RECEIVED
Nov 09 2017
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADJUSTMENT APPLICATION TO SHP FOR 48 SCALF BEDS

89% INCREASE IN DEATHS DUE TO ALZHEIMER'S BETWEEN 2000 AND 2014. DEATHS FROM ALZHEIMER'S HAVE NEARLY DOUBLED DURING THIS PERIOD WHILE THOSE FROM HEART DISEASE — THE LEADING CAUSE OF DEATH — HAVE DECLINED. IT IS THE FIFTH-LEADING CAUSE OF DEATH FOR THOSE AGE 65 AND OLDER.

IN ALABAMA, THE MORTALITY RATE IS 39%.

https://www.alz.org/documents_custom/2017-facts-and-figures.pdf

FOR LOCATION IN THE THEODORE AREA OF MOBILE COUNTY, ALABAMA IN A MEMORY CARE ONLY COMMUNITY OFFERING FOUR LEVELS OF MEMORY CARE

REQUESTED BY

LATHAN & COLEMAN, LLC

GOALS FOR ADJUSTMENT

The goal is to enable the provision of a privately-funded Memory Care SCALF only Retirement Community to the residents of Theodore and surrounding areas including the children of seniors living in this community. The name of this development will be Creekside Village. Individuals local to Alabama and Mobile County have stepped forward to fund the SCALF facility and the future senior living community consisting of assisted and independent living services. No tax or other public dollars, including Medicaid, will fund the project.

Creekside Village is a planned premier Memory Care only Retirement Community in greater Mobile. The community will feature 37 suites and the absolute best in Memory Care programming and environment, including a Spa, Bistro, Therapy Center, Special Purpose Custom-Designed Activities, Gardening, Outdoor Serenity and Walking Gardens, Dining, Entertainment, Religious Services and much more, all specifically designed for those with Memory Care needs. Eleven (11) of the suites will be semi-private rooms and twenty-six (26) suites will be private rooms for a total of 48 SCALF beds. Semiprivate rooms are planned for economics for the resident and for therapy purposes. At times, the semi-private rooms will be used as private rooms.

We group our residents with similar abilities for activities, socialization so that at every stage of dementia, our residents can thrive with a sense of accomplishment and pride in the proper environment. Our goal is to foster a community where all our residents can thrive. The offering of these four levels of Dementia Care is fostered by having a sufficient and flexible bed supply.

The four recognized Stages of Dementia are:

- Level 4 or Early Stage dementia
- Level 3 or Middle Stage dementia
- Level 2 or Late Stage dementia
- Level 1 of End Stage dementia

Residents will receive 24-hour, around the clock attention from our dedicated and caring staff. From the friendly faces, to great dining, to a wonderful activities program built specially with your loved one in mind, every day will be a day to cherish at Creekside Village.

Creekside Village customers are both the adult-child decision-maker in the family and their loved one with Memory Care needs in the greater Mobile area. In the 5-mile Primary Market Area (PMA), there is projected a twenty (20) percent increase in potential age and income qualified residents between the years 2017 and 2022.

Creekside Village will be a new state-of-the-art community with best in class Memory Care programming and design that will stand out as a true community leader and

be uniquely positioned as a top provider of Alzheimer's Care. Residents with different care levels and needs will have unique programming and environments to support proper socialization and activities among the different care needs.

The closest competitor to Creekside Village is Carrington Specialty Care Assisted Living, a 46 bed Memory Care only facility located approximately 10 to 15 minutes away to the northwest of Theodore.

Creekside Village will be located near the intersection of Kooiman Rd. and Todd Acres Drive. The community will be convenient to all residents and families of Mobile, situated roughly one mile from Interstate 10 and Highway 90.

Creekside Village will rest on a 6-acre, peaceful plot with views of the surrounding pine trees and will utilize green construction and renewable energy sources and initiatives.

The 24-hr secure, 30,000 square foot facility will house up to 48 residents with a staff of 35-40 employees. Common Areas and amenities are to include:

- Covered Porte-Cochere and ample parking for families, visitors and staff
- Reception/Lobby
- 24-hr Security and Concierge
- Administrative, Nursing, Dining, Housekeeping, Activities, and 24-hr Care Staff
- Grand Room
- Worship
- Living/Entertainment Bistro
- Therapy Center
- Beauty Salon and Spa
- Walking Gardens and Fountains
- Specialty Purpose Memory Care Activity Areas
- Resident Dining and Kitchen
- Spacious and Comfortable Living Suites
- Laundry/Housekeeping

PROPOSED ADJUSTMENT

The Adjustment the SHCC is requested to adopt is as follows:

410-2-4-.04(2)(e)

TO BE ADDED TO: (e)Adjustments. Consistent with this provision, coupled with Section 410-2-5-.04(2)(a), the SHCC has recognized the need for an additional forty-eight (48) specialty care assisted living facility beds for location in a new SCALF facility providing four (4) levels of memory care services located south of Interstate 10 in either zip codes 36582 or 36619 in Mobile County.

APPLICANT

Applicant: Lathan & Coleman, LLC

Jerry Lathan and Stuart Coleman are the founding members of Lathan & Coleman, LLC. ("L&C"). L&C is the owner/operator of Creekside Village.

Prior to founding L&C, Mr. Lathan founded The Lathan Company in 1981. The Lathan Company is a best in class, nationally-recognized historic renovation company. Mr. Lathan has worked on countless historic projects throughout the country.

A native of York, Alabama, Jerry Lathan graduated from the University of South Alabama with a degree in Marketing in 1978. He put himself through college by working at Sears in the paint department and for a road contractor in the summers.

Jerry started The Lathan Company with a tiny investment from the sale of his and his wife, Terry's, first home. It has grown into a historical restoration company that employs 100 people and has offices in Mobile, Washington, D.C., and New Orleans. The Lathan Company has renovated many famous projects including restoring the Smithsonian's Arts and Industries building in Washington, DC.

Prior to founding L&C with Jerry, Stuart served as CFO and CFOO of a regional senior housing owner/operator of thirteen communities, serving 800 residents and employing over 500 staff. Stuart is a JD/MBA and leader with a proven track record in the senior housing industry. Stuart has extensive experience in operating top-tier Independent Living, Assisted Living and Memory Care Communities. Stuart will manage the day-to-day operations of the business. He loves to be a staple in his communities that he manages and prides himself on successful and happy outcomes for residents and families and staff.

CONTACT INFORMATION

Contact Persons:

Gary Griffin
Gary Griffin & Associates, Inc.
P.O. Box 8551
Gadsden, AL 35902
256-393-0188

Dennis Nabors
Baker Donelson
614 South Hull Street
Montgomery, AL 36104
334-262-301

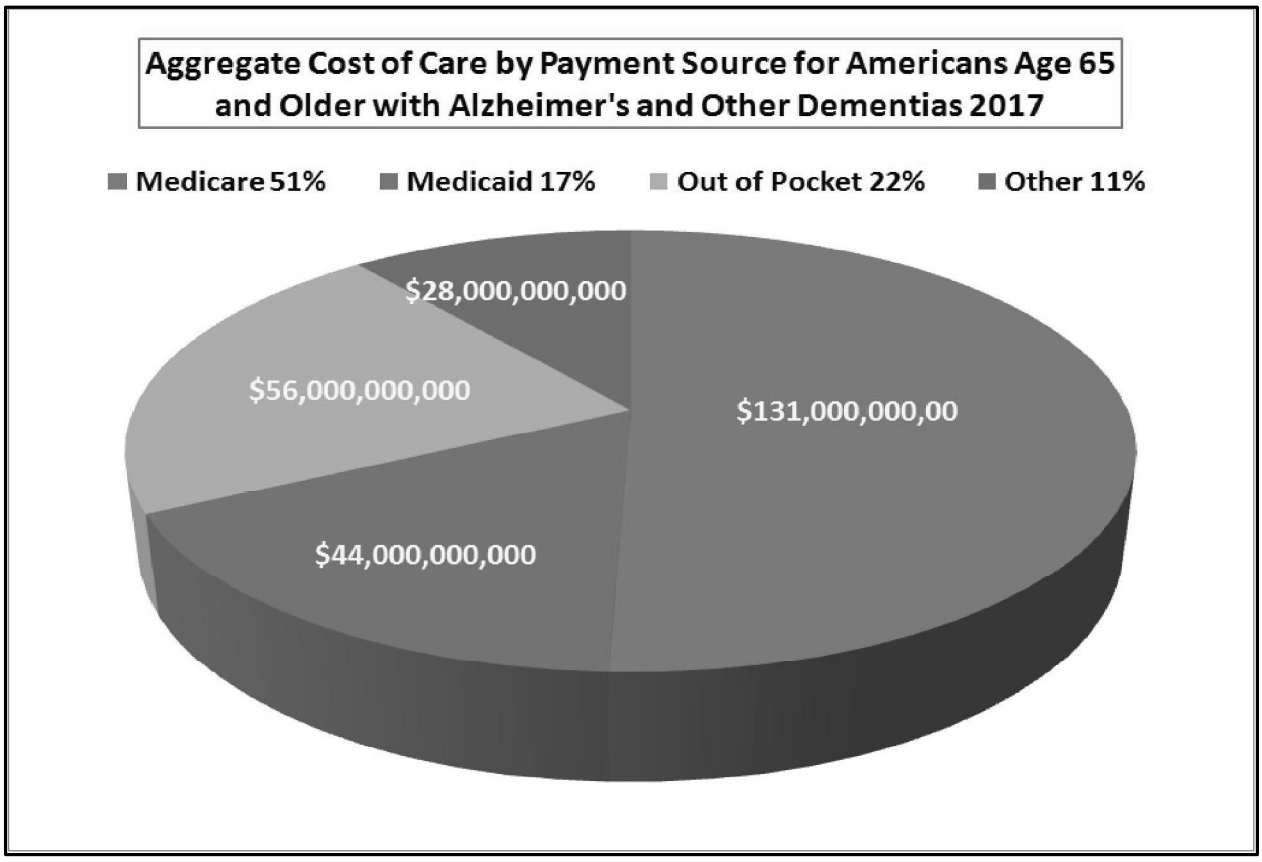
PROOF OF PUBLICATION:

To Be Provided to SHPDA Under Separate Cover

FILING FEE

$3,500

COST TO SOCIETY EXCLUDING UNPAID CARE BY CAREGIVERS



Source: Alzheimer's Association 2017 Report.

WHY IS THIS ADJUSTMENT NEEDED

This adjustment is needed to respond to the residents of the Theodore[1] area, specifically zip codes south of Interstate 10 (36582) and the adjacent areas to the south and west. Today, there is not a SCALF located south of Interstate 10 in Mobile County.

In summary, this adjustment is needed for the following reasons:

1. SCALF Beds Not In Service;
2. Demand for SCALF beds exceeds available supply;
3. Aging and increases in aged population;
4. Economy recovery
5. Driving distances for families

SCALF Beds Not In Service: As has been prior identified in 2016 to the SHCC and acted on by the SHCC, the unavailability of CON approved SCALF beds has been a major issue in Mobile County and for seniors and their families. When CON approved SCALFs beds are not available - not in service - this limits the "Choice" for seniors, in terms of accessing care and geographical location. It has been clearly presented to the SHCC that 52 SCALF beds, or more, are not in operation and have not been for several years[2]. In response in 2016, the SHCC adjusted the State Health Plan and the CONRB approved adding 32 SCALF beds at Knollwood Pointe to somewhat respond to the 52 SCALF beds not in service.

However, such did not adequately consider the time period after 2015 including the projected twenty (20) percent increase in aging population between 2017 and 2022. Also, not adequately considered were the occupancy rates at existing SCALFS for beds in use and limited Choices for seniors in Mobile County. After 2016, It also could not consider the continued deterioration of census at Gordon Oaks. In August 2017, ADPH reported by on-site survey that Gordon Oaks had 19 SCALF residents. This compares to 29 residents reported to SHPDA in the 2017 Annual Report with the ending period being February 28, 2017.

Aging of Population - CBER: Like many counties in Alabama, Mobile County is not projected by CBER to significantly increase in total population with an increase of just

---

[1] Theodore is a U. S. Census designated area.

