6
Colbert	4,004	3,260	2,671	2,230	-44.3
Conecuh	939	771	642	534	-43.1
Coosa	911	748	583	427	-53.1
Covington	3,271	2,839	2,351	1,950	-40.4
Crenshaw	1,035	838	660	529	-48.9
Cullman	5,990	5,179	4,419	3,776	-37.0
Dale	6,925	7,014	6,852	6,594	-4.8
Dallas	2,631	2,183	1,730	1,356	-48.5
Dekalb	3,775	3,148	2,519	2,057	-45.5
Elmore	8,042	7,916	7,767	7,378	-8.3
Escambia	2,731	2,321	1,854	1,484	-45.6
Etowah	7,640	6,289	4,981	3,941	-48.4
Fayette	1,313	997	753	577	-56.0
Franklin	1,545	1,328	1,128	1,013	-34.5
Geneva	2,590	2,374	2,068	1,799	-30.5
Greene	510	400	315	235	-53.9
Hale	905	711	562	435	-51.9

Henry	1,355	1,117	908	730	-46.1
Houston	9,760	8,723	7,574	6,526	-33.1
Jackson	3,579	2,909	2,199	1,619	-54.8
Jefferson	43,000	33,144	25,620	19,706	-54.2
Lamar	992	749	555	403	-59.4
Lauderdale	7,403	6,145	5,126	4,533	-38.8
Lawrence	1,836	1,639	1,368	1,144	-37.7
Lee	11,145	10,859	10,407	9,794	-12.1
Limestone	7,135	7,536	7,711	7,595	6.4
Lowndes	698	671	629	576	-17.5
Macon	1,489	1,196	938	710	-52.3
Madison	35,679	35,675	34,772	33,217	-6.9
Marengo	1,273	1,062	872	715	-43.8
Marion	1,972	1,567	1,207	943	-52.2
Marshall	7,086	6,017	4,909	3,952	-44.2
Mobile	32,242	26,302	21,031	16,724	-48.1
Monroe	1,348	1,089	859	674	-50.0
Montgomery	19,937	16,899	14,311	12,155	-39.0
Morgan	9,368	7,920	6,484	5,370	-42.7
Perry	607	515	465	438	-27.8
Pickens	1,264	988	751	552	-56.3
Pike	2,287	2,033	1,787	1,639	-28.3
Randolph	1,544	1,306	1,084	897	-41.9
Russell	6,258	7,084	7,593	7,925	26.6
Shelby	6,448	6,602	6,268	5,711	-11.4
St. Clair	12,455	12,269	11,661	11,070	-11.1
Sumter	641	537	437	355	-44.6
Talladega	6,088	5,296	4,330	3,441	-43.5
Tallapoosa	3,507	2,849	2,222	1,695	-51.7
Tuscaloosa	11,478	9,992	8,601	7,301	-36.4
Walker	4,457	3,899	3,323	2,890	-35.2
Washington	919	940	886	764	-16.9
Wilcox	551	446	348	273	-50.4
Winston	1,720	1,390	1,117	907	-47.2

Predictive Analytics Service, Office of Enterprise Integration  
Department of Veterans Affairs  
March 2020

## **ATTACHMENT C**

- II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA
- III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES
- IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES
- V. DESCRIBE COMMUNITY REACTION TO THE PROJECT
- VI. NON-PATIENT CARE
- VII. MULTI-AREA PROVIDER
- IX. ENERGY-SAVING MEASURES

## **PART TWO:**

### **II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA**

This application seeks authorization and funding to restore the CSM Bennie G. Adkins State Veterans Home (AL2021-054, CON2992-NH) to its original condition and operational functionality following the fire incident that occurred on April 16, 2025.

The project does not propose changes to the facility's scope, services, or function. Rather, it aims solely to return the facility to the status approved in the original Certificate of Need (CON) application. Accordingly, all justifications provided in the initial CON—including the ongoing need for the services delivered by the facility, its capacity to meet veterans' needs, and other documented factors—remain applicable and valid.

At this time, no additional information is being submitted, as the original CON documentation fully supports the proposed restoration effort.

### **III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES**

The original Certificate of Need for the CSM Bennie G. Adkins State Veterans Home was issued on April 4, 2022, authorizing the operation of 174 nursing home beds. AL2021-054, CON2992-NH. Services under this authorization commenced on October 3, 2024, when the Alabama Department of Veterans Affairs (ADVA) began serving eligible veterans at the facility.

This project proposes the full restoration of the CSM Bennie G. Adkins State Veterans Home to its originally approved condition and operational capacity, following the fire that occurred on April 16, 2025. The restoration will enable the facility to resume providing critical services as originally authorized and consistent with the objectives set forth in the approved Certificate of Need.

### **IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES**

A. What alternatives to the proposed project exists? Why was the proposal chosen? The April 16, 2025 fire primarily impacted the utility infrastructure of the CSM Bennie G. Adkins State Veterans Home, including critical service areas such as the kitchen, laundry, and electrical systems. Due to the extent of the damage to these universal areas, continued operation at reduced capacity was not feasible.

This left the Alabama Department of Veterans Affairs (ADVA) with two options: restore the facility or abandon it. While abandonment would have avoided the restoration costs, it would have resulted in the loss of ADVA's initial investment and, more importantly, eliminated a vital service for Alabama's veteran population.



The demonstrated and ongoing need for veteran-specific care—as thoroughly established in the original Certificate of Need (AL2021-054, CON2992-NH)—combined with the opportunity to offset restoration costs through insurance proceeds, led the ADVA to proceed with restoring the home. This approach ensures the continued delivery of essential care and services to Alabama’s veterans in accordance with the original intent of the project.

