

**APPLICATION TO:
THE STATE HEALTHCARE COORDINATING COUNCIL**

**State Health Plan Adjustment for:
32 Specialty Care Assisted Living Facility beds to be converted from
32 currently licensed regular Assisted Living Units in Limestone County, Alabama**

In order to meet the growing need and provide access to care offered by
Specialty Care Assisted Living Facilities and support the dignity
of Aging in Place for Alabama's Seniors.

Respectfully Submitted by:

Vitality Senior Living Management, LLC
d/b/a Traditions of Athens, LLC

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I. GOAL

The goal of this application to adjust the State Health Plan is to ensure adequate services for an ever increasing demand for supportive services to seniors afflicted with cognitive issues associated with Alzheimer's disease and other dementias.

Preserve the dignity of Alabama's seniors by providing them access and choice to quality residential cognitive care by trained staff in a licensed and safe environment.

To ensure a continuum of care sufficient to support aging-in-place in an area currently underserved by such services.

II. **PROPOSED ADJUSTMENT**

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

Limited Care Facilities - Specialty Care Assisted Living Facilities

(e) Adjustments. Consistent with Alabama Administrative Code 410-2-4-.04, the SCALF bed need for Limestone County shall be adjusted to add thirty-two (32) specialty care assisted living facility beds converted from existing assisted living facility beds.

Relevant Section: Alabama State Health Plan

(e) Adjustments. The bed need, as determined by the methodology, is subject to adjustments by the SHCC. The specialty care assisted living facility bed need may need to be adjusted by the SHCC if an applicant can prove that the identified needs of a targeted population are not being met by existing specialty care assisted living facilities in the county of the targeted population.

III. APPLICANT AND CONTACT INFORMATION

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Proof of Publication will be provided in compliance with the rule in a timely fashion and a copy provided to SHPDA.

The fee of \$3,500 made payable to the State Health Planning and Development Agency has been made with the submission of this application.

IV. INTRODUCTION

Alzheimer's Disease is an insidious, debilitating, and ultimately fatal disease affecting 5.7 million Americans. An estimated 5.5 million of these Americans are age 65 and older. One in ten people over age 65 has Alzheimer's. (Alzheimer's Association).

In Alabama there are 92,000 cases today. By 2025, a mere seven years from now, the Alzheimer's Association estimates there will be 110,000 senior Alabamians afflicted; a 19.6% increase.

The Alabama Department of Public Health projects an 82.4 increase in the Alabama geriatric population from 2010 to 2040. According to their reports, Alabama will add 542,061 seniors to its population during this time. Using the one-in-ten ratio suggested by the Alzheimer's Association research, that means 54,200 new diagnosed Alabama seniors by 2040. (*Exhibit 1*)

Furthermore, Limestone and Madison Counties rank in the top eight counties to contribute to this growth with 143.10 to 248.80 percent increases. (ADPH)

Alzheimer's mortality in Alabama is 16% higher than in the US as an average. In Alabama the mortality rate among seniors afflicted with Alzheimer's disease is 27.7 per 100,000. In Limestone County it is 24.90 - 29.90 per 100,000 according to ADPH. (*Exhibit 2*)

The objective of the State Health Plan is to ensure the state's need for access to health services of all types is met and that resources are appropriately distributed to support that objective.

Traditions of Athens (the Applicant) is an existing 80 bed regular Assisted Living Facility licensed and in good standing with the Alabama Department of Public Health. Traditions of Athens is prepared to meet the need by immediately converting 32 ALF beds to 32 SCALF beds upon approval of this application and appropriate action by the CON Review Board and SHPDA.

RATIONALE:

BED NEED METHODOLOGY

DOES NOT ACCOUNT FOR ATYPICAL COUNTY SERVICE AREAS

While generally speaking, the bed need methodology serves public policy well, there are some areas where the county-only formula actually hinders growth of services to meet the need of seniors due to circumstances such as influx of seniors from nearby but outside the county in question.

These migrations may be from suburban, rural, and metropolitan areas. The movement of seniors from their home county to another may be due to consumer choice, proximity of family, availability, or economic reasons.

In these instances it falls to the SHCC to adjust the State Health Plan in order to accommodate the growing demand for memory care services.

Adjacent Madison County has demonstrated rapid growth in demand for memory care services. This demonstrated need for SCALF services on the eastern side of the county in the growing Huntsville market (including County Line Road in Limestone County) is being met by rapidly increased bed capacity thanks to the SHCC adjusting the State Health Plan.

By contrast, the western side of Limestone County is insufficient in bed capacity. Based on the existing bed need methodology (including the September 5, 2018 Statistical Update) Limestone County needs sixty-six (66) “memory care” beds to serve 16,606 residents over the age of 65 years in the county.

All but 16 of these SCALF CONs in Limestone County, including the most recent addition of ten beds from the Statistical Update published by SHPDA in September 2018, have been located on or near County Line Road on the Limestone/Madison County line.

These beds rightly serve the greater Huntsville demand on the eastern edge of Limestone County. But Limestone County is a broad county, bordered to the north by the Tennessee state line, on the west by Lauderdale County, to the south by Lawrence and Morgan Counties, and to the east by Madison County.

In fact, **Traditions of Athens**, an 80-bed regular assisted living facility (ALF), serves residents originating from 19 zip codes not including move-ins from California and Florida who moved to Limestone County for specific family reasons. (*Exhibit 3*)

The rules promulgated by the Alabama Department of Public Health (ADPH) which licenses and regulates memory care assisted living has rigorous policies regarding who is eligible to reside in regular assisted living facilities and when residents must be discharged to Specialty Care Assisted Living.

One significant regulation requires the discharge of any senior who exhibits memory care issues or dementia. In fact, this is the primary reason the SHCC recommended the establishment of Specialty Care Assisted Living Facilities.

When Traditions of Athens determines an ALF resident is in need of memory care (SCALF) services it must speedily discharge the resident to a suitable licensed SCALF.

In the last year, Traditions has discharged 8 residents for this reason. None of these families have been able to find comparable accommodation for their loved one within a reasonable distance.

Traditions of Athens in the same time period, has **declined to admit 26 applicants who were cognitively disqualified for ALF residency.**

If the SHCC were to increase the Limestone County memory care bed inventory by 32 beds, Traditions of Athens could quickly convert existing ALF beds to memory care beds to better meet this demonstrable need for Specialty Care Assisted Living to serve the I-65 side of the county.

V. WHY IS THIS ADJUSTMENT NEEDED

THE NEED FOR AN ADJUSTMENT

- (1) Demand is not met for these services despite recent development on County Line Road near Madison County which will not be available for many months.
- (2) Demand for memory care services is exceeding the supply and demand is growing faster than the overall population.
- (3) The Western side of Limestone County and Athens in particular, serves a senior population stretching up and down the I-65 corridor reaching an underserved population of seniors not accounted for in the county-only methodology.
- (4) There is no other immediate remedy other than an adjustment to the State Health Plan.

VI. FACTS AND FIGURES ABOUT ALZHEIMER'S DISEASE (from the Alzheimer's Association and Alabama Department of Public Health)

Prevalence of Alzheimer's in the US

Prevalence of Alzheimer's and Other Dementias in the United States: (Alzheimer's Association)

The Alzheimer's Association publishes an annual report on the disease. The latest reports list Alzheimer's disease as the 6th leading cause of death in the US. The same report projects the number of Americans with the diagnosis will triple from today's 5.7 million to 14 million by 2050.

- One in 10 people (10 percent) age 65 and older has Alzheimer's dementia.
- 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.
- Of people who have Alzheimer's dementia, 81 percent are age 75 or older.

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.

Ageing, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults estimates 14 percent of people age 71 and older in the United States have dementia.

(Exhibit 1)

Prevalence of Alzheimer's in Alabama

- **According to The Alabama Department of Public Health 9.94% of the state's elderly population has Alzheimer's disease.**
- **The Alabama elderly population is growing - from 2010 - 2040 Alabama will increase its elderly population by 82.4%...adding more than 540,000 elders**
- **ADPH estimates there are 66,937 Alabama Medicaid recipients with Alzheimer's**

(Exhibit 2)

VII. QUALITY OF CARE

- Access to healthcare is the foundational component to quality
- SCALF services are entirely private-pay; consumer choice rewards high quality through competition
- Licensed SCALF providers are regulated by ADPH ensuring compliance with the highest standards

In this case there are eight licensed specialty care assisted living facilities in the region providing residential memory care services as described in the State Health Plan and defined as SCALF. Only two are located in Limestone County.

ADPH lists two licensed SCALF providers in Limestone County, two in adjacent Morgan County, and two in adjacent Lauderdale County. This application has made note of the unusual circumstances of Madison County which has 7 providers.

Limestone County has 16 beds licensed in Athens and 16 beds licensed in Madison. The Madison facility is more than 10 miles from Athens.

The nearest provider in Lauderdale County is 49 miles from Athens.

The nearest provider in Morgan County is 22 miles away and Westminster Memory Care in Decatur is 22.3 miles from Athens.

The nearest provider in Madison County is more than 10 miles from Athens.

Traditions of Athens already has the capacity to care for 80 regular assisted living residents in its existing licensed facility in Athens. Statistically eight of those residents alone will require memory support services.

Currently there are sixty-six beds (66) authorized by the SHCC for Limestone County. Only sixteen are licensed and in use in the western side of Limestone County within ten miles of Athens.

Of the authorized beds, there are 24 SCALF beds authorized and awarded to The Phoenix at Madison which is yet to be built or licensed. Furthermore, Phoenix has applied to be granted the ten (10) beds authorized by the Statistical Update of September 5, 2018. These 34 beds are authorized but not built nor licensed, thus they are currently unavailable to Limestone County residents.

The net effect is that there are no beds available for use in Limestone County other than the thirty-two (32) existing licensed SCALF beds.

(Exhibit 4)

(Exhibit 5)

VIII. GEOGRAPHICAL AREA

LIMESTONE COUNTY AND ATHENS, ALABAMA

Limestone County is the 3rd fastest growing county in Alabama, and 65th in the United States with a total population of 94,402.

It is located in the most northern part of the state. With its sister counties, Lauderdale, Madison, and Jackson Counties they form the border with Tennessee.

Limestone County boasts a highly-educated workforce and vibrant business and industrial growth across diverse sectors. The county posted a 3% unemployment rate as of May 2018.

Since Limestone County is only a short drive to Redstone Arsenal, NASA and Cummings Research Park in Huntsville, many county residents are employed by the Army, NASA and private high tech companies. Local companies in Limestone County also supply contract work for the space and defense industries.

Visitors to Alabama first notice the imposing US Army missile erected at the Welcome Center in Limestone County as they enter the state from the north. It is a graphic representation of the strong connection between Limestone County and the defense and space programs. In addition, the county is home to TVA Nuclear Plant, Federal Mogul, Steelcase and numerous other businesses and industries, including aerospace, advanced manufacturing, automotive, biotechnology and robotics.

The city of Athens is the county seat of Limestone County. The county encompasses 607 square miles with a population of 94,402 and an unemployment rate of 3%.

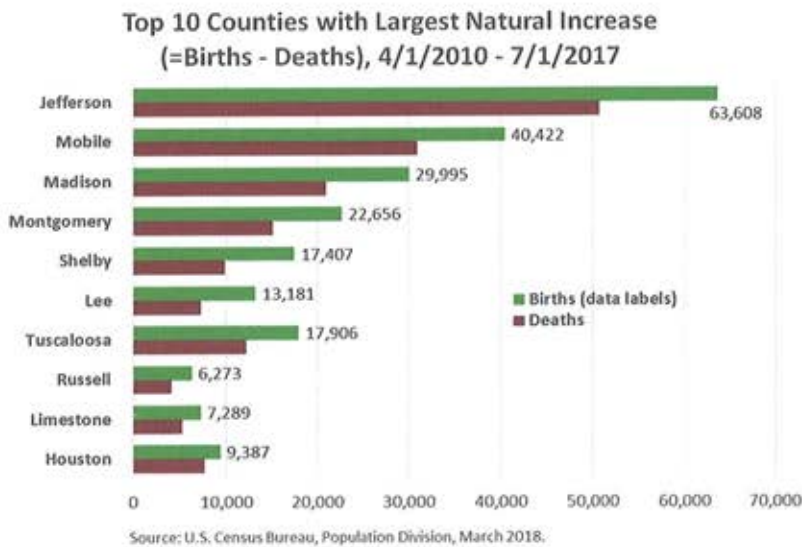
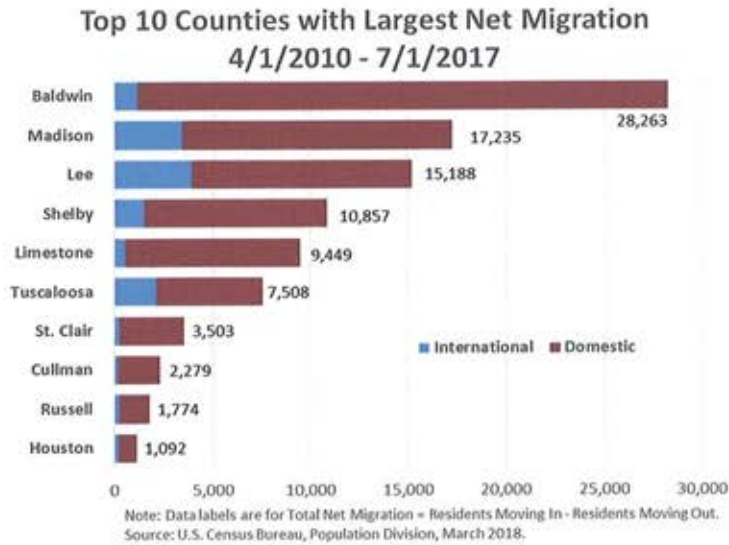
It is located on Interstate-65, less than 100 miles from Birmingham, Alabama and Nashville, Tennessee. Traditions of Athens is situated just off Interstate-65 near the general hospital that serves the region and an urgent care outpatient center operated by the hospital.

Thus the city of Athens serves a broad geographical population extending north and south along the Interstate-65 corridor. (*Exhibit 6*)(*Exhibit 7*)

IV. POPULATION PROJECTIONS

Detailed demographics of Limestone and surrounding counties are provided in Exhibit 6.

Limestone County Alabama is the fifth largest recipient of net migration in the state and among the top ten counties in net natural increase. (University of Alabama Culverhouse College of Business)



Both by natural increase in population and by migration, Limestone County is growing at an aggressive rate. From 2000 to 2040 the county's senior population will increase by 186.6%. (Exhibit 6) (Exhibit 7)

X. IMPACT ON OTHER FACILITIES

As has been demonstrated by this report, the population of seniors driving higher and higher demand for residential memory care services is increasing both by aging of the native population and by increasing migration of seniors into the area.

The epidemic of Alzheimer's and the stark increase in senior population will drive demand for SCALF services well into the next decade.

Within a ten mile radius of the applicant's proposed site for the added SCALF beds there is only one provider currently offering SCALF services. By the latest SHPDA census reporting, this provider is averaging between 72.4% and 89.4 % occupancy as reported in the 2016 and 2017 SHPDA Annual Reports. This provider is currently at 90%.

The only other licensed SCALF in the county (more than ten miles distant) is currently reporting 100% occupancy.

Thus it is reckoned that the additional supply of beds will have no negative impact on other facilities in the region and serve an urgent demand for more choice for the area's seniors.

SCALF services are entirely private pay, thus competition and consumer choice will continue to drive quality improvements among providers.

(Exhibit 4)(Exhibit 5)

XI. SCALF ANNUAL REPORTS

Annual reporting of SCALF resident occupancy is required by SHPDA. (See the relevant reports in *Exhibit 5*)

XII. STAFFING

Traditions of Athens (ALF) is currently fully staffed to meet or exceed the requirements established by ADPH. Adding SCALF beds will require additional resident care staff, an LPN, and a Registered Nurse.

The current Administrator is a Level II ALA qualified for administering both ALF and SCALF; certified and licensed by the Alabama Board of Examiners of Assisted Living Administrators.

A Medical Director will be added to the staff as required by ADPH licensing regulations.

XIII. NAMES OF PATIENTS DENIED SERVICES

SHPDA and the SHCC have recognized the privacy conflict of this item with the Health Insurance Portability and Accountability Act (HIPAA) and no longer requires the naming of seniors denied services.

However, Traditions of Athens has statistically determined that 8 senior residents of its Assisted Living Facility have been discharged in the last eleven months because of disqualifying cognitive issues.

Furthermore, during the same period, 26 applicants to move in to the ALF have been denied due to disqualifying cognitive diagnoses.

**ALL of these 34 seniors could have been served
if Traditions of Athens had been able to provide SCALF care.**

XIV. PHYSICIANS COMMITTED TO INVOLVEMENT

ADPH SCALF regulations require a Medical Director to oversee Resident care in order to qualify for a license. Traditions of Athens has made arrangements to retain the services of a physician experienced in geriatric care.

It is of note that Athens is home to Athens Limestone Hospital and numerous medical service locations including urgent care. Athens Limestone Hospital lists 58 physicians on its medical staff.

Traditions of Athens is located near both the Hospital and the Athens Limestone Hospital's urgent care facility.



XV. INDUSTRY

Recognizing that senior care services are, in no small measure, impacted by industrial recruitment and migration of families for economic reasons, the general economic health of a region is important to health services planning.

As documented elsewhere in this application, Limestone County is number five in the state's top ten counties for population growth due to migration.

Families supporting their elders often relocate these family members to be near the nuclear familial support. This is an important factor in the rapid increase of demand for senior services in Limestone County not readily apparent from published SHPDA need data.

Current unemployment rate is 3%. There are 41,092 civilians in the workforce and 191,174 people living within a 15-mile radius of the county with a median household income of \$62,928. The total wages paid in Limestone county is over \$1,000,000,000.

(Exhibit 7)

**XVI. VITALITY SENIOR LIVING MAGEMENT, LLC
d/b/a TRADITIONS OF ATHENS, LLC**



Traditions of Athens Assisted Living

Traditions of Athens represents an investment of nearly \$15,000,000 in infrastructure and a payroll of nearly 43 full-time employees the Limestone County. Property taxes for 2017 were \$43,000. Traditions of Athens makes an important economic and social contribution to the community.

The Applicant is Traditions of Athens Assisted Living Facility. Traditions Senior Living merged with Vitality Senior Living in 2018, creating Vitality Senior Living Management, LLC to maximize operating efficiencies and expand.

Based in Franklin, Tennessee, the company manages 12 communities across the Southeast - in Texas, Florida, Tennessee, and Alabama. The company operates two communities in Alabama; Traditions of Athens Assisted Living in Athens, Alabama and Peachtree Assisted Living and Independent Living in Trussville, Alabama.

The company currently offers assisted living, independent living, and memory care and plans five new developments in the next two years.



EXHIBITS

EXHIBIT 1

ALZHEIMER'S FACTS NATIONALLY

*EXCERPTS FROM ALZHEIMER'S ASSOCIATION ANNUAL REPORT
EXCERPTS FROM JOURNAL OF PUBLIC HEALTH: "DEMENTIA IN THE USA"*

2018 ALZHEIMER'S DISEASE FACTS AND FIGURES


ALZHEIMER'S DISEASE IS THE

6TH
leading cause of death
in the United States

16.1 MILLION AMERICANS
provide unpaid care for people with
Alzheimer's or other dementias

These caregivers provided an estimated
18.4 BILLION HOURS
of care valued at over
\$232 BILLION

Between 2000 and
2015 deaths from heart
disease have decreased

11% 

while deaths from Alzheimer's
disease have increased

 **123%**



1 IN 3

seniors dies
with Alzheimer's
or another
dementia

It kills more than
breast cancer and
prostate cancer

COMBINED

EARLY AND ACCURATE DIAGNOSIS
COULD SAVE UP TO

\$7.9 TRILLION
in medical and care costs

IN 2018, Alzheimer's and other
dementias will cost the nation

\$277 BILLION

BY 2050, these costs
could rise as high as

\$1.1 TRILLION



5.7
MILLION

Americans are living
with Alzheimer's

BY 2050, this
number is projected
to rise to nearly

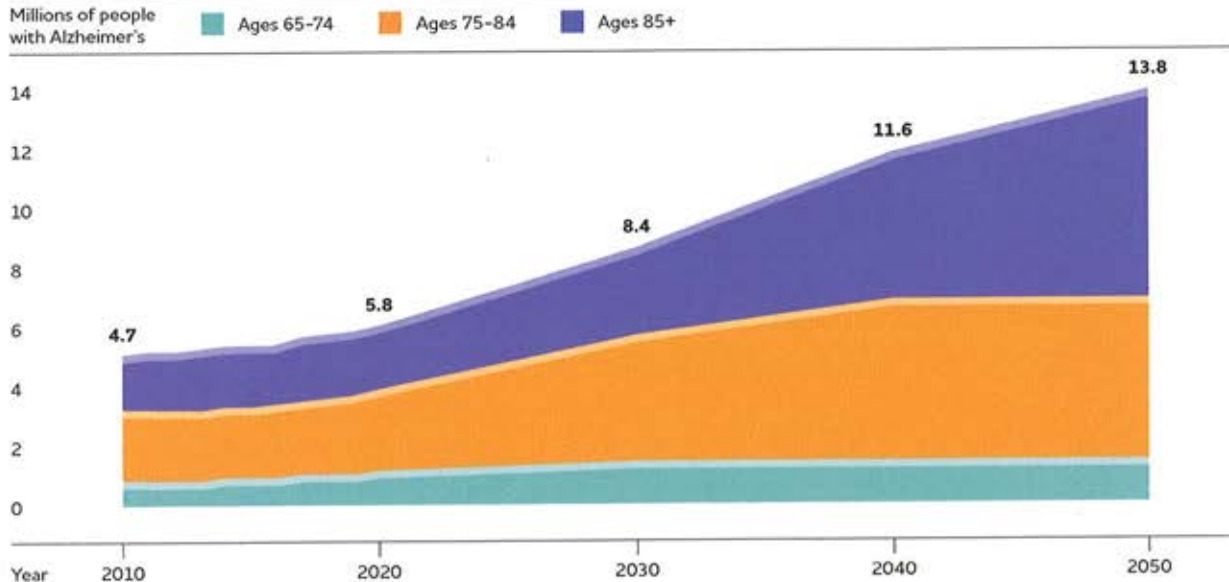
14
MILLION

**EVERY
65 SECONDS**
someone in the
United States
develops the
disease



alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS.®

FIGURE 4**Projected Number of People Age 65 and Older (Total and by Age) in the U.S. Population with Alzheimer's Dementia, 2010 to 2050**