[2] PA2016-004 approved by the SHCC in 2016 and CON2781-SCALF approved by the CON Review Board.

4.0 percent between 2015 and 2040. However, the increase in aging is 43.0 percent between 2015 and 2040. This is not a new trend, but rather continuation of historical trends over several decades.

Table 1: CBER AGING OF POPULATION - MOBILE COUNTY

Population Aged 65 and Over 2000-2015 and Projections 2020-2040 (Middle Series)

	April 1, 2015 Estimate	2020	2025	2030	2035	2040	2017 series Change 2015-2040 Number	Percent
65+ Population - Alabama								
Total State	*763,724*	*851,496*	*970,464*	*1,067,854*	*1,114,008*	*1,144,172*	*380,448*	*50%*
5 Year Change State	*105,932*	*87,772*	*118,968*	*97,390*	*46,154*	*30,164*		
Growth Distribution		***23%***	***31%***	***26%***	*12%*	*8%*		
65+ Population - Mobile County								
Total	62,022	68,898	78,986	86,139	88,238	88,908	*26,886*	**43%**
5 Year Change	*8,701*	*6,876*	*10,088*	*7,153*	*2,099*	*670*		
Growth Distribution		***26%***	***38%***	***27%***	*8%*	*2%*		

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2015 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2017.

Table 2: CBER TOTAL POPULATION - MOBILE COUNTY

Population 2000-2015 and Projections 2020-2040 (Middle Series)

	April 1, 2015 Estimate	2020	2025	2030	2035	2040	2017 series Change 2015-2040 Number	Percent
Population - Alabama								
Total State	*4,855,847*	*4,941,485*	*5,031,739*	*5,124,710*	*5,220,021*	*5,319,305*	*463,458*	*10%*
5 Year Change State	*76,111*	*85,638*	*90,254*	*92,971*	*95,311*	*99,284*		
Growth Distribution		***18%***	***19%***	***20%***	***21%***	***21%***		
Population - Mobile County								
Total	415,278	417,652	420,497	423,579	427,278	431,909	16,631	**4%**
5 Year Change	*2,286*	*2,374*	*2,845*	*3,082*	*3,699*	*4,631*		
Growth Distribution		***14%***	***17%***	***19%***	***22%***	***28%***		

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2015 population estimates. Data on births and deaths for 2000 to 2010 as well as more recent data from the Alabama Department of Public Health are used to derive birth and death rates for the state and each county.

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, March 2017.

Aging of Population - ESRI Specific Aging Data: In addition to population data from CBER, data was obtained from ESRI. This data provided greater trend details on the 65+ population and is presented in ATTACHMENT 4 on page 39. Some of the more detailed data included:

- Population estimate for 2017
- Population projections for 2022
- Population 65 to 74
- Population 75 - 85

- ❖ Population 85+
- ❖ Household incomes by age groups

A review of this data from ESRI identified the following between the years 2017 and 2022 for Mobile County:

- ✓ The population 65+ is projected to increase 15.9% while the under population under 65 is projected to decline by a negative 1.2%;
- ✓ The population 75+ is projected to increase at a faster growth rate than the 65 - 74 age group. The 75+ are the primary users of SCALF services;
- ✓ Households 75+ with incomes greater than $35,000 are projected to increase 23.9% while those households 65 to 74 are projected to increase 17.6%;
- ✓ Households 65+ with incomes greater than $35,000 annually are increasing at 19.7% compared to Households under 65 at 8.1%: and
- ✓ This data tends to confirm the increasing need for SCALF services in Mobile County is in the range of 20% over the next five years. This assumes the prevalence of Alzheimer's and Other Dementias remains constant. However, such prevalence remaining constant is not the prevailing view.

A summary of the ESRI data is presented in the following table:

Table 3: ESRI AGE PROFILE SUMMARY - MOBILE COUNTY

ITEM	2017	2022	CHANGE
Mobile County Total Population All Ages	423,262	429,522	**1.5%**
Mobile County Population By Age Group			
<65	356,827	352,534	-1.2%
65 - 74	40,075	45,805	14.3%
75+	26,360	31,183	18.3%
65+	66,435	76,988	**15.9%**
Mobile County Households by Income & Age			
<$35,000 Household Income			
65 - 74	11,196	11,749	4.9%
75+	10,981	12,217	11.3%
Total <$35,000 Households	22,177	23,966	8.1%
>$35,000 Household Income			
65 - 74	13,918	16,374	**17.6%**
75+	6,645	8,235	**23.9%**
Total >$35,000 Households	20,563	24,609	19.7%
Combined Households All Income Households Levels			
65 - 74	25,114	28,123	12.0%
75+	17,626	20,452	16.0%
65+	42,740	48,575	13.7%
Source: ESRI Age 50+ Profile			

Economic Recovery: It is also the thought that recent economic recovery is releasing pent up demand for SCALF beds as a result of stable and increasing incomes and employment as well as a more liquid market for primary residences and other properties. Additionally, the potential for airline/aerospace expansions poses a significant potential in employment for Mobile County. Some of the positives for Mobile County are:

- Second most populous county in Alabama
- Second most 65+ population in Alabama
- Expanding manufacturing base including air transportation
- Regional health and medical care center
- Five Class I railroads and Interstates 10 and 65 lead to major U.S. markets
- Mobile Downtown Airport (general aviation) and Mobile Regional Airport (commercial)
- The 9th largest port by tonnage in the U.S.
- Skilled workforce in a right-to-work state
- AIDT – national leader in training and workforce development programs
- Strong foreign investment presence, including more than 40 companies representing more than 20 countries
- 1,650 acre (667 ha) center for aviation and logistics – Mobile Aeroplex at Brookley
- Established clusters in key industries: aviation/aerospace, chemical, shipbuilding, and steel manufacturing
- 1.2 million people with a median age of 37 living within 60 miles
- Low cost of living and doing business

Driving Distances For Families: Almost all SCALFs in Mobile County are located distantly by car from the proposed Creekside Village location. The nearest existing SCALFs are approximately 10 to 15 minute in-car drive times (Carrington with 46 beds with 40 in use; Gordon Oaks with 100 beds with maybe up to 60 in use); and Elmcroft with 23 beds) with these SCALFs serving what is commonly referred to as the vast areas of west Mobile. The other SCALFs have in-car drive times of 17 to 28 minutes. Distant locations do not retain and cannot capture the desire of senior residents to remain in their neighborhood for SCALF and other senior living services. Also, distant locations pose hardships on the caregivers and families, which many times are the children who are aging themselves.

Timing: From the time an Adjustment Application is filed with the SHCC to the point of opening a new SCALF facility requires 2.5 to 3 years. Therefore, 2020 is the beginning year, which provides existing SCALFs a head start in marketing advantage.

Anticipated Demand: The vicinity for the proposed Creekside Village is anticipated to be more than sufficient to support the requested adjustment for 48 SCALF beds. For 2016, the five (5) reporting SCALF operators in Mobile County had a 92.3% average occupancy rate. For 2016 and also for 2017, four (4) SCALFs had occupancy rates ranging from 93 to 98 percent based on licensed beds. Also, for 2017, the average occupancy rate for seven (7) SCALFs was 91 percent based on available beds in use (excludes the ADPH deficient Gordon Oaks SCALF[3]). There are a total of eight (8) operating SCALFs in Mobile County as of November 1, 2017.

The anticipated total demand for Mobile County is estimated at 500 to 600 SCALF beds. This assumes the prevalence rate for Alzheimer's and Other Dementias is static; thus, increasing only due to population growth and aging.

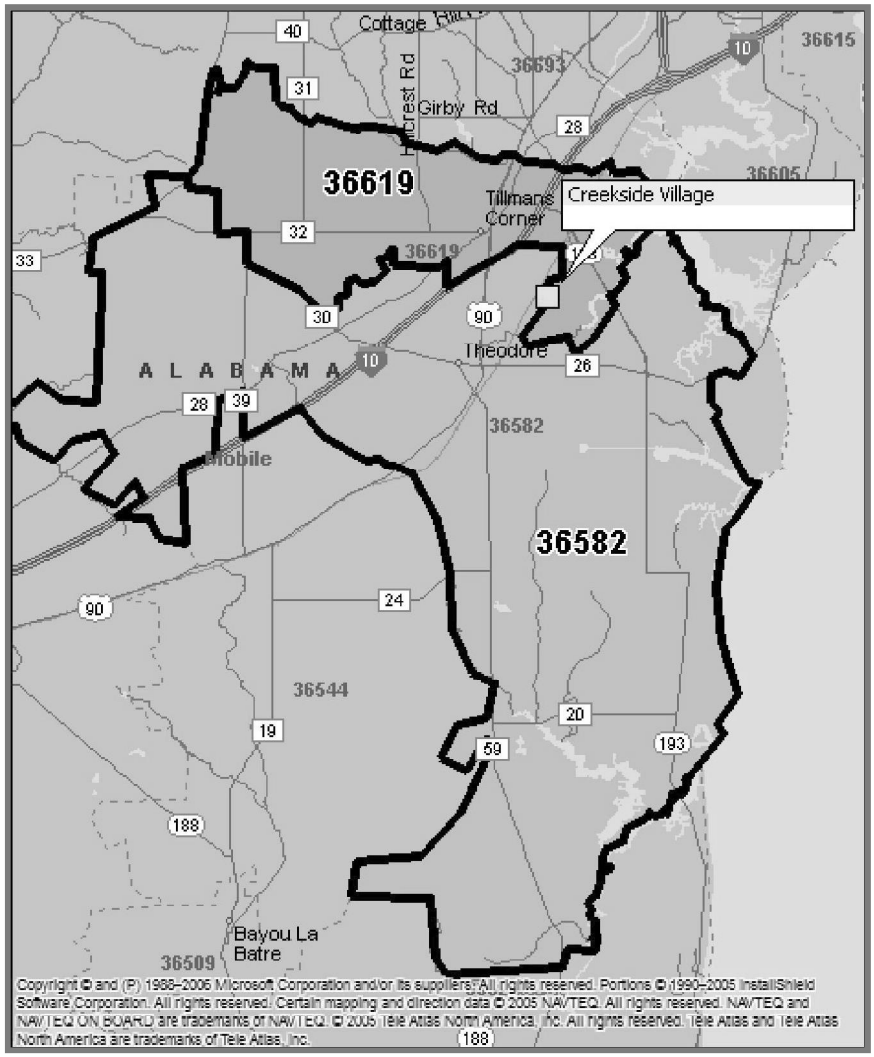
The existing supply is 233 SCALF beds in use plus a CON awarded to Knollwood Pointe in March 2017 for 32 beds resulting in a total of 265 beds anticipated to be in use (excludes 52 beds not in use). Knollwood Pointe's SCALF location is about 0.75 miles from Gordon Oaks.

[3] Per ADPH deficiency report dated August 10, 2017, regarding probational follow-up survey with continued deficiencies from three surveys in 2016.

GEOGRAPHICAL AREA FOR PROPOSED ADJUSTMENT

The following map presents the proposed geographical area within Mobile County, which relates primarily to those geographical areas of zip code zones 35682 and 36619 that are south of Interstate 10.

MAP 1 PROPOSED GEOGRAPHICAL AREA - PARTS OF ZIP CODE ZONES 36582 and 36619 SOUTH OF INTERSTATE 10



LOCATIONS OF PROPOSED CREEKSIDE VILLAGE AND EXISTING SCALFS

The following map identifies the existing geographical locations of existing SCALFs and the proposed location for Creekside Village.

MAP 2 LOCATIONS OF LICENSED SCALFs AND CREEKSIDE VILLAGE

Note: (1) Due to map size, not shown is the SCALF in Satsuma in north Mobile County near Interstate 65 approximately 23 miles from Creekside Village.

PHYSICIANS COMMITTED TO PRACTICE IN AREA

The provision of the proposed SCALF services is not dependent on new physicians residing or having practices near Creekside Village. Arrangements will be made for physicians and other allied health and medical professionals to visit SCALF residents at the senior living community.

STAFFING

The estimated employment for SCALF services would represent about 35 to 40 new jobs. These jobs would be obtained from the local and regional labor markets.

