

November 27, 2017

RECEIVED

Dec 04 2017

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Mr. Alva Lambert, Executive Director
State Health Planning & Development Agency
RSA Union Building, Suite 870
Montgomery, AL 36104

Re: Application for State Health Plan Adjustment for Madison County

Dear Mr. Lambert:

LC Big Cove, LLC ("LC Big Cove"), located at 321 Billingsly Court, Unit 18-C, Franklin, Tennessee 37067, respectfully requests that the Alabama State Health Coordinating Council ("SHCC") approve a State Health Plan Adjustment application to Section 410-2-4-.04 of the Alabama State Health Plan (copy of proposed State Health Plan Adjustment language is attached), to allow for ninety (90) additional Specialty Care Assisted Living Beds for Madison County, Alabama. This letter is written in conformance with SHPDA Rules 410-2-5-.04 and 410-2-5-.05.

In December of 2016, the SHCC granted LC Big Cove's application for an adjustment to add thirty-two (32) SCALF beds for its project located in Madison County. In March 2017, the SHCC granted Shepherd Living at The Range's application for an adjustment to add forty-two (42) SCALF beds in Madison County. There were three applicants for the thirty-two (32) beds and four applicants for the forty-two (42) SCALF beds approved this year. A Contested Case Hearing was held on the 32 beds. An agreement between the applicants for the 32 beds resulted in the division of the beds between the three applicants. LC Big Cove was awarded 12 beds, leaving it twenty (20) SCALF beds short of its requested thirty-two (32) beds. Shepherd and the other applicant were each awarded 10 beds, leaving those applicants with less than the number of beds applied for, i.e. each of the providers had applied for the full 32 beds. An Administrative Law Judge has been appointed on the matter involving the 42 beds, based upon the Shepherd application

for a State health Plan Adjustment, but no hearing date has been set. The total beds being applied for in that matter is over 70 beds. We believe that an approval of an adjustment for an additional 90 SCALF beds for Madison County will meet the existing needs for SCALF beds in the county and allow the existing applicants for SCALF beds to obtain their total needed beds. We understand that the other applicants for SCALF CON's in Madison County support this State Health Plan Adjustment application. We offer the following in support of our application. There have been several independent studies completed with respect to the projected number of SCALF beds that are needed in Madison County. These studies (which are attached and made a part of this application), were presented by Thrive, LC Big Cove, Shepard Living at the Range, LLC, in their CON applications and clearly demonstrate a need of approximately additional 200 SCALF beds for Madison County. Seventy-four (74) additional SCALF beds have been approved by the SHCC so far. We understand that the applicants for the 42 beds have tentatively agreed to split those beds so that none will receive the total number of beds for which they have applied.

LC Big Cove respectfully requests ninety (90) additional SCALF beds to be approved as a State Health Plan Adjustment in an effort to allow for the number of beds previously applied for by all of the interested providers. With the seventy-four (74) beds already approved, , these ninety (90) SCALF beds, if approved, would add a total of one hundred sixty-four (164) beds, considerably less than the projected 200 additional needed beds. Granting our application should reduce single providers requesting State Health Plan Adjustments on a case by case basis, and should lessen the chances for further Contested Case Hearings. Each of the CON applications have been within the scope of the Alabama State Health Plan and each application has shown a demonstrated need with economic feasibility articulated .

To recap, LC Big Cove's project is located at 2940 Mill Run Road, Hampton Cove, Huntsville, Madison County, Alabama. This project is new construction of a senior living community located adjacent to the Robert Trent Jones Golf Course in Hampton Cove. The facility will be called Legacy Life Centers at Hampton Cove. Hampton Cove is geographically located on the southeast side of Monte Sano Mountain and is accessible by Highway 431 to the north and Cecil Ashburn Drive to the south. Although located within the Huntsville City Limits, this area has shown continued growth, with numerous new subdivisions, and is somewhat separated from the remaining areas of Huntsville by the mountain. Being adjacent to the golf course makes this senior community a great choice for retirees who prefer to live close to a major golf course with plenty of amenities. This project will entail construction of a three-story building, containing approximately 114 upscale independent living accommodations, consisting of spacious one and two-bedroom apartments; and fifty (50) assisted living beds with studio, one bedroom and two-bedroom semiprivate apartments. To fully support this new community and allow residents to remain on campus as long as appropriate for each resident, LC Big Cove feels a dedicated Memory Care is also needed to provide care for those seniors with cognitive impairment, and is an integral part of the design. If the proposed A State Health Plan Adjustment is approved, Legacy Life Centers at Hampton Cove will apply for at least twenty (20) additional SCALF beds through the Certificate of Need process, and include both private and semi-private apartments in a safe and secure environment. Our study indicates a need of seventy (70) SCALF beds for Hampton Cove. This number is included in the 200 projected beds. We are still planning on operating a total of thirty-two (32) beds, if approved.

The Architect for this project is Vadim Kaplan, AIA, Leed, AP, Principal at Studio A Architecture in Louisville, Kentucky. Initial drawings are nearing completion, and the pre-license application has been filed with the Alabama Department of Public Health. Currently, the plans for licensed beds are for Assisted Living and the twelve (12) SCALF beds awarded by the ALJ, with the ability to easily modify the plans to house a secure 32-bed SCALF, if this adjustment and subsequent CON application are approved. The target is for ground breaking to occur is in March 2018. The building would consist of approximately 182,000 square feet, with about 57,650 square feet of common area. Also planned for this community is a 50,000-square foot medical office building, to provide residents with access to healthcare close to home. A partial list of amenities planned are elegant restaurant-style dining, onsite chef, 24-hour staffing, a private dining room for private gatherings, housekeeping services, maintenance, full-time activities, theater with surround sound, beauty salon, scheduled transportation, fitness center, coffee and pastry shop, and much more. This reflects an initial investment of more than \$34 Million dollars in the Hampton Cove area of Madison County. A full range of services, including nurses and a medical director, will be provided for the licensed portions of the community.

The operations and management partner will be Charter Senior Living, led by Keven Bennema, CEO. This company has an excellent reputation among senior living companies, and has the resources necessary to support this project.

Industry in Huntsville is primarily located on the west side of Monte Sano Mountain in Research Park, near Redstone Arsenal; and near the University of Alabama. Madison County is attracting significant growth, having attracted a Remington Arms plant, and BOCAR Group has recently announced it will spend \$115 million dollars to build a new plant in the area, employing about 300

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workers. The City of Madison, Alabama, is one of the fastest growing cities in the State. Retirees tend to say in the Madison County area, and have high per capita incomes.

We request that our application be heard at the next scheduled SHCC meeting on January 11, 2108.

Thank you for accepting this application.