Created from data from Hebert et al.^{A11,30}

Growth of the Oldest-Old Population

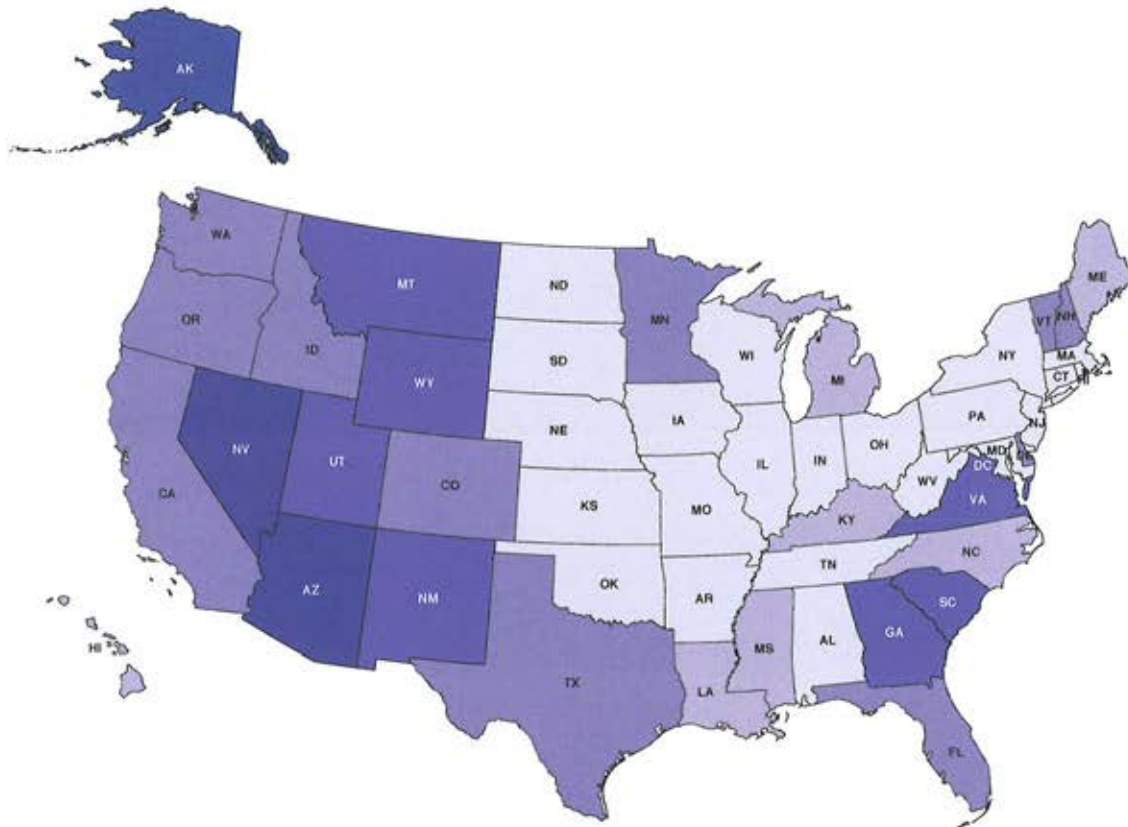
The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically due to medical advances, as well as social and environmental conditions.²²⁹ Longer life expectancies and aging baby boomers will lead to an increase in the number and percentage of Americans who will be 85 and older, the oldest-old. Between 2012 and 2050, the oldest-old are expected to comprise an increasing proportion of the U.S. population age 65 and older — from 14 percent in 2012 to 22 percent in 2050.²²⁹ This will result in an additional 12 million oldest-old people — individuals at the highest risk for developing Alzheimer's dementia.²²⁹

- In 2018, about 2.1 million people who have Alzheimer's dementia are age 85 or older, accounting for 37 percent of all people with Alzheimer's dementia.³⁰
- 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.³⁰
- By 2050, 7 million people age 85 and older are projected to have Alzheimer's dementia, accounting for half (51 percent) of all people 65 and older with Alzheimer's dementia.³⁰

FIGURE 2

Projected Increases Between 2018 and 2025 in Alzheimer's Dementia Prevalence by State

13.6% - 20.2% 20.3% - 26.8% 26.9% - 33.5% 33.6% - 40.1% 40.2% - 46.7%



Change from 2018 to 2025 for Washington, D.C.: 1.1%

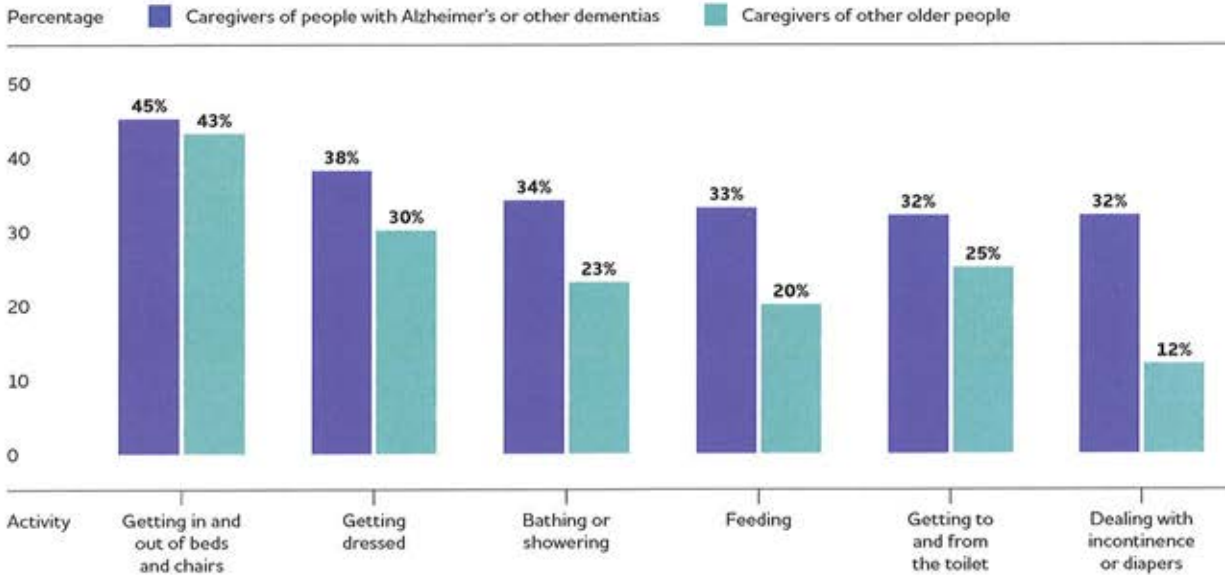
Created from data provided to the Alzheimer's Association by Weuve et al.^{87,209}

Researchers are now questioning 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.¹⁷⁶ A number of studies have shown that the APOE-e4 genotype (see the Overview, page 11), the best known genetic risk factor for Alzheimer's dementia, may have a stronger association with Alzheimer's dementia in women than in men.¹⁷⁷⁻¹⁷⁸ However, a recent meta-analysis, which combined data from a number of independent studies, found no difference between men and women in the association between APOE genotype and Alzheimer's dementia except for a slightly elevated risk for women with the APOE-e3/e4 genotype compared with men with the same genotype between ages 65 and 75.¹⁷⁹

It is unknown why the APOE gene could convey different risk for women, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.¹⁸⁰⁻¹⁸¹ Finally, because low education is a risk factor for dementia,^{88-89,95,174,182-183} it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.¹⁸⁴

Racial and Ethnic Differences in the Prevalence of Alzheimer's and Other Dementias

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-

FIGURE 7**Proportion of Caregivers of People with Alzheimer's or Other Dementias Versus Caregivers of Other Older People Who Provide Help with Specific Activities of Daily Living, United States, 2015**

Created from data from the National Alliance for Caregiving and AARP.²⁶⁸

with self-care and mobility (85 percent versus 71 percent) and health or medical care (63 percent versus 52 percent). Seventy-seven percent of older adults with dementia receive informal assistance with at least one ADL or household activity in contrast to only 20 percent of older adults without dementia; nearly 40 percent of people with dementia receive informal help with three or more ADLs compared with 14 percent of people without dementia.²⁶³ Figure 7 illustrates how family caregivers of people with dementia are more likely than caregivers of other older people to assist with ADLs. Over half of individuals with dementia (53 percent) receive assistance from family members or other informal caregivers for ADLs compared with 11 percent of older adults without dementia.²⁶³

In addition to assisting with ADLs, more caregivers of people with Alzheimer's or other dementias advocate for their care recipient with community agencies and care providers (65 percent) and manage finances (68 percent) compared with caregivers of people without dementia (46 percent and 50 percent, respectively).²⁶⁸ More caregivers of people with Alzheimer's or other dementias arrange for outside services (46 percent) and communicate with health care professionals (80 percent) compared with caregivers of people without dementia (27 percent and 59 percent,

respectively).²⁶⁸ Caregivers of people with dementia are more likely to coordinate health care for the care recipient than caregivers of people without dementia (86 percent versus 72 percent).²⁶⁴ One in five caregivers of people with Alzheimer's or other dementias (22 percent) report problems dealing with a bank or credit union when helping with a care recipient's finances, compared with 9 percent of caregivers of people without dementia.²⁶⁸ Caring for a person with dementia also means managing symptoms that caregivers of people with other diseases may not face, such as neuropsychiatric symptoms (for example, anxiety, apathy and lack of inhibition) and severe behavioral problems. Family caregivers of people with Alzheimer's or other dementias are more likely than family caregivers of people without dementia to help with emotional or mental health problems (41 percent versus 16 percent) and behavioral issues (15 percent versus 4 percent).²⁶⁸

When a person with Alzheimer's or another dementia moves to an assisted living residence or a nursing home, the help provided by his or her family caregiver usually changes from the comprehensive care summarized in Table 7 to providing emotional support, interacting with facility staff and advocating for appropriate care. However, some family caregivers continue to help with bathing, dressing and other ADLs.²⁷⁷⁻²⁷⁹

PREVALENCE

Every
65
seconds

someone in the United States
develops Alzheimer's disease.

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 grow from 53 million in 2018 to 88 million by 2050.¹⁴⁴⁻¹⁴⁵ The baby boom generation has already begun to reach age 65 and beyond,¹⁴⁶ the age range of greatest risk of Alzheimer's; in fact, the oldest members of the baby boom generation turned age 72 in 2018.

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 number and proportion of people in a population who have Alzheimer's dementia at a given point in time. Incidence refers to the number of new cases per year. 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 5.7 million Americans of all ages are living with Alzheimer's dementia in 2018. This number includes an estimated 5.5 million people age 65 and older^{A1,30} and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate.¹⁴⁷

- One in 10 people (10 percent) age 65 and older has Alzheimer's dementia.^{A2,30,145}
- 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.³⁰
- Of people who have Alzheimer's dementia, 81 percent are age 75 or older (Figure 1).^{A3,30}

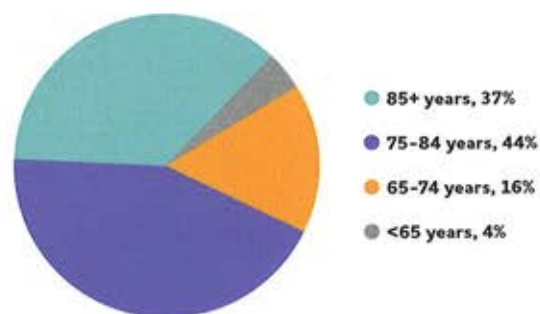
The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people.³⁰

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.^{A4,148-149} Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia.¹⁴⁸

Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia.

FIGURE 1

Ages of People with Alzheimer's Dementia in the United States, 2018



Created from data from Hebert et al.^{A3,30}

Percentages do not total 100 because of rounding.

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)		Percentage Increase	State	Projected Number with Alzheimer's (in thousands)		Percentage Increase
	2018	2025	2018-2025		2018	2025	2018-2025
Alabama	92	110	19.6	Montana	20	27	35.0
Alaska	7.5	11	46.7	Nebraska	34	40	17.6
Arizona	140	200	42.9	Nevada	45	64	42.2
Arkansas	56	67	19.6	New Hampshire	24	32	33.3
California	650	840	29.2	New Jersey	180	210	16.7
Colorado	71	92	29.6	New Mexico	39	53	35.9
Connecticut	77	91	18.2	New York	400	460	15.0
Delaware	18	23	27.8	North Carolina	170	210	23.5
District of Columbia	8.9	9	1.1	North Dakota	14	16	14.3
Florida	540	720	33.3	Ohio	220	250	13.6
Georgia	140	190	35.7	Oklahoma	64	76	18.8
Hawaii	28	35	25.0	Oregon	65	84	29.2
Idaho	25	33	32.0	Pennsylvania	280	320	14.3
Illinois	220	260	18.2	Rhode Island	23	27	17.4
Indiana	110	130	18.2	South Carolina	89	120	34.8
Iowa	64	73	14.1	South Dakota	17	20	17.6
Kansas	53	62	17.0	Tennessee	120	140	16.7
Kentucky	71	86	21.1	Texas	380	490	28.9
Louisiana	87	110	26.4	Utah	31	42	35.5
Maine	28	35	25.0	Vermont	13	17	30.8
Maryland	110	130	18.2	Virginia	140	190	35.7
Massachusetts	130	150	15.4	Washington	110	140	27.3
Michigan	180	220	22.2	West Virginia	38	44	15.8
Minnesota	94	120	27.7	Wisconsin	110	130	18.2
Mississippi	54	65	20.4	Wyoming	9.7	13	34.0
Missouri	110	130	18.2				

Created from data provided to the Alzheimer's Association by Weuve et al.^{47,209}

USE AND
COSTS OF
HEALTH CARE,
LONG-TERM
CARE AND
HOSPICE

\$341,840

is the estimated lifetime cost
of care for an individual living
with dementia.

The costs of health care and long-term care for individuals with Alzheimer's or other dementias are substantial, and dementia is one of the costliest conditions to society.⁴²⁶ Total payments in 2018 (in 2018 dollars) for all individuals with Alzheimer's or other dementias are estimated at \$277 billion (Figure 10). Medicare and Medicaid are expected to cover \$186 billion, or 67 percent, of the total health care and long-term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be \$60 billion, or 22 percent of total payments.⁴¹⁹ Throughout the rest of this section, all costs are reported in 2017 dollars unless otherwise indicated.⁴²⁰

Total Cost of Health Care and Long-Term Care

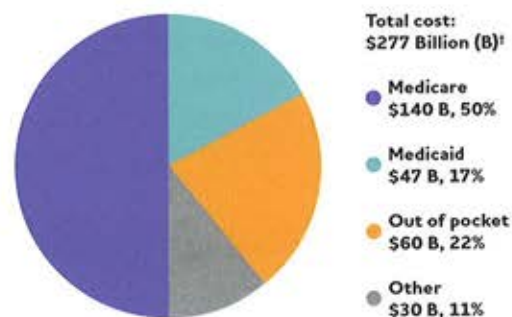
Table 10 reports the average annual per-person payments for health care and long-term care services for Medicare beneficiaries age 65 and older with and without Alzheimer's or other dementias. Total per-person health care and long-term care payments from all sources for Medicare beneficiaries with Alzheimer's or other dementias were over three times as great as payments for other Medicare beneficiaries in the same age group (\$48,028 per person for those with dementia compared with \$13,705 per person for those without dementia).^{421,427}

Twenty-seven percent of older individuals with Alzheimer's or other dementias who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia.⁴²⁷ Medicaid pays for nursing home and other long-term care services for some people with very low income and low assets, and the high use of these services by people with dementia translates into high costs for the Medicaid program. Average annual Medicaid payments per person for Medicare beneficiaries with Alzheimer's or other dementias (\$8,399) were 23 times as great as average Medicaid payments for Medicare beneficiaries without Alzheimer's or other dementias (\$358) (Table 10).⁴²⁷

Despite these and other sources of financial assistance, individuals with Alzheimer's or other dementias still incur

FIGURE 10

Distribution of Aggregate Costs of Care by Payment Source for Americans Age 65 and Older with Alzheimer's or Other Dementias, 2018*



*Data are in 2018 dollars.

¹Before rounding, Medicare and Medicaid payments combined total \$186 billion, and out-of-pocket and other expenses combined total \$91 billion.

Created from data from the Lewin Model.⁴¹⁹ "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care.

TABLE 10

Average Annual Per-Person Payments for Health Care and Long-Term Care Services, Medicare Beneficiaries Age 65 and Older, with and without Alzheimer's or Other Dementias, in 2017 Dollars

Payment Source	Beneficiaries with Alzheimer's or Other Dementias	Beneficiaries without Alzheimer's or Other Dementias
Medicare	\$24,122	\$7,415
Medicaid	8,399	358
Uncompensated	374	375
Health maintenance organization	1,237	1,514
Private insurance	2,209	1,394
Other payer	919	237
Out of pocket	10,589	2,291
Total*	48,028	13,705

*Payments from sources do not equal total payments exactly due to the effect of population weighting. Payments for all beneficiaries with Alzheimer's and other dementias include payments for community-dwelling and facility-dwelling beneficiaries.

Created from unpublished data from the Medicare Current Beneficiary Survey for 2011.⁴²⁷

high out-of-pocket costs. These costs are for Medicare and other health insurance premiums and for deductibles, copayments and services not covered by Medicare, Medicaid or additional sources of support. On average, Medicare beneficiaries age 65 and older with Alzheimer's or other dementias paid \$10,589 out of pocket annually for health care and long-term care services not covered by other sources (Table 10).⁴²⁷

Researchers have evaluated the additional or "incremental" health care, residential long-term care and family caregiving costs of dementia (that is, the costs specifically attributed to dementia when comparing people with and without dementia who have the same coexisting medical conditions and demographic characteristics).^{262,426,428-429} One group of researchers found that the incremental health care and nursing home costs for those with dementia were \$28,501 per person per year in 2010 dollars (\$34,825 in 2017 dollars).^{A20,A22,426} Another group of researchers found that the incremental lifetime cost of Alzheimer's dementia was substantially higher for women than men, due to a greater lifetime risk of developing Alzheimer's dementia.⁴³⁰ Additionally, because women are more likely to be widowed and living in poverty, the incremental Medicaid costs associated with Alzheimer's dementia were 70 percent higher for women than men. A third group of researchers found that the lifetime cost of care, including out-of-pocket, Medicare and Medicaid expenditures,

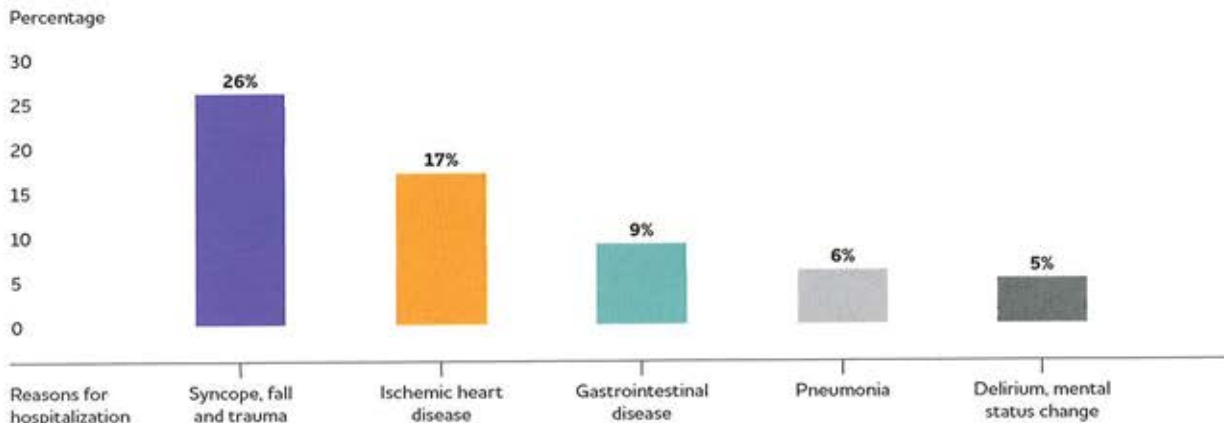
and the value of informal caregiving, was \$321,780 per person with dementia in 2015 dollars (\$341,840 in 2017 dollars).²⁶² Compared with an individual without dementia, the incremental lifetime cost of dementia was \$184,500 (\$196,002 in 2017 dollars), with informal caregiving representing 72 percent and out-of-pocket costs representing 14 percent of the excess costs due to the disease.

Other researchers compared end-of-life costs for individuals with and without dementia and found that the total cost in the last 5 years of life was \$287,038 per person for individuals with dementia in 2010 dollars and \$183,001 per person for individuals without dementia but with other conditions (\$350,725 and \$223,605 respectively, in 2017 dollars), a difference of 57 percent.⁴³¹ Additionally, out-of-pocket costs represented a substantially larger proportion of total wealth for those with dementia than for people without dementia (32 percent versus 11 percent).

Use and Costs of Health Care Services

Use of Health Care Services

People with Alzheimer's or other dementias have twice as many hospital stays per year as other older people.²⁰⁸ Moreover, the use of health care services by people with other serious medical conditions is strongly affected

FIGURE 11
**Reasons for Hospitalization of Individuals with Alzheimer's Dementia:
Percentage of Hospitalized Individuals by Admitting Diagnosis***


*All hospitalizations for individuals with a clinical diagnosis of probable or possible Alzheimer's were used to calculate percentages. The remaining 37 percent of hospitalizations were due to other reasons.

Created from data from Rudolph et al.⁴³³

by the presence or absence of dementia. In particular, people with coronary artery disease, diabetes, chronic kidney disease, chronic obstructive pulmonary disease (COPD), stroke or cancer who also have Alzheimer's or other dementias have higher use and costs of health care services than people with these medical conditions but no coexisting dementia.

In addition to having more hospital stays, older people with Alzheimer's or other dementias have more skilled nursing facility stays and home health care visits per year than other older people.

- **Hospital.** There are 538 hospital stays per 1,000 Medicare beneficiaries age 65 and older with Alzheimer's or other dementias compared with 266 hospital stays per 1,000 Medicare beneficiaries age 65 and older without these conditions.²⁰⁸ A person with dementia in 2012 had, on average, 23 inpatient days — defined as days in a hospital or skilled nursing facility — compared with 5 days for the Medicare population as a whole.⁴³² The most common reasons for hospitalization of people with Alzheimer's dementia are syncopal (fainting), fall and trauma (26 percent); ischemic heart disease (17 percent); and gastrointestinal disease (9 percent) (Figure 11).⁴³³ In a study of inpatient hospitalizations of adults age 60 and older, those with Alzheimer's were at 7 percent greater risk of dying during the hospital stay and stayed nearly a day longer than

individuals without Alzheimer's dementia.⁴³⁴ Among Medicare beneficiaries with Alzheimer's or other dementias, 21 percent of hospital stays are followed by a readmission within 30 days.⁴³⁵ (While not directly comparable, one study of a portion of Medicare beneficiaries found an overall readmission rate of 18 percent.⁴³⁶)

- **Emergency department.** There are 1,471 emergency department visits per 1,000 Medicare beneficiaries with Alzheimer's or other dementias per year.⁴³⁵ (While not directly comparable, there were 640 emergency department visits per 1,000 Medicare beneficiaries per year in a review of utilization patterns of a subset of Medicare beneficiaries.⁴³⁶)
- **Skilled nursing facility.** Skilled nursing facilities provide direct medical care that is performed or supervised by registered nurses, such as giving intravenous fluids, changing dressings and administering tube feedings.⁴³⁷ There are 283 skilled nursing facility stays per 1,000 beneficiaries with Alzheimer's or other dementias compared with 73 stays per 1,000 beneficiaries without these conditions — a rate nearly four times as great.²⁰⁸
- **Home health care.** Twenty-five percent of Medicare beneficiaries age 65 and older with Alzheimer's or other dementias have at least one home health care visit during the year, compared with 10 percent of Medicare beneficiaries age 65 and older without Alzheimer's or other dementias.²⁰⁸

TABLE 11

Average Annual Per-Person Payments for Health Care and Long-Term Care Services Provided to Medicare Beneficiaries Age 65 and Older, with and without Alzheimer's or Other Dementias, in 2017 Dollars

Service	Beneficiaries with Alzheimer's or Other Dementias	Beneficiaries without Alzheimer's or Other Dementias
Inpatient hospital	\$10,862	\$3,509
Medical provider*	5,729	3,569
Skilled nursing facility	6,750	462
Nursing home	15,462	749
Hospice	2,017	153
Home health care	2,525	367
Prescription medications†	3,436	2,947

*"Medical provider" includes physician, other medical provider and laboratory services, and medical equipment and supplies.