NAMES OF PATIENTS DENIED SERVICES

Although this question is presented in the SHP Adjustment Organizational Outline, the Applicant is prohibited by various laws and regulations from listing list the names of persons. State law may prevent SHPDA from receiving names of patients, residents, families and caregivers.

The Applicant has achieved the purpose of the Outline question by instead showing quantitatively when and where denial of service was evident without resorting to release of private, confidential information (names).

TABLE OF CONTENTS

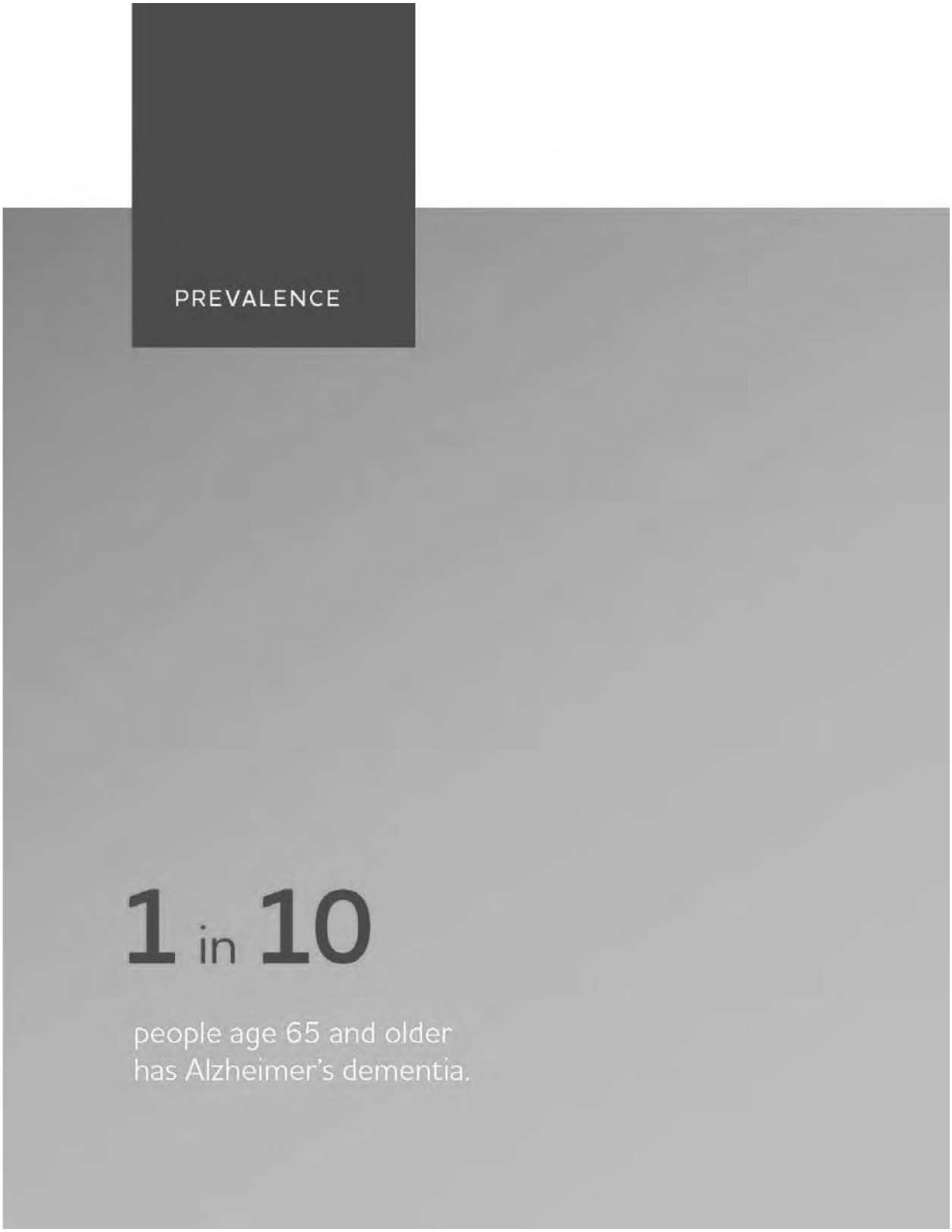
LISTING OF TABLES

LISTING OF ATTACHMENTS

LISTING OF MAPS

ATTACHMENTS

ATTACHMENT 1 - PREVALENCE OF ALZHEIMER'S AND OTHER DEMENTIAS IN THE UNITED STATES - 2017 ALZHEIMER'S ASSOCIATION


PREVALENCE
1 in 10
people age 65 and older
has Alzheimer's dementia.

Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to nearly double from 48 million to 88 million by 2050.[135] The baby boom generation has already begun to reach age 65 and beyond,[136] the age range of greatest risk of Alzheimer's; in fact, the first members of the baby boom generation turned 70 in 2016.

This section reports on the number and proportion of people with Alzheimer's dementia to describe the magnitude of the burden of Alzheimer's on the community and health care system. The prevalence of Alzheimer's dementia refers to the proportion of people in a population who have Alzheimer's dementia at a given point in time. Incidence, the number of new cases per year, is also provided as an estimate of the risk of developing Alzheimer's or other dementias for different age groups. Estimates from selected studies on the number and proportion of people with Alzheimer's or other dementias vary depending on how each study was conducted. Data from several studies are used in this section.

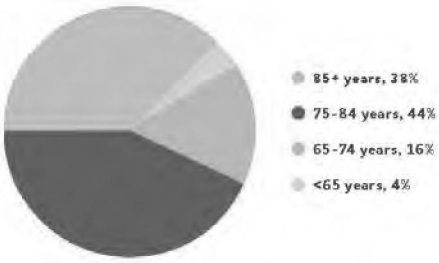
Prevalence of Alzheimer's and Other Dementias in the United States

An estimated 5.5 million Americans of all ages are living with Alzheimer's dementia in 2017. This number includes an estimated 5.3 million people age 65 and older[A2,31] and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.[137]

- One in 10 people age 65 and older (10 percent) has Alzheimer's dementia.[A3,31]
- The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia.[31]
- Of people who have Alzheimer's dementia, 82 percent are age 75 or older (Figure 1).[A4,31]

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2017



Created from data from Hebert et al.[31]
Percentages do not total 100 because of rounding.

The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.[31]

National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults.[A5,138-139] Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.[138]

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia. But outside of research settings, only about half of those who would meet the diagnostic criteria for Alzheimer's and other dementias are diagnosed with dementia by a physician.[140-142] Furthermore, as discussed in *2015 Alzheimer's Disease Facts and Figures*, fewer than half of those who have a diagnosis of Alzheimer's or another dementia in their Medicare records (or their caregiver, if the person was too impaired to respond to the survey) report being told of the diagnosis.[143-146] Because Alzheimer's dementia is underdiagnosed and underreported, a large portion of Americans with Alzheimer's may not know they have it.

 Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2017;13:325-373.

The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. But as described in the Overview section (see pages 4-16) and Special Report (see pages 61-68), revised diagnostic guidelines[20-23] propose that Alzheimer's disease begins many years before the onset of dementia. More research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the preclinical stage of Alzheimer's disease. However, if Alzheimer's disease could be accurately detected before dementia develops, the number of people reported to have Alzheimer's disease would change to include more than just people who have been diagnosed with Alzheimer's dementia.

Subjective Cognitive Decline

The experience of worsening or more frequent confusion or memory loss (often referred to as subjective cognitive decline) is one of the earliest warning signs of Alzheimer's disease and may be a way to identify people who are at high risk of developing Alzheimer's or other dementias as well as MCI.[147-151] Subjective cognitive decline does not refer to someone occasionally forgetting their keys or the name of someone they recently met; it refers to more serious issues such as having trouble remembering how to do things one has always done or forgetting things that one would normally know. Not all of those who experience subjective cognitive decline go on to develop MCI or dementia, but many do.[152-154] According to a recent study, only those who over time consistently reported subjective cognitive decline that they found worrisome were at higher risk for developing Alzheimer's dementia.[155] Data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, which included questions on self-perceived confusion and memory loss for people in 33 U.S. states and the District of Columbia, showed that 12 percent of Americans age 45 and older reported subjective cognitive decline, but 56 percent of those who reported it had not consulted a health care professional about it.[156] Individuals concerned about declines in memory and other cognitive abilities should consult a health care professional.

Differences Between Women and Men in the Prevalence of Alzheimer's and Other Dementias

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.[66,31] Of the 5.3 million people age 65 and older with Alzheimer's in the United States, 3.3 million are women and 2.0 million are men.[66,31] Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.[138,157]

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.[158] The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.[157,159-160] Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia[161] have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age. A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.[160] Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

However, researchers have recently begun to revisit the question of whether the risk of Alzheimer's could actually be higher for women at any given age due to biological or genetic variations or differences in life experiences.[162] A large study showed that the APOE-e4 genotype, the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than

TABLE 4

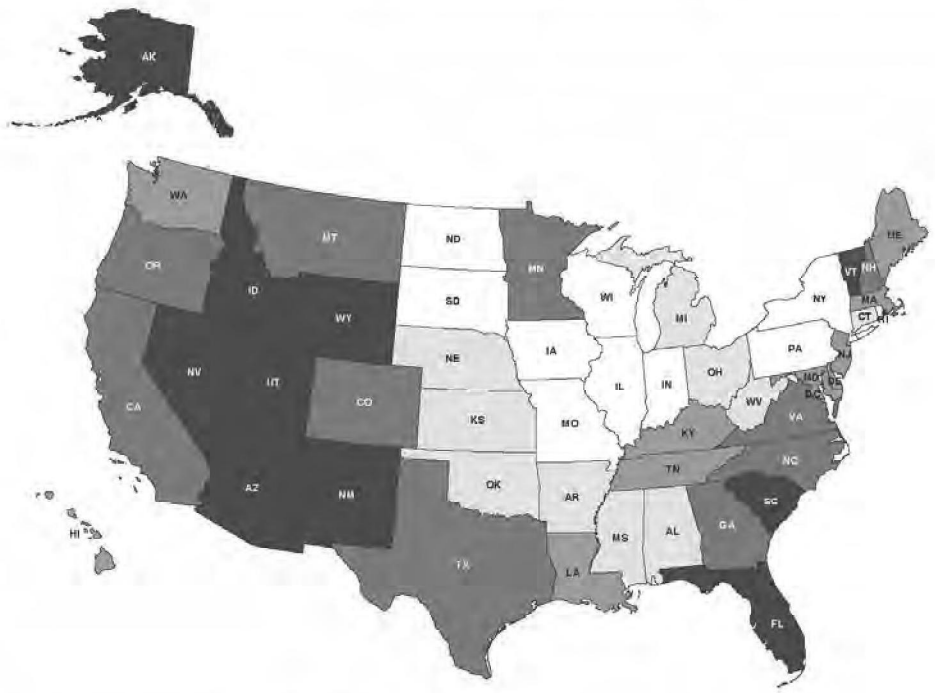
Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's Dementia by State

State	Projected Number with Alzheimer's (in thousands) 2017	2025	Percentage Change 2017-2025	State	Projected Number with Alzheimer's (in thousands) 2017	2025	Percentage Change 2017-2025
Alabama	90	110	22.2	Montana	20	27	35.0
Alaska	7.1	11	54.9	Nebraska	33	40	21.2
Arizona	130	200	53.8	Nevada	43	64	48.8
Arkansas	55	67	21.8	New Hampshire	24	32	33.3
California	630	840	33.3	New Jersey	170	210	23.5
Colorado	69	92	33.3	New Mexico	38	53	39.5
Connecticut	75	91	21.3	New York	390	460	17.9
Delaware	18	23	27.8	North Carolina	160	210	31.3
District of Columbia	9	9	0.0	North Dakota	14	16	14.3
Florida	520	720	38.5	Ohio	210	250	19.0
Georgia	140	190	35.7	Oklahoma	63	76	20.6
Hawaii	27	35	29.6	Oregon	63	84	33.3
Idaho	24	33	37.5	Pennsylvania	270	320	18.5
Illinois	220	260	18.2	Rhode Island	23	27	17.4
Indiana	110	130	18.2	South Carolina	86	120	39.5
Iowa	64	73	14.1	South Dakota	17	20	17.6
Kansas	52	62	19.2	Tennessee	110	140	27.3
Kentucky	70	86	22.9	Texas	360	490	36.1
Louisiana	85	110	29.4	Utah	30	42	40.0
Maine	27	35	29.6	Vermont	12	17	41.7
Maryland	100	130	30.0	Virginia	140	190	35.7
Massachusetts	120	150	25.0	Washington	110	140	27.3
Michigan	180	220	22.2	West Virginia	37	44	18.9
Minnesota	92	120	30.4	Wisconsin	110	130	18.2
Mississippi	53	65	22.6	Wyoming	9.4	13	38.3
Missouri	110	130	18.2				

Created from data provided to the Alzheimer's Association by Weuve et al [48,159]

FIGURE 2

Projected Increases Between 2017 and 2025 in Alzheimer's Dementia Prevalence by State



Change from 2017 to 2025 for Washington, D.C.: 0.0%
Created from data provided to the Alzheimer's Association by Weuve et al [45,185]

As shown in Figure 2, between 2017 and 2025 every state across the country is expected to experience an increase of at least 14 percent in the number of people with Alzheimer's due to increases in the population age 65 and older. The West and Southeast are expected to experience the largest percentage increases in people with Alzheimer's between 2017 and 2025. These increases will have a marked impact on states' health care systems, as well as the Medicaid program, which covers the costs of long-term care and support for some older residents with dementia.