Respectfully,

Steve Dean 

Steve Dean
Owner/Manager
Best Management and Consulting, LLC
315 James Road SE
Owens Cross Roads, AL 35763
256-425-3009

Attachments

EXHIBIT B

Detailed Demographic Data / Madison County PMA Analysis and Approval

Shepherd

SHEP0049

Assisted Living Supply and Demand Analysis



Assisted Living - Detailed Competitive Supply Analysis	Year Built	Total # of AL Beds	Total # of Occupied AL Beds	Current % AL Occupancy	Current % AL Vacancy	Community Quality Grade	% Competitive by Grade	Number of Competitive Beds by Grade	Distance In Drive Time by Minutes	% Competitive In Drive Time by Minutes	Number of Competitive Beds by Distance	Community Rating	% Competitive by Quality of Care	Number of Competitive Beds by Quality of Care	Average Private Room Rate
Aldridge Creek Terrace	1991	51	25	49.02%	50.98%	B	85.00%	43.35	35	0.00%	0.00	C	50.00%	25.50	4,195
Brookdale Jones Farm	2000	48	46	95.83%	4.17%	B	85.00%	40.80	35	0.00%	0.00	B	85.00%	40.80	5,555
Elmcroft of Byrd Springs	2002	75	74	98.67%	1.33%	A	100.00%	75.00	30	0.00%	0.00	A	100.00%	75.00	4,275
Redstone Village	2009	60	59	98.33%	1.67%	A	100.00%	60.00	35	0.00%	0.00	A	50.00%	30.00	5,236
Harbor Chase of Huntsville	2001	50	48	96.00%	4.00%	C	50.00%	25.00	30	0.00%	0.00	C	50.00%	25.00	5,500
Oakbridge Terrace at Magnolia Trace	2001	30	16	53.33%	46.67%	B	85.00%	25.50	35	0.00%	0.00	B	85.00%	25.50	4,250
Regency Retirement Village	1996	46	44	95.65%	4.35%	B	85.00%	39.10	25	10.00%	4.60	B	85.00%	39.10	4,703
Madison Village	1998	30	28	93.33%	6.67%	B	85.00%	25.50	10	100.00%	30.00	B	85.00%	25.50	3,871
Morningside of Madison	2001	42	40	95.24%	4.76%	B	85.00%	35.70	10	100.00%	42.00	B	85.00%	35.70	4,449
Merrill Gardens at Madison	2015	145	75	51.72%	48.28%	A	100.00%	145.00	10	100.00%	145.00	A	100.00%	145.00	4,783
TOTAL:		577	455	78.86%	21.14%			514.95			221.60			467.10	\$4,682

Competitive AL Community Quality Rating	% Competitive	Definition	% of Seniors Living Alone by Age	2015	2020
A	100	Excellent	65 - 73	20.00%	20.00%
B	85	Good	74 - 84	22.00%	22.00%
C	50	Average	85+	45.00%	45.00%
D	15	Poor		29.00%	29.00%
			Average % of Senior Households		

Competitive AL Distance in Drive Time by Minutes	% Competitive	Number of Seniors (Living Alone & with Family)	2015	2020
0 - 10	100	Number of Seniors Living Alone	1,875	2,265
10.1 - 12.5	70	Undocumented 15% of Seniors Living with Family and/or Family Resources	281	340
12.6 - 15	50			
15.1 - 17.5	30			
17.5 - 25	10			
			Total Potential Senior Draw	
			2,156	2,605

Competitive AL by Quality of Care	% Competitive	Definition	% of Seniors Needing Independent / Assistance with Daily Living	2015	2020
1	100	Excellent	65 - 73 (10%)	10.00%	10.00%
2	85	Good	74 - 84 (16%)	16.00%	16.00%
3	50	Average	85+ (30%)	30.00%	30.00%
4	15	Poor		56.00%	56.00%
			Total % Seniors Needing ADL / IADL		
			TOTAL SENIORS NEEDING AL ASSISTANCE		
			1,207	1,459	

Senior Population by Age	2015	2020	Draw from outside Primary Market Area	2015	2020
65 - 74	26,231	30,166	% stemming from Outside Primary Market Area (20%)	20.00%	20.00%
75+	19,931	22,921	Number stemming from Outside Primary Market Area	241	292
Total Senior Population	46,162	53,087			

Income Qualified Seniors	2015	2020	TOTAL ASSISTED LIVING DEMAND		
Incomes of \$50,000 - \$74,999	7,750	8,913	1,449	1,751	
Incomes of \$75,000 Plus	8,684	9,987			
Total Income Qualified Seniors	16,434	18,899			

% of Owner Occupied Dwellings by Age Group	2015	2020	Current Competitive Actual/Estimated Supply	577	677
65 - 73	42.00%	45.00%			
74 - 84	33.00%	35.00%			
85+	43.00%	44.00%			
Average % of Senior Owner Occupied Dwellings			TOTAL EXCESS ASSISTED LIVING DEMAND		
41.33%			872		

TOTAL INCOME AND HOUSING QUALIFIED SENIORS	6,464	7,812			

CONFIDENTIAL | Exhibit B

SHEP0050

Memory Care Supply and Demand Analysis



Memory Care Detailed Competitive Supply Analysis	Year Built	Total # of MC Beds	Total # of Occupied MC Beds	Current % MC Occupancy	Current % MC Vacancy	Community Quality Grade	% Competitive by Grade	Number of Competitive Beds by Grade	Distance in Drive Time by Minutes	% Competitive in Drive Time by Minutes	Number of Competitive Beds by Distance	Community Rating	% Competitive by Quality of Care	Number of Competitive Beds by Quality of Care	Average Private Room Rate
Redstone Village	2009	32	32	100.00%	0.00%	A	100.00%	32.00	35	0.00%	0.00	A	100.00%	32.00	6,297
Harbor Chase of Huntsville	2001	35	35	100.00%	0.00%	C	50.00%	17.50	30	0.00%	0.00	C	50.00%	17.50	6,735
Oakbridge Terrace at Magnolia Trace	2001	22	22	100.00%	0.00%	B	85.00%	18.70	35	0.00%	0.00	B	85.00%	18.70	7,000
Regency Retirement Village	1996	56	56	100.00%	0.00%	B	85.00%	47.60	25	10.00%	5.60	B	85.00%	47.60	6,103
Merrill Gardens at Madison	2015	32	32	100.00%	0.00%	A	100.00%	32.00	10	100.00%	32.00	A	100.00%	32.00	4,600
TOTAL:		177	177	100.00%	0.00%			147.80			37.60			147.80	\$6,147

Competitive MC Community Quality Rating	% Competitive	Points	Definition
A	100	3	Excellent
B	85	2	Good
C	50	1	Average

Competitive MC Distance in Drive Time by Minutes	% Competitive
0 - 10	100
10.1 - 12.5	70
12.6 - 15	50
15.1 - 17.5	30
17.5 - 25	10

Competitive MC by Quality of Care	% Competitive	Definition
1	100	Excellent
2	85	Good
3	50	Average
4	15	Poor

Senior Population by Age	2015	2020
65 - 74	26,231	30,166
75+	19,931	22,921
Total Senior Population	46,162	53,087

Income Qualified Seniors	2015	2020
Incomes of \$50,000 - \$74,999	7,750	8,913
Incomes of \$75,000 Plus	8,684	9,987
Total Income Qualified Seniors	16,434	18,899