†Information on payments for prescription medications is only available for people who were living in the community, that is, not in a nursing home or an assisted living facility.

Created from unpublished data from the Medicare Current Beneficiary Survey for 2011.⁴²⁷

Costs of Health Care Services

Average per-person payments for health care services (hospital, physician and other medical provider, nursing home, skilled nursing facility, hospice and home health care) and prescription medications were higher for Medicare beneficiaries with Alzheimer's or other dementias than for other Medicare beneficiaries in the same age group (Table 11).

Use and Costs of Health Care Services by State

Substantial geographic variation in health care utilization and Medicare payments by individuals with Alzheimer's or other dementias exists (Table 12). Emergency department visits range from 1,030 per 1,000 beneficiaries in South Dakota to 1,758 per 1,000 beneficiaries in West Virginia, and hospital readmissions within 30 days range from 14.7 percent in Utah to 25.2 percent in the District of Columbia. Medicare spending per capita ranges from \$15,106 in North Dakota to \$31,387 in Nevada (in 2017 dollars).⁴³⁵

Use and Costs of Health Care Services Across the Spectrum of Cognitive Impairment

Health care costs increase with the presence of dementia. In a population-based study of adults ages 70 to 89, annual health care costs were significantly higher for individuals with dementia than for those with either mild cognitive impairment or normal cognition.⁴³⁸ Annual health care costs for individuals with mild cognitive impairment were not significantly different, however, from costs for individuals with normal cognition.

Several groups of researchers have found that both health care and prescription drug spending are significantly higher in the year prior to diagnosis⁴³⁹⁻⁴⁴¹ and 2 years prior to diagnosis⁴⁴² compared with otherwise similar individuals not diagnosed with Alzheimer's or another dementia, although there are differences in the sources of increased spending. In one study, the largest differences were in inpatient and post-acute care,⁴⁴⁰ while in another study the differences in spending were primarily due to outpatient care, home care and medical day services.⁴⁴¹ In a third study, the differences were due to home health care, skilled nursing care and durable medical equipment.⁴⁴² Two groups of researchers have found that spending in the year after diagnosis continued to be higher than that for individuals not diagnosed with the disease, by amounts ranging from \$9,333 in additional costs in 2011 dollars based on individuals enrolled in a Medicare Advantage Prescription Drug plan (\$11,067 in 2017 dollars)⁴³⁹ to \$17,852 in additional costs in 2014 dollars based on individuals with Medicare fee-for-service coverage (\$19,464 in 2017 dollars).⁴⁴⁰

One group of researchers found no difference in health care spending in the 2 years after diagnosis.⁴⁴² Researchers have found that time to Alzheimer's dementia diagnosis after the earliest diagnosis of cognitive decline was shorter for individuals whose cognitive impairment was diagnosed by a specialist (that is, neurologist, psychiatrist or geriatrician) than those diagnosed by a non-specialist. Additionally, individuals diagnosed with cognitive impairment by a specialist had lower Medicare costs in the year after receiving a diagnosis of Alzheimer's dementia than those diagnosed by a non-specialist.⁴⁴³ While more research is needed to understand the underlying causes of increased use of health care services immediately prior to and after receiving a diagnosis of Alzheimer's dementia, possible causes include care for disability and injuries, such as falls, that might result from the early stage of the disease⁴⁴⁴; treatments related to cognitive impairment or coexisting medical conditions; the disease stage at diagnosis (annual costs being higher when an individual receives a diagnosis in a later disease stage); and costs of diagnostic procedures.

TABLE 15

Total Medicaid Costs for Americans Age 65 and Older Living with Alzheimer's or Other Dementias by State*

State	2018 (in millions of dollars)	2025 (in millions of dollars)	Percentage Increase	State	2018 (in millions of dollars)	2025 (in millions of dollars)	Percentage Increase
Alabama	\$839	\$1,107	31.9	Montana	\$150	\$199	33.4
Alaska	66	109	63.9	Nebraska	347	404	16.3
Arizona	364	537	47.6	Nevada	178	272	53.5
Arkansas	353	446	26.3	New Hampshire	236	329	39.2
California	3,776	5,150	36.4	New Jersey	2,011	2,568	27.7
Colorado	573	775	35.3	New Mexico	199	274	37.7
Connecticut	926	1,166	25.9	New York	4,834	6,206	28.4
Delaware	226	307	35.8	North Carolina	1,188	1,600	34.7
District of Columbia	121	132	9.6	North Dakota	175	211	21.0
Florida	2,502	3,392	35.6	Ohio	2,360	2,888	22.4
Georgia	1,114	1,565	40.4	Oklahoma	481	600	24.8
Hawaii	207	280	35.4	Oregon	235	311	32.7
Idaho	139	193	39.0	Pennsylvania	3,404	3,958	16.3
Illinois	1,649	2,162	31.1	Rhode Island	438	555	26.6
Indiana	981	1,211	23.4	South Carolina	573	804	40.2
Iowa	630	778	23.7	South Dakota	167	208	24.3
Kansas	424	533	25.8	Tennessee	989	1,353	36.8
Kentucky	721	932	29.3	Texas	2,805	3,882	38.4
Louisiana	712	917	28.8	Utah	160	231	44.9
Maine	197	269	36.9	Vermont	106	144	36.1
Maryland	1,096	1,508	37.5	Virginia	900	1,244	38.2
Massachusetts	1,633	1,996	22.2	Washington	497	678	36.4
Michigan	1,368	1,707	24.8	West Virginia	414	512	23.6
Minnesota	824	1,069	29.7	Wisconsin	723	909	25.7
Mississippi	564	716	26.9	Wyoming	76	109	42.7
Missouri	888	1,117	25.8	U.S. Total	\$46,535	\$60,523	30.1

*All cost figures are reported in 2018 dollars. State totals may not add to the U.S. total due to rounding.

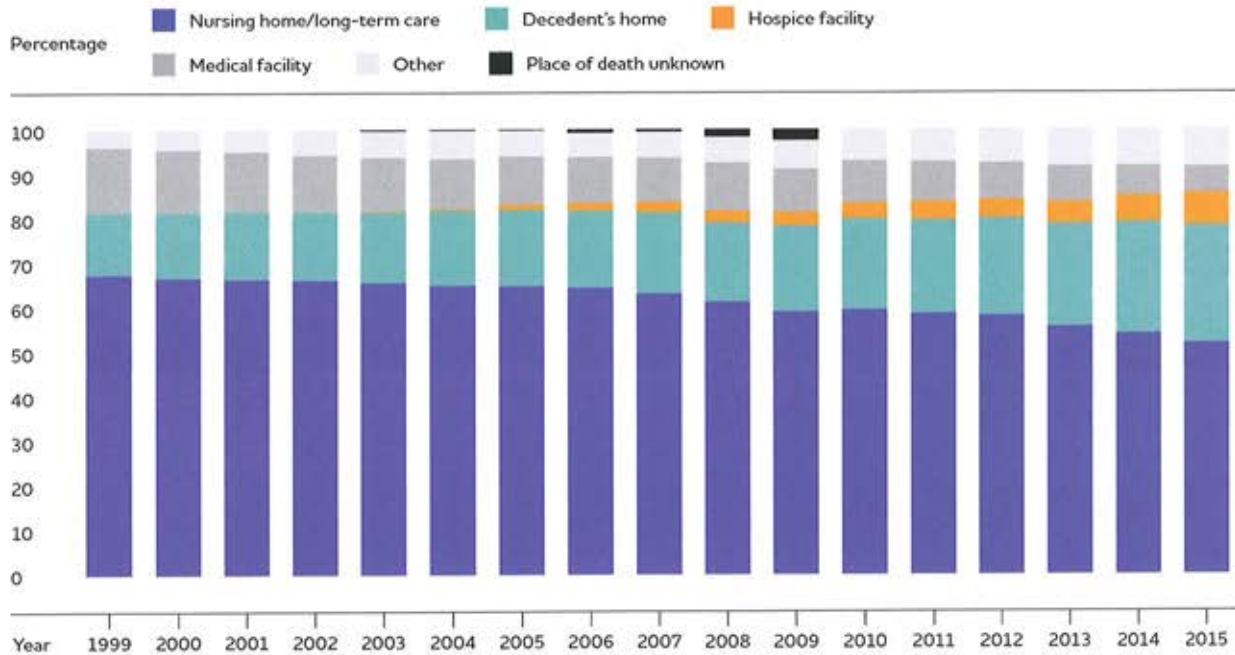
Created from data from the Lewin Model.^{A19}

TABLE 16

Number of Medicare Beneficiaries Admitted to Hospice and Percentage with Dementia by State, 2015

State	Number of Beneficiaries	Percentage with a Primary Diagnosis of Dementia	State	Number of Beneficiaries	Percentage with a Primary Diagnosis of Dementia
Alabama	29,114	20	Montana	4,282	13
Alaska	689	16	Nebraska	8,544	20
Arizona	35,400	18	Nevada	10,611	17
Arkansas	15,567	18	New Hampshire	5,364	17
California	128,635	21	New Jersey	32,997	21
Colorado	19,313	15	New Mexico	8,904	15
Connecticut	14,061	17	New York	47,120	16
Delaware	5,214	11	North Carolina	45,666	18
District of Columbia	1,276	17	North Dakota	2,320	19
Florida	120,517	15	Ohio	67,298	17
Georgia	44,444	22	Oklahoma	20,297	18
Hawaii	5,273	19	Oregon	19,594	18
Idaho	8,087	18	Pennsylvania	68,255	17
Illinois	49,647	18	Rhode Island	6,035	26
Indiana	31,005	17	South Carolina	27,695	23
Iowa	17,886	14	South Dakota	2,905	13
Kansas	14,185	17	Tennessee	29,551	18
Kentucky	16,941	15	Texas	106,601	23
Louisiana	22,270	20	Utah	11,521	18
Maine	7,049	18	Vermont	2,482	14
Maryland	20,551	17	Virginia	29,574	17
Massachusetts	27,728	24	Washington	24,759	21
Michigan	51,542	16	West Virginia	9,545	16
Minnesota	23,023	20	Wisconsin	28,965	17
Mississippi	15,346	20	Wyoming	1,073	7
Missouri	31,875	16	U.S. Total	1,378,596	18

Created from data from the U.S. Centers for Medicare & Medicaid Services.¹⁶⁷

FIGURE 12**Place of Death Due to Alzheimer's Disease, 1999 to 2015**

Created from data from the Centers for Disease Control and Prevention.⁴⁷⁷

patient care is higher for families of individuals with dementia who are enrolled in hospice care than for families of individuals not enrolled in hospice care.⁴⁷⁴

For all Medicare beneficiaries admitted to hospice, the average length of stay was 69 days in 2014, with 27 percent having a stay of 7 or fewer days. While average length of stay for hospice beneficiaries by primary diagnosis was not publicly reported for 2014, in 2009 the average length of stay was 106 days for hospice beneficiaries with a primary diagnosis of Alzheimer's dementia and 92 days for hospice beneficiaries with non-Alzheimer's dementia.⁴⁶⁸ The average per-person hospice payment for individuals with Alzheimer's dementia was \$2,017 (this average includes persons who did not use hospice) compared with \$153 for all other Medicare beneficiaries.⁴²⁷

Feeding Tube Use at the End of Life

Individuals with frequent transitions between health care settings are more likely to have feeding tubes at the end of life, even though feeding tube placement has little or no benefit.⁴³² The odds of having a feeding tube inserted at the end of life vary across the country and are not explained by severity of illness, restrictions on the use of artificial hydration and nutrition, ethnicity or gender. Researchers

found that feeding tube use was highest for people with dementia whose care was managed by a subspecialist physician or both a subspecialist and a general practitioner. By contrast, feeding tube use was lower among people with dementia whose care was managed by a general practitioner.⁴⁷⁵⁻⁴⁷⁶ With the expansion of Medicare-supported hospice care, the use of feeding tubes in the last 90 days of life has decreased for individuals with Alzheimer's or other dementias.⁴⁶⁶ Finally, with the increased focus on the lack of evidence supporting feeding tube use for people with advanced dementia, the proportion of nursing home residents receiving a feeding tube in the 12 months prior to death decreased from nearly 12 percent in 2000 to less than 6 percent in 2014.⁴⁷⁶

Place of Death for Individuals with Alzheimer's or Other Dementias

The proportion of individuals with Alzheimer's who died in a nursing home or medical facility decreased 26 percent between 1999 and 2014.²⁴⁵ Between 1999 and 2015, the proportion of individuals with Alzheimer's who died in a nursing home decreased from 68 percent to 52 percent, and the proportion who died in a medical facility decreased from 15 percent to 6 percent.⁴⁷⁷ During the same period, the proportion of individuals who died at home increased from 14 percent to 26 percent (Figure 12).

Prevalence of Dementia

Based on 20% of the Medicare Population, 2008
age-sex standardized to the U.S. Population (Census 2010)



Fig. 1 State prevalence of Medicare FFS population, age/sex adjusted to the USA: census population.

the World Alzheimer Report estimates, and they currently are our most agreed upon estimate. Our observed national prevalence based on claims evidence of diagnosis in the USA aligns with what would be expected based on the estimated rate.

What this study adds

While the national rate aligns with estimates, state-specific rates vary significantly from the estimated sex and age-adjusted prevalence. There are three main potential explanations for the differences between observed and expected state prevalence rates. First, it is possible although unlikely that the 'real' prevalence varies between the states in such a way to generate national rates that align with estimates. Second, the epidemiological estimates could be inaccurate for any given state due to differences in the socio-demographic make up of the population of each region. And third, there may be regional differences, in clinical practice or in attitudes towards dementia, that lead to variation in disease recognition and documentation.

The epidemiological estimates used to calculate expected prevalence account for gender and age; age being the main risk factor for dementia.³⁶ A limitation of those estimates is that important factors that influence the incidence of dementia, such as educational background and genetics, are not taken into account.^{22,36–41} From a small area regional perspective, differences between communities in population educational attainment could influence expected rates. The genetic variations in small populations could also influence the incidence, but we do not believe for regions as large as states that this factor would be a large component.

The higher than expected prevalence found in some southern states may be explained by incomplete adjustment for population characteristics. In the south, there are higher rates of low income, low education and also a higher concentration of African Americans. The correlation between dementia and race/ethnicity is very uncertain. Some studies report a higher prevalence for Hispanics and African American older adults compared with Caucasians; however, those differences were

Table 2 Standardized state prevalence and observed and estimated number of dementia patients by state

State	Adjusted prevalence in the Medicare cohort	Observed number of Medicare beneficiaries diagnosed with dementia	Estimated number of dementia cases in the Medicare sample	Number of persons potentially not diagnosed	% Difference
AK	7.28	2425	2897	472	-16.29
AL	9.30	39 565	36 120	-3445	9.54
AR	9.06	26 870	25 396	-1474	5.81
AZ	6.01	21 315	30 842	9527	-30.89
CA	7.61	143 975	165 321	21 346	-12.91
CO	7.49	21 260	24 726	3466	-14.02
CT	9.20	36 480	34 859	-1621	4.65
DC	8.10	16 730	17 958	1228	-6.84
DE	7.72	5925	6603	678	-10.26
FL	8.19	151 265	160 682	9417	-5.86
GA	8.94	55 495	52 856	-2639	4.99
HI	8.12	6485	6957	472	-6.79
IA	6.90	24 685	31 295	6610	-21.12
ID	6.19	4560	6425	1865	-29.03
IL	8.04	81 095	87 811	6716	-7.65
IN	7.92	50 515	55 031	4516	-8.21
KS	7.45	15 590	18 262	2672	-14.63
KY	8.69	33 195	32 516	-679	2.09
LA	9.33	32 490	29 643	-2847	9.60
MA	8.32	49 555	52 340	2785	-5.32
MD	7.90	29 160	31 903	2743	-8.60
ME	7.71	14 010	15 619	1609	-10.30
MI	8.50	73 340	75 169	1829	-2.43
MN	6.11	22 435	31 873	9438	-29.61
MO	8.43	63 860	65 673	1813	-2.76
MS	9.51	21 040	18 733	-2307	12.31
MT	7.09	8280	10 219	1939	-18.97
NC	8.58	71 060	70 794	-266	0.38
ND	6.52	8080	10 919	2839	-26.00
NE	6.57	13 750	18 236	4486	-24.60
NH	8.30	11 950	12 465	515	-4.13
NJ	8.22	71 320	76 074	4754	-6.25
NM	6.94	7410	9288	1878	-20.22
NV	6.70	9460	12 193	2733	-22.41
NY	8.67	127 135	129 273	2138	-1.65
OH	8.93	86 765	84 091	-2674	3.18
OK	8.28	25 640	26 483	843	-3.18
OR	6.68	17 210	22 622	5412	-23.92
PA	8.29	100 690	106 601	5911	-5.55
RI	8.26	7850	8373	523	-6.24
SC	8.89	31 045	29 943	-1102	3.68
SD	5.96	7760	11 389	3629	-31.87
TN	9.30	60 070	54 988	-5082	9.24
TX	9.55	154 585	138 729	-15 856	11.43
UT	6.83	10 785	13 655	2870	-21.02

Continued

EXHIBIT 2

ALZHEIMER'S FACTS IN ALABAMA

*ALZHEIMER'S ASSOCIATION
ALABAMA DEPARTMENT OF PUBLIC HEALTH*

ALZHEIMER'S STATISTICS

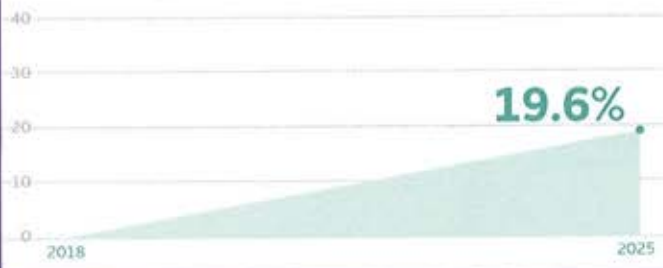
ALABAMA

65+ NUMBER OF PEOPLE AGED 65 AND OLDER WITH ALZHEIMER'S BY AGE*

* Totals may not add due to rounding

Year	65-74	75-84	85+	TOTAL
2018	15,000	41,000	36,000	92,000
2020	16,000	43,000	37,000	96,000
2025	18,000	52,000	41,000	110,000

Estimated percentage change



MEDICAID

\$839 MILLION

Medicaid costs of caring for people with Alzheimer's (2018)

31.9%

change in costs from 2018 to 2025

MEDICARE

\$21,647

per capita Medicare spending on people with dementia (2017)



HOSPICE (2015)

5,823

of people in hospice with a primary diagnosis of dementia

20%

of people in hospice have a primary diagnosis of dementia

HOSPITALS (2015)

1,366

of emergency department visits per 1,000 people with dementia

20.7%

dementia patient hospital readmission rate

NUMBER OF DEATHS FROM ALZHEIMER'S DISEASE (2015)

2,282

6th leading cause of death in Alabama

8th highest Alzheimer's death rate in America

155% increase in Alzheimer's deaths since 2000

CAREGIVING (2017)

304,000
Number of Caregivers

346,000,000
Total Hours of Unpaid Care

\$4,367,000,000
Total Value of Unpaid Care

\$193,000,000
Higher Health Costs of Caregivers

US STATISTICS

Over **5 million** Americans are living with Alzheimer's, and as many as **16 million** will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$277 billion** in 2018, increasing to **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

For more information, view the 2018 **Alzheimer's Disease Facts and Figures** report at alz.org/facts.



(../index.html)

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- Contact Us (contact.html)



Home (../index.html) / Health Rankings (index.html) / Geriatrics

Geriatrics

Alabama's #10 Health Concern

Alabamians identified the growth of and problems of the elderly as the tenth greatest current health concern in Alabama. Fortunately, it is possible to obtain comprehensive data on the status of the elderly and the growth of the elderly population from death certificate data collected by ADPH's Center for Health Statistics on Alzheimer's mortality, data from Medicaid on Alzheimer's incidence, estimates from the Census Bureau of the aging of the population and elder abuse data from the Alabama Department of Human Resources.

The baby boom generation was the largest in the history of the United States. This population is aging and causing a dramatic increase in the elderly population. This is causing dramatic changes in society and especially the economy. Because so many of these people will be retiring soon, it puts great pressure on the Social Security Retirement System as well as other retirement programs. In addition, older populations have different spending and saving patterns. Elderly people use many more health resources and spend more of their incomes on health care. In addition, older people experience more limitations on their mobility and ability to care for themselves. This will lead to the need for more nursing homes and assisted living facilities. This is especially true for those with Alzheimer's who need progressively more care as their condition worsens.

Alabama Geriatrics Highlights

Alabama's elderly population is expected to grow by 82.4 percent between 2010 and 2040, adding 542,061 elderly to the population. Most of these people are already living in the state and are aging into the elderly population. In addition, elderly people from other states are moving into Alabama to take advantage of our subtropical climate.

However, the growth of the elderly population in the United States is even more dramatic than in Alabama, with the elderly population increasing by 98.0 percent. The greatest increase will occur in urban counties. With the growth of the elderly population there will be a greater danger of abuse or neglect of the elderly population. As the population ages, there are more people who suffer from Alzheimer's and dementia. Alzheimer's is now the sixth leading cause of death and becoming increasingly important as we enter future years with a larger elderly population. The number of Alzheimer's patients among Medicare recipients is already at 9.4 percent and is expected to rise as the population ages.