Incidence of Alzheimer's Dementia

While prevalence refers to *existing* cases of a disease in a population at a given time, incidence refers to *new* cases of a disease that develop in a given period of time in a defined population — in this case, the U.S. population age 65 or older. Incidence provides a measure of *risk* for developing a disease. According to one study using data from the Established Populations for Epidemiologic Study of the Elderly (EPESE), approximately 480,000 people age 65 or older will

develop Alzheimer's dementia in the United States in 2017.[A9] The number of new cases of Alzheimer's increases dramatically with age: in 2017, there will be approximately 64,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 243,000 new cases among people age 85 and older (the "oldest-old").[A9,190] This translates to approximately two new cases per 1,000 people age 65 to 74, 12 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.[A9] A more recent study using data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer's dementia.[191] Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.[120]

- Every 66 seconds, someone in the United States develops Alzheimer's dementia.[A10]
- By 2050, someone in the United States will develop Alzheimer's dementia every 33 seconds.[A10]

Lifetime Risk of Alzheimer's Dementia

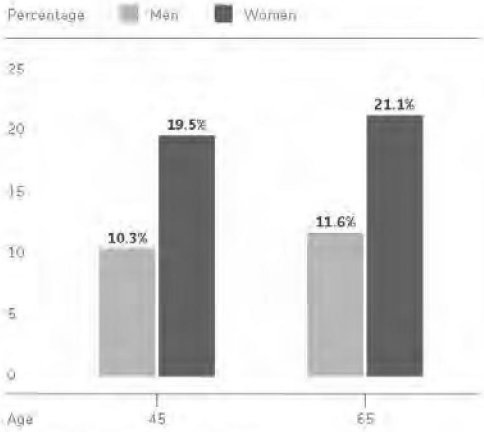
Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer's dementia by age and sex.[A11,160] As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer's dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.[160]

Trends in the Prevalence and Incidence of Alzheimer's Dementia

A growing number of studies indicate that the age-specific risk of Alzheimer's and other dementias in the United States and other higher-income Western countries may have declined in the past 25 years,[191-202] though results are mixed.[30] These declines have been

FIGURE 3

Estimated Lifetime Risk for Alzheimer's Dementia, by Sex, at Age 45 and Age 65



Created from data from Chene et al.[160]

attributed to increasing levels of education and improved control of cardiovascular risk factors.[193,199,202] Such findings are promising and suggest that identifying and reducing risk factors for Alzheimer's and other dementias may be effective. Although these findings indicate that a person's risk of dementia at any given age may be decreasing slightly, it should be noted that the total number of Americans with Alzheimer's or other dementias is expected to continue to increase dramatically because of the population's shift to older ages. Furthermore, it is unclear whether these positive trends will continue into the future given worldwide trends showing increasing mid-life diabetes and obesity — potential risk factors for Alzheimer's dementia — which may lead to a rebound in dementia risk in coming years.[200,203-204] Thus, while recent findings are promising, the social and economic burden of Alzheimer's and other dementias will continue to grow. Moreover, 68 percent of the projected increase in the global prevalence and burden of dementia by 2050 will take place in low- and middle-income countries, where there is no evidence for a decline in the risk of Alzheimer's and other dementias.[205]

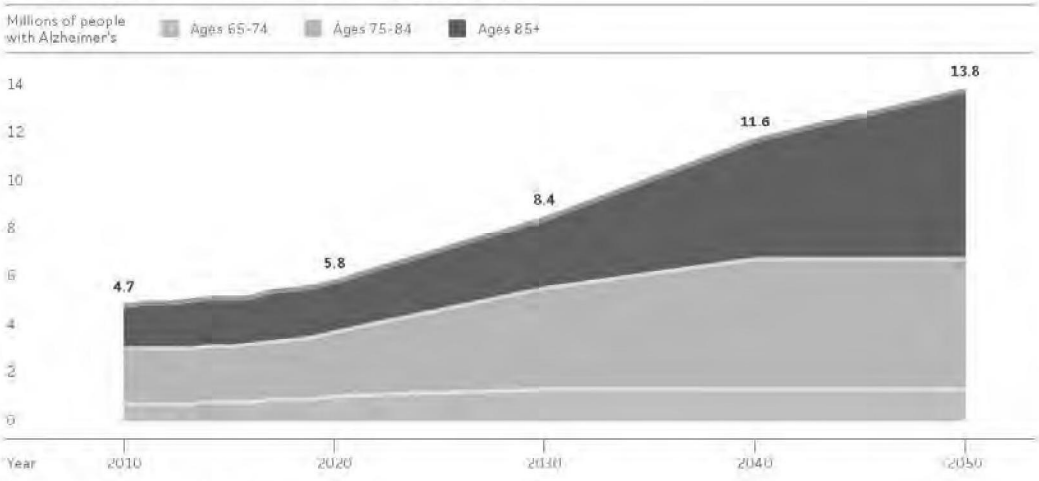
Looking to the Future

The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically due to medical advances, as well as social and environmental conditions.[206] Additionally, a large segment of the American population — the baby boom generation — has begun to reach age 65 and older, ages when the risk for Alzheimer's and other dementias is elevated. By 2030, the segment of the U.S. population age 65 and older will increase substantially, and the projected 74 million older Americans will make up over 20 percent of the total population (up from 14 percent in 2012).[206] As the number of older Americans grows rapidly, so too will the numbers of new and existing cases of Alzheimer's dementia, as shown in Figure 4.[A12,31]

- In 2010, there were an estimated 454,000 new cases of Alzheimer's dementia. By 2030, that number is projected to be 615,000 (a 35 percent increase), and by 2050, 959,000 (a 110 percent increase from 2010).[190]
- By 2025, the number of people age 65 and older with Alzheimer's dementia is estimated to reach 7.1 million — almost a 35 percent increase from the 5.3 million age 65 and older affected in 2017.[A13,31]
- By 2050, the number of people age 65 and older with Alzheimer's dementia may nearly triple, from 5.3 million to a projected 13.8 million, barring the development of medical breakthroughs to prevent or cure Alzheimer's disease.[A12,31] Previous estimates based on high-range projections of population growth provided by the U.S. Census suggest that this number may be as high as 16 million.[A14,207]

FIGURE 4

Projected Number of People Age 65 and Older (Total and by Age Group) in the U.S. Population with Alzheimer's Dementia, 2010 to 2050



Created from data from Hebert et al[A12,31]

 Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2017;13:325-373.

Growth of the Oldest-Old Population

Longer life expectancies and aging baby boomers will also increase the number and percentage of Americans who will be 85 and older. Between 2012 and 2050, the oldest-old are expected to increase from 14 percent of all people age 65 and older in the United States to 22 percent of all people age 65 and older.[206] This will result in an additional 12 million oldest-old people — individuals at the highest risk for developing Alzheimer's dementia.[206]

- In 2017, about 2.1 million people who have Alzheimer's dementia are age 85 or older, accounting for 38 percent of all people with Alzheimer's dementia.[31]
- When the first wave of baby boomers reaches age 85 (in 2031), it is projected that more than 3 million people age 85 and older will have Alzheimer's dementia.[31]
- By 2050, as many as 7 million people age 85 and older may have Alzheimer's dementia, accounting for half (51 percent) of all people 65 and older with Alzheimer's dementia.[31]

ATTACHMENT 2 - MORTALITY OF ALZHEIMER'S AND OTHER DEMENTIAS IN THE UNITED STATES - 2017 ALZHEIMER'S ASSOCIATION

MORTALITY
AND MORBIDITY

89 percent

Increase in deaths due to Alzheimer's between 2000 and 2014. Deaths from Alzheimer's have nearly doubled during this period while those from heart disease — the leading cause of death — have declined.

Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States.[208] It is the fifth-leading cause of death for those age 65 and older.[196] However, it may cause even more deaths than official sources recognize. Alzheimer's is also a leading cause of disability and poor health (morbidity). Before a person with Alzheimer's dies, he or she lives through years of morbidity as the disease progresses.

Deaths from Alzheimer's Disease

It is difficult to determine how many deaths are caused by Alzheimer's disease each year because of the way causes of death are recorded. According to data from the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), 93,541 people died from Alzheimer's disease in 2014.[209] The CDC considers a person to have died *from* Alzheimer's if the death certificate lists Alzheimer's as the underlying cause of death, defined by the World Health Organization as "the disease or injury which initiated the train of events leading directly to death."[209]

Severe dementia frequently causes complications such as immobility, swallowing disorders and malnutrition that significantly increase the risk of serious acute conditions that can cause death. One such condition is pneumonia, which is the most commonly identified cause of death among elderly people with Alzheimer's or other dementias.[210-211] Death certificates for individuals with Alzheimer's often list acute conditions such as pneumonia as the primary cause of death rather than Alzheimer's.[212-214] As a result, people with Alzheimer's disease who die due to these acute conditions may not be counted among the number of people who died from Alzheimer's disease according to the World Health Organization definition, even though Alzheimer's disease may well have caused the acute condition listed on the death certificate. This difficulty in using death certificates to accurately determine the number of deaths from Alzheimer's has been referred to as a "blurred distinction between death with dementia and death from dementia."[215]

Another way to determine the number of deaths from Alzheimer's disease is through calculations that compare the estimated risk of death in those who have Alzheimer's with the estimated risk of death in those who do not have Alzheimer's. A study using data from the Rush Memory and Aging Project and the Religious Orders Study estimated that 500,000 deaths among people age 75 and older in the United States in 2010 could be attributed to Alzheimer's (estimates for people age 65 to 74 were not available), meaning that those deaths would not be expected to occur in that year if those individuals did not have Alzheimer's.[216]

The true number of deaths caused by Alzheimer's is somewhere between the number of deaths from Alzheimer's recorded on death certificates and the number of people who have Alzheimer's disease when they die. According to 2014 Medicare claims data, about one-third of all Medicare beneficiaries who die in a given year have been diagnosed with Alzheimer's or another dementia.[188] Based on data from the Chicago Health and Aging Project (CHAP) study, in 2017 an estimated 700,000 people age 65 and older in the United States will have Alzheimer's when they die.[217] Although some seniors who have Alzheimer's disease at the time of death die from causes that are unrelated to Alzheimer's, many of them die from Alzheimer's disease itself or from conditions in which Alzheimer's was a contributing cause, such as pneumonia.

