STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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DECEMED

April 27, 2011

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

RE: First Progress Report
CON 2481-PSY
AL2010-144
Laurel Oaks Behavioral Health Center
Dothan, Houston County, Alabama

Dear Mr. Lambert:

Please consider this letter and attachment the first progress report on the above project.

The attached letter is a request for Project Modification that was filed with SHPDA.

Please note that the Project Number is incorrect on the Project Modification. The correct Project Number is AL2010-144. The CON Number is correct in the attachment.

Thank you for your assistance in this matter.

Sincerely,

Gary Griffin

Gary Griffin & Associates, Inc.

April 27, 2011

Mr. Alva Lambert Executive Director State Health Planning & Dev. Agency P. O. Box 303025 Montgomery, Alabama 36130-3025 ECEIVED

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

RE: Project Modification Request # 1 CON 2481-PSY, AL2010-137 Laurel Oaks Behavioral Health Center Dothan, Lee County, Alabama

Dear Mr. Lambert:

This letter represents a request by Laurel Oaks Behavioral Center for Project Modification # 1. The amounts requested are below the financial thresholds for review provided in CON Rules and Regulations Section 410-1-4, 01. Furthermore, this request does not involve a change in location, or a relocation, or a change in bed capacity or the provision of new services.

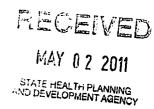
The dollar amounts in the Requested Project Modification # 1 are presented in Attachment One. In summary, additional dollars are being requested to reflect costs pertaining to: the contested case hearing; HVAC codes; ceiling replacements due to codes; and site work for 34 parking spaces, holding pond and driveway.

The Certification Letter is also attached. This letter or notification has been sent to three presumed parties of record located in the counties of Winston, Etowah and Chilton counties.

Thank you for your attention in this matter. Please contact me should you have any questions.

Sincerely,

Gary Griffin



ATTACHMENT ONE PROJECT MODIFICATION REQUEST # 1 to AL2010-137, CON 2481-PSY Laurel Oaks Behavioral Health Center Dothan, Alabama

| | APPROVED CON AL2010-137 | | PROJECT MODIFICATION ONE REQUEST | | REQUESTED INCREASE (DECREASE) | |
|---|----------------------------|---------------|--|-----------|-------------------------------------|----------|
| A. Construction (includes modernization, expansion) | | | | | | |
| Predevelopment (CON Process Including Contested Case) | \$ | • | \$ | 100,000 | \$ | 100,00 |
| 2. Site Acquisition | | | | | | |
| 3. Site Development | | | | | | |
| 4. New Construction | | | - | | | |
| 5. Professional Fees | | 2,500 | Ī | 30,000 | | 27,50 |
| 6. Renovation | | 11,000 | | 450,000 | | 439,00 |
| 7. Interest during time period of construction | | | | | | |
| 8. Attorney and Consultant Fees | | | | | | |
| 9. Bond Issuance Costs | | | 1 | | | |
| 10. Contingency | | 2,500 | | 96,000 | | 93,50 |
| TOTAL COST OF CONSTRUCTION | \$ | 16,000 | \$ | 676,000 | | 660,00 |
| | | | | | | |
| B. Purchase | | - | 1 | | | |
| 1. Facility | \$ | | | | | - |
| 2. Major Medical Equipment | | | | | | |
| 3. Other Equipment | | 15,000 | 1 | 15,000 | i | • |
| 4. Interest during time of construction | | | | | | |
| 5. Debt Issuance Costs | | | 1 | | | |
| 5. Contingency | | 3,000 | 1 | 3,000 | | - |
| TOTAL COST OF PURCHASE | \$ | 18,000 | \$ | 18,000 | | • |
| | ***** | | 1 | | | |
| C. Lease (Capitalized per GAAP) | | | | | | |
| 1. Facility Cost Per Per Lease Period | \$- | | \$ | | \$ | |
| 2 Equipment Cost PerLease Period | | | | | | |
| 3. Land-only Lease Cost Per Lease Period | | | | - | | |
| TOTAL COST OF LEASE(S) | \$ | • | \$ | | \$ | |
| (compute according to generally accepted accounting principles) | | | Ι | | | |
| If purchased before financing costs | | | | | | |
| D. Services | | | | | · | |
| 1New Service | \$ | <u> </u> | \$ | • | \$ | <u> </u> |
| 2X Expansion | | 610,000 | | 610,000 | 1 | |
| 3. Reduction or Termination | | | 1 | | | |
| 4Other | | | | | | |
| FIRST YEAR NEW ANNUAL OPERATING COST | \$ | 610,000 | \$ | 610,000 | | |
| | | | | | | |
| E. Total Cost of this Project | \$ | 644,000 | 1 \$ | 1,304,000 | i | 660,00 |

410-1-10-.03 (b) Project Modifications After Issuance of Certificate of Need

CERTIFICATE OF SERVICE

I HERBY CERTIFY that I have served a copy of the foregoing upon the listed parties of record by placing same in the United States Mail, postage prepaid and properly addressed, on this the 27th day of April, 2011.

CLANTON HOSPITAL, L.L.C. d/b/a CHILTON MEDICAL CENTER

Ms. Debra Richardson Chief Executive Officer 1010 Lay Dam Road Clanton, AL 35045

GADSDEN REGIONAL MEDICAL CENTER

Mr. Stephen Pennington
Chief Executive Officer
1007 Goodyear Avenue
Gadsden, AL 35903

LAKELAND COMMUNITY HOSPITAL, L.L.C. d/b/a LAKELAND COMMUNITY HOSPITAL

Mr. Noel D. Falls Falls Marketing Group, Inc. 152 South School Street Fairhope, AL 36532

and to

Administrator/CEO Lakeland Community Hospital 4024 Hwy 195 P.O. Box 780 Haleyville, AL 35565

> <u>Laurel Oaks Behavioral Health Center</u> (Name of applicant requesting project modification)