Health Indicators

The following indicators have been selected for use in developing a benchmark or starting point for measuring the current state of and monitoring future changes regarding the elderly population of Alabama:

- Projected Increase in Elderly Population, 2010-2040 (assets/G_Projected_Increase_in_Elderly_Population_2010_2040.pdf) | Excel Spreadsheet (assets/G_Projected_Increase_in_Elderly_Population_2010_2040.xls)
- Adult Abuse and Neglect Cases, 2013 (assets/G_Adult_Abuse_And_Neglect_Cases_2013.pdf) | Excel Spreadsheet (assets/G_Adult_Abuse_And_Neglect_Cases_2013.xls)
- Alzheimer's Mortality Rate, 2011-2013 (assets/G_Alzheimers_Mortality_Rate_2011_2013.pdf) | Excel Spreadsheet (assets/G_Alzheimers_Mortality_Rate_2011_2013.xls)
- Alzheimer's/Dementia Prevalence Among Medicare Recipients, 2012 (assets/G_Alzheimers_Dementia_Prevalence_Among_Medicare_Recipients_2012.pdf) | Excel Spreadsheet (assets/G_Alzheimers_Dementia_Prevalence_Among_Medicare_Recipients_2012.xls)

Resources

- Alabama Department of Senior Services (<http://www.alabamaageline.gov/>)
- Alabama Nursing Home Association (<http://www.anha.org/>)
- Journal of Parkinson's Disease (<http://www.journalofparkinsonsdisease.com/>)
- The Michael J. Fox Foundation for Parkinson's Research (<http://www.michaeljfox.org/>)
- The Michael Stern Parkinson's Research Foundation (<http://www.parkinsoninfo.org/>)
- National Institute of Neurological Disorders and Stroke (Parkinson's Disease) (<https://www.ninds.nih.gov/Disorders/All-Disorders/Parkinsons-Disease-Information-Page>)
- National Parkinson Foundation (<http://www.parkinson.org/>)
- Parkinson's Disease Foundation (<http://www.pdf.org/en/index>)

Page last updated: August 23, 2018



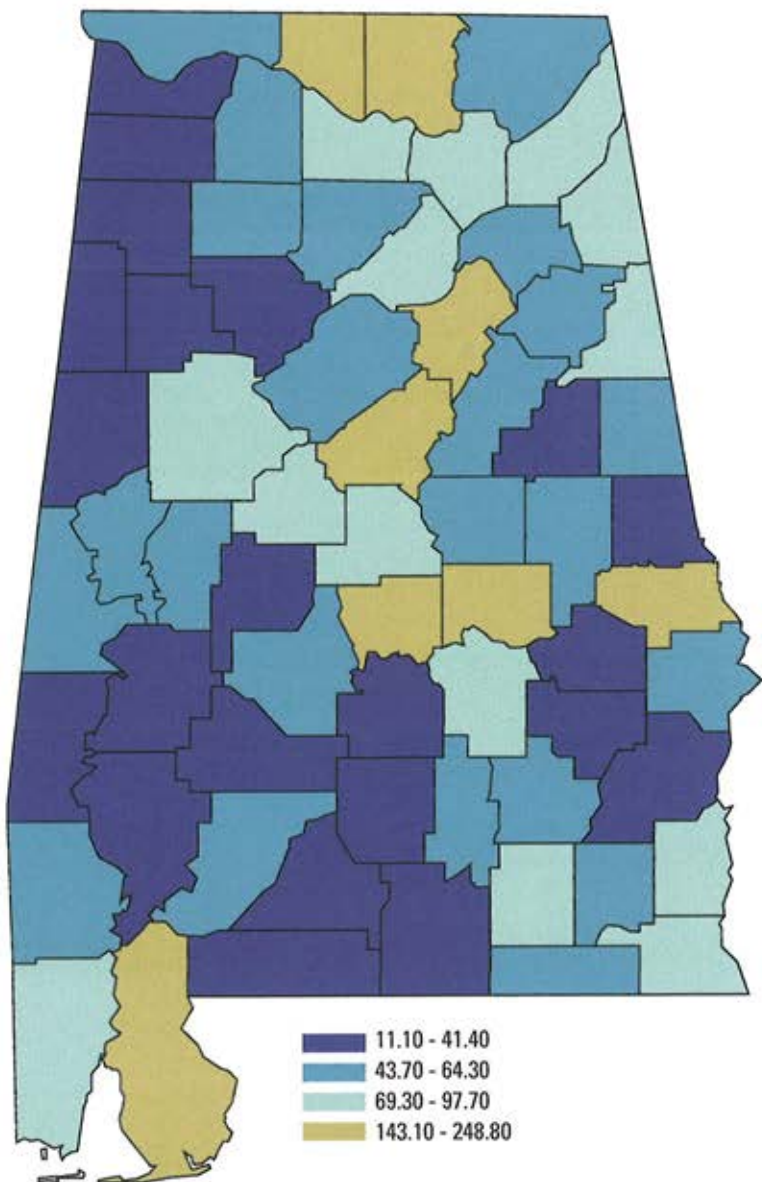
En Español ([../about/espanol.html](http://www.alabamapublichealth.gov/about/espanol.html)) | Notice of Privacy Practices ([../publications/assets/privacypractices.pdf](http://www.alabamapublichealth.gov/publications/assets/privacypractices.pdf)) | Statements & Policies ([../about/policies.html](http://www.alabamapublichealth.gov/about/policies.html)) | Alabama.gov (<http://alabama.gov/>) | Alabama Directory (<http://inform.alabama.gov/>) | Alabama Media (<http://media.alabama.gov/>)

Alabama Department of Public Health | Montgomery, AL | 1-800-252-1818 | Health Departments (<http://www.adph.org/administration/assets/countylist.pdf>)

Projected Increase in the Elderly Population (2010-2040)	
State Comparison	Percent
Alabama	82.4
United States	98.0
Historic Trend	N.A.
Public Health Area	
1	41.6
2	105.5
3	76.0
4	45.2
5	135.4
6	53.4
7	37.6
8	109.2
9	99.2
10	70.8
11	69.3
Rurality	
Rural counties	67.7
Urban counties	93.6
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Projected Increase in the Elderly Population⁴²

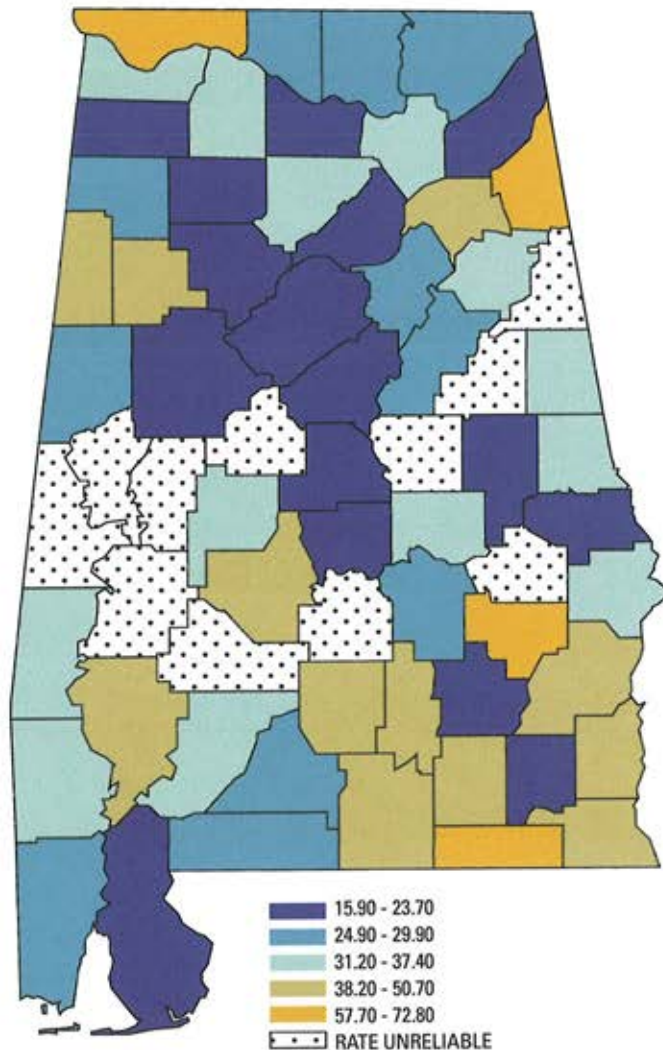
- Alabama's elderly population is expected to increase by 82.4 percent between 2010 and 2040.
- Alabama will add 542,061 elderly to the population during these years.
- The rate of increase of the elderly population is even more rapid in the United States (98.0 percent increase).
- The highest rate during this period was in Shelby County (248.8) and the lowest was in Perry County (11.1).
- Alabama's projected increase in the elderly population is:
 - Greater for females than males since females have a longer life expectancy.
 - Adding an average of 18,000 elderly per year to the population.
 - Higher in urban counties (93.6 percent) than rural (67.7 percent).



Alzheimer's Mortality Rate (2011-2013) Per 100,000 Population	
State Comparison	
Alabama	27.7
United States (2011)	24.7
Historic Trend	
2011-2013	27.7
2006-2008	32.5
2001-2003	27.0
Public Health Area	
1	37.9
2	25.9
3	24.2
4	20.8
5	28.7
6	28.5
7	27.0
8	27.1
9	26.7
10	40.3
11	26.2
Rurality	
Rural counties	30.1
Urban counties	26.0
Age	
45 - 54	^
55 - 64	2.3
65 and over	201.2
Gender	
Female	30.9
Male	21.8
Race	
African American	22.9
American Indian/Alaskan Native	^
Caucasian	29.1
Ethnicity	
Hispanic	12.5
Non-Hispanic	27.8
Income	
	N.A.
Education	
Less than 9th Grade	155.8
9th Grade - 12th Grade	64.4
High school or G.E.D.	53.8
Post high school	19.3
College graduate+	23.9

Alzheimer's Mortality Rate⁴⁴

- The vast majority of Alzheimer's deaths occur in the elderly population. It is especially prevalent in those over age 80 and in women.
- Alzheimer's has dramatically increased as a cause of death. In 1980, there were only 14 Alzheimer's deaths. By 2013, this had increased to 1399, an almost 100 fold increase.
- Those with less than a high school education have much higher rates than their more educated counterparts.
- Alabama's Alzheimer's deaths:
 - Is occurring at a rate of 27.7 per 100,000.
 - Is 16 percent above the United States rate.
 - Is higher in rural counties (30.1 per 100,000) than urban (26.0 per 100,000).
 - Is over 40 percent higher for females than males.
 - Is highest for those with less than a 9th Grade education (155.8).
- Hispanics have a rate (12.5) less than half that of non-Hispanics (27.8).
- Alzheimer's mortality rates were highest in Cherokee County (72.8 per 100,000) and lowest in Baldwin and Morgan counties (15.9 per 100,000).



Alzheimer's/Dementia Prevalence Among Medicare Recipients (2012)	
State Comparison	Percent
Alabama	9.94
United States	9.83
Historic Trend	N.A.
Public Health Area	
1	9.35
2	9.23
3	10.19
4	11.12
5	9.72
6	9.47
7	10.05
8	9.77
9	10.10
10	10.10
11	11.34
Rurality	
Rural counties	9.60
Urban counties	10.20
Age	N.A.
Gender	N.A.
Race	N.A.
Ethnicity	N.A.
Income	N.A.
Education	N.A.

Alzheimer's/Dementia Prevalence in the Medicare Population⁴⁵

- The vast majority of Alzheimer's cases occur in the elderly population covered by Medicare. It is especially prevalent in those over age 80 and in women.
- Alzheimer's has dramatically increased in prevalence since 1980. Alzheimer's patients require a high degree of monitoring and care in the advanced stages of the disease.
- Alabama's Alzheimer prevalence in the Medicare population:
 - Shows 9.94 percent of the Medicare population had Alzheimer's.
 - Indicates 66,937 Medicare recipients had Alzheimer's.
 - Was highest in Dallas County (12.42 percent) and lowest in Washington County (7.61 percent).

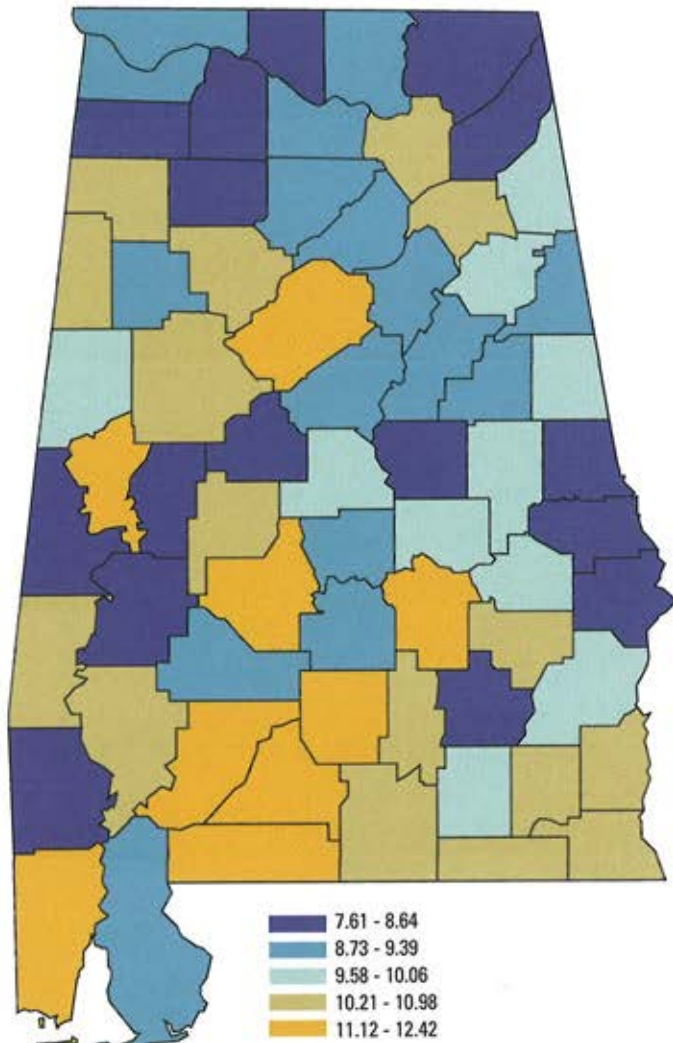


EXHIBIT 3

RESIDENT ORIGIN BY ZIP CODE EXISTING ALF RESIDENTS

		<u>City</u>	<u>ZIP</u>	<u>Residents</u>	<u>%</u>
		Athens	35611	17	28.33%
		Athens	35613	14	23.33%
		Madison	35758	6	10.00%
		Pulaksi	38478	2	3.33%
		Tanner	35671	2	3.33%
		Athens	35614	2	3.33%
		Athens	35612	2	3.33%
		Decatur	35601	2	3.33%
		Rio Rancho	87124	1	1.67%
		Albertville	35951	1	1.67%
		Huntsville	35824	1	1.67%
		Huntsville	35806	1	1.67%
		Tooney	35773	1	1.67%
		Madison	35757	1	1.67%
		Harvest	35749	1	1.67%
		Sheffield	35660	1	1.67%
		Hartselle	35640	1	1.67%
		Elkmont	35620	1	1.67%
		Bear Creek	35543	1	1.67%
		Bessemer	35023	1	1.67%
		Punta Gorda	33983	1	1.67%
				60	

EXHIBIT 4

ADPH LICENSED SCALF BEDS IN THE AREA UNDER CONSIDERATION

ADPH LICENSED SCALF PROVIDERS

MAPS OF AFFECTED AREA

PROXIMITY OF LICENSED SCALF PROVIDERS TO APPLICANT:

Heritage Memory Care

Limestone Lodge West

Phoenix (Under Development)

Assisted Living Facilities (Specialty Care)

Limestone County

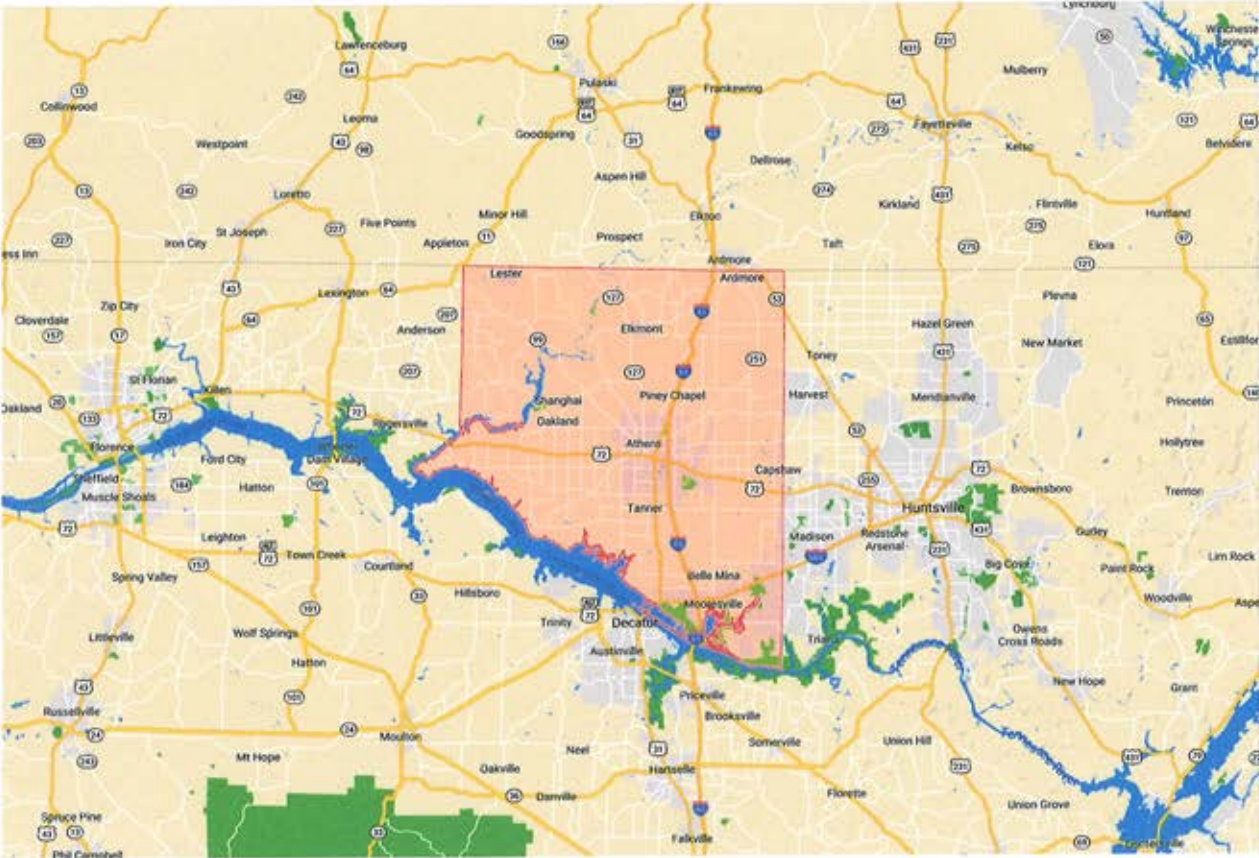
Heritage Memory Care
11682 County Line Road
Madison, AL 35756 (256) 325-3060
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Jannie Crouse
Fac ID: P4203 License: Regular
Medicare: N/A

.....

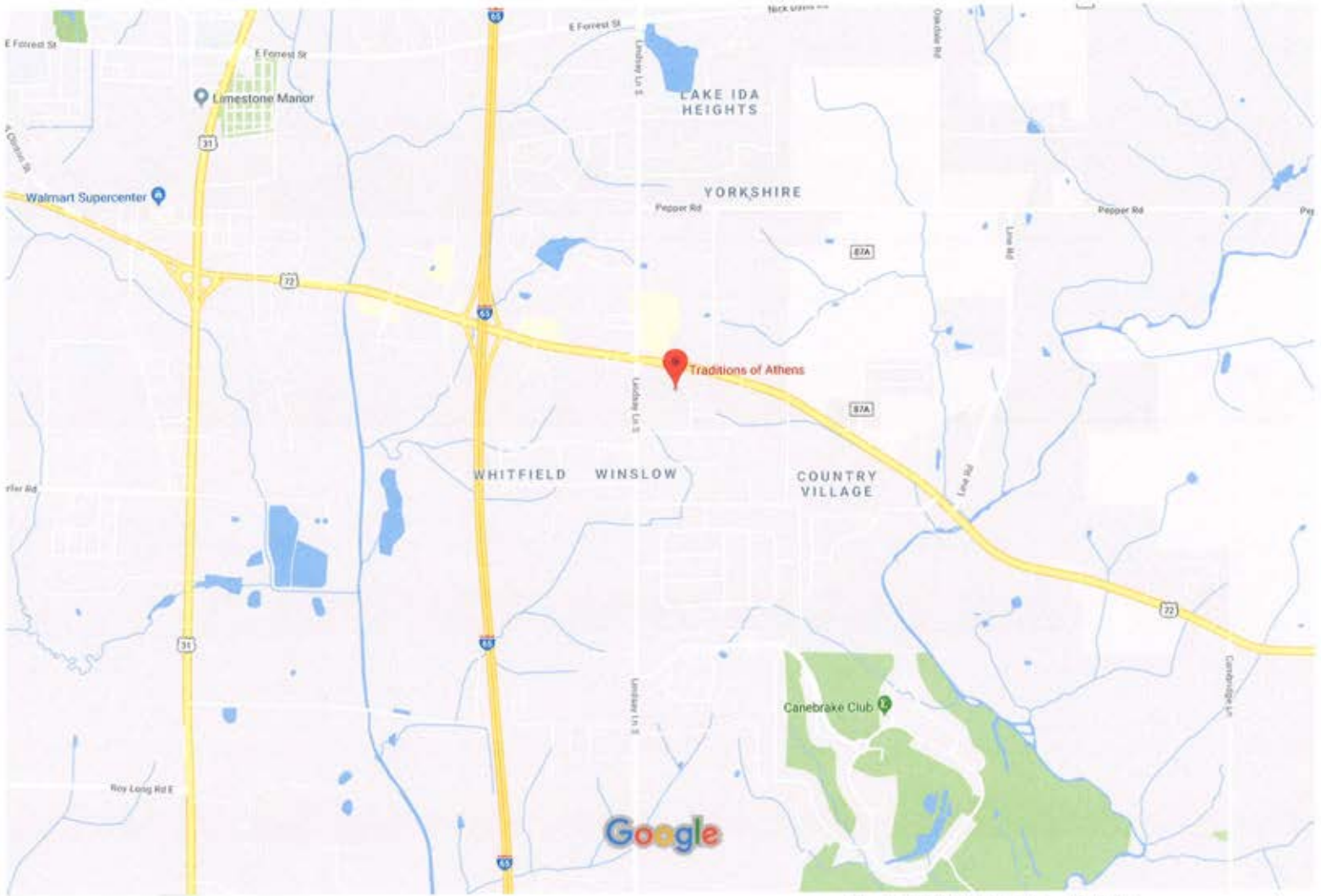
Limestone Lodge West
1532 West Hobbs Street
Athens, AL 35611 (256) 232-1213
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Jennifer Walker
Fac ID: P4202 License: Regular
Medicare: N/A

.....

GEOGRAPHIC AREA AFFECTED BY THIS APPLICATION



Google Maps Traditions of Athens



Map data ©2018 Google 1000 ft



Traditions of Athens



Image capture: Nov 2018 Images may be subject to copyright.