% of Owner Occupied Dwellings by Age Group	2015	2020
65 - 73	42.00%	45.00%
74 - 84	33.00%	35.00%
85+	43.00%	44.00%
Average % of Senior Owner Occupied Dwellings	39.33%	41.33%

TOTAL INCOME AND HOUSING QUALIFIED SENIORS	6,464	7,812
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% of Single Senior Households by Age	2015	2020
65 - 73	20.00%	20.00%
74 - 84	22.00%	22.00%
85+	45.00%	45.00%
Average % of Senior Households	29.00%	29.00%

Number of Seniors (Living Alone & with Family)	2015	2020
Number of Seniors Living Alone	1,875	2,265
Undocumented 15% of Seniors Living with Family and/or Family Resources	281	340
Total Potential Senior Draw	2,156	2,605

% of Seniors with Dementia	2015	2020
65 - 73	3.01%	3.01%
74 - 84	12.84%	12.84%
85 Plus	33.08%	33.08%
Average Seniors with Dementia	16.31%	16.31%
Total % of Qualified Seniors with Dementia	1,406	1,699

% of Seniors Needing Independent / Assistance with Daily Living	2015	2020
65 - 73 (10%)	10.00%	10.00%
74-84 (16%)	16.00%	16.00%
85+ (30%)	30.00%	30.00%
Total % Seniors Needing ADL / IADL	56.00%	56.00%

TOTAL SENIORS NEEDING MC ASSISTANCE	787	951
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Draw from outside Primary Market Area	2015	2020
% stemming from Outside Primary Market Area (7%)	7.00%	7.00%
Number stemming from Outside Primary Market Area	55	67

TOTAL MEMORY CARE DEMAND	842	1,018
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Current Competitive Actual/Estimated Supply	177	277
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TOTAL EXCESS MEMORY CARE DEMAND	665	741
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CONFIDENTIAL | Exhibit B

SHEP0051

Demographic Summary	Census 2010			2017			2017-2022	
						Change	Annual Rate	
Total Population	334,811			363,655		383,937	20,282	1.09%
Population 50+	104,284			129,131		142,037	12,906	1.92%
Median Age	37.2			38.6		39.6	1.0	0.51%
Households	134,700			147,288		155,963	8,675	1.15%
% Householders 55+	36.9%			42.6%		45.3%	2.7	1.24%
Total Owner-Occupied Housing Units	92,153			96,686		102,421	5,735	1.16%
Total Renter-Occupied Housing Units	42,547			50,602		53,542	2,940	1.14%
Owner/Renter Ratio (per 100 renters)	2.2			1.9		1.9	0.0	0.00%
Median Home Value	-			\$181,328		\$206,780	\$25,452	2.66%
Average Home Value	-			\$221,371		\$252,702	\$31,331	2.68%
Median Household Income	-			\$60,866		\$68,266	\$7,400	2.32%
Median Household Income for Householder 55+	-			\$56,591		\$62,917	\$6,326	2.14%

Population by Age and Sex

Male Population	Census 2010		2017		2022	
	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	48,642	100.0%	60,433	100.0%	66,344	100.0%
50-54	12,837	26.4%	13,047	21.6%	11,857	17.9%
55-59	10,015	20.6%	12,974	21.5%	12,737	19.2%
60-64	8,220	16.9%	10,538	17.4%	12,509	18.9%
65-69	5,859	12.0%	8,534	14.1%	10,085	15.2%
70-74	4,640	9.5%	6,182	10.2%	7,834	11.8%
75-79	3,523	7.2%	4,284	7.1%	5,429	8.2%
80-84	2,102	4.3%	2,729	4.5%	3,280	4.9%
85+	1,446	3.0%	2,145	3.5%	2,613	3.9%

Female Population	Census 2010		2017		2022	
	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	55,642	100.0%	68,698	100.0%	75,693	100.0%
50-54	12,853	23.1%	13,716	20.0%	12,592	16.6%
55-59	10,561	19.0%	13,480	19.6%	13,531	17.9%
60-64	8,925	16.0%	11,368	16.5%	13,256	17.5%
65-69	6,933	12.5%	9,660	14.1%	11,313	14.9%
70-74	5,719	10.3%	7,460	10.9%	9,266	12.2%
75-79	4,511	8.1%	5,428	7.9%	6,854	9.1%
80-84	3,148	5.7%	3,742	5.4%	4,494	5.9%
85+	2,992	5.4%	3,844	5.6%	4,387	5.8%

Total Population	Census 2010		2017		2022	
	Number	% of Total Pop	Number	% of Total Pop	Number	% of Total Pop
Total(50+)	104,284	31.1%	129,131	35.5%	142,037	37.0%
50-54	25,690	7.7%	26,763	7.4%	24,449	6.4%
55-59	20,576	6.1%	26,454	7.3%	26,268	6.8%
60-64	17,145	5.1%	21,906	6.0%	25,765	6.7%
65-69	12,792	3.8%	18,194	5.0%	21,398	5.6%
70-74	10,359	3.1%	13,642	3.8%	17,100	4.5%
75-79	8,034	2.4%	9,712	2.7%	12,283	3.2%
80-84	5,250	1.6%	6,471	1.8%	7,774	2.0%
85+	4,438	1.3%	5,989	1.6%	7,000	1.8%
65+	40,873	12.2%	54,008	14.9%	65,555	17.1%
75+	17,722	5.3%	22,172	6.1%	27,057	7.0%

Data Note - A "-" indicates that the variable was not collected in the 2010 Census.
 Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2017 and 2022.

Madison County, AL
 Madison County, AL (01089)
 Geography: County

Prepared by Terri Dean, CCIM

2017 Households by Income and Age of Householder 55+

	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
Total	28,333	100%	19,590	100%	14,805	100%	62,728	100%
<\$15,000	3,104	11.0%	2,008	10.3%	2,240	15.1%	7,352	11.7%
\$15,000-\$24,999	2,123	7.5%	2,135	10.9%	2,738	18.5%	6,996	11.2%
\$25,000-\$34,999	2,005	7.1%	1,937	9.9%	2,055	13.9%	5,997	9.6%
\$35,000-\$49,999	2,655	9.4%	2,563	13.1%	2,152	14.5%	7,370	11.7%
\$50,000-\$74,999	4,342	15.3%	3,529	18.0%	2,723	18.4%	10,594	16.9%
\$75,000-\$99,999	3,514	12.4%	2,307	11.8%	1,071	7.2%	6,892	11.0%
\$100,000-\$149,999	5,531	19.5%	2,846	14.5%	1,125	7.6%	9,502	15.1%
\$150,000-\$199,999	2,506	8.8%	1,079	5.5%	288	1.9%	3,873	6.2%
\$200,000+	2,553	9.0%	1,186	6.1%	413	2.8%	4,152	6.6%
Median HH Income	\$74,501		\$56,142		\$36,927		\$56,591	
Average HH Income	\$97,694		\$80,698		\$55,542		\$82,438	

