PRESTON STRATEGY GROUP

RV2026-022

RECEIVED
Aug 24 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

FILED: shpda.online@shpda.alabama.gov

August 24, 2026

Ms. Emily T. Marsal, Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Reviewability Determination Request
DCH Regional Medical Center

Dear Ms. Marsal:

Pursuant to Certificate of Need (CON) Rules and Regulations, **410-1-7-.02 Reviewability Determination Request**, the following information is submitted requesting your determination that a proposed project is not required to obtain a CON from the State Health Planning and Development Agency (SHPDA).

Proposed Project
DCH Regional Medical Center plans to renovate the existing 13,217 square foot kitchen and meal preparation area located on the hospital campus in the City of Tuscaloosa, Tuscaloosa County. The project will include all new kitchen/meal preparation equipment along with a completely revamped electrical, plumbing and HVAC infrastructure.

1. Name of company seeking the reviewability determination
   DCH Regional Medical Center
   809 University Blvd E
   Tuscaloosa, AL 35401

2. Address and contact information for the authorized company representative seeking the determination:

Katrina Keefer	Stephen Preston
President/CEO	President
DCH Health System	Preston Strategy Group
809 University Blvd E	PO Box 2183
Tuscaloosa, AL 35401	Fairhope, AL 36533
(205)759-7111	(205)873-0816
Katrina.Keefer@dchsystem.com	stephen@prestonstrategygroup.com

3. Service area for the proposed service/equipment.
   Primary service area for DCH Regional Medical Center is Tuscaloosa County

4. Any new/additional services to be provided under the proposed project.
   No new/additional health services are proposed to be provided by this project.

5. Approximate cost of the proposed project:
   a. Equipment: $3,414,540.78
   b. New First Year Annual Operating Costs: $1,024,916.20
   c. Capital Costs: $6,250,375.84

6. There are no other financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.

7. Attestation - Attached

The $1,200 Reviewability Determination Request fee is being submitted via the SHPDA Payment Portal. Please let me know if you need any additional information at this time.

Sincerely,

Stephen D. Preston

August 24, 2026

Reviewability Determination Request
DCH Regional Medical Center

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that she is President/CEO, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant Katrina Kuyper (SEAL)

SUBSCRIBED AND SWORN to before me this 24 day of August 2024

Markedia Wells-Binion
Notary Public My commission expires: July 24, 2029

MARKEDIA WELLS-BINION
NOTARY PUBLIC
ALABAMA - STATE AT LARGE
My Commission Expires July 24, 2029