Traditions of Athens

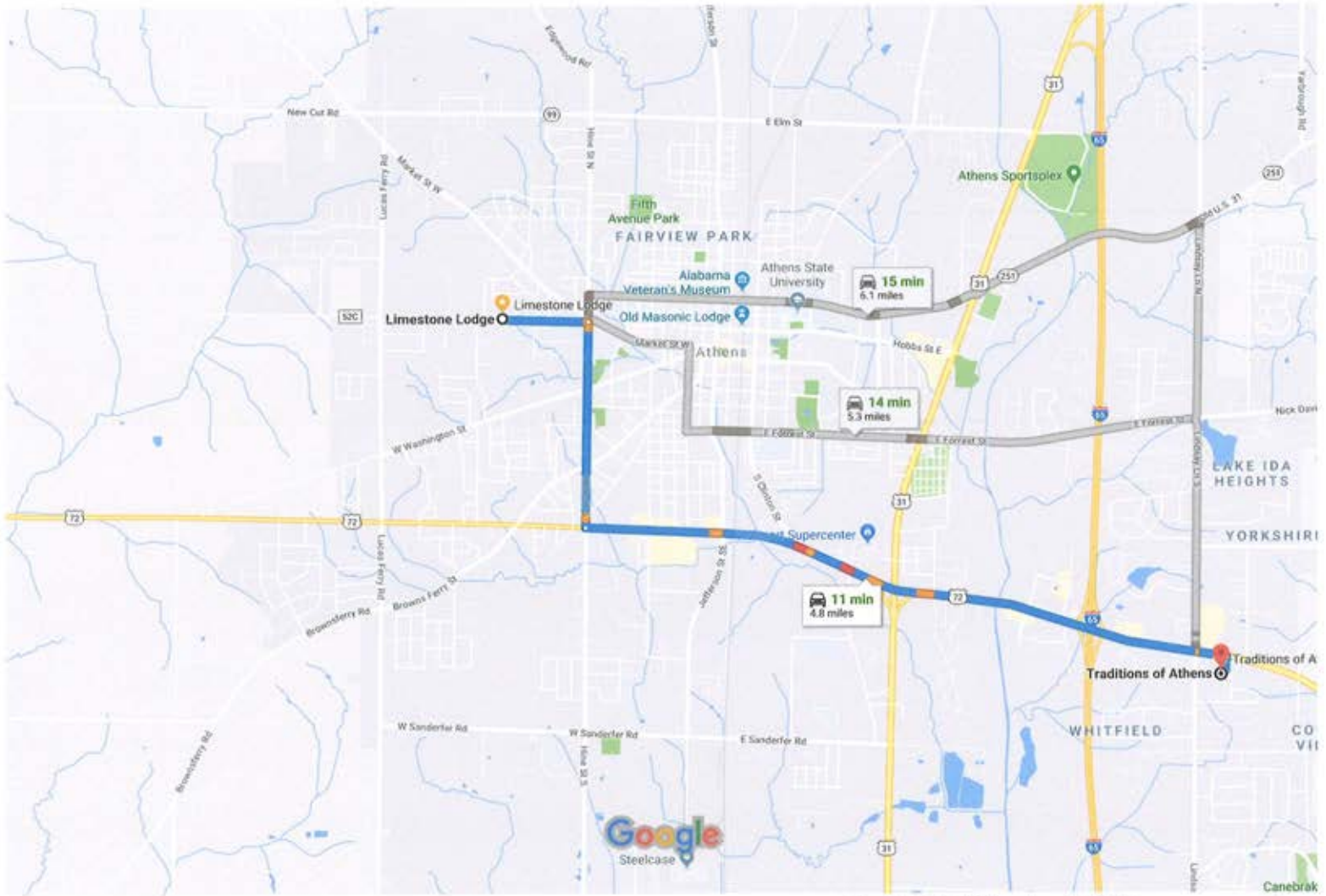
Photo - Nov 2018







Limestone Lodge to Traditions of Athens

Drive 4.8 miles, 11 min




Map data ©2018 Google 2000 ft

- 
via US-72 E
11 min
Fastest route, lighter traffic than usual
4.8 miles

- 
via W Forrest St
14 min

5.3 miles


- 
via Pryor St W
15 min

6.1 miles



Limestone Lodge



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 Limestone Lodge

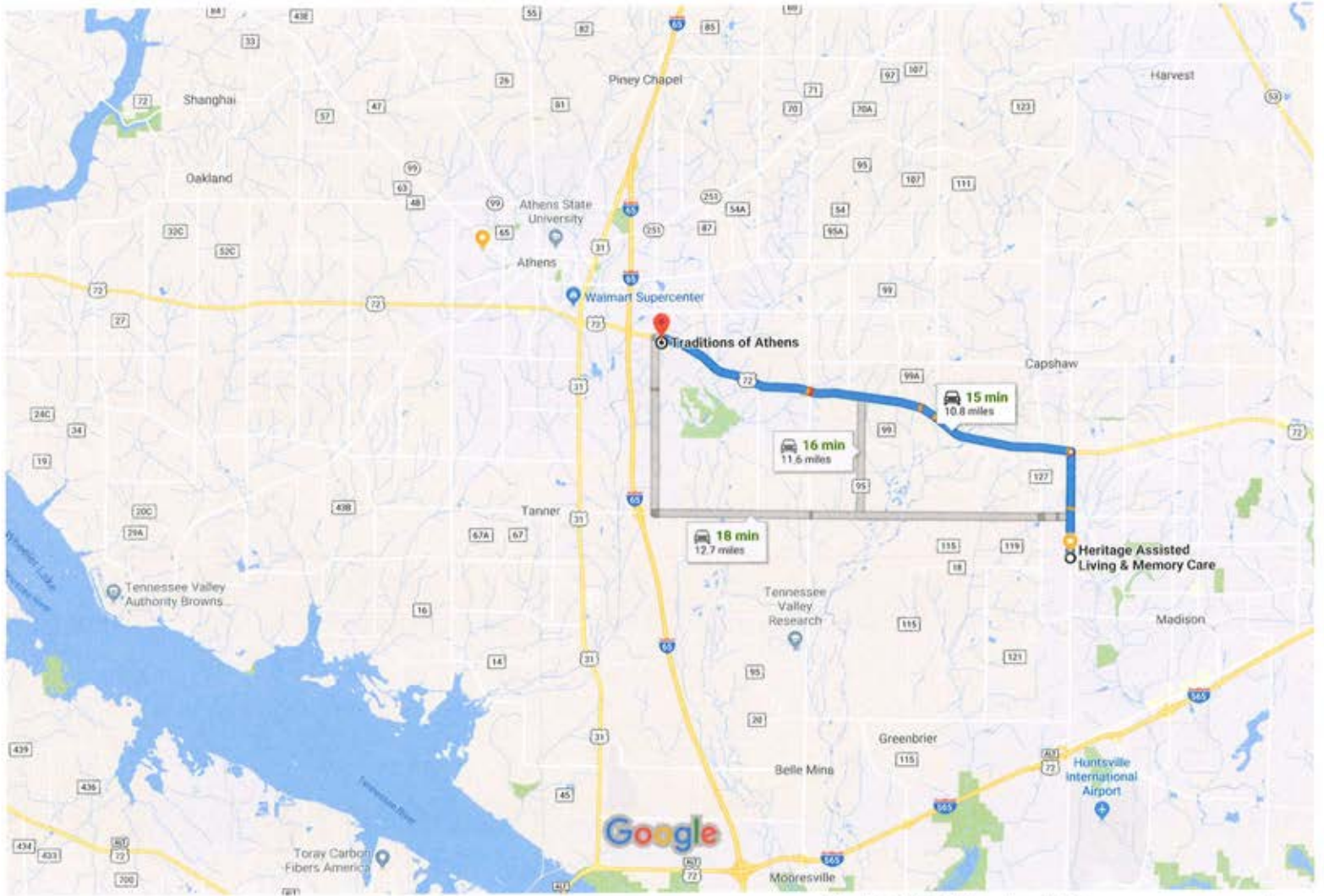
Photo - Feb 2016






Heritage Assisted Living & Memory Care to Traditions of Athens


Drive 10.8 miles, 15 min



Map data ©2018 Google 2 mi

 **via US-72 W** **15 min**
 Fastest route, the usual traffic 10.8 miles

 **via Huntsville Brownsferry Rd and US-72 W** **16 min**
11.6 miles

 **via Huntsville Brownsferry Rd and Lindsay Ln S** **18 min**
12.7 miles

Google Maps 11671 County Line Rd



Image capture: Jul 2016 © 2018 Google

Madison, Alabama

 Google, Inc.

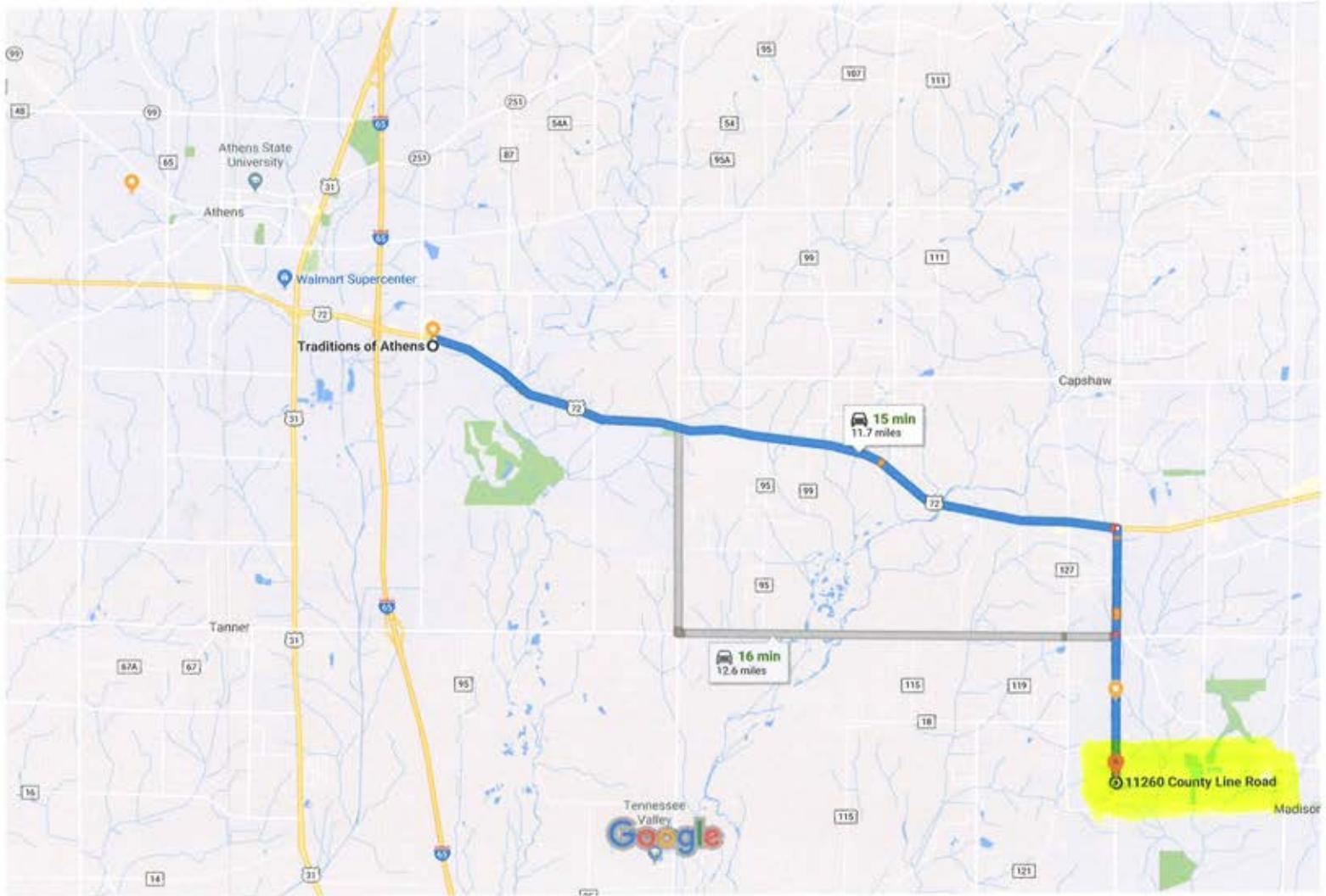
Street View - Jul 2016





Traditions of Athens to 11260 County Line Rd,
Madison, AL 35756

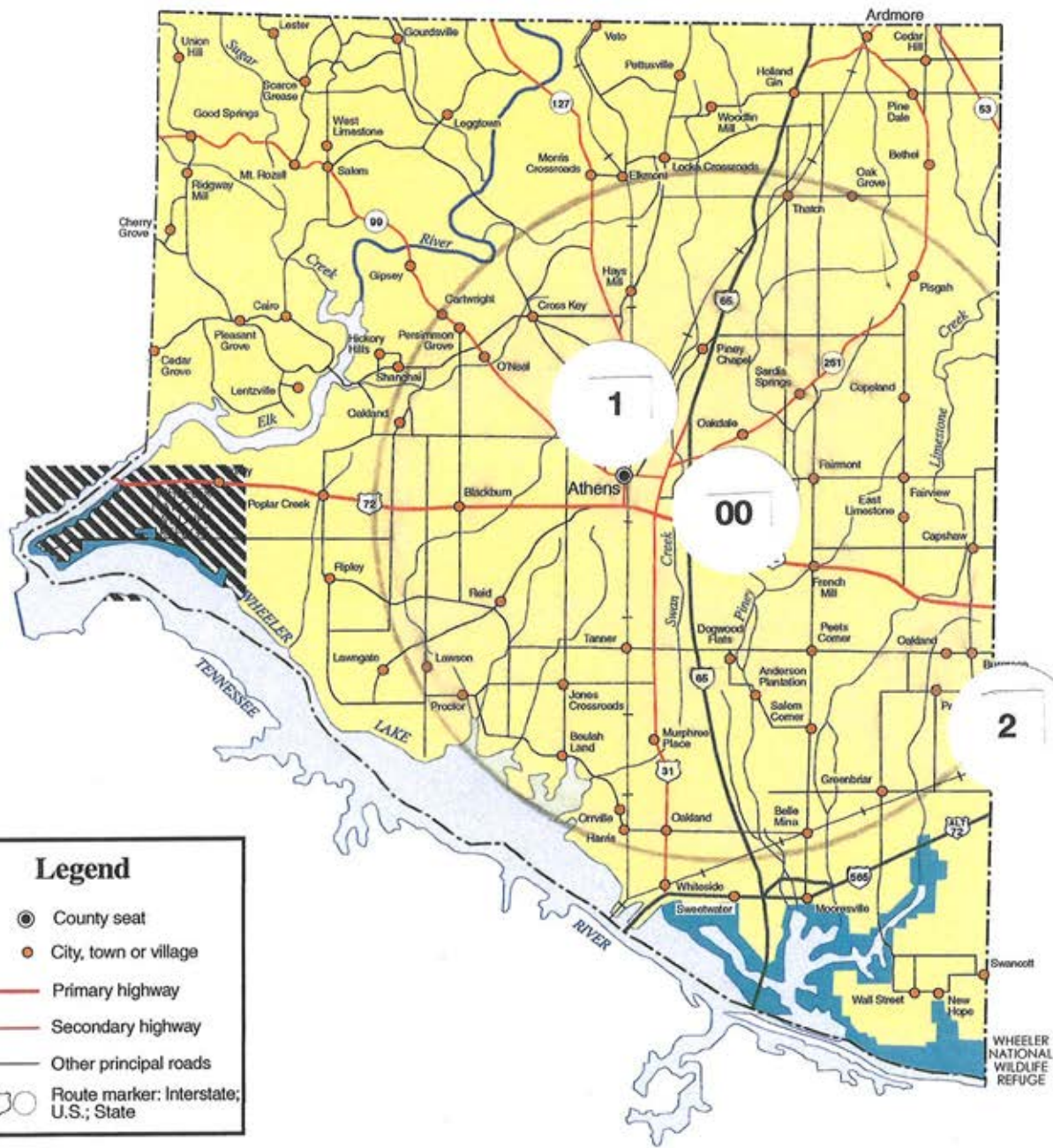
Drive 11.7 miles, 15 min



Map data ©2018 Google 1 mi

**SITE OF PROPOSED
PHOENIX SCALF
AND
PROXIMITY TO
ATHENS, AL**

LIMESTONE COUNTY

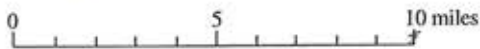


Legend

- County seat
- City, town or village
- Primary highway
- Secondary highway
- Other principal roads
- Route marker: Interstate; U.S.; State

Population Key

BIRMINGHAM.....	100,000 to 500,000
Tuscaloosa.....	50,000 to 100,000
Gadsden.....	25,000 to 50,000
Albertville.....	5,000 to 25,000
Foley.....	1,000 to 5,000
Brilliant.....	500 to 1,000
Elmore.....	up to 500



- APPROXIMATE LOCATION LICENSED SCALF PROVIDERS**
- 00 TRADITIONS OF ATHENS (APPLICANT)
 - 1. LIMESTONE LODGE 16 SCALF BEDS
 - 2. HERITAGE MEMORY CARE 16 SCALF BEDS

- 00 TRADITIONS OF ATHENS
- 1 LIMESTONE LODGE WEST
- 2 HERITAGE MEMORY CARE
- 3 TERRACE SPECIALTY CARE ASSISTED LIVING FACILITY
- 4 WESTMINSTER MEMORY CARE OF DECATUR

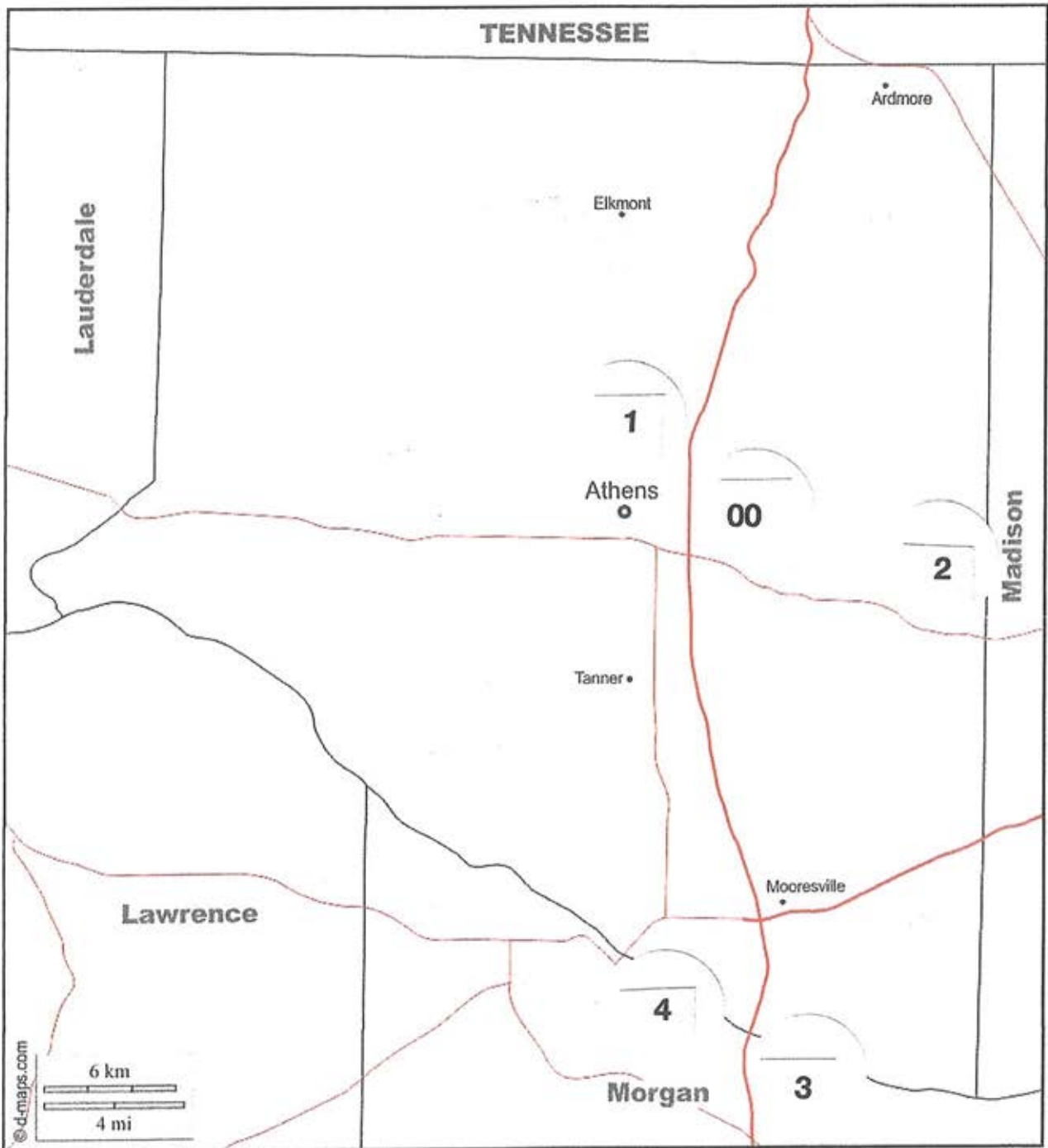


EXHIBIT 5

SHPDA ANNUAL REPORTS OF OCCUPANCY

SHPDA OCCUPANCY ANNUAL REPORTS
LIMESTONE COUNTY AS OF DECEMBER 2018

Occupancy as of December 2018
(Self reported by facility management)

Limestone Lodge West (Athens, Alabama)
16 Licensed Beds

90.0%

Heritage Memory Care (Madison, Alabama)
16 Licensed Beds

100.0%

Occupancy 2017
(Most Recent Filings available from SHPDA Annual Report)

Limestone Lodge West (Athens, Alabama)
16 Licensed Beds

89.4%

Heritage Memory Care (Madison, Alabama)
16 Licensed Beds

77.0%

Occupancy 2016
(SHPDA Annual Report)

Limestone Lodge West (Athens, Alabama)
16 Licensed Beds

72.4%

Heritage Memory Care (Madison, Alabama)
16 Licensed Beds

100.0%



ALABAMA SPECIALTY CARE ASSISTED LIVING FACILITIES

Licensed Beds, Admissions, Resident Days, Average Daily Census, and Occupancy Rates

Report Number: S-1

For Report Period Ending February 28, 2017

County	Facility Name	ID Number	Ownership	Licensed Beds	Admissions	Discharges	Deaths	Average Daily Census	Percent of Occupancy
LIMESTONE COUNTY									
1	LIMESTONE LODGE WEST	083-S4202	LLC	16	12	14	0	14.3	89.4
1	HERITAGE MEMORY CARE	083-S4203	LLC	16	15	16	0	12.3	77.0
				LIMESTONE COUNTY TOTALS:	27	30	0	26.6	83.2
MADISON COUNTY									
1	HARBOR CHASE OF HUNTSVILLE SPECIALTY CARE	089-S4501	Corporation	38	26	23	0	37.9	99.8
1	BROOKDALE HAMPTON COVE	089-S4505	LLC	50	52	52	0	47.0	94.0
1	REGENCY REMEMBRANCES	089-S4507	Corporation	72	45	36	0	53.7	74.6
1	THE HAVEN FOR GREATER LIVING, INC	089-S4509	Corporation	16	4	2	0	15.8	98.7
1	GRANDVIEW GARDENS AT REDSTONE VILLAGE	089-S4513	Non-Profit Organization	48	16	18	0	28.7	59.8
1	MERRILL GARDENS AT MADISON (SCALF)	089-S4514	LLC	32	19	20	0	29.8	93.2
				MADISON COUNTY TOTALS:	162	151	0	213.0	83.2
MARENGO COUNTY									
1	SONRISE SPECIALTY CARE ASSISTED LIVING	091-S4601	Individual	16	4	5	0	11.2	70.0
				MARENGO COUNTY TOTALS:	4	5	0	11.2	70.0
MARION COUNTY									
1	KEMP MEADOWS SPECIALTY CARE ASSISTED LIVING	093-S4701	Non-Profit Organization	26	22	11	0	7.9	30.4
				MARION COUNTY TOTALS:	22	11	0	7.9	30.4



ALABAMA SPECIALTY CARE ASSISTED LIVING FACILITIES

Licensed Beds, Admissions, Resident Days, Average Daily Census, and Occupancy Rates

Report Number: S-1

For Report Period Ending February 28, 2016

County	Facility Name	Ownership	Licensed Beds	Admissions	Discharges	Deaths	Patient Days	Average Daily Census	Percent of Occupancy
LAUDERDALE COUNTY									
1	GREEN OAKS INN-CREEL HOUSE	LLC	16	9	8	0	5,197	14.2	88.7
	077-S3901								
1	GREEN OAKS INN - PEPPER HOUSE	LLC	16	10	10	0	5,431	14.8	92.7
	077-S3903								
	LAUDERDALE COUNTY TOTALS:								
			32	19	18	0	10,628	29.0	90.7
LEE COUNTY									
1	MAGNOLIA PLACE SCALF	Non-Profit Organization	42	22	26	0	9,746	26.6	63.4
	081-S4102								
1	NORTHBRIDGE SCALF, THE	LLC	16	10	10	0	5,766	15.8	98.7
	081-S4104								
	LEE COUNTY TOTALS:								
			58	32	36	0	15,512	42.4	73.1
LIMESTONE COUNTY									
1	LIMESTONE LODGE WEST	LLC	16	13	14	0	4,242	11.6	72.4
	083-S4202								
1	HERITAGE MEMORY CARE	LLC	16	10	10	0	5,856	16.0	100.0
	083-S4203								
	LIMESTONE COUNTY TOTALS:								
			32	23	24	0	10,098	27.6	86.2

EXHIBIT 6

DEMOGRAPHIC STUDIES OF THE AREA POPULATION BY AGE

*LIMESTONE COUNTY AND CONTIGUOUS COUNTIES CONTRIBUTING TO
MIGRATION OF SENIOR POPULATION*

Search

QuickFacts
Limestone County, Alabama

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.