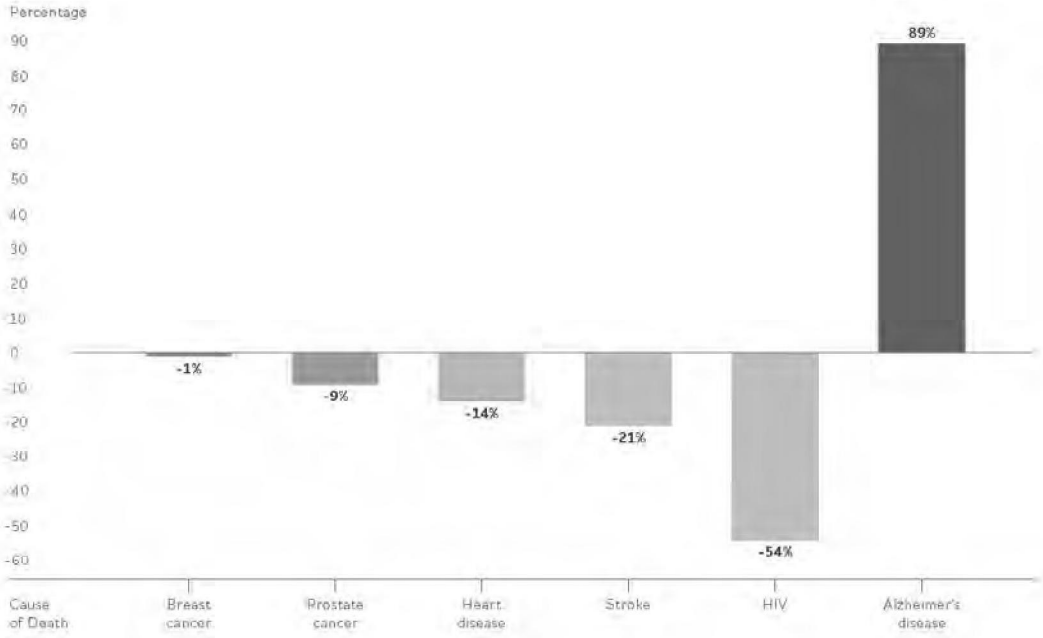
Irrespective of the cause of death, among people age 70, 61 percent of those with Alzheimer's are expected to die before age 80 compared with 30 percent of people without Alzheimer's.[218]

Public Health Impact of Deaths from Alzheimer's Disease

As the population of the United States ages, Alzheimer's is becoming a more common cause of death, and it is the only top 10 cause of death that cannot be prevented, cured or even slowed. Although deaths from other major causes have decreased significantly, official records indicate that deaths from Alzheimer's disease have increased significantly.

FIGURE 5

Percentage Changes in Selected Causes of Death (All Ages) Between 2000 and 2014



Created from data from the National Center for Health Statistics.[208,215]

Between 2000 and 2014, deaths from Alzheimer's disease as recorded on death certificates increased 89 percent, while deaths from the number one cause of death (heart disease) decreased 14 percent (Figure 5).[208] The increase in the number of death certificates listing Alzheimer's as the underlying cause of death reflects both changes in patterns of reporting deaths on death certificates over time as well as an increase in the actual number of deaths attributable to Alzheimer's.

State-by-State Deaths from Alzheimer's Disease

Table 5 provides information on the number of deaths due to Alzheimer's by state in 2014, the most recent year for which state-by-state data are available. This information was obtained from death certificates and reflects the condition identified by the physician as the underlying cause of death. The table also provides annual mortality rates by state to compare the risk of death due to Alzheimer's disease across states with varying population sizes. For the United States as a whole, in 2014, the mortality rate for Alzheimer's disease was 29 deaths per 100,000 people.[4,15,208]

 Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2017;13:325-373.

TABLE 5

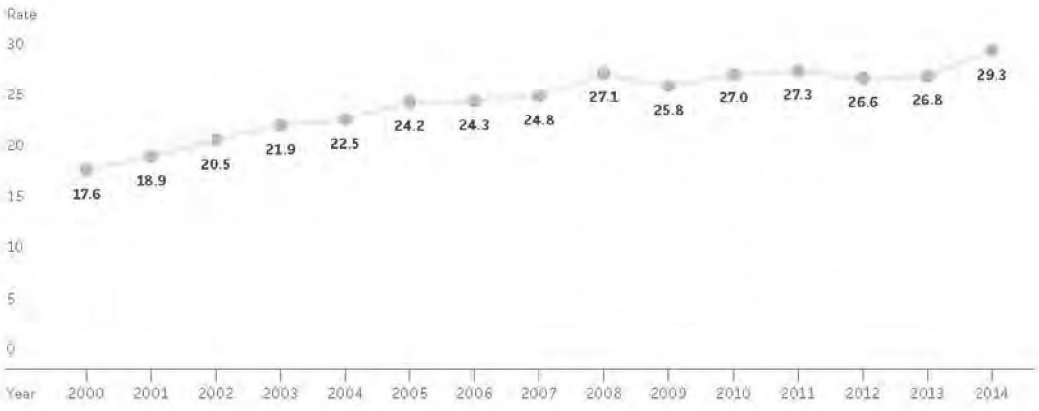
Number of Deaths and Annual Mortality Rate (per 100,000 People) Due to Alzheimer's Disease, by State, 2014

State	Number of Deaths	Mortality Rate	State	Number of Deaths	Mortality Rate
Alabama	1,885	38.9	Montana	253	24.7
Alaska	68	9.2	Nebraska	515	27.4
Arizona	2,485	36.9	Nevada	606	21.3
Arkansas	1,193	40.2	New Hampshire	396	29.8
California	12,644	32.6	New Jersey	1,962	22.0
Colorado	1,364	25.5	New Mexico	442	21.2
Connecticut	923	25.7	New York	2,639	13.4
Delaware	188	20.1	North Carolina	3,246	32.6
District of Columbia	119	18.1	North Dakota	364	49.2
Florida	5,874	29.5	Ohio	4,083	35.2
Georgia	2,670	26.4	Oklahoma	1,227	31.6
Hawaii	326	23.0	Oregon	1,411	35.5
Idaho	376	23.0	Pennsylvania	3,486	27.3
Illinois	3,266	25.4	Rhode Island	403	38.2
Indiana	2,204	33.4	South Carolina	1,938	40.1
Iowa	1,313	42.3	South Dakota	434	50.9
Kansas	790	27.2	Tennessee	2,672	40.8
Kentucky	1,523	34.5	Texas	6,772	25.1
Louisiana	1,670	35.9	Utah	584	19.8
Maine	434	32.6	Vermont	266	42.5
Maryland	934	15.6	Virginia	1,775	21.3
Massachusetts	1,688	25.0	Washington	3,344	47.4
Michigan	3,349	33.8	West Virginia	620	33.5
Minnesota	1,628	29.8	Wisconsin	1,876	32.6
Mississippi	1,098	36.7	Wyoming	162	27.7
Missouri	2,053	33.9	U.S. Total	93,541	29.3

Created from data from the National Center for Health Statistics.[49,208]

FIGURE 6

U.S. Annual Alzheimer's Death Rate (per 100,000 People) by Year



Created from data from the National Center for Health Statistics.[208]

Alzheimer's Disease Death Rates

As shown in Figure 6, the rate of deaths attributed to Alzheimer's has risen substantially since 2000.[208] Table 6 shows that the rate of death from Alzheimer's increases dramatically with age, especially after age 65.[208] The increase in the Alzheimer's death rate over time has disproportionately affected the oldest-old.[220] Between 2000 and 2014, the death rate from Alzheimer's increased only slightly for people age 65 to 74, but increased 33 percent for people age 75 to 84, and 51 percent for people age 85 and older.

Duration of Illness from Diagnosis to Death

Studies indicate that people age 65 and older survive an average of 4 to 8 years after a diagnosis of Alzheimer's dementia, yet some live as long as 20 years with Alzheimer's.[161,221-228] This reflects the slow, insidious progression of Alzheimer's. Of the total number of years that they live with Alzehimer's dementia, individuals will spend an average of 40 percent of this time in dementia's most severe stage.[218] Much of the time will be spent in a nursing home. At age 80, approximately 75 percent of people living with Alzheimer's dementia are expected to be in a nursing home compared with only 4 percent of the general population at age 80.[218] In all, an estimated two-thirds of those who die of dementia do so in nursing homes, compared with 20 percent of people with cancer and 28 percent of people dying from all other conditions.[229]

Burden of Alzheimer's Disease

The long duration of illness before death contributes significantly to the public health impact of Alzheimer's disease because much of that time is spent in a state of disability and dependence. Scientists have developed methods to measure and compare the burden of different diseases on a population in a way that takes into account not only the number of people with the condition, but also both the number of years of life lost due to that disease as well as the number of healthy years of life lost by virtue of being in a state of disability. These measures indicate that Alzheimer's is a very burdensome disease and that the burden of Alzheimer's has increased more dramatically in the United States than other diseases in recent years. The primary measure of disease burden is called disability-adjusted

30 Alzheimer's Association. 2017 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2017;13:325-373.

TABLE 6

U.S. Annual Alzheimer's Death Rates (per 100,000 People) by Age and Year

Age	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
45-54	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
55-64	2.0	2.1	1.9	2.0	1.8	2.1	2.1	2.2	2.2	2.0	2.1	2.2	2.2	2.2	2.1
65-74	18.7	18.6	19.6	20.7	19.5	20.2	19.9	20.2	21.1	19.4	19.8	19.2	17.9	18.1	19.6
75-84	139.6	147.2	157.7	164.1	168.5	177.0	175.0	175.8	192.5	179.1	184.5	183.9	175.4	171.6	185.6
85+	667.7	725.4	790.9	846.8	875.3	935.5	923.4	928.7	1,002.2	945.3	987.1	967.1	936.1	929.5	1,006.8

Created from data from the National Center for Health Statistics [69]

life years (DALYs), which is the sum of the number of years of life lost due to premature mortality and the number of years lived with disability, totaled across all those with the disease. Using this measure, Alzheimer's rose from the 25th most burdensome disease in the United States in 1990 to the 12th in 2010. No other disease or condition increased as much.[230] In terms of years of life lost, Alzheimer's disease rose from 32nd to 9th, the largest increase for any disease. In terms of years lived with disability, Alzheimer's disease went from ranking 17th to 12th; only kidney disease equaled Alzheimer's in as high a jump in rank.

Taken together, these statistics indicate that not only is Alzheimer's disease responsible for the deaths of more and more Americans, but also that the disease is contributing to more and more cases of poor health and disability in the United States.

ATTACHMENT 3 - ECONOMY OF MOBILE COUNTY

Businesses in

THEODORE, AL 36582

2-Digit SIC Code	SIC Description	Number of Businesses
1	AGRICULTURAL PRODUCTION-CROPS	**2**
7	AGRICULTURAL SERVICES	**12**
13	OIL & GAS EXTRACTION	**4**
14	MINING & QUARRYING-NONMETALLIC MINERALS	**1**
15	BUILDING CONSTRUCTION-GEN CONTRACTORS	**29**
16	HEAVY CONSTRUCTION EXCEPT BUILDING	**6**
17	CONSTRUCTION-SPECIAL TRADE CONTRACTORS	**52**
20	FOOD & KINDRED PRODUCTS MFRS	**3**
24	LUMBER & WOOD PRODS EXCEPT FURNTR MFRS	**2**
27	PRINTING PUBLISHING & ALLIED INDUSTRIES	**1**
28	CHEMICALS & ALLIED PRODUCTS MFRS	**1**
29	PETROLEUM REFINING & RELATED INDS MFRS	**1**
32	STONE CLAY GLASS & CONCRETE PRODS MFRS	**3**
33	PRIMARY METAL INDUSTRIES MFRS	**1**
34	FABRICATED METAL PRODUCTS MFRS	**13**
35	INDUSTRIAL & COMMERCIAL MACHINERY MFRS	**6**
36	ELECTRONIC & OTHER ELECTRICAL EQUIP MFR	**2**
37	TRANSPORTATION EQUIPMENT MFRS	**1**
38	MEASURING & ANALYZING INSTRUMENTS-MFRS	**1**
39	MISCELLANEOUS MANUFACTURING INDS MFRS	**6**
41	LOCAL/SUBURBAN TRANSIT & HWY PASSENGER	**2**
42	MOTOR FREIGHT TRANSPORTATION/WAREHOUSE	**26**
43	UNITED STATES POSTAL SERVICE	**2**
44	WATER TRANSPORTATION	**4**
45	TRANSPORTATION BY AIR	**1**
47	TRANSPORTATION SERVICES	**5**
48	COMMUNICATIONS	**6**
49	ELECTRIC GAS & SANITARY SERVICES	**5**
50	WHOLESALE TRADE-DURABLE GOODS	**61**
51	WHOLESALE TRADE-NONDURABLE GOODS	**8**
52	BUILDING MATERIALS & HARDWARE	**12**
53	GENERAL MERCHANDISE STORES	**6**
54	FOOD STORES	**8**
55	AUTOMOTIVE DEALERS & SERVICE STATIONS	**40**
56	APPAREL & ACCESSORY STORES	**2**