2022 Households by Income and Age of Householder 55+

	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
Total	29,783	100%	23,168	100%	17,649	100%	70,600	100%
<\$15,000	3,023	10.2%	2,261	9.8%	2,614	14.8%	7,898	11.2%
\$15,000-\$24,999	1,945	6.5%	2,276	9.8%	3,071	17.4%	7,292	10.3%
\$25,000-\$34,999	1,763	5.9%	2,029	8.8%	2,215	12.6%	6,007	8.5%
\$35,000-\$49,999	2,238	7.5%	2,574	11.1%	2,239	12.7%	7,051	10.0%
\$50,000-\$74,999	4,296	14.4%	4,034	17.4%	3,310	18.8%	11,640	16.5%
\$75,000-\$99,999	3,999	13.4%	3,043	13.1%	1,496	8.5%	8,538	12.1%
\$100,000-\$149,999	6,487	21.8%	3,817	16.5%	1,665	9.4%	11,969	17.0%
\$150,000-\$199,999	2,988	10.0%	1,473	6.4%	433	2.5%	4,894	6.9%
\$200,000+	3,044	10.2%	1,661	7.2%	606	3.4%	5,311	7.5%
Median HH Income	\$83,518		\$62,862		\$40,107		\$62,917	
Average HH Income	\$110,633		\$91,928		\$63,708		\$92,764	

Data Note: Income is reported for households as of July 1, 2017 and represents annual income for the preceding year, expressed in 2016 dollars. Income is reported for households as of July 1, 2022 and represents annual income for the preceding year, expressed in 2021 dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2017 and 2022.

Census 2010 Households and Age of Householder

	Number	Percent	% Total HHs
Total	49,663	100.0%	36.9%
Family Households	30,545	61.5%	22.7%
Householder Age 55-64	15,306	30.8%	11.4%
Householder Age 65-74	9,293	18.7%	6.9%
Householder Age 75-84	4,923	9.9%	3.7%
Householder Age 85+	1,023	2.1%	0.8%
Nonfamily Households	19,118	38.5%	14.2%
Householder Age 55-64	7,504	15.1%	5.6%
Householder Age 65-74	5,389	10.9%	4.0%
Householder Age 75-84	4,297	8.7%	3.2%
Householder Age 85+	1,928	3.9%	1.4%

Census 2010 Occupied Housing Units by Age of Householder

	Number	Percent	% Total HHs
Total	49,663	100.0%	36.9%
Owner Occupied Housing Units	40,826	82.2%	30.3%
Householder Age 55-64	18,495	37.2%	13.7%
Householder Age 65-74	12,563	25.3%	9.3%
Householder Age 75-84	7,742	15.6%	5.7%
Householder Age 85+	2,026	4.1%	1.5%
Renter Occupied Housing Units	8,837	17.8%	6.6%
Householder Age 55-64	4,315	8.7%	3.2%
Householder Age 65-74	2,119	4.3%	1.6%
Householder Age 75-84	1,478	3.0%	1.1%
Householder Age 85+	925	1.9%	0.7%

Data Note: A family is defined as a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. Nonfamily households consist of people living alone and households that do not contain any members who are related to the householder. The base for "% Pop" is specific to the row. A Nonrelative is not related to the householder by birth, marriage, or adoption.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2017 and 2022.

Summary	Census 2010	2017	2022
Population	334,811	363,655	383,937
Households	134,700	147,288	155,963
Families	89,150	95,872	100,789
Average Household Size	2.43	2.42	2.41
Owner Occupied Housing Units	92,153	96,686	102,421
Renter Occupied Housing Units	42,547	50,602	53,542
Median Age	37.2	38.6	39.6

Trends: 2017 - 2022 Annual Rate	Area	State	National
Population	1.09%	0.45%	0.83%
Households	1.15%	0.46%	0.79%
Families	1.01%	0.32%	0.71%
Owner HHs	1.16%	0.45%	0.72%
Median Household Income	2.32%	2.14%	2.12%

Households by Income	2017		2022	
	Number	Percent	Number	Percent
<\$15,000	16,054	10.9%	16,417	10.5%
\$15,000 - \$24,999	14,010	9.5%	13,529	8.7%
\$25,000 - \$34,999	13,443	9.1%	12,403	8.0%
\$35,000 - \$49,999	16,569	11.2%	14,758	9.5%
\$50,000 - \$74,999	25,672	17.4%	26,267	16.8%
\$75,000 - \$99,999	17,642	12.0%	20,449	13.1%
\$100,000 - \$149,999	24,092	16.4%	28,573	18.3%
\$150,000 - \$199,999	10,116	6.9%	11,918	7.6%
\$200,000+	9,690	6.6%	11,649	7.5%

Median Household Income	\$60,866	\$68,266
Average Household Income	\$85,118	\$95,605
Per Capita Income	\$34,778	\$39,124

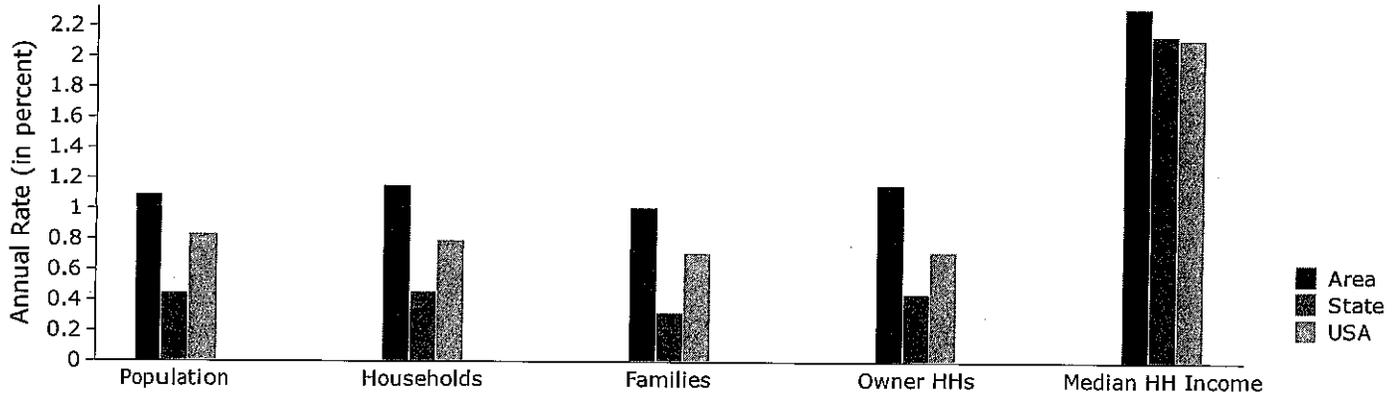
Population by Age	Census 2010		2017		2022	
	Number	Percent	Number	Percent	Number	Percent
0 - 4	20,869	6.2%	20,624	5.7%	21,477	5.6%
5 - 9	21,285	6.4%	22,065	6.1%	21,967	5.7%
10 - 14	22,834	6.8%	22,992	6.3%	23,915	6.2%
15 - 19	24,777	7.4%	23,712	6.5%	24,531	6.4%
20 - 24	24,321	7.3%	25,141	6.9%	23,836	6.2%
25 - 34	43,958	13.1%	50,427	13.9%	52,181	13.6%
35 - 44	44,357	13.2%	45,761	12.6%	51,175	13.3%
45 - 54	53,816	16.1%	50,565	13.9%	47,267	12.3%
55 - 64	37,721	11.3%	48,360	13.3%	52,033	13.6%
65 - 74	23,151	6.9%	31,836	8.8%	38,498	10.0%
75 - 84	13,284	4.0%	16,183	4.5%	20,057	5.2%
85+	4,438	1.3%	5,989	1.6%	7,000	1.8%