Table

All Topics		Limestone County, Alabama
Population estimates, July 1, 2017, (V2017)		94,402
PEOPLE		
Population		
Population estimates, July 1, 2017, (V2017)		94,402
Population estimates base, April 1, 2010, (V2017)		82,782
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)		14.0%
Population, Census, April 1, 2010		82,782
Age and Sex		
Persons under 5 years, percent		▲ 5.7%
Persons under 18 years, percent		▲ 22.8%
Persons 65 years and over, percent		▲ 14.9%
Female persons, percent		▲ 49.8%
Race and Hispanic Origin		
White alone, percent (a)		▲ 81.5%
Black or African American alone, percent (a)		▲ 13.6%
American Indian and Alaska Native alone, percent (a)		▲ 0.8%
Asian alone, percent (a)		▲ 1.6%
Native Hawaiian and Other Pacific Islander alone, percent (a)		▲ 0.2%
Two or More Races, percent		▲ 2.3%
Hispanic or Latino, percent (b)		▲ 6.1%
White alone, not Hispanic or Latino, percent		▲ 76.5%
Population Characteristics		
Veterans, 2012-2016		6,696
Foreign born persons, percent, 2012-2016		4.3%
Housing		
Housing units, July 1, 2017, (V2017)		36,240
Owner-occupied housing unit rate, 2012-2016		76.0%
Median value of owner-occupied housing units, 2012-2016		\$142,500
Median selected monthly owner costs -with a mortgage, 2012-2016		\$1,134
Median selected monthly owner costs -without a mortgage, 2012-2016		\$331
Median gross rent, 2012-2016		\$628
Building permits, 2017		162
Families & Living Arrangements		
Households, 2012-2016		32,073
Persons per household, 2012-2016		2.72
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016		87.3%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016		6.3%
Education		
High school graduate or higher, percent of persons age 25 years+, 2012-2016		83.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016		23.3%
Health		
With a disability, under age 65 years, percent, 2012-2016		11.1%
Persons without health insurance, under age 65 years, percent		▲ 11.1%
Economy		
In civilian labor force, total, percent of population age 16 years+, 2012-2016		58.0%

In civilian labor force, female, percent of population age 16 years+, 2012-2016	52.2%
Total accommodation and food services sales, 2012 (\$1,000) (c)	81,402
Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c)	170,064
Total manufacturers shipments, 2012 (\$1,000) (c)	841,436
Total merchant wholesaler sales, 2012 (\$1,000) (c)	332,711
Total retail sales, 2012 (\$1,000) (c)	777,105
Total retail sales per capita, 2012 (c)	\$8,866

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2012-2016	25.6
--	------

Income & Poverty

Median household income (in 2016 dollars), 2012-2016	\$51,115
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$26,086
Persons in poverty, percent	▲ 12.8%

 **BUSINESSES****Businesses**

Total employer establishments, 2016	1,372
Total employment, 2016	16,958
Total annual payroll, 2016 (\$1,000)	608,571
Total employment, percent change, 2015-2016	4.1%
Total nonemployer establishments, 2016	5,810
All firms, 2012	5,969
Men-owned firms, 2012	3,073
Women-owned firms, 2012	2,245
Minority-owned firms, 2012	852
Nonminority-owned firms, 2012	4,938
Veteran-owned firms, 2012	759
Nonveteran-owned firms, 2012	5,016

 **GEOGRAPHY****Geography**

Population per square mile, 2010	147.8
Land area in square miles, 2010	559.94
FIPS Code	01083

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census		2018 series					Change 2010-2040	
	2000	2010	2020	2025	2030	2035	2040	Number	Percent
Alabama	579,798	657,792	15,911	19,704	23,867	26,994	29,199	-628,593	-95.6
Limestone	7,271	10,187	15,911	19,704	23,867	26,994	29,199	19,012	186.6

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 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, April 2018.



Demographic and Income Profile

Limestone County, AL 2
 Limestone County, AL (01083)
 Geography: County

Prepared by Esri

Summary	Census 2010	2018	2023
Population	82,782	92,263	98,096
Households	31,446	35,346	37,689
Families	22,876	25,306	26,818
Average Household Size	2.54	2.53	2.53
Owner Occupied Housing Units	24,187	25,213	27,350
Renter Occupied Housing Units	7,259	10,133	10,339
Median Age	38.3	39.8	41.2
Trends: 2018 - 2023 Annual Rate	Area	State	National
Population	1.23%	0.42%	0.83%
Households	1.29%	0.44%	0.79%
Families	1.17%	0.29%	0.71%
Owner HHs	1.64%	0.72%	1.16%
Median Household Income	2.95%	2.38%	2.50%

Households by Income	2018		2023	
	Number	Percent	Number	Percent
<\$15,000	4,140	11.7%	3,699	9.8%
\$15,000 - \$24,999	3,724	10.5%	3,274	8.7%
\$25,000 - \$34,999	3,682	10.4%	3,362	8.9%
\$35,000 - \$49,999	4,998	14.1%	4,846	12.9%
\$50,000 - \$74,999	6,277	17.8%	6,611	17.5%
\$75,000 - \$99,999	4,538	12.8%	5,378	14.3%
\$100,000 - \$149,999	4,682	13.2%	6,225	16.5%
\$150,000 - \$199,999	2,081	5.9%	2,681	7.1%
\$200,000+	1,224	3.5%	1,613	4.3%
Median Household Income	\$53,188		\$61,508	
Average Household Income	\$71,590		\$82,789	
Per Capita Income	\$27,985		\$32,333	

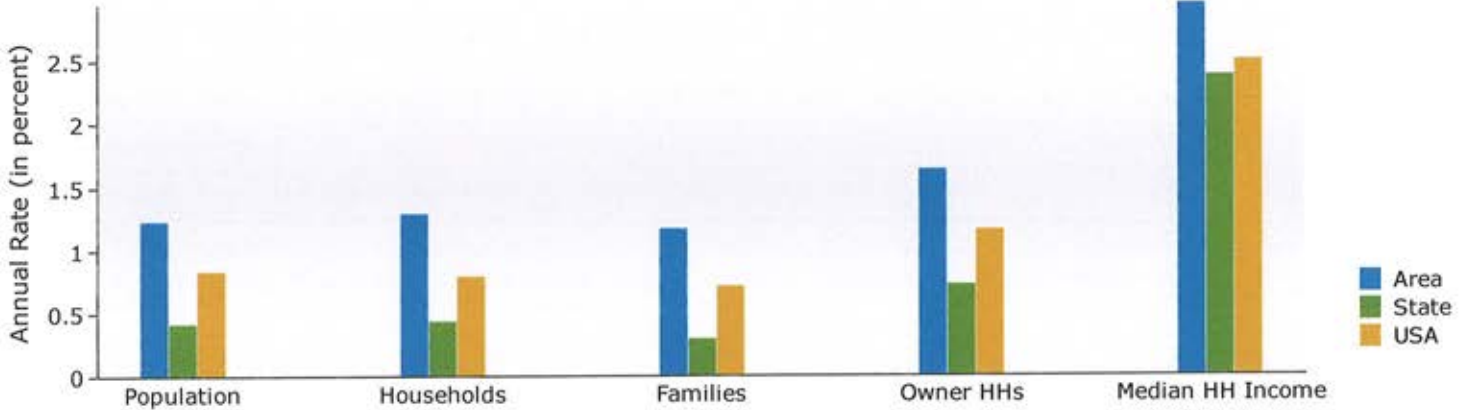
Population by Age	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
0 - 4	5,352	6.5%	5,451	5.9%	5,557	5.7%
5 - 9	5,414	6.5%	5,826	6.3%	5,970	6.1%
10 - 14	5,686	6.9%	5,927	6.4%	6,476	6.6%
15 - 19	5,317	6.4%	5,247	5.7%	5,888	6.0%
20 - 24	4,707	5.7%	4,958	5.4%	4,619	4.7%
25 - 34	11,051	13.3%	12,457	13.5%	11,925	12.2%
35 - 44	12,215	14.8%	12,692	13.8%	13,993	14.3%
45 - 54	12,967	15.7%	13,072	14.2%	13,013	13.3%
55 - 64	9,886	11.9%	12,596	13.7%	13,452	13.7%
65 - 74	6,129	7.4%	8,799	9.5%	10,418	10.6%
75 - 84	3,066	3.7%	3,929	4.3%	5,236	5.3%
85+	992	1.2%	1,309	1.4%	1,549	1.6%

Race and Ethnicity	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
White Alone	66,506	80.3%	72,224	78.3%	75,292	76.8%
Black Alone	10,429	12.6%	12,246	13.3%	13,518	13.8%
American Indian Alone	547	0.7%	572	0.6%	612	0.6%
Asian Alone	924	1.1%	1,514	1.6%	2,086	2.1%
Pacific Islander Alone	42	0.1%	40	0.0%	43	0.0%
Some Other Race Alone	2,866	3.5%	3,420	3.7%	3,833	3.9%
Two or More Races	1,468	1.8%	2,247	2.4%	2,712	2.8%
Hispanic Origin (Any Race)	4,591	5.5%	5,501	6.0%	6,228	6.3%

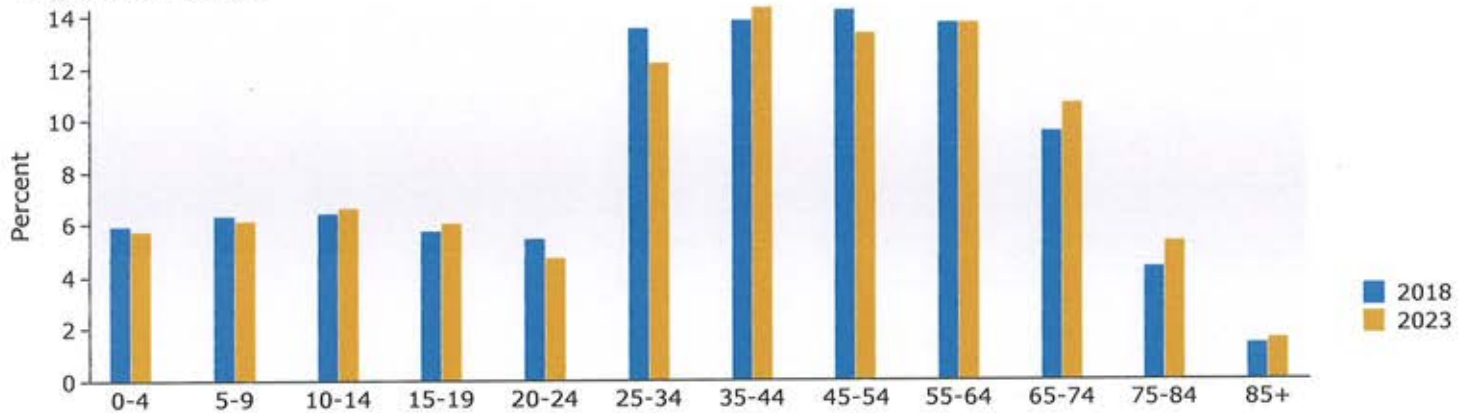
Data Note: Income is expressed in current dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023.

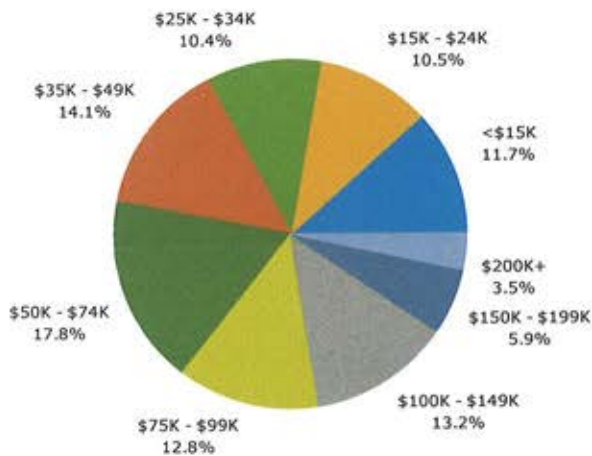
Trends 2018-2023



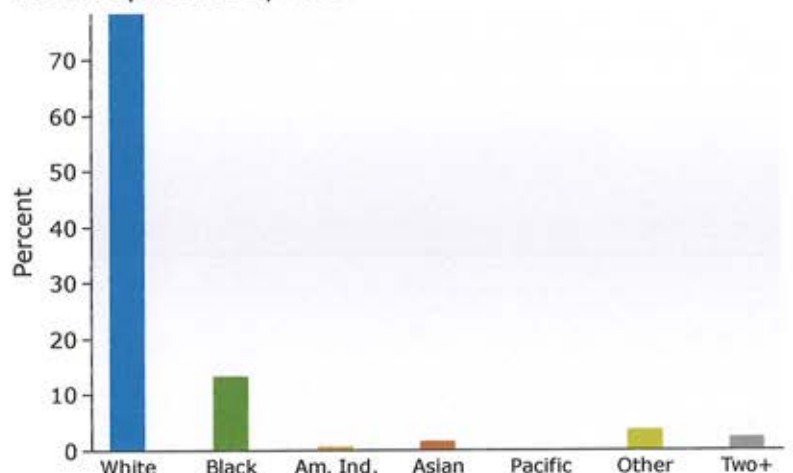
Population by Age



2018 Household Income



2018 Population by Race



2018 Percent Hispanic Origin: 6.0%



Demographic and Income Profile

Lauderdale County, AL
 Lauderdale County, AL (01077)
 Geography: County

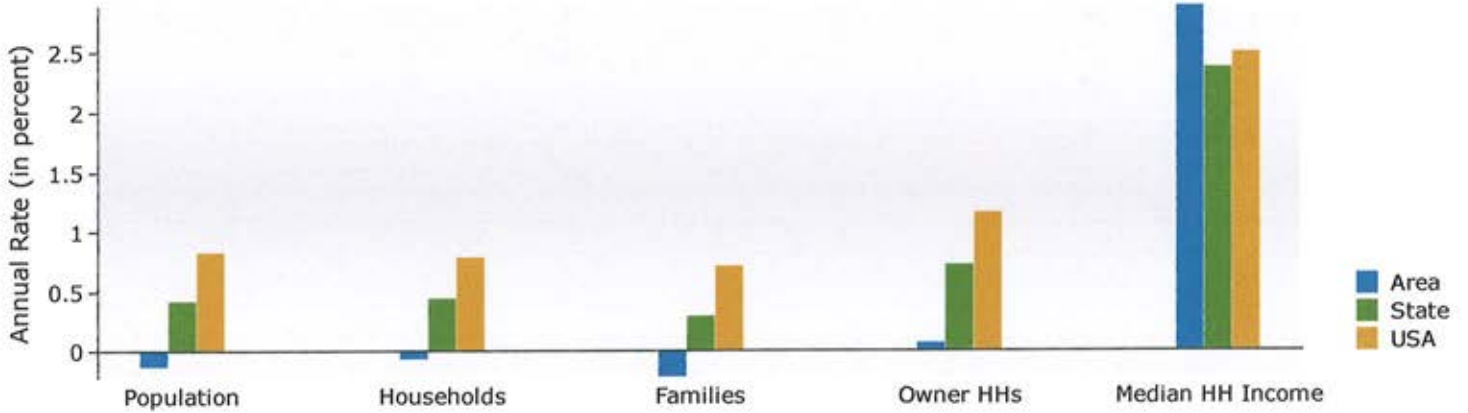
Prepared by Esri

Summary	Census 2010	2018	2023			
Population	92,709	93,259	92,640			
Households	38,680	39,165	39,024			
Families	25,669	25,491	25,207			
Average Household Size	2.35	2.33	2.32			
Owner Occupied Housing Units	26,926	26,102	26,197			
Renter Occupied Housing Units	11,754	13,063	12,827			
Median Age	40.4	42.4	43.7			
Trends: 2018 - 2023 Annual Rate	Area	State	National			
Population	-0.13%	0.42%	0.83%			
Households	-0.07%	0.44%	0.79%			
Families	-0.22%	0.29%	0.71%			
Owner HHS	0.07%	0.72%	1.16%			
Median Household Income	2.89%	2.38%	2.50%			
Households by Income	2018		2023			
	Number	Percent	Number	Percent		
<\$15,000	6,179	15.8%	5,360	13.7%		
\$15,000 - \$24,999	4,861	12.4%	4,152	10.6%		
\$25,000 - \$34,999	4,268	10.9%	3,798	9.7%		
\$35,000 - \$49,999	5,646	14.4%	5,251	13.5%		
\$50,000 - \$74,999	6,935	17.7%	6,966	17.9%		
\$75,000 - \$99,999	4,555	11.6%	5,119	13.1%		
\$100,000 - \$149,999	4,182	10.7%	5,306	13.6%		
\$150,000 - \$199,999	1,402	3.6%	1,715	4.4%		
\$200,000+	1,137	2.9%	1,357	3.5%		
Median Household Income	\$45,428		\$52,373			
Average Household Income	\$63,284		\$72,755			
Per Capita Income	\$26,900		\$30,973			
Population by Age	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
0 - 4	5,158	5.6%	4,750	5.1%	4,556	4.9%
5 - 9	5,466	5.9%	4,923	5.3%	4,755	5.1%
10 - 14	5,718	6.2%	5,206	5.6%	5,187	5.6%
15 - 19	6,699	7.2%	5,794	6.2%	5,823	6.3%
20 - 24	7,088	7.6%	6,484	7.0%	5,725	6.2%
25 - 34	10,224	11.0%	11,818	12.7%	10,689	11.5%
35 - 44	11,412	12.3%	10,303	11.0%	10,982	11.9%
45 - 54	13,280	14.3%	11,894	12.8%	11,069	11.9%
55 - 64	12,111	13.1%	13,192	14.1%	12,735	13.7%
65 - 74	8,520	9.2%	10,839	11.6%	11,779	12.7%
75 - 84	5,160	5.6%	5,751	6.2%	6,899	7.4%
85+	1,873	2.0%	2,305	2.5%	2,441	2.6%
Race and Ethnicity	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
White Alone	80,112	86.4%	79,934	85.7%	78,800	85.1%
Black Alone	9,257	10.0%	9,399	10.1%	9,388	10.1%
American Indian Alone	338	0.4%	331	0.4%	335	0.4%
Asian Alone	685	0.7%	759	0.8%	853	0.9%
Pacific Islander Alone	34	0.0%	42	0.0%	49	0.1%
Some Other Race Alone	977	1.1%	1,162	1.2%	1,288	1.4%
Two or More Races	1,306	1.4%	1,632	1.7%	1,927	2.1%
Hispanic Origin (Any Race)	2,082	2.2%	2,471	2.6%	2,786	3.0%

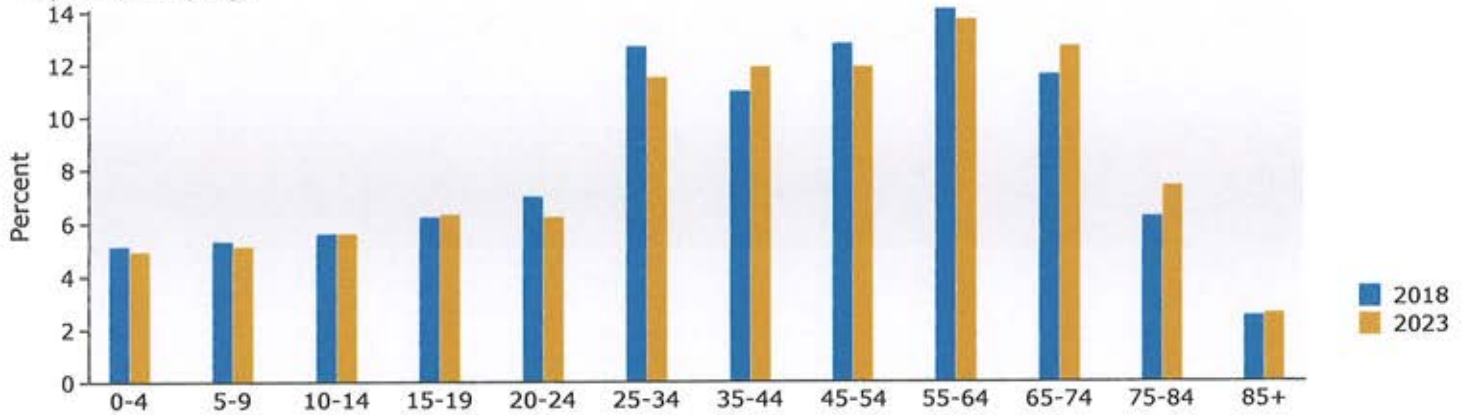
Data Note: Income is expressed in current dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023.

