



**Tombigbee Healthcare
Authority**

105 Highway 80 East
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October 8, 2015
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

October 8, 2015

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
PO Box 303025
Montgomery, AL 36130

**RE: Tombigbee Healthcare Authority Addition of 10 Adult Psychiatric Beds
AL2015-004 and 2702-PSYCH Request for Project Modification and Six Month
Progress Report**

Dear Mr. Lambert:

This letter is to inform the State Health Planning and Development Agency of the six month progress of the above referenced project and to notify your agency of project modification

The current state of the project is as follows:

- Finalizing construction project funding;
- Reserved services of A.E. Sanders Construction and Patricia E. Sherman, Architect. for the project. We are 95% complete with finalizing project construction cost with modifications identified below.
- Finalizing documents needed for Alabama Department of Public Health Technical Service review and also for the Alabama Department of Public Health Provider Services application.

The request for project modification approval involves relocating our project location of the unit on our third floor to our second floor due to concerns by our community and Board of Directors to have all of our psychiatric programs on one floor and to not house our medical surgical patient rooms next to the proposed adult psychiatric unit.

After extensive review with the architect and contractor, our cost estimates are now at approximately \$926,200 versus the original proposed cost of \$650,000. This is largely due to the fact that the second floor is of 1974 construction and the third floor was completed in 1997. The second floor location is requiring extensive heating and air conditioning renovation that was not necessary for the third floor. Also, we have to relocate our Medical Detoxification



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**Tombigbee Healthcare Authority Addition of 10 Adult Psychiatric Beds
AL2015-004 and 2702-PSYCH Request for Project Modification and Six Month
Progress Report (cont)**

program to another area of the second floor and add additional doors, walls, and access controls that have increase cost projections.

The original Certificate of Need was approved for \$2,150,000 (copy attached). We are not projecting any additional operating cost with the relocation

We are requesting approval for the modification to the original Certificate of Need to reflect the increase projected cost of \$276,200. This would modify the original to an estimated cost of \$2,426,200.

Please advise of any questions or further information needed.

With best regards,

Sincerely,

Arthur D. Evans
CEO/Administrator

ALABAMA
STATE HEALTH PLANNING & DEVELOPMENT AGENCY
CERTIFICATE OF NEED
FOR HEALTH CARE SERVICES

I. IDENTIFICATION

1. Certificate of Need 2702-PSYCH	2. Date Issued: April 2, 2015	3. Termination Date: April 1, 2016
4. Project Number: AL2015-004	5. Name of Facility: Tombigbee Healthcare Authority d/b/a Bryan W. Whitfield Memorial Hospital	
6. Service Area: Marengo County	7. Location of Facility: 105 Highway 80 East Demopolis, AL 36732	
8. Type of Facility: Hospital	9. Number of Beds: 10	10. Estimated Cost: \$2,150,000.00

11. Services to be provided:
The applicant is seeking to add ten (10) general inpatient psychiatric care beds to its existing ten (10) geropsychiatric care beds, for a total of twenty (20) psychiatric care beds.

II. CERTIFICATE OF NEED

In accordance with Section 22-21-264 through 22-21-279, Code of Alabama, 1975, the Certificate of Need Review Board finds as follows:

1. There is a need for the project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued to Tombigbee Healthcare Authority d/b/a Bryan W. Whitfield Memorial Hospital only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