Businesses in

THEODORE, AL 36582

2-Digit SIC Code	SIC Description	Number of Businesses
57	HOME FURNITURE & FURNISHINGS STORES	**3**
58	EATING & DRINKING PLACES	**26**
59	MISCELLANEOUS RETAIL	**26**
60	DEPOSITORY INSTITUTIONS	**14**
61	NONDEPOSITORY CREDIT INSTITUTIONS	**2**
62	SECURITY & COMMODITY BROKERS	**2**
64	INSURANCE AGENTS BROKERS & SERVICE	**6**
65	REAL ESTATE	**21**
70	HOTELS ROOMING HOUSES & CAMPS	**9**
72	PERSONAL SERVICES	**13**
73	BUSINESS SERVICES	**26**
75	AUTO REPAIR SERVICES & PARKING	**40**
76	MISCELLANEOUS REPAIR SERVICES	**17**
78	MOTION PICTURES	**2**
79	AMUSEMENT & RECREATION SERVICES	**8**
80	HEALTH SERVICES	**5**
82	EDUCATIONAL SERVICES	**6**
83	SOCIAL SERVICES	**11**
84	MUSEUMS ART GALLERIES & GARDENS	**1**
86	MEMBERSHIP ORGANIZATIONS	**15**
87	ENGINEERING & ACCOUNTING & MGMT SVCS	**13**
89	MISCELLANEOUS SERVICES NEC	**3**
91	EXECUTIVE LEGISLATIVE & GENERAL GOVT	**4**
92	JUSTICE PUBLIC ORDER & SAFETY	**1**
96	ADMINISTRATION OF ECONOMIC PROGRAMS	**1**
99	NONCLASSIFIED ESTABLISHMENTS	**9**
	Total Business Count	**619**

BUSINESS RETENTION & EXPANSION - MOBILE CHAMBER OF COMMERCE

The Mobile Area Chamber of Commerce is here to help member businesses grow and prosper. Backed by our Partners for Growth program, Mobile's economic development efforts through expansion over the past decade have garnered $1.7 billion in capital investment and more than 17,400 jobs with an average annual salary of $54,000. Mobile is ranked one of the nation's best places to live and grow a business. The low cost of doing business, diverse business base, availability of professional and skilled workforce, intermodal transportation hub and quality lifestyle continue to attract people and business.

The Mobile Area Chamber's efforts in business retention and expansion include three major member committees:

Business Retention & Expansion Committee studies key business and industry sectors to learn what existing businesses need to maintain and expand. The committee holds bimonthly meetings with knowledgeable speakers and helps companies resolve problems and grow business in our area.

Gulf Coast Technology Council works to increase the visibility of local technology companies, helps encourage development of a highly-skilled workforce to accommodate growth in the IT/High-Tech arena, and markets the area as a center for technology development on the central Gulf Coast.

Offshore Alabama is a committee of offshore oil and gas producers, service providers, suppliers, and associated companies working together to sustain and grow the industry through networking events, trade show exhibitions, marketing initiatives and by formulating appropriate advocacy positions promoting our region.

EDUCATION & WORKFORCE DEVELOPMENT

The Mobile region's workforce is one of its greatest assets. Mobile offers an available and skilled workforce for all types of industries. The Mobile Area Chamber of Commerce's Education & Workforce Development Division is dedicated to strengthening the region's workforce through collaboration with a broad coalition of business and education groups to keep training sharply targeted to employer needs and aligned with current and future standards. Collaborative industry clusters partnering with secondary/post-secondary education and other training providers include healthcare, aerospace, maritime, commercial construction, manufacturing and technology.

Mobile offers some of the nation's best workforce training programs. AIDT, Alabama's workforce training organization, has a proven method of recruiting, screening and training for company startups or expanding work forces. AIDT currently operates the Alabama Aviation Training Center at the Mobile Aeroplex at Brookley and the Maritime Training Center near the Mobile River.

Collaboration between the state, education and industry have led to the establishment of additional training centers such as the Alabama Aviation Center, offering students FAA-certified training in A&P and Avionics; and the Alabama Aerospace Innovation and Research Center, providing a platform for innovation and collaboration by bringing together Bishop State Community College students and industry leaders at the Mobile Aeroplex at Brookley. Most recently, the Alabama Community College System announced the construction of an Advanced Manufacturing Training Facility to address the workforce needs for middle-skill, high-wage workers in the manufacturing sectors. This new center is set to open in 2017. These ventures illustrate only a few examples of how Mobile aggressively responds to the workforce needs of local industries.

ACCOLADES – MOBILE IN THE MEDIA

2017 – Business Facilities named Mobile No. 2 as economic growth potential among cities with less than 300,000 residents and No. 8 among cities with the lowest cost of living.

2017 – Foreign Direct Investment (fDi) released its American Cities of the Future 2017/18 and Mobile landed No. 3 in the Small Cities – FDI strategy category. (April 2017)

2016 – Smithsonian's Air & Space magazine's July issue followed Mobile's pursuit of the Airbus U.S. Manufacturing facility from start to finish in an eight-page spread. (2016)

2016 – Foreign Direct Investment (fDi) magazine published its 2016 Aerospace Cities of the Future. In the accompanying article, the magazine named Mobile as one of eight cities getting it right when it comes to top-quality education and training programs as well as logistical excellence. (2016)

2016 – Southern Business and Development also recognized Mobile's burgeoning aerospace industry, listing the city one of three Best Mid-Markets in the Mid-South. (2016)

2016 – Mobile's manufacturing growth continues to draw attention. **New Geography**, a website covering demographic, social and economic trends, ranked Mobile No. 4 on its 2016 list of Best Cities for Job Growth in the mid-sized cities category. (2016)

2016 – SmartAsset.com, in determining the "Best U.S. Cities for Boat Owners," put Mobile in the 9th spot. (May 2016)

2016 – GoodCall.com released a report listing Mobile as No. 37 out of 338 metro areas as one of the best places in the U.S. for women entrepreneurs. The news came on American Business Women's Day, Sept. 22, 2016. (September, 2016)

2016 – Wallet Hub named Mobile 44th on its list of 150 Most Fun Cities in America. The ranking was based on entertainment & Recreation; nightlife & parties; and costs. (September 2016)

2016 – GoBankingRates.com listed Mobile as the 5th cheapest retirement city in America. (October 2016)

2015 – Thrillist named Mobile as one of America's 8 Most Overlooked Small Cities

2015 – *fDi magazine* ranked Mobile 5th in the Small American Cities of the Future 2015/2016 – Business Friendly

2015 – *Forbes.com* ranked Mobile 1st among Mid-sized Cities for New Manufacturing Growth

2015 – *CNN Money* ranked Mobile 5th nationwide for a "living wage"

2015 – *nerdwallet* ranked Mobile 10th among Top 10 US Cities on the Rise and 11th among Cities with the Fastest Growing Incomes

2015 – *ZipRecruiter* ranked Mobile 19th among Top Southern cities for jobs

2014 – *MSN* ranked Mobile the 10th "hottest" city in America – calling Mobile "the "Southern Trading Hub of the US"

December 2014 – Recipient of the **Bloomberg Philanthropies**' Innovation Team Grant

November 2014 – ***Business Insider Australia*** ranked Mobile among the 15 Hottest American Cities for 2015

November 2014 – ***Global Trade Magazine*** named Mobile among America's Best Cities for Global Trade

June 2014 – ***Business Facilities*** ranked Mobile third in its Top 10 US Metro with Highest Economic Development Growth Potential

May 2014 – The Wall Street Journal takes a look at manufacturing jobs and highlights Mobile's job growth..

March 2014 – WalletHub – Top 150 Best Cities to Start a Business

February/March 2013 – fDiIntelligence – Mobile was one of only two cities to receive two awards from the international business magazine *fDi Intelligence*, a publication of *Financial Times*.

September/October 2012 – Business Facilities issue – Editors' Location Pick – Mobile was named an Editors' Location Pick by *Business Facilities* – a feature spotlighting up-and-coming locations.

Summer 2012 – Southern Business & Development – A New Day in Paradise – *Southern Business and Development* named Mobile one of its Top 10 successful aviation and aerospace clusters in the South.

2012 – Milken Institute – Best Performing Cities – Mobile's performance in job and wage growth earned the Port City the 34th spot in Milken Institute's annual list of Best-Performing Cities of the nation's top 200 metro areas.

2011 – Business Facilities – 2011 Metro Ranking Report – Top 10 Logistics/Distribution and Shipping Hubs – Among its strengths, Mobile has a deep water port, container terminal, two airports, five class one railroads and two major interstate systems.

April 2011 – fDi (Foreign Direct Investment) – America's Cities of the Future 2011/12 – In its first ever ranking of America's Cities of the Future 2011/2012, *fDi Magazine* ranked Mobile in the No. 10 spot among small cities defined as those with a population of 100,000 to 250,000.

April 2011 – Southern Business & Development – 10 Pro Business Beach Communities and Top 10 Comeback Kids – *Southern Business and Development* recognized the Mobile area's economic efforts several times in its Winter 2011 "Top 10" issue.

January 2011 – IHS Global Insight – IHS Global Insight projected employment will grow in Mobile by 2.07 percent a year between 2010 and 2016, ranking Mobile No. 73 among 392 urban areas examined by the economic forecasting firm. Mobile is projected to have the second fastest job growth among Alabama and Gulf Coast metro areas.

April 13, 2010 – Forbes.com Best Places for Business and Careers – Ranked among the 200 largest metropolitan statistical areas, Mobile landed at No. 62 in *Forbes'* annual Best Places for Business and Careers list. Among the indicators, the city ranked No. 5 in both projected economic and job growth, and No. 35 in the cost of doing business category.

March, 2010 – The Economist – Alabama's Small Cities are Poised for Recovery – ThyssenKrupp earned the lead paragraph in a story published in the March 13-17 issue of *The Economist*. The feature on Alabama's economy also highlighted Mobile's No. 12 job growth ranking by *Moody's Economy.com*.

March 18, 2010 – CNN – Building Up America – In its Building Up America series, *CNN* featured Mobile, Ala., Horizon Shipbuilding's effort to win international customers, and the state's international trade efforts.