Race and Ethnicity	Census 2010		2017		2022	
	Number	Percent	Number	Percent	Number	Percent
White Alone	228,280	68.2%	243,623	67.0%	253,049	65.9%
Black Alone	80,376	24.0%	88,933	24.5%	95,608	24.9%
American Indian Alone	2,551	0.8%	2,739	0.8%	2,861	0.7%
Asian Alone	8,265	2.5%	9,859	2.7%	11,292	2.9%
Pacific Islander Alone	365	0.1%	369	0.1%	402	0.1%
Some Other Race Alone	6,719	2.0%	7,509	2.1%	8,066	2.1%
Two or More Races	8,255	2.5%	10,623	2.9%	12,659	3.3%
Hispanic Origin (Any Race)	15,404	4.6%	17,698	4.9%	20,070	5.2%

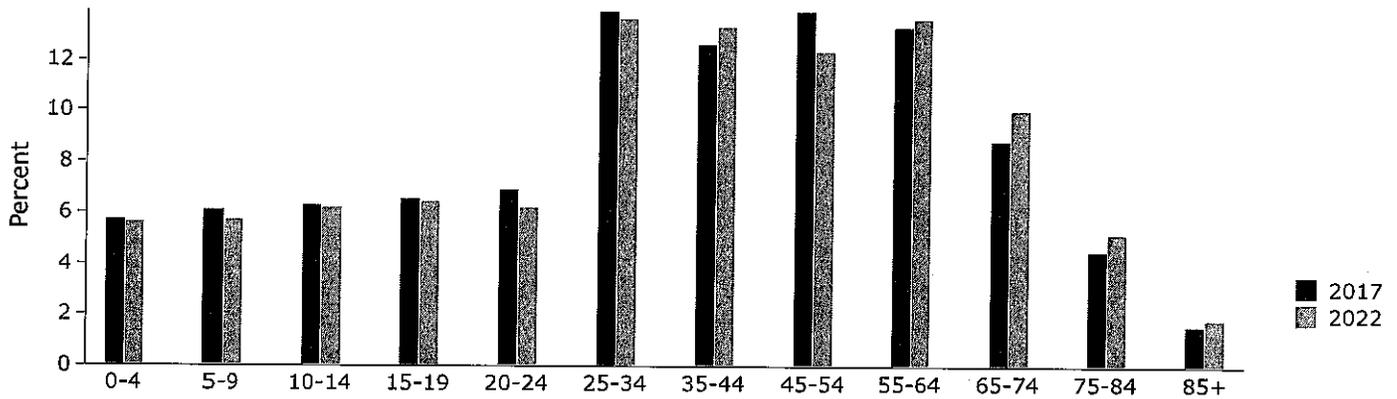
Data Note: Income is expressed in current dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2017 and 2022.

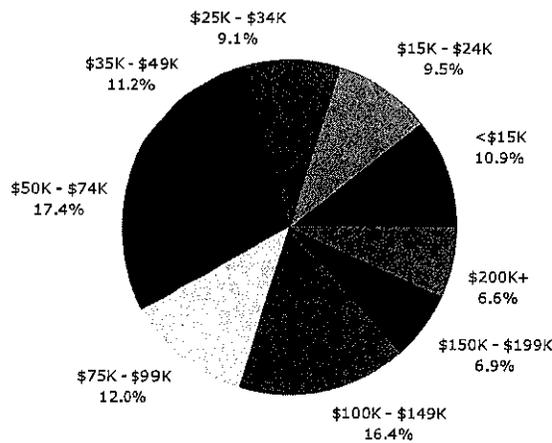
Trends 2017-2022



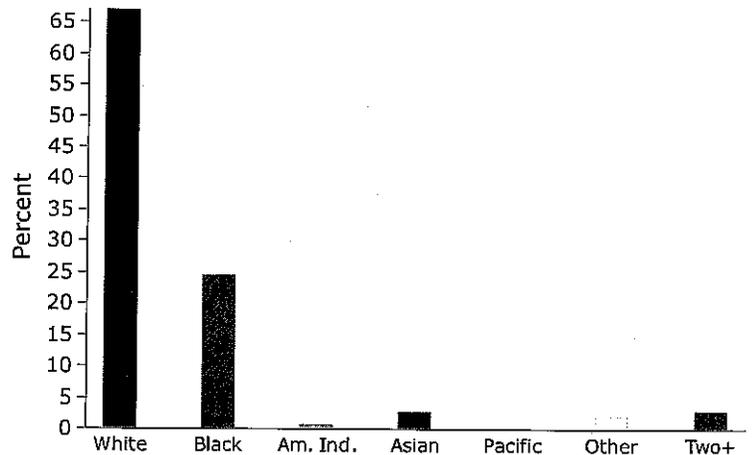
Population by Age



2017 Household Income



2017 Population by Race



2017 Percent Hispanic Origin: 4.9%

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2017 and 2022.

Net Worth Profile

Madison County, AL
 Madison County, AL (01089)
 Geography: County

Prepared by Terri Dean, CCIM

Summary	Census 2010	2017	2022	2017-2022 Change	2017-2022 Annual Rate
Population	334,811	363,655	383,937	20,282	1.09%
Median Age	37.2	38.6	39.6	1.0	0.51%
Households	134,700	147,288	155,963	8,675	1.15%
Average Household Size	2.43	2.42	2.41	-0.01	-0.08%