ORIGINAL

Alva M. Lambert

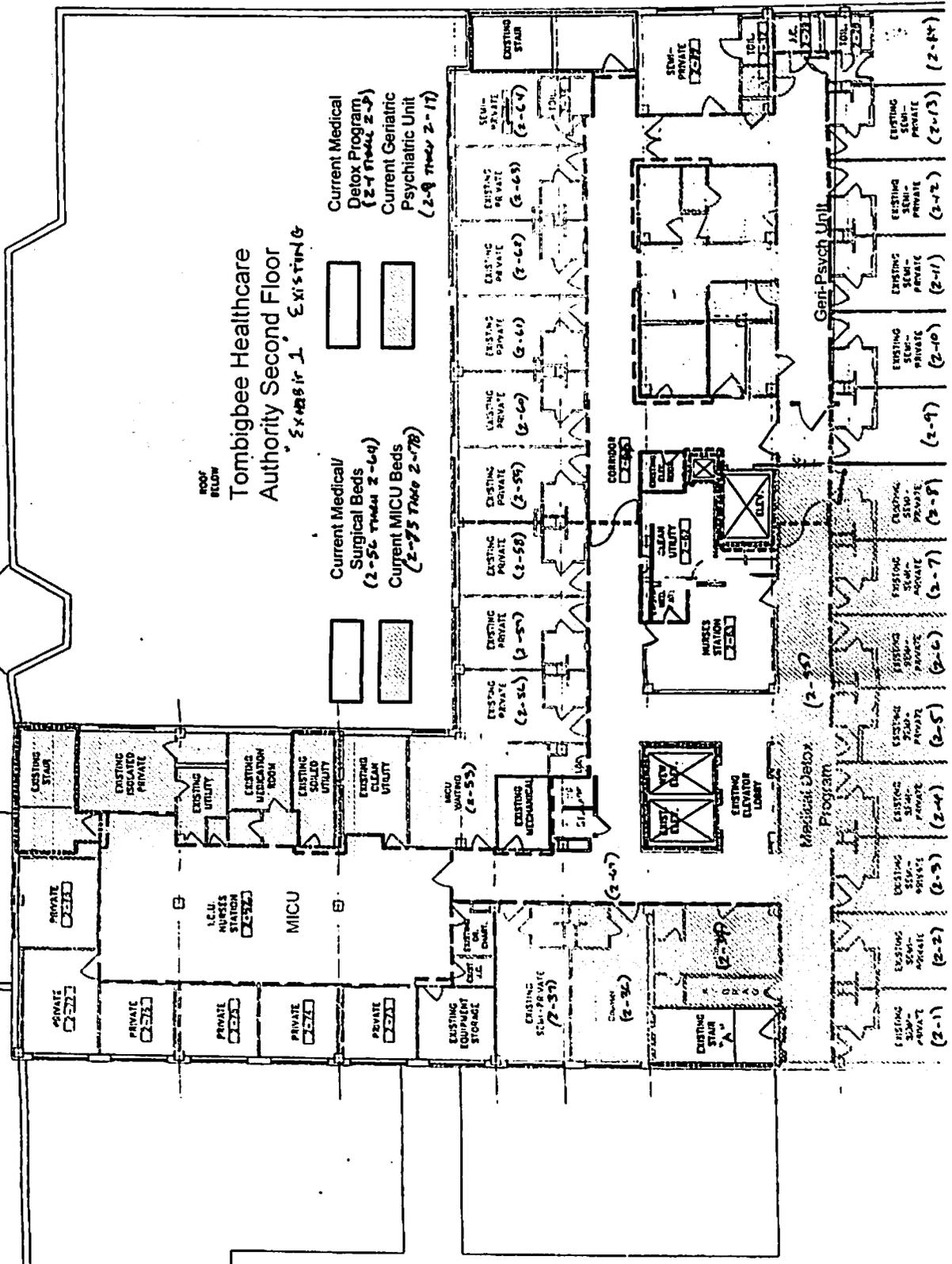
Alva M. Lambert
Executive Director

Tombigbee Healthcare
 Authority Second Floor
 EXISTING

ROOF BELOW

Current Medical
 Detox Program
 (2-17 through 2-35)
 Current Geriatric
 Psychiatric Unit
 (2-36 through 2-47)

Current Medical/
 Surgical Beds
 (2-56 through 2-64)
 Current MICU Beds
 (2-75 through 2-78)



ROOF BELOW

Tombigbee Healthcare Authority
 Second Floor Psychiatric and Detox
 Modifications
 "EXHIBIT 2"