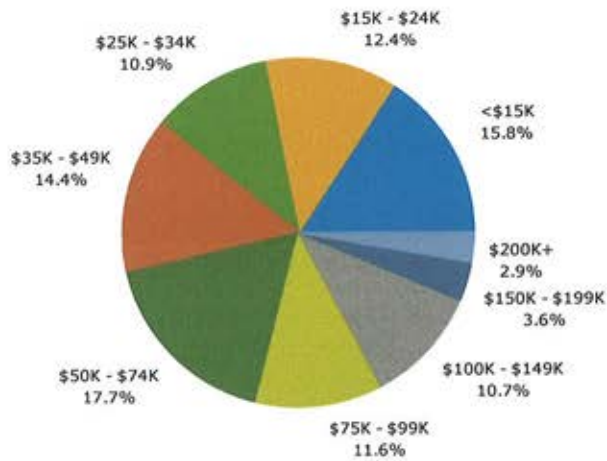
Trends 2018-2023



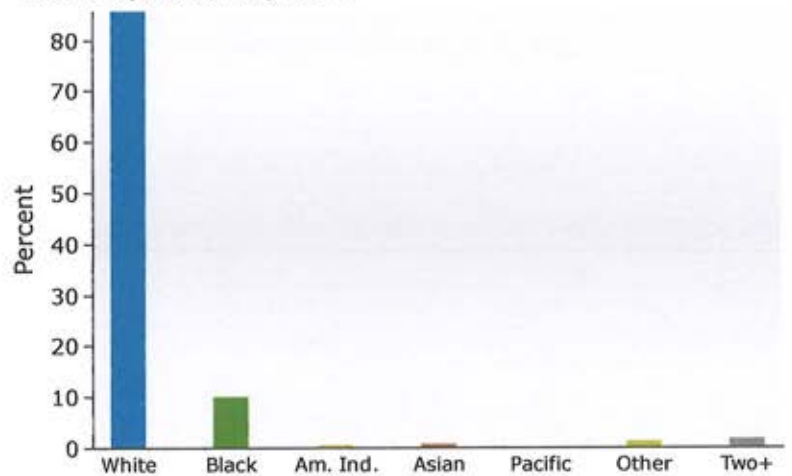
Population by Age



2018 Household Income



2018 Population by Race



2018 Percent Hispanic Origin: 2.6%



Demographic and Income Profile

Morgan County, AL
 Morgan County, AL (01103)
 Geography: County

Prepared by Esri

Summary	Census 2010	2018	2023
Population	119,490	119,936	119,430
Households	47,030	46,964	46,667
Families	33,135	32,523	32,108
Average Household Size	2.50	2.51	2.51
Owner Occupied Housing Units	33,635	35,009	35,293
Renter Occupied Housing Units	13,395	11,955	11,374
Median Age	38.9	40.7	41.9
Trends: 2018 - 2023 Annual Rate	Area	State	National
Population	-0.08%	0.42%	0.83%
Households	-0.13%	0.44%	0.79%
Families	-0.26%	0.29%	0.71%
Owner HHs	0.16%	0.72%	1.16%
Median Household Income	2.28%	2.38%	2.50%

Households by Income	2018		2023	
	Number	Percent	Number	Percent
<\$15,000	6,336	13.5%	5,484	11.8%
\$15,000 - \$24,999	6,029	12.8%	5,097	10.9%
\$25,000 - \$34,999	4,787	10.2%	4,229	9.1%
\$35,000 - \$49,999	6,475	13.8%	5,976	12.8%
\$50,000 - \$74,999	8,660	18.4%	8,636	18.5%
\$75,000 - \$99,999	5,455	11.6%	6,023	12.9%
\$100,000 - \$149,999	5,851	12.5%	7,180	15.4%
\$150,000 - \$199,999	2,033	4.3%	2,449	5.2%
\$200,000+	1,338	2.8%	1,593	3.4%
Median Household Income	\$49,551		\$55,452	
Average Household Income	\$65,935		\$75,382	
Per Capita Income	\$26,153		\$29,791	

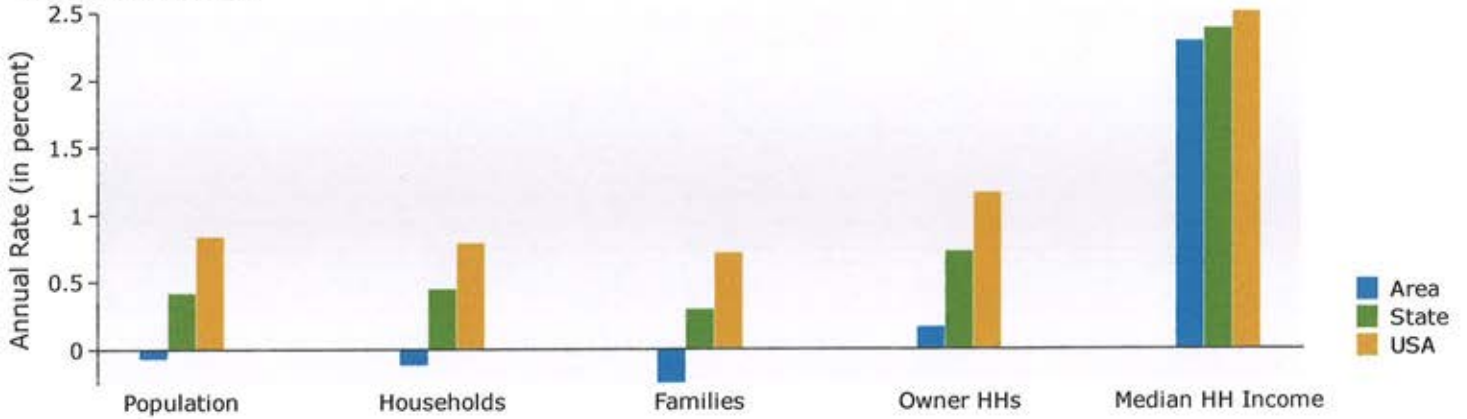
Population by Age	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
0 - 4	7,487	6.3%	6,941	5.8%	6,727	5.6%
5 - 9	7,928	6.6%	7,263	6.1%	7,098	5.9%
10 - 14	8,177	6.8%	7,463	6.2%	7,457	6.2%
15 - 19	8,091	6.8%	6,971	5.8%	7,049	5.9%
20 - 24	6,944	5.8%	6,883	5.7%	6,078	5.1%
25 - 34	15,061	12.6%	15,663	13.1%	14,513	12.2%
35 - 44	16,075	13.5%	15,221	12.7%	15,660	13.1%
45 - 54	17,985	15.1%	16,143	13.5%	15,093	12.6%
55 - 64	14,871	12.4%	16,616	13.9%	16,335	13.7%
65 - 74	9,675	8.1%	12,412	10.3%	13,585	11.4%
75 - 84	5,427	4.5%	6,149	5.1%	7,459	6.2%
85+	1,769	1.5%	2,211	1.8%	2,376	2.0%

Race and Ethnicity	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
White Alone	95,404	79.8%	93,679	78.1%	91,672	76.8%
Black Alone	14,185	11.9%	14,905	12.4%	15,314	12.8%
American Indian Alone	1,042	0.9%	1,066	0.9%	1,091	0.9%
Asian Alone	691	0.6%	926	0.8%	1,105	0.9%
Pacific Islander Alone	107	0.1%	116	0.1%	127	0.1%
Some Other Race Alone	5,697	4.8%	6,227	5.2%	6,535	5.5%
Two or More Races	2,364	2.0%	3,017	2.5%	3,586	3.0%
Hispanic Origin (Any Race)	9,156	7.7%	10,024	8.4%	10,645	8.9%

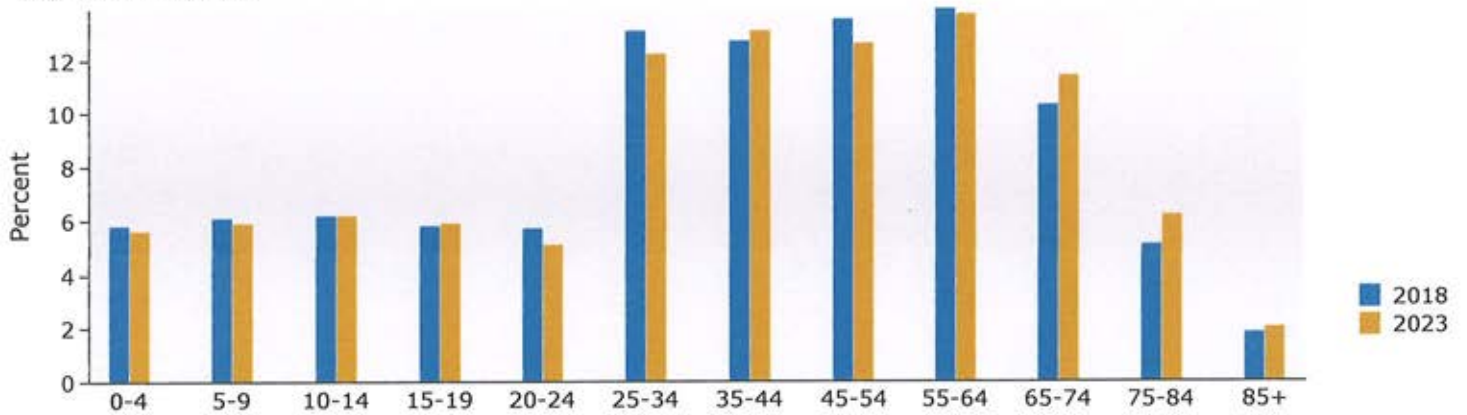
Data Note: Income is expressed in current dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023.

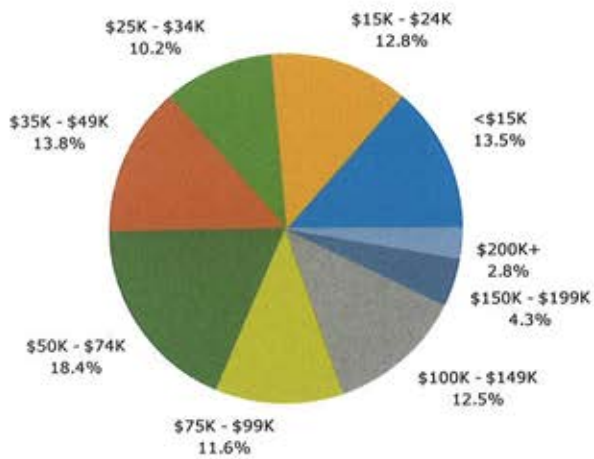
Trends 2018-2023



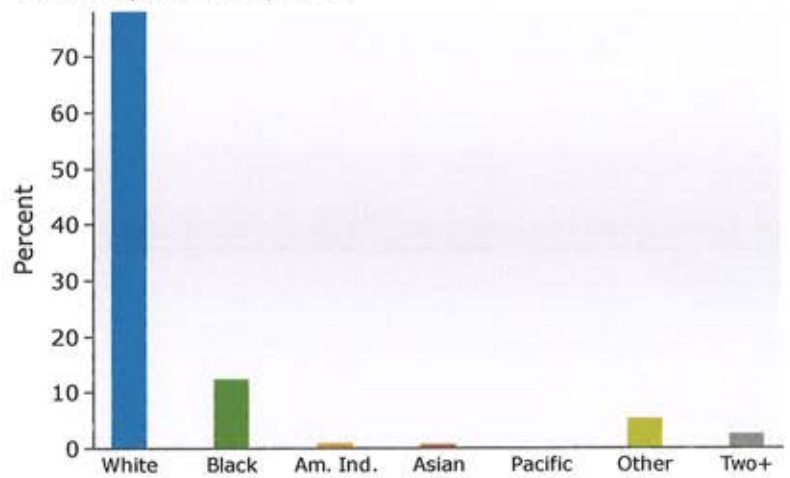
Population by Age



2018 Household Income



2018 Population by Race



2018 Percent Hispanic Origin: 8.4%



Demographic and Income Profile

Lawrence County, AL
 Lawrence County, AL (01079)
 Geography: County

Prepared by Esri

Summary	Census 2010	2018	2023
Population	34,339	33,780	33,296
Households	13,654	13,508	13,343
Families	9,985	9,724	9,547
Average Household Size	2.50	2.48	2.48
Owner Occupied Housing Units	10,972	10,967	10,877
Renter Occupied Housing Units	2,682	2,541	2,466
Median Age	40.6	42.4	44.0

Trends: 2018 - 2023 Annual Rate	Area	State	National
Population	-0.29%	0.42%	0.83%
Households	-0.25%	0.44%	0.79%
Families	-0.37%	0.29%	0.71%
Owner HHs	-0.16%	0.72%	1.16%
Median Household Income	2.79%	2.38%	2.50%

Households by Income	2018		2023	
	Number	Percent	Number	Percent
<\$15,000	1,875	13.9%	1,567	11.7%
\$15,000 - \$24,999	1,708	12.6%	1,398	10.5%
\$25,000 - \$34,999	1,591	11.8%	1,409	10.6%
\$35,000 - \$49,999	2,077	15.4%	1,949	14.6%
\$50,000 - \$74,999	2,715	20.1%	2,708	20.3%
\$75,000 - \$99,999	1,650	12.2%	1,863	14.0%
\$100,000 - \$149,999	1,431	10.6%	1,862	14.0%
\$150,000 - \$199,999	316	2.3%	402	3.0%
\$200,000+	145	1.1%	185	1.4%
Median Household Income	\$45,464		\$52,164	
Average Household Income	\$57,301		\$66,121	
Per Capita Income	\$23,042		\$26,627	

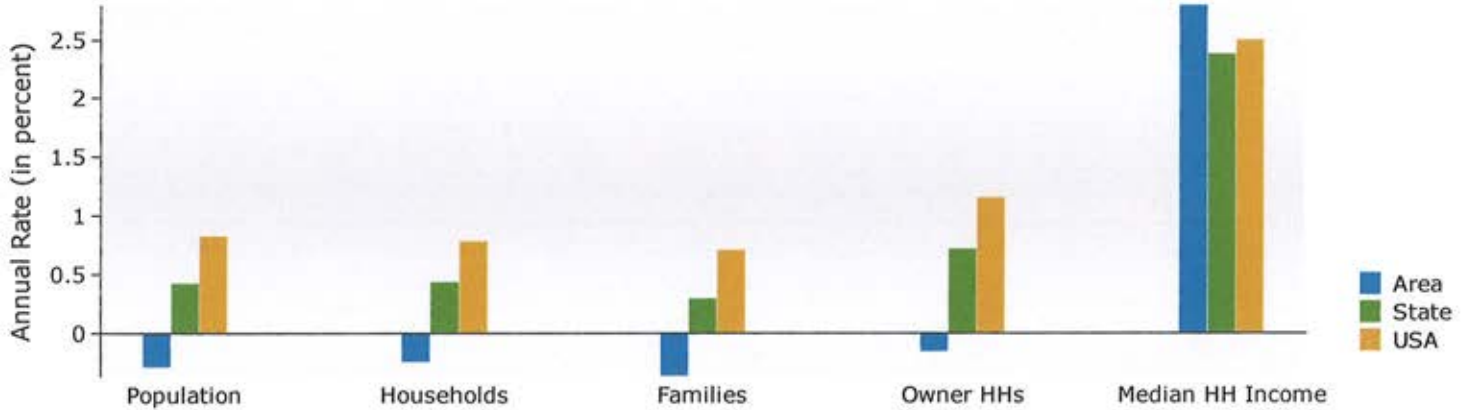
Population by Age	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
0 - 4	2,156	6.3%	1,906	5.6%	1,747	5.2%
5 - 9	2,119	6.2%	2,070	6.1%	1,927	5.8%
10 - 14	2,161	6.3%	2,050	6.1%	2,132	6.4%
15 - 19	2,437	7.1%	1,787	5.3%	1,967	5.9%
20 - 24	1,963	5.7%	1,738	5.1%	1,452	4.4%
25 - 34	3,795	11.1%	4,300	12.7%	3,623	10.9%
35 - 44	4,730	13.8%	4,100	12.1%	4,223	12.7%
45 - 54	5,481	16.0%	4,784	14.2%	4,279	12.9%
55 - 64	4,498	13.1%	4,977	14.7%	5,037	15.1%
65 - 74	3,034	8.8%	3,845	11.4%	4,170	12.5%
75 - 84	1,497	4.4%	1,685	5.0%	2,163	6.5%
85+	468	1.4%	538	1.6%	576	1.7%

Race and Ethnicity	Census 2010		2018		2023	
	Number	Percent	Number	Percent	Number	Percent
White Alone	26,647	77.6%	26,160	77.4%	25,656	77.1%
Black Alone	3,938	11.5%	3,590	10.6%	3,369	10.1%
American Indian Alone	1,953	5.7%	1,899	5.6%	1,864	5.6%
Asian Alone	42	0.1%	93	0.3%	123	0.4%
Pacific Islander Alone	6	0.0%	6	0.0%	6	0.0%
Some Other Race Alone	275	0.8%	356	1.1%	439	1.3%
Two or More Races	1,478	4.3%	1,676	5.0%	1,839	5.5%
Hispanic Origin (Any Race)	574	1.7%	769	2.3%	941	2.8%

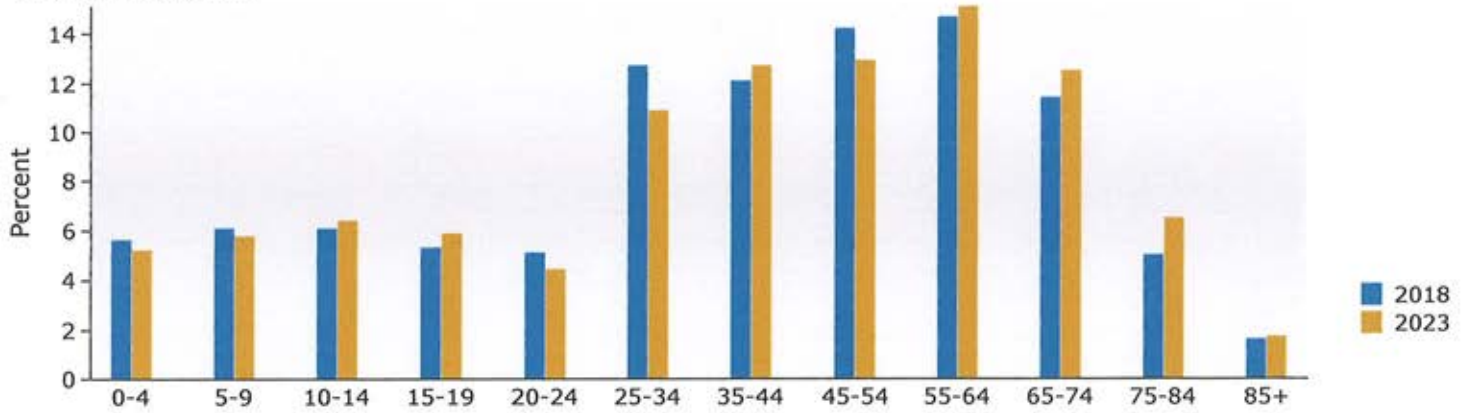
Data Note: Income is expressed in current dollars.

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023.

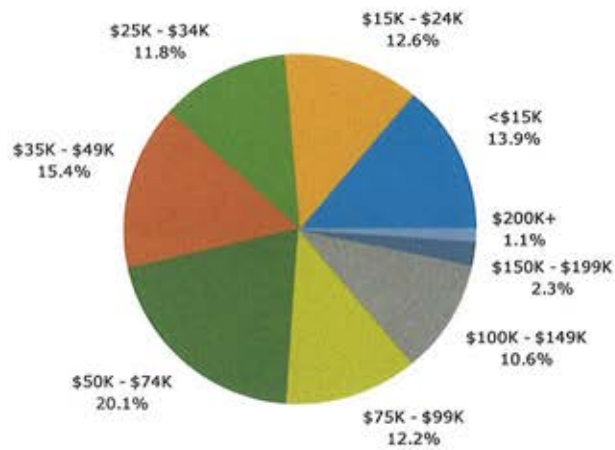
Trends 2018-2023



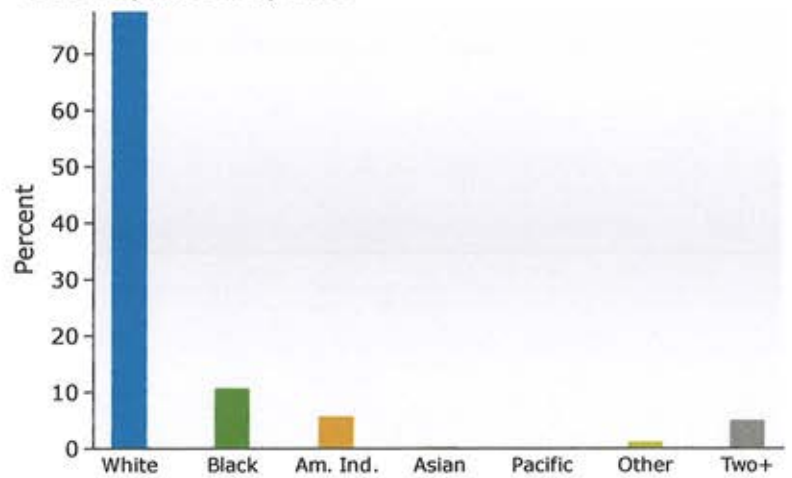
Population by Age



2018 Household Income



2018 Population by Race



2018 Percent Hispanic Origin: 2.3%

EXHIBIT 7
COUNTY INDUSTRY AND ECONOMY

www.edpa.org

COUNTY PROFILE



Limestone County

Communities: Ardmore, Athens, Elkmont, Lester, Mooresville

County Code: 083

MSA: Huntsville, AL

Population and Income Estimates

	County	15-Mile Radius	30-Mile Radius	45-Mile Radius
2010 Census:	82,782	177,795	584,550	889,975
2018 Estimate:	92,263	191,890	624,119	938,381
2023 Projection:	98,096	201,174	648,409	967,527
2018 Median Household Income:	\$53,188	\$62,928	\$56,060	\$51,754
2018 Median Age:	40	39	40	40

Source: ESRI. Note: Radius data is from county seat. Portions of the Data include the intellectual property of Esri and its licensors and are used under license. Copyright © 2017 Esri and its licensors. All rights reserved.

2017 County Labor Analysis

Civilian Labor Force: 41,092
 Employment: 39,457
 Unemployment Rate: 4.0%
 Unemployment: 1,635

Workforce Commuting Patterns

County Residents Working in the County: 9,252
 County Residents Working Outside the County: 22,376
 Outside Residents Working in County: 11,261

Top Counties Receiving Workers

- 1) Madison
- 2) Morgan
- 3) Jefferson
- 4) Giles, TN
- 5) Cullman

Top Counties Sending Workers

- 1) Madison
- 2) Morgan
- 3) Lauderdale
- 4) Jefferson
- 5) Cullman

Source: US Department of Labor, Bureau of Labor Statistics; U.S. Census Bureau, Center for Economic Studies, LEHD Origin-Destination Employment Statistics (LODES), OnTheMap application.



County Employment by Industry

Total	22,572
Agriculture, Forestry, Fishing, Hunting:	**
Mining:	**
Utilities:	**
Construction:	2,232
Manufacturing:	3,481
Wholesale Trade:	693
Retail Trade:	3,212
Transportation and Warehousing:	447
Information:	205
Finance and Insurance:	400
Real Estate and Rental and Leasing:	153
Professional and Technical Services:	540
Management of Companies/Enterprises:	59
Administrative and Waste Services:	620
Educational Services:	70
Health Care and Social Assistance:	1,206
Arts, Entertainment, and Recreation:	111
Accommodation and Food Services:	1,854
Other Services, except Public Admin:	467
Total Federal Government:	1,522
Total State Government:	1,574
Total Local Government:	3,298

County Wage by Industry

Total:	\$1,052,360,388
Agriculture, Forestry, Fishing, Hunting:	**
Mining:	**
Utilities:	**
Construction:	\$143,406,706
Manufacturing:	\$174,004,960
Wholesale Trade:	\$36,134,787
Retail Trade:	\$92,744,932
Transportation and Warehousing:	\$22,605,777
Information:	\$9,106,963
Finance and Insurance:	\$18,544,467
Real Estate and Rental and Leasing:	\$4,873,586
Professional and Technical Services:	\$35,135,761
Management of Companies/Enterprises:	\$3,492,444
Administrative and Waste Services:	\$20,672,422
Educational Services:	\$1,180,676
Health Care and Social Assistance:	\$47,265,493
Arts, Entertainment, and Recreation:	\$2,087,966
Accommodation and Food Services:	\$26,824,818
Other Services, except Public Admin:	\$15,053,066
Total Federal Government:	\$181,282,709
Total State Government:	\$63,716,412
Total Local Government:	\$138,091,090

Source: U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2016 annual averages. Note: **Data do not meet BLS or state agency disclosure standards.

www.edpa.org

COUNTY PROFILE

EDPA Economic Development
Partnership of Alabama

Major Employers in Limestone County

Name	Product	# of Employees
TVA	Nuclear Power	1,500
Limestone County Schools	Education	1,100
Steelcase, Inc.	Office Furniture	1,033
Polaris	Off Road Vehicles	950
Athens Limestone Hospital	Medical Service	807
Target Distribution	Distribution	670
Federal Mogul	Auto Gaskets	650
City of Athens	Government	446
Athens City School	Education	416
Athens State University	Education	395

Source: Local economic development contacts

Major Manufacturing Employers in Limestone County

Name	Product	# of Employees
Steelcase, Inc.	Office Furniture	1,033
Polaris	Off Road Vehicles	950
Federal Mogul	Auto Gaskets	650
EFI Automotive	Automotive Sensors	254
Aviagen-North America	Poultry Breeders	239
Carpenter Technology Corp.	Specialty Alloy Steel	203
HDT Global	Military Shelters	200
Turner Medical	Medical Implants	199
Custom Polymers	Plastic Recycling	174
GE Aviation	Silicon Carbide Ceramic Fiber	150

Source: Local economic development contacts

Education

2018 County Population 25+ by Educational Attainment

Graduate/Professional Degree:	8.3%
Bachelors Degree:	16.1%
Associates Degree:	7.3%
Some College, No Degree:	20.7%
High School Graduate/GED:	31.4%
9-12th Grade (No Diploma):	10.4%
Less Than 9th Grade:	5.9%

Source: ESRI. Note: Portions of the Data include the intellectual property of Esri and its licensors and are used under license. Copyright © 2017 Esri and its licensors. All rights reserved.