ATTACHMENT 4 - ESRI POPULATION PROFILE - MOBILE COUNTY

Age 50+ Profile

Mobile County, AL
Mobile County, AL (01097)
Geography: County

Prepared by Esri

Demographic Summary	Census 2010	2017	2022	2017-2022 Change	2017-2022 Annual Rate
Total Population	412,992	423,262	429,522	6,260	0.29%
Population 50+	133,540	150,336	158,649	8,313	1.08%
Median Age	36.6	38.0	39.2	1.2	0.62%
Households	158,435	162,565	165,193	2,628	0.32%
% Householders 55+	41.4%	46.1%	48.4%	2.3	0.98%
Total Owner-Occupied Housing Units	106,079	104,310	106,094	1,784	0.34%
Total Renter-Occupied Housing Units	52,356	58,255	59,099	844	0.29%
Owner/Renter Ratio (per 100 renters)	2.0	1.8	1.8	0.0	0.00%
Median Home Value	-	$136,276	$155,371	$19,095	2.66%
Average Home Value	-	$175,599	$204,778	$29,179	3.12%
Median Household Income	-	$45,079	$50,764	$5,685	2.40%
Median Household Income for Householder 55+	-	$38,564	$42,327	$3,763	1.88%

Population by Age and Sex

	Census 2010		2017		2022	
Male Population	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	60,659	100.0%	68,735	100.0%	72,773	100.0%
50-54	14,648	24.1%	13,336	19.4%	12,606	17.3%
55-59	12,925	21.3%	13,905	20.2%	13,002	17.9%
60-64	10,959	18.1%	12,754	18.6%	13,341	18.3%
65-69	7,812	12.9%	10,841	15.8%	11,854	16.3%
70-74	5,710	9.4%	7,580	11.0%	9,373	12.9%
75-79	4,016	6.6%	4,878	7.1%	6,321	8.7%
80-84	2,671	4.4%	2,982	4.3%	3,576	4.9%
85+	1,918	3.2%	2,459	3.6%	2,700	3.7%

	Census 2010		2017		2022	
Female Population	Number	% of 50+	Number	% of 50+	Number	% of 50+
Total (50+)	72,881	100.0%	81,601	100.0%	85,876	100.0%
50-54	15,781	21.7%	14,564	17.8%	13,456	15.7%
55-59	13,747	18.9%	15,309	18.8%	14,312	16.7%
60-64	12,159	16.7%	14,033	17.2%	14,944	17.4%
65-69	9,254	12.7%	12,310	15.1%	13,375	15.6%
70-74	7,209	9.9%	9,344	11.5%	11,203	13.0%
75-79	5,589	7.7%	6,474	7.9%	8,224	9.6%
80-84	4,684	6.4%	4,469	5.5%	5,227	6.1%
85+	4,458	6.1%	5,098	6.2%	5,135	6.0%

	Census 2010		2017		2022	
Total Population	Number	% of Total Pop	Number	% of Total Pop	Number	% of Total Pop
Total(50+)	133,540	32.3%	150,336	35.5%	158,649	36.9%
50-54	30,429	7.4%	27,900	6.6%	26,062	6.1%
55-59	26,672	6.5%	29,214	6.9%	27,314	6.4%
60-64	23,118	5.6%	26,787	6.3%	28,285	6.6%
65-69	17,066	4.1%	23,151	5.5%	25,229	5.9%
70-74	12,919	3.1%	16,924	4.0%	20,576	4.8%
75-79	9,605	2.3%	11,352	2.7%	14,545	3.4%
80-84	7,355	1.8%	7,451	1.8%	8,803	2.0%
85+	6,376	1.5%	7,557	1.8%	7,835	1.8%
65+	53,321	12.9%	66,435	15.7%	76,988	17.9%
75+	23,336	5.7%	26,360	6.2%	31,183	7.3%

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.

November 06, 2017

2017 Households by Income and Age of Householder 55+								
	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
Total	32,277	100%	25,114	100%	17,626	100%	75,017	100%
<$15,000	5,999	18.6%	4,117	16.4%	3,954	22.4%	14,070	18.8%
$15,000-$24,999	3,466	10.7%	3,770	15.0%	4,401	25.0%	11,637	15.5%
$25,000-$34,999	3,020	9.4%	3,309	13.2%	2,626	14.9%	8,955	11.9%
$35,000-$49,999	3,845	11.9%	3,548	14.1%	2,127	12.1%	9,520	12.7%
$50,000-$74,999	6,177	19.1%	4,613	18.4%	2,411	13.7%	13,201	17.6%
$75,000-$99,999	3,816	11.8%	2,288	9.1%	1,018	5.8%	7,122	9.5%
$100,000-$149,999	3,582	11.1%	2,178	8.7%	689	3.9%	6,449	8.6%
$150,000-$199,999	1,217	3.8%	596	2.4%	159	0.9%	1,972	2.6%
$200,000+	1,155	3.6%	695	2.8%	241	1.4%	2,091	2.8%
Median HH Income	$49,024		$39,649		$26,313		$38,564	
Average HH Income	$65,679		$57,705		$41,286		$57,278	

2022 Households by Income and Age of Householder 55+								
	55-64	Percent	65-74	Percent	75+	Percent	Total	Percent
Total	31,420	100%	28,123	100%	20,452	100%	79,995	100%
<$15,000	5,577	17.7%	4,475	15.9%	4,560	22.3%	14,612	18.3%
$15,000-$24,999	3,006	9.6%	3,903	13.9%	4,850	23.7%	11,759	14.7%
$25,000-$34,999	2,517	8.0%	3,371	12.0%	2,807	13.7%	8,695	10.9%
$35,000-$49,999	3,123	9.9%	3,450	12.3%	2,234	10.9%	8,807	11.0%
$50,000-$74,999	5,888	18.7%	5,163	18.4%	2,899	14.2%	13,950	17.4%
$75,000-$99,999	4,255	13.5%	2,986	10.6%	1,413	6.9%	8,654	10.8%
$100,000-$149,999	4,263	13.6%	2,955	10.5%	1,084	5.3%	8,302	10.4%
$150,000-$199,999	1,486	4.7%	831	3.0%	254	1.2%	2,571	3.2%
$200,000+	1,305	4.2%	989	3.5%	351	1.7%	2,645	3.3%
Median HH Income	$54,571		$44,030		$27,302		$42,327	
Average HH Income	$75,397		$66,411		$47,141		$65,014	

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.

November 06, 2017

Age 50+ Profile

Mobile County, AL
Mobile County, AL (01097)
Geography: County

Prepared by Esri

Census 2010 Households and Age of Householder	Number	Percent	% Total HHs
Total	65,573	100.0%	41.4%
Family Households	40,463	61.7%	25.5%
Householder Age 55-64	19,944	30.4%	12.6%
Householder Age 65-74	12,331	18.8%	7.8%
Householder Age 75-84	6,418	9.8%	4.1%
Householder Age 85+	1,770	2.7%	1.1%
Nonfamily Households	25,110	38.3%	15.8%
Householder Age 55-64	9,857	15.0%	6.2%
Householder Age 65-74	7,199	11.0%	4.5%
Householder Age 75-84	5,505	8.4%	3.5%
Householder Age 85+	2,549	3.9%	1.6%

Census 2010 Occupied Housing Units by Age of Householder	Number	Percent	% Total HHs
Total	65,573	100.0%	41.4%
Owner Occupied Housing Units	52,362	79.9%	33.0%
Householder Age 55-64	23,313	35.6%	14.7%
Householder Age 65-74	16,053	24.5%	10.1%
Householder Age 75-84	9,782	14.9%	6.2%
Householder Age 85+	3,214	4.9%	2.0%
Renter Occupied Housing Units	13,211	20.1%	8.3%
Householder Age 55-64	6,488	9.9%	4.1%
Householder Age 65-74	3,477	5.3%	2.2%
Householder Age 75-84	2,141	3.3%	1.4%
Householder Age 85+	1,105	1.7%	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.

November 06, 2017

ATTACHMENT 5 - SHCC ADOPTED ADJUSTMENT PROCEDURES

Form APA-3
11/96

CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSET, DIRECTOR

(Pursuant to Code of Alabama 1975, § 41-22-6, as amended).

I certify that the attached is/are a correct copy/copies of rule/s as promulgated and adopted on the 9th day of December, 2016, and filed with the agency secretary on the 22nd day of December, 2016.

AGENCY NAME: State Health Planning and Development Agency
(Statewide Health Coordinating Council)

__X__ Amendment; _____ New; _____Repeal; (Mark appropriate space)

Rule No. 410-2-5-.04(2) – (5)

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Plan Revision Procedures

ACTION TAKEN: State whether the rule was adopted without changes from the proposal due to written and oral comments;

No public comments were received; the rule was adopted without changes and as published for comment in the Alabama Administrative Monthly.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXIV

ISSUE NO. 11, DATED August 31, 2016.

Statutory Rulemaking Authority: Code of Alabama, 1975 §§ 22-21-260(13), (15).

(Date Filed)
(For LRS Use Only)

REC'D & FILED

DEC 22 2016

LEGISLATIVE REF SERVICE

Alva M. Lambert

Alva M. Lambert, Executive Director
State Health Planning and Development Agency
(Certifying Officer or his or her Deputy)

(NOTE: In accordance with § 41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

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.

ATTACHMENT 6 - LETTERS OF SUPPORT

Fleming Rehab & Sports Medicine

October 18, 2017

Mr. Jerry Lathan

Lathan & Coleman, LLC

5450 Rangeline Road

Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan:

It has come to my attention that Lathan & Coleman, LLC is seeking an adjustment to the State Health Plan for additional SCALF Beds for Mobile County. Please consider this letter in support of that effort.

As a Physical Therapist in Mobile owning my own outpatient rehabilitation clinic, I often see the need for quality extended care facilities. These facilities ensure the appropriate care for those who need it while giving families and caregivers much peace of mind.

I hope that Lathan & Coleman, LLC will be permitted to continue with this endeavor and meet the increasing demand for SCALF beds in our area.

Sincerely,

Robert L. Fleming, Jr., PT

709 Downtowner Loop West • Mobile, AL 36609 • 251-380-1111 • Fax: 251-380-1110
4519 Cypress Business Park • Mobile, AL 36619 • 251-602-0745 • Fax: 251-602-8641

KIM HASTIE, REVENUE COMMISSIONER, MOBILE COUNTY

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Road
Mobile, Alabama 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I understand that Lathan & Coleman, LLC, is seeking an adjustment to the State Health Plan to obtain additional memory care beds (SCALF). I'm writing this letter to offer my heartfelt support for this endeavor.

Through my position as Mobile County Revenue Commissioner, we work closely with the aging population of this county and know firsthand some of the prevailing problems. I can appreciate the challenges faced in this area and meeting the needs for additional specialty care facilities. I believe it is important for Lathan & Coleman to obtain SCALF beds to better serve these demands for Mobile County.

I hold the highest regards for Lathan and Coleman, LLC, and believe it is important to obtain the additional beds to allow the aging citizens of Mobile County the opportunity to receive the appropriate level of care. It is my belief the diagnosis of dementia is growing faster than the aging population, consequently causing immediate need for specialty care. Therefore, in my opinion the need for SCALF beds is in great demand.

I fully support Lathan & Coleman's commitment to the community of Mobile County and its residents and hope this request will be granted.

Sincerely,

Kim Hastie
Mobile County Revenue Commissioner

P.O. Drawer 1169 | Mobile, Alabama 36633-1169 | www.mobilecopropertytax.com

Assessing	Collections	Redemption	Mapping	Appraisal	Personal Property
251-574-8530	251-574-8545	251-574-8542	251-574-8534	251-547-8713	251-574-4714
Fax: 251-574-4709	Fax: 251-574-4788	Fax: 251-574-5545	Fax: 251-574-5544	Fax: 251-574-5533	Fax: 251-574-6529

MOBILE COUNTY COMMISSION

COUNTY COMMISSIONERS
MERCERIA LUDGOOD, PRESIDENT
CONNIE HUDSON, COMMISSIONER
JERRY L. CARL, COMMISSIONER
TELEPHONE (251) 574-5077

ADMINISTRATION
JOHN F. PAFENBACH
COUNTY ADMINISTRATOR
GLENN L. HODGE
DEPUTY ADMINISTRATOR
TELEPHONE (251) 574-8606
FAX (251) 574-5080

October 16, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

The growing need for mental health care in Mobile County is surprisingly overwhelming, and is clearly needed in the South part of the county which I serve. It is with this need in mind that I offer my support for Lathan & Coleman seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in the Theodore community of Mobile County.

Mr. Lathan and Mr. Coleman have undoubtedly shown their commitment to Mobile County with their investments and dedication to the restoration of our community, and I am certain of their ability to provide exceptional memory care to our local residents.

With the rise of mental health needs and memory care in particular for our aging population, it would certainly be beneficial to our community and residents to address this need close to home and here in the community. Additionally, while this will support the health needs of our aging population it will also keep those healthcare jobs here in our area.

This could be done with more top-tier SCALF facilities and I fully support Lathan and Coleman's commitment to our community and residents.

Sincerely,

Jerry Carl
Mobile County Commissioner
District 3

205 Government Street • Mobile, Alabama 36644 • Post Office Box 1443 • Mobile, Alabama 36633

ALABAMA STATE SENATE
ALABAMA STATE HOUSE
11 SOUTH UNION STREET, 7TH FLOOR
MONTGOMERY, ALABAMA 36130-4600

BILL HIGHTOWER
State Senator District 35
11 South Union Street, Suite 733
Montgomery, Alabama 36130
Telephone: (334) 242-7882
Fax: (334) 353-9777
Email: bill.hightower@alsenate.gov

COMMITTEES:
Chair, Constitution, Ethic & Elections
Vice Chair, Banking & Insurance
Fiscal Responsibility
& Economic Development
County & Municipal Government
Rules

October 25, 2017

Jerry Lathan
5450 Rangeline Rd.
Mobile, AL 36619

RE: Support SHCC Adjustment for additional SCALF beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand that Lathan & Coleman is seeking an adjustment to the State health Plan for additional memory care beds (SCALF) in Mobile County.