B. How will the project foster cost containment?

Restoring the existing CSM Bennie G. Adkins State Veterans Home is anticipated to be significantly more cost-effective than pursuing new construction. The Alabama Department of Veterans Affairs (ADVA) expects to reduce overall expenses by retaining the original architect and construction contractor, both of whom remain under contract with the state.

Their direct familiarity with the facility’s design, infrastructure, and construction specifications positions them to execute the restoration with greater efficiency and accuracy. This continuity in project personnel is expected to streamline planning, limit rework, and control costs while ensuring adherence to the original project standards.

C. How does the proposal affect the quality of care and continuity of care for the patients involved?

Restoring the existing CSM Bennie G. Adkins State Veterans Home ensures that displaced residents will have the opportunity to return to a familiar and specialized care environment tailored specifically for veterans. Without restoration, residents would be left with limited alternatives—either returning to family members who may not be equipped to provide full-time care, or being transferred to non-specialized facilities that may already be operating at capacity.

This project preserves the continuity of care in a setting designed to meet the unique physical, emotional, and social needs of Alabama’s veteran population. It also prevents further strain on the broader long-term care system by maintaining capacity within a purpose-built veterans’ facility.

## V. DESCRIBE COMMUNITY REACTION TO THE PROJECT

The Wiregrass community demonstrated exceptional support during the initial development of the CSM Bennie G. Adkins State Veterans Home, as reflected in the original Certificate of Need (AL2021-054, CON2992-NH). That same spirit of solidarity endures as the Alabama Department of Veterans Affairs (ADVA) and the displaced veterans continue to receive steadfast encouragement and assistance from local residents and organizations.

Community members have generously contributed time, resources, and services—supporting not only the veterans but also the healthcare personnel who remain committed to their care, the first responders who ensured their safety during the April

16, 2025 fire, and the emergency crews who worked tirelessly to contain and extinguish the flames.

As during the initial build, both the City of Enterprise and Coffee County have played a pivotal role in supporting restoration efforts. Their leadership and coordination continue to be instrumental in reestablishing this vital facility and ensuring that Alabama's veterans once again have access to the care and services they deserve.

## VI. NON-PATIENT CARE

This project seeks to restore the CSM Bennie G. Adkins State Veterans Home (Project No. AL2021-054, CON2992-NH) to its original condition and operational capacity following the fire that occurred on April 16, 2025.

As a result of the damage and temporary closure of the facility, the anticipated launch of Certified Nursing Assistant (CNA) training courses will be postponed until restoration is complete and normal operations resume. Despite this delay, the Alabama Department of Veterans Affairs (ADVA) remains committed to community engagement and veteran recognition. To that end, the ADVA will continue, as able and appropriate, to sponsor and participate in community programs—including Veterans Day and Memorial Day observances, health fairs, and educational seminars—during the interim period.

## VII. MULTI-AREA PROVIDER

At the time of the initial project to establish the CSM Bennie G. Adkins State Veterans Home (AL2021-054, CON2992-NH), the Alabama State Veterans Homes system was already providing essential care to veterans across the state. Data from the four existing homes at the outset of the original project showed representation from veterans residing in 50 different counties, demonstrating the broad statewide reach and demand for these specialized services.

It is anticipated that this fifth home, while physically located in a single county, will serve a much wider population when fully operational. In addition to meeting the needs of veterans residing in the host county and its neighboring counties, the facility is expected to attract residents from across Alabama, thereby enhancing geographic access to care for a significant portion of the state's veteran population.

## IX. ENERGY-SAVING MEASURES

Consistent with the original project to construct the CSM Bennie G. Adkins State Veterans Home (AL2021-054, CON2992-NH), the project architect remains committed to identifying and implementing cost-saving strategies wherever feasible. This commitment is aimed at ensuring fiscal responsibility without compromising the quality or integrity of

As a State of Alabama facility, the veterans home falls under the jurisdiction of the Department of Finance, Division of Real Property Management, and is subject to oversight by the Division of Construction Management. All aspects of the restoration will comply with the 2013 ASHRAE 90.1 energy standards, in addition to meeting the design and construction requirements set forth by the U.S. Department of Veterans Affairs for projects receiving federal grant support.

## **ATTACHMENT D**

DESCRIBE THE PROPOSED  
CONSTRUCTION/RENOVATION

## **PART THREE:**

### **II.A. Describe the proposed construction/renovation**

This project is intended to fully restore the CSM Bennie G. Adkins State Veterans Home to the same level of functionality and home-like atmosphere that existed prior to the April 16, 2025 fire. In order to achieve this, the restoration must address not only the direct damage from the fire itself, but also the secondary damage resulting from firefighting efforts, including smoke, water, and structural compromise.

Further, the facility sustained environmental damage due to exposure to high humidity and other environmental factors following the incident. These issues must be appropriately mitigated and, where necessary, corrected to ensure a safe and habitable environment for returning residents and staff.

Restoration will involve a combination of temporary construction solutions and the provision of temporary climate control systems to stabilize conditions and prevent further environmental deterioration. The project scope includes full or partial demolition and reconstruction of the facility's utility wing, along with selective interior demolition and repair to walls (e.g., drywall, insulation), ceilings, flooring, and fixtures. Exterior restoration will also be required, including repairs to driveways, curbs, sidewalks, walking paths, and landscaping features.

All equipment, furnishings, and fixtures currently onsite will be evaluated for safety and serviceability. Items deemed suitable will be carefully salvaged and stored for reuse, while those found to be unsafe or beyond repair will be replaced as part of the restoration effort.