2017 Households by Net Worth

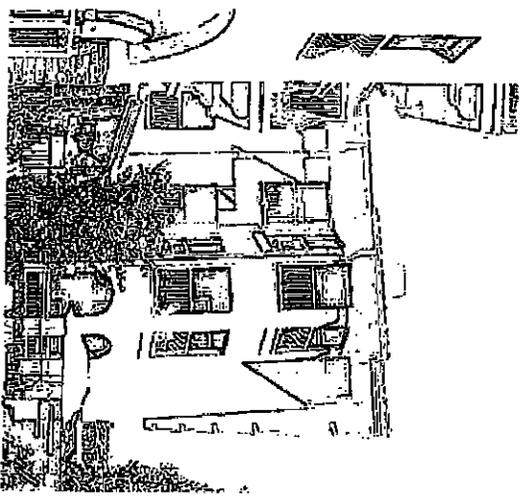
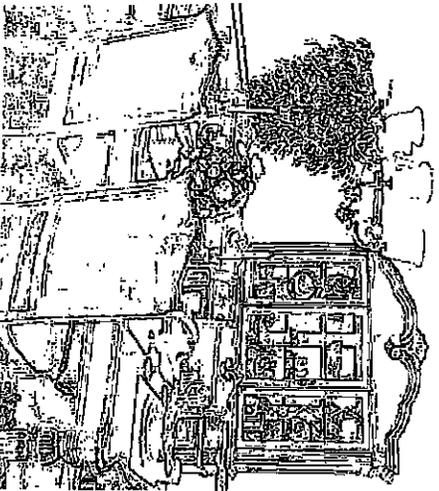
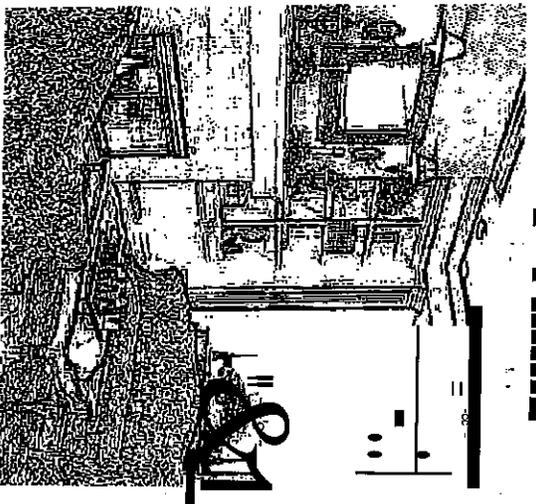
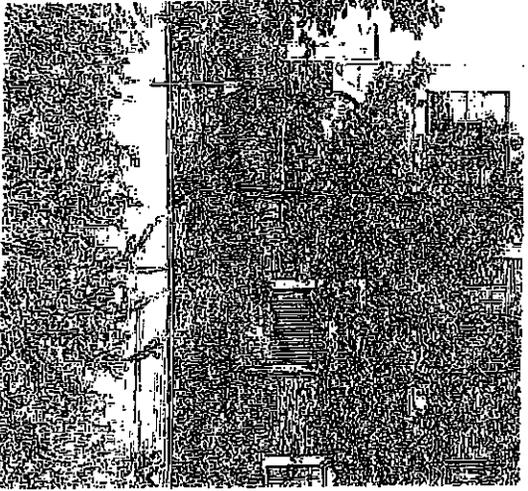
	Number	Percent
Total	147,288	100.0%
<\$15,000	41,497	28.2%
\$15,000-\$34,999	9,656	6.6%
\$35,000-\$49,999	5,128	3.5%
\$50,000-\$74,999	7,786	5.3%
\$75,000-\$99,999	5,933	4.0%
\$100,000-\$149,999	9,161	6.2%
\$150,000-\$249,999	13,861	9.4%
\$250,000-\$500,000	19,650	13.3%
\$500,000+	34,616	23.5%
Median Net Worth	\$116,791	
Average Net Worth	\$727,469	

2017 Net Worth by Age of Householder	Number of Households						
	<25	25-34	35-44	45-54	55-64	65-74	75+
Total	6,790	24,632	24,635	28,503	28,333	19,590	14,805
<\$15,000	5,134	12,630	8,017	6,486	5,369	2,125	1,736
\$15,000-\$34,999	761	2,820	2,138	1,747	1,292	419	479
\$35,000-\$49,999	240	1,138	1,312	880	793	548	217
\$50,000-\$99,999	315	2,769	3,382	2,606	2,066	1,416	1,165
\$100,000-\$149,999	101	1,441	1,644	1,677	1,645	1,547	1,106
\$150,000-\$249,999	137	1,547	2,329	2,640	2,702	2,181	2,325
\$250,000+	102	2,287	5,813	12,467	14,466	11,354	7,777
Median Net Worth	\$9,919	\$14,627	\$58,436	\$175,156	\$250,001	\$250,001	\$250,001
Average Net Worth	\$29,983	\$112,338	\$445,257	\$759,644	\$1,109,727	\$1,382,617	\$879,993

Data Note: Net Worth is total household wealth minus debt, secured and unsecured. Net worth includes home equity, equity in pension plans, net equity in vehicles, IRAs and Keogh accounts, business equity, interest-earning assets and mutual fund shares, stocks, etc. Examples of secured debt include home mortgages and vehicle loans; examples of unsecured debt include credit card debt, certain bank loans, and other outstanding bills. Forecasts of net worth are based on the Survey of Consumer Finances, Federal Reserve Board.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri Forecasts for 2017 and 2022.

LEGACY LIFECENTERS AT HAMPTON Cove I Community Details

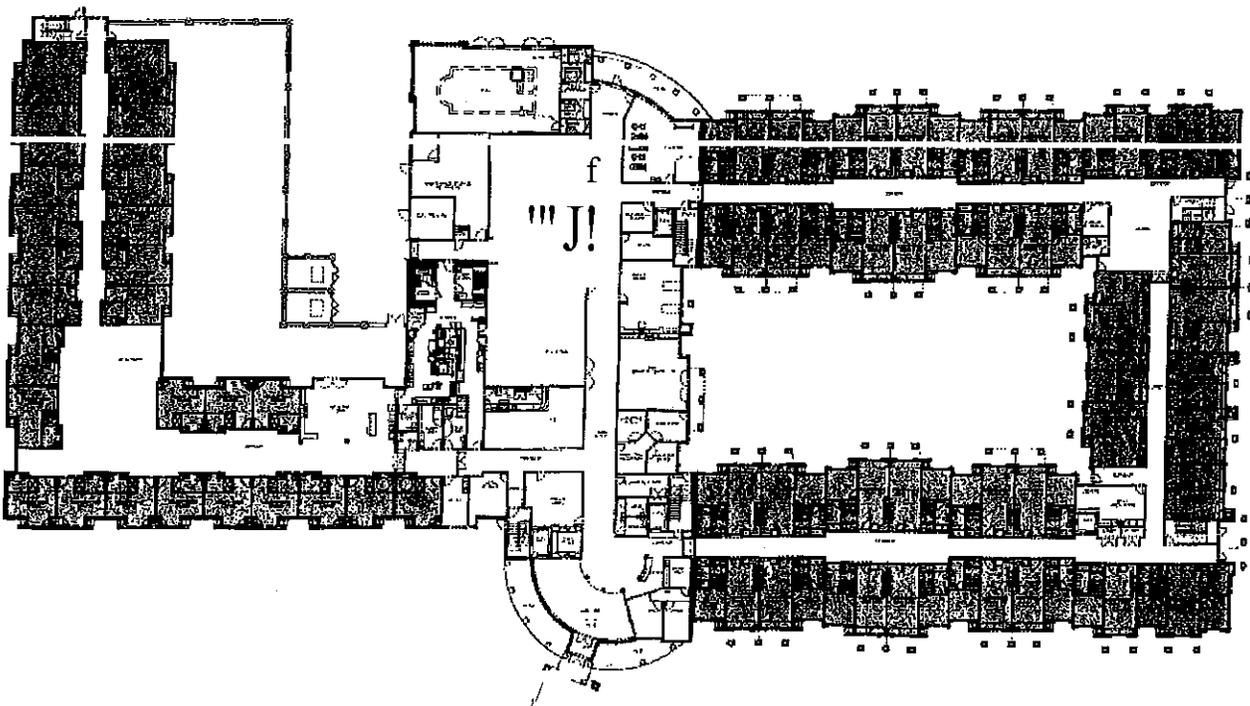


Campus Services and Amenities:

- Elegant restaurant-style dining
- Meals prepared by on-site chef
- Beautiful dining room for private gatherings
- 24-hour staffing
- All utilities (except telephone)
- Basic cable television
- Apartment home maintenance
- Weekly housekeeping
- Daily housekeeping
- Full-time activities program
- Grand parlor with piano
- Theater with surround sound
- Putting green
- Comfortable lounges for reading & socializing
- Library with cozy fireplace and computer stations
- Billiards room
- Chapel
- Full-service beauty salon
- Landscaped gardens & sitting areas
- Fitness center
- Complimentary laundry facilities
- Scheduled transportation
- Private mailboxes
- Reserved parking
- Pets welcome - Available for an additional cost
- Gentleman's Lounge
- Sports Lounge
- Coffee & Pastry Shop

Assisted Living Services:

- Medication management
- Assistance with bathing, dressing and grooming
- Escorts to meals and activities
- Bathroom assistance
- Weekly housekeeping
- Additional services available
- Campus services and amenities



1 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"



n

DMK

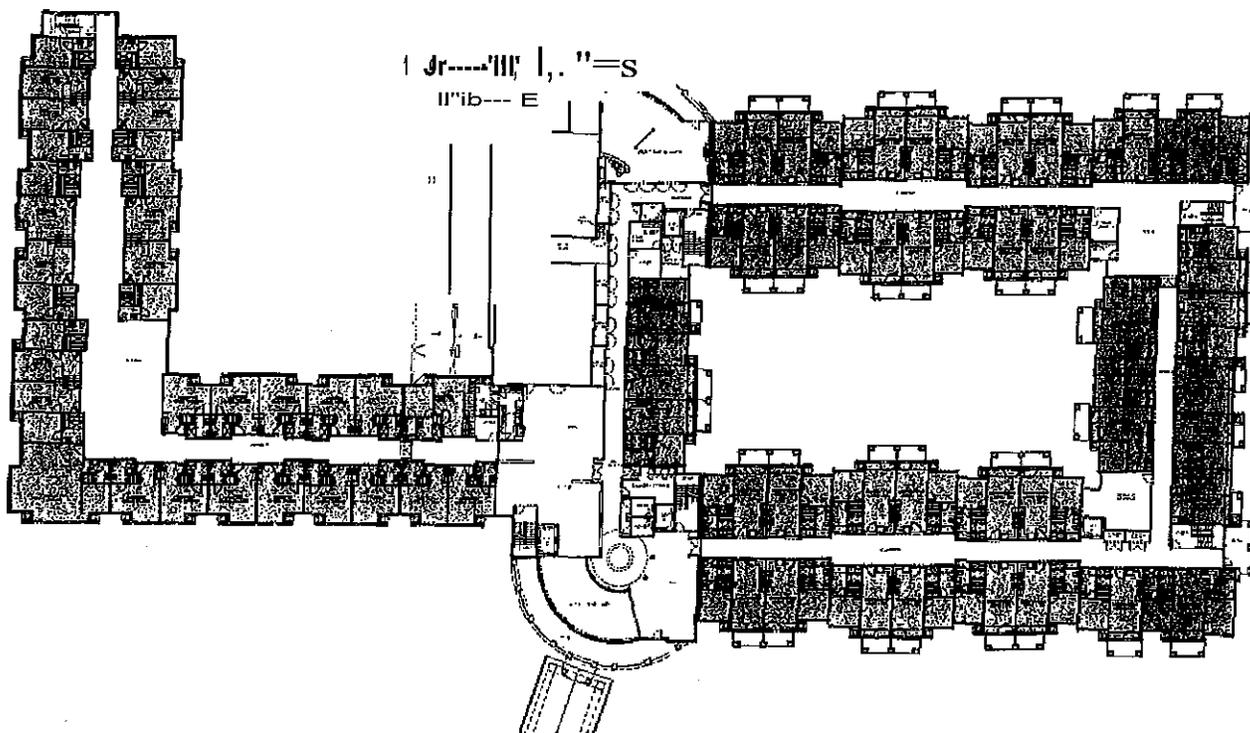
NOT FOR CONSTRUCTION

PROJECT: [Illegible]

FIRST FLOOR PLAN

DATE: 10/11/2011

A101



SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"

PROJECT NAME	ATLAS SENIOR LIVING
DEVELOPER	DMK DEVELOPMENT
DATE	MAY 12, 2018
SCALE	1/8" = 1'-0"
NOT FOR CONSTRUCTION	
SECOND FLOOR PLAN	
DATE	MAY 12, 2018
SCALE	1/8" = 1'-0"
A102	

Supplement to LifeCenters at Hampton Cove
Request for Plan Adjustment to the Alabama State Health Plan
to allow for 90 Specialty Care Beds for this Project

Physicians in Hampton Cove

There are three walk-in clinics located in Hampton Cove on the East side of Monte Sano.

Hampton Cove Medical Clinic
6727 US Highway 431
Hampton, Cove AL 35763

Huntsville Hospital
Walk-in Clinic
262 Mountain Cove Blvd.
Hampton Cove, AL 35760

American Family Care
410 Sutton Road
Hampton Cove, AL 35763

There has been no voiced opposition to the LifeCenters at Hampton Cove project. The facility will have a Medical Director with backup from the clinics and the Hospitals. There are numerous letters of support from Physicians and others.

410-2-5-.04 Plan Revision Procedures

(1) Introduction. The Statewide Health Coordinating Council (SHCC) is responsible for the development of the State Health Plan (SHP) with final approval resting with the Governor. The SHCC desires (a) a process that will maintain a viable and current SHP; (b) a coordinated system of revising the SHP; and (c) an application form to be used by individuals, groups, or other entities that request a specific revision to the SHP commonly called an adjustment.