I have the highest regards for Lathan & Coleman's Care ability to provide high quality, top tier senior living services. In addition to their commitment to restoration of historic buildings, Revitalizing Main Streets in Alabama and high quality senior communities, I am certain of their ability to provide exceptional memory care to our local residents.

In the rise of dementia in our aging population creates an increasing demand for more top-tier SCALF facilities and fully support Lathan & Coleman's commitment to our community and residents.

Sincerely,

Bill Hightower

Bill Hightower
Alabama State Senator, District 35 Mobile

BH/ho

Tillman's Corner Dental
5659 Three Notch Rd.
Mobile, AL 36619

Mike C. Reindl
Dentist
251-660-1400

To whom it may concern,

I have known Jerry Lathan for over five decades and as his and his family dentist for over three decades. I also had the pleasure of being his mother's dentist for a number of years, witnessing first-hand the early signs of her battle with Alzheimer's disease, as I have with quite a few of the elderly population in this community.

Jerry is a solid businessman, and I am sure will be a compassionate steward of this facility.

I enthusiastically support Jerry in his effort to supply additional needed care for our aging loved ones.

Sincerely,

Mike Reindl, D.M.D

Perfection Desired • Excellence Attained

Christ UMC
worship | grow | serve
Christ United Methodist Church

6101 Grelot Road
Mobile, AL 36609
P: 251.342.0462
F: 251.342.7195
christumcmobile.com

Rob Couch
Lead Pastor

Jeff Spiller
Founding Pastor

Jeremy Steele
Teaching Pastor

Jean Tippit
Discipleship Pastor

Bobby Williams
Pastoral Care Pastor

October 16, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

It is my understanding that there is a constantly increasing need for quality dementia care. As our aging populations rapidly increase, the need for more options and availability of quality memory care communities is of critical importance.

I hope Lathan & Coleman will be permitted to expand memory care service in order to better serve our aging population in our area.

Thank you in advance for your consideration of this very important project.

Sincerely,

Reverend Jeffery Spiller

Preston and Nell Smith
5087 Easy Street
Mobile, Alabama 36619

October 27, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Road
Mobile, Alabama 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am very happy to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman, LLC, is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

I have the highest regard for Mr. Lathan and Mr. Coleman's ability to provide high quality, top tier senior living services. In addition to their commitment to restoration of historic buildings, revitalizing Main Streets in Alabama and high quality senior communities, I am certain of their ability to provide much needed exceptional memory care to our local residents.

The rise of dementia care in our aging population is causing an increased demand for more top-tier SCALF facilities. I fully support Lathan & Coleman's initiative and commitment to our community and residents.

Sincerely,

Preston Smith
Nell Smith

Preston and Nell Smith
Residents of Mobile County

October 26, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

Based on my prior experience as the President of Mobile Gas Service Corporation as well as the knowledge I have gained from sitting on multiple community nonprofit boards I understand the diverse needs of the underserved in our community. Therefore, I support your request for the addition of SCALF beds for our aging population.

It is also my understanding that dementia is a rising problem with our aging population and more memory care communities are needed. The need for SCALF beds will continue to be in great demand.

I sincerely hope Lathan & Coleman will be permitted to open this wonderful facility to better serve the local community and residents and increase access to quality memory care in our area.

Sincerely,

Greg Welch

Greg Welch

Southern
VISION CARE
Dr. Mark Shirey
7921 Tanner Williams Rd. • Suite H • Mobile, AL 36608
251-634-2144 www.southernvisioncare.com

November 7, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds in Mobile, County

Dear Mr. Lathan,

I am pleased to submit this letter on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

As a member of this community and a professional health care provider, I am in a position to know the demand and need for additional SCALF beds. The addition of SCALF beds will allow existing residents more options in quality care and ensure they receive the appropriate level of care needed. From personal experience with my in-laws, I can also say with confidence that the new memory care community will also alleviate stress on family caregivers and provide better, local options. Our family had to seek care in another county due to the lack of beds in our community that would provide the appropriate care for my in-laws.

It is also my understanding that dementia is rising faster than the aging population and more memory care communities are needed. The need for SCALF beds will continue to be in great demand.

I sincerely hope Lathan & Coleman will be permitted to open this wonderful facility to better serve the local community and residents and increase access to quality memory care in our area.

Sincerely,

Mark Shirey O.D.

November 6, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

As a resident in South Mobile County, I am greatly concerned about the mental health care that our area is lacking. With the growing rate of Alzheimer's patients and the lack of beds and facilities to help this growing need, I urge your support in helping to facilitate these patients.

It is with this need in mind that I offer my support for Lathan & Coleman seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in the Theodore community of Mobile County.

It would be highly beneficial and welcomed to the patients and families of those who suffer with a mental illness in the South part of Mobile. The growing rate of mental illness is surprising and could be better grasped with facilities and health care providers skilled in helping care for these patients. This could be done with more top-tier SCALF facilities and I fully support Lathan and Coleman's commitment to our community and residents.

Sincerely,

Kelle S. Flynt

Kelle Flynt
(251) 377-2161

ALABAMA
HOUSE OF REPRESENTATIVES
11 S. UNION STREET, MONTGOMERY ALABAMA 36130

REP. DAVID R. SESSIONS
DISTRICT 105
13000 HUGH FORT ROAD
GRAND BAY, ALABAMA 36541

STATE HOUSE: 334-242-0947
CELL: 251-490-0117
EMAIL: d.r.sessions@att.net

November 7, 2017

Mr. Jerry Lathan
Lathan& Coleman, LLC.
5450 Rangeline Road
Mobile, Alabama 36619

Re: Support SHCC Adjustment for Additional SCALF Beds for Mobile County
Avid
Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Latham & Coleman, LLC. I understand Latham & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

I have the highest regards for Mr. Lathan and Coleman's ability to provide excellent quality, top tier senior living services. In addition to their commitment to restoration of historic buildings, revitalizing Main Street in Alabama and producing five-star senior living communities. It is because of those qualities I am certain of their ability to continue to deliver exceptional memory care to our local residents.

With the rise of dementia care in our aged population this crisis has created an over whelming demand for incomparable facilities. I completely support Lathan & Coleman's commitment to our community and residents.

Respectfully,

David R. Sessions

David R. Sessions

Robert A Nicholson
5921 Nicholson Dr
Theodore AL 36582-1932

Jerry Lathan
5450 Rangeline Road
Mobile, AL 36619

November 7, 2017

Dear Jerry,

Mary Lou and I are pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County, specifically in the Theodore community where we live.

As lifelong friends and teaching colleagues of his parents we have known Jerry virtually all his life. Jerry has grown up in and lived in our community and we have full confidence he and his partner will provide the best facilities and services possible for the members for our senior community.

In addition to their commitment to restoration of historic buildings, revitalizing Main Streets in Alabama and high quality senior communities, we are certain of their ability to provide exceptional memory care to our local residents.

The rise of dementia care in our aging population creates an increasing demand for more top-tier SCALF facilities and I fully support Lathan & Coleman's commitment to our community and residents.

Sincerely,

Robert A. Nicholson & Mary Lou Nicholson

ALABAMA
HOUSE OF REPRESENTATIVES
11 S. UNION STREET, MONTGOMERY ALABAMA 36130

REP. CHRIS PRINGLE
DISTRICT 101
4 PRINCESS ANNE ROAD
MOBILE, ALABAMA 36608

DISTRICT: 251-208-5480
CELL: 251-604-3357
EMAIL: chrispringle@southerntimberlands.com

October 25, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

As a State Representative, I am in a position to know the demand and need for additional SCALF beds. The addition of SCALF beds will allow existing residents more options in quality care and ensure they receive the appropriate level of care needed. The new memory care community will also alleviate stress on family caregivers and provide better, local options.

It is also my understanding that dementia is rising faster than the aging population and more memory care communities are needed. The need for SCALF beds will continue to be in great demand.

I sincerely hope Lathan & Coleman will be permitted to open this wonderful facility to better serve the local community and residents and increase access to quality memory care in our area.

Sincerely,

Chris Pringle

Representative Chris Pringle

Kim Barnickel
1960 Bradshire Dr.
Mobile, AL 36695

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

November 7, 2017

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

As a professional member of the local community, I am in a position to know the demand and need for additional SCALF beds. The addition of SCALF beds will allow existing residents more options in quality care and ensure they receive the appropriate level of care needed. The new memory care community will also alleviate stress on family caregivers and provide better, local options.

It is also my understanding that dementia is rising faster than the aging population and more memory care communities are needed. The need for SCALF beds will continue to be in great demand.

I sincerely hope Lathan & Coleman will be permitted to open this wonderful facility to better serve the local community and residents and increase access to quality memory care in our area.

Sincerely,

Kim Barnickel BSN

Kim Barnickel
BSN

DAN S. CUSHING
ATTORNEY AT LAW

CUSHING LAW FIRM, INC.
2653-B OLD SHELL ROAD
MOBILE, ALABAMA 36607

PHONE: (251)471-9885
FAX: (251)471-9996
E-MAIL: dsc@dancushinglaw.com

November 8, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Road
Mobile, AL 36619

Re: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan:

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

I have the highest regards for Mr. Lathan's ability to provide high quality, top tier senior living services. While I have not had the opportunity to know Mr. Coleman, I have complete confidence in Mr. Lathan's ability to select competent and ethical partners. I do have a longstanding personal and professional working relationship with Mr. Lathan.

It is my understanding there is a lack of quality facilities in South Mobile County that provide services for dementia patients. I fully support Lathan & Coleman's plan and their general commitment to the community.

Sincerely yours,

Dan S. Cushing (dn)

Dan S. Cushing
DSC/dln

November 8, 2017

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds (SCALF) in Mobile County.

It is my understanding that there is a constantly increasing need for quality dementia care. As our aging populations rapidly increase, the need for more options and availability of quality memory care communities is of critical importance.

I hope Lathan & Coleman will be permitted to expand memory care service in order to better serve our aging population in our area.

Thank you in advance for your consideration of this very important project.

Sincerely,

Jacoba Brown

Judge Charles N. McKnight, Retired
District Court Mobile Count
11301 Getchell Drive
Theodore, AL 36582

Jerry Lathan
5450 Rangeline Rd.
Mobile, AL 36619

Dear Mr. Lathan,

It is without reservation that I submit this letter to you on behalf of Specialty Care Assisted Living Facilities in Alabama (SCALF). As you well know our baby boomer population is growing into retirement in ever increasing numbers annually. As the number increases, and I assure you they will, there is a real and genuine need for additional memory care beds.

I have come to know you as you a professional in the construction industry and your credentials are without question. Regardless of what you do, you do it with character, integrity and quality in the product you produce.

Your very truly,

Judge Charles McKnight

Hal Callaway
100 Tower Drive, Suite 1002
Daphne, Al 36526

Mr. Jerry Lathan
Lathan & Coleman, LLC
5450 Rangeline Rd
Mobile, AL 36619

November 9, 2017

RE: Support SHCC Adjustment for Additional SCALF Beds for Mobile County

Dear Mr. Lathan,

I am pleased to submit this letter of support on behalf of Lathan & Coleman, LLC. I understand Lathan & Coleman is seeking an adjustment to the State Health Plan for additional memory care beds, Specialty Care Assisted Living Facilities (SCALF) in Mobile County.

It is my understanding that there is a constantly increasing need for quality dementia care. As our aging populations rapidly increase, the need for more options and availability of quality memory care communities is of critical importance.

I hope Lathan & Coleman will be permitted to expand memory care service in order to better serve our aging population in our area.

I have known and worked with you for many years and have the utmost respect you and your ability to serve the aging population of our community. Please let me know if I can be of further assistance.

Thank you in advance for your consideration of this very important project.

Sincerely,

Hal Callaway