(2) There are three types of plan revisions:

(a) Plan Adjustment – In addition to such other criteria that may be set out in the SHP, a requested modification or exception, to the SHP, of limited duration, to permit additional facilities, beds, services, or equipment to address circumstances and meet the identified needs of a specific county, or part thereof, or another specific planning region that is less than statewide and identified in the State Health Plan. A Plan Adjustment is not of general applicability and is thus not subject to the AAPA's rulemaking requirements. Unless otherwise provided by the SHCC, a Plan Adjustment shall be valid for only one (1) year from the date the Plan Adjustment becomes effective, subject to the exceptions provided in this paragraph 2(a). If an Application is not filed with SHPDA seeking a Certificate of Need for all or part of the additional facilities, beds, services or equipment identified in the Plan Adjustment within one (1) year of the Plan Adjustment, the Plan Adjustment shall expire and be null and void. If an Application(s) seeking a Certificate of Need for all or part of the additional facilities, beds, services or equipment identified in the Plan Adjustment is filed prior to the expiration of the one (1) year period, the Plan Adjustment shall remain effective for purposes of such pending Certificate of Need Application(s). Such one (1) year period shall be further extended for the duration of any deadline provided by SHPDA for the filing of applications as part of a batching schedule established in response to a letter of intent filed within nine (9) months of the effective date of the adjustment. Upon the expiration of such deadlines, no Certificate of Need Applications shall be accepted by SHPDA which are based, in whole or in part, upon the expired Plan Adjustment.

(b) Statistical Update – An update of a specific section of the SHP to reflect more current population, utilization, or other statistical data.

(c) Plan Amendment – The alteration or adoption of rules, policies, methodologies, or any other plan revision that does not meet the plan adjustment or statistical update definition. An amendment is of "general applicability" and subject to the AAPA's rulemaking requirements.

(3) **Application Procedures.**

(a) **Application Procedure for Plan Adjustment** – Any person may propose an adjustment to the SHP, which will be considered in accordance with the provisions of SHPDA Rule 410-2-5-.04(4). The proposal will state with specificity the proposed language of the adjustment on such forms as may be prescribed by SHPDA from time to time and shall meet the electronic filing requirements of SHPDA Rule 410-1-3-.09 (Electronic Filing).

(b) **Procedure for Statistical Update** – SHPDA staff shall make statistical updates to the SHP as needed. The SHCC shall be informed at its next regularly scheduled meeting of such updates.

(c) **Application Procedure for Plan Amendment** – Any person may propose an amendment to the SHP by submitting a detailed description of the proposal to the SHPDA, on such forms as may be prescribed by SHPDA from time to time, in accordance with the electronic filing requirements of SHPDA Rule 410-1-3-.09 (Electronic Filing). Such amendment shall be considered in accordance with the provisions of Rule 410-2-5-.04(4). The proposal will state with specificity the proposed language of the amendment. If it is to amend a methodology, the exact formula will be included, as well as the results of the application of the formula. The SHCC may also consider Plan Amendments on its own motion.

(4) **Review Cycle**

(a) Within fifteen (15) days from the date of receipt of an application for an amendment or adjustment, the SHPDA staff shall determine if the applicant has furnished all required information for SHCC review and may thus be accepted as complete. The SHCC Chairman and the applicant will be notified when the application is accepted as complete.

(b) Within forty-five (45) days after the application is deemed complete, the application will be added to the SHCC calendar for review. SHPDA shall provide notice of the application for an amendment or adjustment when the application is deemed complete to: (1) all health care facilities holding a Certificate of Need in the county where the adjustment is requested; (2) all certificated health care facilities known to provide similar services in adjacent counties; and (3) such health care associations, state agencies and other entities that have requested to be placed on SHPDA's general notice list for such county. Once an application is deemed complete, persons other than the applicant will have thirty (30) days from the date of completion to electronically file statements in opposition to or in support of the application, as well as any other documentation they wish to be considered by the SHCC. All such documentation shall be filed with SHPDA in accordance with the provisions of Rule 410-1-3-.09 (Electronic Filing), together with a certification that it has been served on the applicant and/or any other persons that have filed notices of support or opposition to the application. No documentation may be submitted beyond the deadlines in this subsection and subsection (3) unless authorized by written order issued by the Chairperson. All persons shall adhere to SHPDA's rules governing electronic filing.

(c) A person seeking a Plan Adjustment shall also provide proof of publication of a notice of the proposed adjustment and the SHCC hearing or meeting scheduled to consider the adjustment

in a newspaper having general circulation in the county in which the proposed adjustment is requested, as well as any other county in the service area for which the adjustment is proposed. Such notice shall be published between fifteen (15) and twenty (20) days prior to the hearing date and shall be in such form as may be prescribed by SHPDA's Executive Director.

(d) Procedure for Consideration of Plan Adjustments. Proposed Plan Adjustments deemed complete will be placed on the SHCC agenda (individually or collectively) for a public hearing without further action by the SHCC. Interested parties may address the proposed Plan Adjustments at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman. If the SHCC approves the Plan Adjustment in whole or in part, the adjustment, along with the SHCC's favorable recommendation, will be sent to the Governor for his consideration and approval/disapproval. A Plan Adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days.

(e) Procedure for Consideration of Plan Amendments. A proposed Plan Amendment deemed complete will be placed on the SHCC agenda (individually or along with other proposed amendments) for an initial determination if the proposed amendment should be published in accordance with the AAPA and set for public hearing. At the Chairman's discretion, interested parties may be allowed to address the SHCC regarding the proposed amendments prior to such initial consideration. If the SHCC accepts the amendment for publication and hearing in accordance with the AAPA, SHPDA shall cause such publication and notice to be issued in accordance with the AAPA and the provisions of Rule 410-1-3-.10. Interested parties may address the proposed Plan Amendment at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman.

(f) If approved by the SHCC, a Plan Amendment, along with the SHCC's favorable recommendation, will be sent to the Governor for his approval or disapproval. A Plan Amendment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days. Upon approval by the Governor, a Plan Amendment shall be filed with the Legislative Reference Service for further review in accordance with the AAPA. No party shall have any rights of administrative review, reconsideration or appeal of the approval or denial of a Plan Amendment except as may be specifically provided in the AAPA.

(g) MEDIATION. At the discretion of the Chairman of the SHCC, non-binding mediation may be used to resolve differences between interested parties in regard to any pending matter before the SHCC. Said mediation will be conducted by the Chairman of the SHCC or his or her designee. Any modification or compromise relating to a pending proposal resulting from the mediation shall be sent to all interested parties as defined in paragraph (4)(b). No statement, representation or comment by any party to the Mediation shall be used, cited to, referenced or otherwise introduced at the SHCC's hearing on the proposal in question. Any proposed compromise or other agreement between the parties shall not be binding upon the SHCC.

(5) Filing Fees. Any person proposing a Plan Adjustment shall be required to pay an administrative fee equal to the minimum fee set by SHPDA for the filing of a Certificate of Need Application. Such fees shall be non-refundable and shall be used to defray costs associated with the processing and consideration of Plan Adjustment requests. All required filing fees must be

submitted to the State Agency via overnight mail or other delivery method and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

Author: Statewide Health Coordinating Council (SHCC).

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004. Amended: Filed: February 1, 2013; effective: March 8, 2013. Amended: Filed: December 22, 2016; effective: February 6, 2017.

“410-2-4-.04(e)

To be added to (e) Adjustments. Consistent with this provision, and coupled with 410-2-5-.04(2)(a), the SHCC has recognized the need for an additional ninety (90) specialty care assisted living beds to be located in Madison County. “