Colleges and Universities

Athens State College - Athens, AL

Source: Alabama Commission on Higher Education. Note: Information on Alabama's two and four year colleges can be found on the Commission's website

<http://http://www.ache.state.al.us/Content/CollegesUniversities/AlaInstitutionMap.aspx>

School Systems

Athens City
Limestone County

Source: Alabama Department of Education; www.alsde.edu. Note: Detailed information on Alabama's public school systems and individual schools can be accessed on the Alabama Department of Education website; <http://www.alsde.edu/Home/Reports/ReportsBySite.aspx>

www.edpa.org

COUNTY PROFILE

EDPA Economic Development
Partnership of Alabama

2017 County Profile General Tax Structure

Ad Valorem Tax Alabama has a state property tax rate of 6.5 mills (3 mills for education). Both county and city can levy property tax. All real and personal business property is assessed at 20% of fair market value.

Other Business Related Taxes	County (Outside Incorporated Areas)	State
Sales Tax General Rate:	2.00%	4.00%
Use Tax General Rate:	2.00%	4.00%
Sales Tax on Machinery:	1.00%	1.50%
Use Tax on Machinery:	1.00%	1.50%

Source: Alabama Department of Revenue; www.ador.state.al.us. Note: Information on business-related taxes is available on the Alabama Department of Revenue website at www.ador.state.al.us. Construction materials are taxed at the general rate. Inventories and goods-in-process are not taxed.

Transportation

Interstates in County:	I-65
Federal Highways in County:	US-31 US-72
Railroads Serving in County:	CSX Transportation

Source: Alabama Department of Transportation Intermodal Division, www.dot.state.al.us

Commercial Air Service

Huntsville Int'l Airport-Carl T Jones Field
Huntsville, AL

General Aviation Service

Madison Co. Executive Airport
Huntsville

Source: EDPA Survey of Commercial Airports; Alabama Department of Transportation Aeronautics Bureau; www.dot.state.al.us; Airnav.com

EXHIBIT 8

LETTERS OF SUPPORT

*CITIZENS OF LIMESTONE COUNTY
RESIDENTS OF TRADITIONS OF ATHENS ALF LIKELY TO BE AFFECTED
FAMILIES OF SENIORS
BUSINESS LEADERS
OFFICIALS*



City of Athens

Office of the Mayor
P.O. Box 1089
Athens, Alabama 35612

WILLIAM R. MARKS
MAYOR
(256) 233-8730
Fax: (256) 233-8721
Rmarks@athensal.us
www.athensal.us

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS (SPECIALTY CARE ASSISTED LIVING-SCALF) IN LIMESTONE COUNTY, ALABAMA

I am a resident of Limestone County, Alabama. I strongly support the appeal of Traditions of Athens to add Specialty Care Assisted Living (SCALF) beds to Limestone County.

Athens is located on the western side of Limestone County and provides needed services to seniors all across our region.

Limestone County needs additional memory care services readily accessible to seniors and their families. Alzheimer's Disease and other senior dementia poses a significant and growing risk to our seniors and an incalculable burden on the families who love and support them.

Traditions of Athens provides care for up to eighty seniors in its existing licensed Assisted Living Facility. Traditions is proposing to convert 32 ALF beds to SCALF in order to ensure that these residents and others in our county can access needed memory care services without having to move out of our area.

I respectfully urge the SHCC to authorize additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE:

11/27/18

Print Name:

William R. Marks

Signature

William R. Marks

**THOMAS W. PYBURN
600 COLEMAN AVENUE
ATHENS, ALABAMA 35611**

December 4, 2018

To Whom It May Concern:

My name is Tom Pyburn and my mother was a resident at Traditions Senior Care in Athens, Alabama for a time just after it opened in August 2017. It is a wonderful place, with professional care and excellent staff. There is only one drawback to the facility. It is ONLY an assisted living facility. My mother has dementia but was in the early stages when she moved into Traditions. As her condition declined, we reached a point where we had to move her into a memory care facility. To our shock and dismay, there is only **one** facility in the City of Athens (a city of approximately 22,000 residents) providing memory care which only has ten beds in the facility. We had no option but to move her to a facility in Madison, Alabama. While that facility is excellent and provides wonderfully appropriate care for her, it was hard to believe that there were no options in Athens other than a ten bed facility.

I am writing this letter in support of Traditions' petition to the State of Alabama to add specialty care beds to their facility. It is truly a need in the City of Athens.

Sincerely,


Thomas W. Pyburn

PETITION SUPPORTING ADDED SCALF
(SPECIALTY CARE ASSISTED LIVING FACILITY)BEDS
FOR LIMESTONE COUNTY, ALABAMA

As a Resident (or family member of a Resident) of Traditions of Athens licensed Assisted Living Facility in Athens, Alabama I am signifying my support for additional SCALF (Memory Care) beds to be made available in Limestone County.

Traditions of Athens is requesting the Alabama Statewide Health Care Council to authorize these beds to meet the demonstrated need in Limestone County for these services.

Traditions of Athens has a plan to convert sufficient memory care apartments from existing regular assisted living apartments and add the required staff, service areas, and equipment as required by the Alabama Department of Public Health to serve the Residents of Traditions and other seniors who need this service.

Please carefully consider this request and approve the additional beds for our county.

1. *[Signature]*
2. DARA M. EVANS
3. DAVID H. EVANS
4. *Richy Tolbert*
5. *Darlene Colston*
6. *Sue Harper*
7. *Jinger Peters*
8. *Jennifer Horne*
9. *Cathy Horne*
10. *Cathy Horne*
11. *[Signature]*
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____


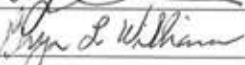
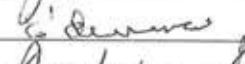
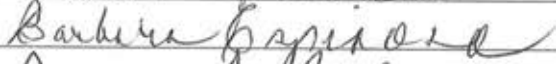
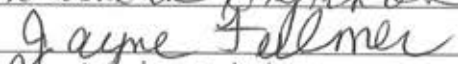
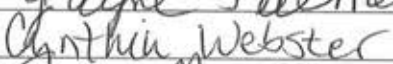

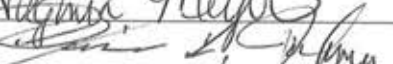

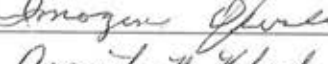
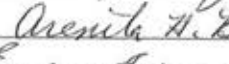
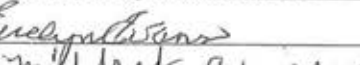
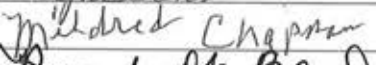
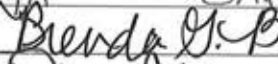
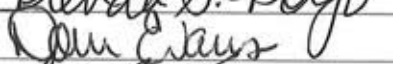
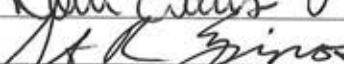



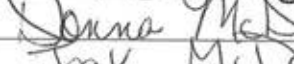
PETITION SUPPORTING ADDED SCALF
(SPECIALTY CARE ASSISTED LIVING FACILITY)BEDS
FOR LIMESTONE COUNTY, ALABAMA

As a Resident (or family member of a Resident) of Traditions of Athens licensed Assisted Living Facility in Athens, Alabama I am signifying my support for additional SCALF (Memory Care) beds to be made available in Limestone County.

Traditions of Athens is requesting the Alabama Statewide Health Care Council to authorize these beds to meet the demonstrated need in Limestone County for these services.

Traditions of Athens has a plan to convert sufficient memory care apartments from existing regular assisted living apartments and add the required staff, service areas, and equipment as required by the Alabama Department of Public Health to serve the Residents of Traditions and other seniors who need this service.

Please carefully consider this request and approve the additional beds for our county.

1.  W. BAKER (JANET BAKER)
2.  Bryan L. Williams
3.  L. Deane Street
4.  Barbara Harrison
5.  Gayne Tallmer
6.  Cynthia Webster
7.  Virginia Meyer
8.  John D. Johnson
9.  Anogen Givens
10.  Aresita H. Black
11.  Evelyn Johnson
12.  Mildred Chapman
13.  Brenda G. Boyd
14.  John E. Caus
15.  J. R. Zirose
16.  Kristin Kemmis
17.  Carl Saeidi
18.  Donna McDaniel
19.  Jack McDaniel
20.  Anna Clem

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1. Mabel E. Birchfield
2. Kathleen Horta
3. O. I. Lodge-Peters
4. Louise Jones
5. Janet M. Baker
6. Judith Williams
7. Janice Proffitt
8. Joyce Payne
9. Edith Davis
10. Beth Loomis
11. Erna Fendley
12. Sharon DeWitt
13. Dorothy Fulp
14. B. Maria Woodfin
15. Kelma Mitchell
16. James Moore
17. Dorothy Moore
18. Monica Smith
19. Timothy Smith
20. Donna Smith

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1. Leigh R. Pearson
2. Andrea S. Fulmer
3. R. Scott Penn
4. Aunt Pharis
5. Rachel Morley
6. Florett Harlin
7. Annette Corrigan
8. Lynn Cairns
9. Eddie Craig
10. Helen Samolli
11. Shara O'Connor
12. Jessica Horst
13. Mauri James
14. Kella James
15. Bridget O'Connor
16. Nadia O'Connor
17. Sage O'Connor
18. Thomas M. Pennington
19. Jasety E. Hart
20. Violet, Parker

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(SPECIALTY CARE ASSISTED LIVING FACILITY)BEDS
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1. Kay Nelson
2. Bob Eady
3. J. M. D. [unclear]
4. [unclear]
5. John P. [unclear]
6. [unclear]
7. [unclear]
8. Amy Rainer
9. Allen Croge
10. Hannah [unclear]
11. Ron [unclear]
12. Marie [unclear]
13. Reba [unclear]
14. Nadia [unclear]
15. Fred O. [unclear]
16. Katie Ballinger
17. Jessa Boldt
18. Izzy Branton
19. Bobby R. Rochell
20. [unclear]

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1. Lisa C. Payne
2. Carly J. Payne
3. Robert A. Francis
4. Lyle Brewer
5. Jerri A. Francis
6. Richard Williams
7. Jimmy King
8. A. Dean Waggoner
9. Janet Snyder
10. Alicia Menard
11. Grayson Menard
12. Janet E. Waggoner
13. Shanda Lewis
14. Linda L. Odom
15. Ray King
16. Karen Moore
17. Cox
18. Stephanie Delad
19. Stephanie King
20. Amy King

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1. Janice Duncan
2. Thurman Burns
3. James A. Hall
4. Mattie Pool
5. Marvin S. Osburn
6. Thos & Doby
7. R. S. Lodge Peters
8. Rusty M. Gensere
9. William A. Evans Jr.
10. Jim Dyer
11. Jigger Martin
12. Gene D. Hays
13. Catherine Simpson
14. C. Maxley
15. Louie Tate
16. Beatrice M. Godden
17. James O. Godden
18. Nancy Maples
19. Billy Maples
20. Susan E. Taylor

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

I am a resident of Limestone County Alabama. I strongly support the appeal of Traditions of Athens to add Specialty Care Assisted Living (SCALF) beds to Limestone County.

Athens is located on the western side of Limestone County and provides needed services to seniors all across our region.

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Traditions of Athens provides care for up to eighty seniors in its existing licensed Assisted Living Facility. Traditions is proposing to convert 32 ALF beds to SCALF in order to ensure that these residents and others in our county can access needed memory care services without having to move out of our area.

I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE: 12-5-18

Print Name: JAMES R. DEFFATI

Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE: 12-11-18

Print Name: Nasrman Qureshi

Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
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I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE:

11/28/18

Print Name:

DUSTY McLEMORE

Signature:

Dusty McLemore

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE: 11/30/18

Print Name: April Ruff Hancy, CRNP

Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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DATE: 12/2/18

Print Name: Winnie R. Byrd

Signature: Winnie R. Byrd

**SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA**

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I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE: 11/30/18

Print Name: Gregg Moody

Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

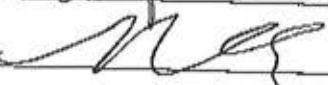
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I respectfully urge the SHCC to authorize an additional SCALF beds to be converted from ALF beds at Traditions of Athens in Limestone County.

DATE: 11/28/18
Print Name: Megan Evans AD
Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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DATE: 11/30/18

Print Name: Gregory Stewart OD

Signature: [Handwritten Signature]

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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DATE:

12/6/18

Print Name:

Brenda Phillips

Signature:

Brenda Phillips

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12/5/18

Print Name: Jody Wofford

Signature: Jody Wofford

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DATE: 12/6/18

Print Name: Suzanne Johnson

Signature: Suzanne Johnson

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DATE: 12-05-18.
Print Name: Pam Smith
Signature: Pam Smith

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12.05.2018

Print Name: Renee Holt

Signature: Renee Holt

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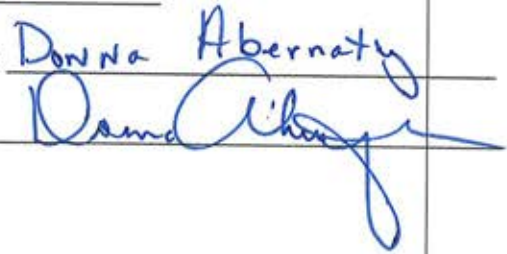
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DATE: 12-5-18

Print Name: Donna Abernathy

Signature: 

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12/5/18

Print Name: Sabrina Smith, RN

Signature: Sabrina Smith RN

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12-5-18

Print Name: DONNA EZELL

Signature: Donna Ezell

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DATE: 12/5/2018

Print Name: Pam Gaston

Signature: 

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DATE: 12/5/18

Print Name: Mary Robinson

Signature: Mary Robinson

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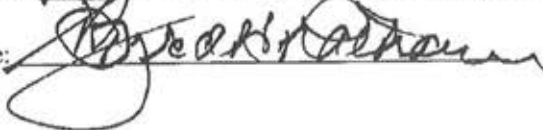
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DATE: 12-5-18

Print Name: Byrd R. Latham

Signature: 

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DATE: 12-2-18

Print Name: Ronda Pyburn

Signature: Ronda Pyburn

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DATE: 12/4/18

Print Name: Thomas W. Pyburn

Signature: 

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DATE: 12/4/2016
Print Name: Justice Gilbert
Signature: Justice Gilbert

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DATE: _____

Print Name: _____

Signature: _____

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IN LIMESTONE COUNTY, ALABAMA

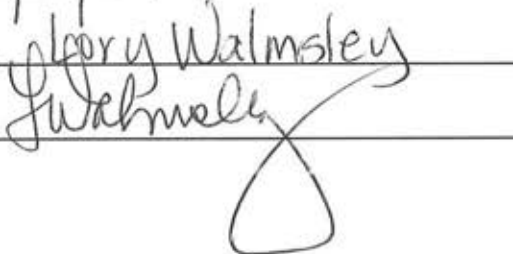
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DATE: 12/4/18
Print Name: Georgy Walmsley
Signature: 

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DATE: 12/4/2018
Print Name: Karen McCalla
Signature: Karen McCalla

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DATE:

12.4.2018

Print Name:

Amber Thompson

Signature:

Amber Thompson

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12/4/18

Print Name: Joy Wagoner

Signature: Joy Wagoner

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12/4/18
Print Name: Jessica Conley
Signature: Jessica Conley

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12-4-18

Print Name: Katie McDonald

Signature: Katie McDonald

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DATE:

12/4/18

Print Name:

Jana Anderson

Signature:

Jana Anderson

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(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 12/4/18

Print Name: Heather Johnson

Signature: Heather Johnson

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DATE:

12/4/18

Print Name:

Brea Persell

Signature:

B. Persell

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

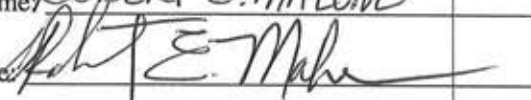
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DATE: 11-25-18
Print Name: ROBERT E. MALONE
Signature: 

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
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DATE: 11-20-18

Print Name: Sandra Gaines

Signature: Sandra Gaines

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DATE: 11-20-18

Print Name: Marcia Pratt

Signature: Marcia Pratt

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
IN LIMESTONE COUNTY, ALABAMA

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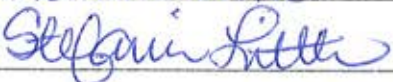
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DATE: 11/19/18

Print Name: Stefanie Little

Signature: 

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DATE: 11-20-18

Print Name: Melissa O. McCollocklin

Signature: Melissa O. McCollocklin

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DATE:

Print Name:

Signature:

11/20/18
Nichole Anderson
Nichole Anderson

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DATE: 11-26-2018

Print Name: Anthony Milan

Signature: 

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DATE: 11/20/18
Print Name: Angie Ferguson
Signature: Angie Ferguson

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DATE: 11/20/18

Print Name: Cathy Lamb

Signature: Cathy Lamb

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DATE:

11/20/18

Print Name:

Shonda Mitchell

Signature:

Shonda Mitchell

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DATE:

11/20/18

Print Name:

Denise Williams

Signature:

Denise Williams

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DATE: 11/28/18

Print Name: Kyla Sullivan

Signature: Kyla Sullivan

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DATE: 11-28-18
Print Name: Michelle McSherry
Signature: Michelle McSherry

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DATE: 11/28/18

Print Name: Leanna Watson

Signature: Leanna Watson

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DATE: 11/29/18
Print Name: Eric G. Pugh
Signature: Eric G. Pugh

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DATE: 11-30-18

Print Name: Diane Steele

Signature: Diane Steele

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DATE: 11/30/18
Print Name: Patsy McLemore
Signature: Patsy McLemore

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DATE: 12/2/18

Print Name: Alma Ervin

Signature: Alma Ervin

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DATE: 12/2/18

Print Name: Lakendra S. Yarbrough

Signature: Lakendra S. Yarbrough

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DATE: 12/1/18

Print Name: Grace Bates

Signature: Grace Bates

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DATE: 12/2/18

Print Name: Shenetha Siler-Peoples

Signature: Shenetha Siler-Peoples

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DATE: 12-2-18

Print Name: Percie M. Redus

Signature: Percie M. Redus

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DATE: 12-2-18

Print Name: ~~Josephine~~ Mahaley

Signature: Josephine Mahaley

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DATE: 12-8-18

Print Name: Brenda Wiley

Signature: Brenda Wiley

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DATE: 12/2/18
Print Name: Johnnie Cooper
Signature: 

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DATE: 12/2/18

Print Name: James T. Bates

Signature: James T. Bates

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DATE: 12/2/13

Print Name: Angela Cooper

Signature: Angela Cooper

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DATE: 11/26/18

Print Name: Ronald Turner

Signature: Ronald Turner

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DATE: 11-21-18

Print Name: Joseph Cannon

Signature: 

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DATE: 11-25-18

Print Name: MAE V DAVIS

Signature: Mae V Davis

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DATE: 11-26-18

Print Name: Sharon H. Milan

Signature: Sharon H. Milan

SUPPORT FOR ADDITIONAL MEMORY CARE BEDS
(SPECIALTY CARE ASSISTED LIVING-SCALF)
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DATE: 11/26/18
Print Name: Shane Black
Signature: 

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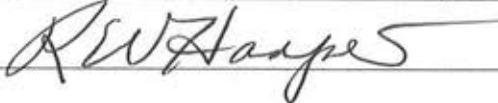
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DATE: 27 NOV. 2018

Print Name: REED W. HARPER

Signature: 

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DATE: 11/26/2018
Print Name: Annette Barnes
Signature: Annette Barnes

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DATE:

11/16/18

Print Name:

Kim H. Glaze

Signature:

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DATE: Nov. 26 2018

Print Name: Teresa Todd

Signature: Teresa Todd

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DATE: 11/20/18
Print Name: Laura Ther
Signature: 

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DATE: 11/21/18

Print Name: Jan Thompson

Signature: Jan Thompson

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DATE: 11/20/18
Print Name: Jenny Easter
Signature: Jenny Easter

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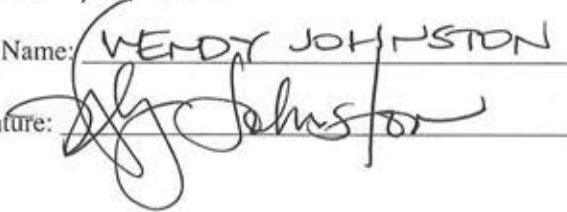
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DATE: 11/20/18

Print Name: WENDY JOHNSTON

Signature: 

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DATE: 11-20-18
Print Name: Whitney Aldridge
Signature: 

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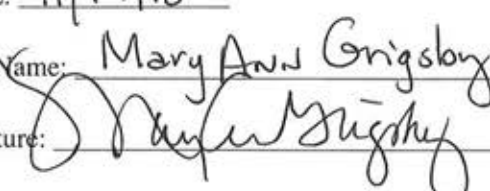
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DATE: 11/19/18
Print Name: Mary Ann Grigsby
Signature: 

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DATE: 11-14-18
Print Name: Melvie Billips
Signature: Melvie Billips

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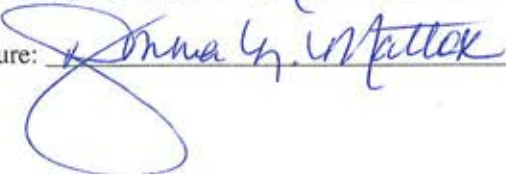
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DATE: 11/20/18

Print Name: Donna L. MATTOX

Signature: 

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DATE:

Nov. 26, 2018

Print Name:

William R. Marks

Signature:

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DATE: 11/20/18

Print Name:

Stephanie Chambers

Signature

Stephanie Chambers

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DATE: 11/2018

Print Name: Johanna Ehlendt

Signature: 

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DATE: 11-20-18

Print Name: Mitzi Cooley

Signature: Mitzi Cooley

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DATE: 11-20-18

Print Name: Hope Beatty

Signature: Hope Beatty

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DATE: 11-22-18

Print Name: Rosie MacLin

Signature: Rosie MacLin

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DATE: NOV 20 2018

Print Name: David Malin

Signature: David C. Malin

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DATE: 11/29/2018

Print Name: Bradley D. Griggs

Signature: 

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DATE: 12/2/18

Print Name: Paula Rainey

Signature: Paula Rainey

EXHIBIT 9

SHPDA STATISTICAL UPDATE (SEPTEMBER 5, 2018)

EXHIBIT 8

SHPDA STATISTICAL UPDATE (SEPTEMBER 5, 2018)

NOTES ON THE SEPTEMBER STATISTICAL UPDATE:

See "Notes" (7) AL2015-040 CON 2737-SCALF

THE PHOENIX AT MADISON - 24 BEDS

Authorized but not yet built nor licensed, therefore unavailable for occupancy

Located near County Line Road

Serving the greater Huntsville MSA

PHOENIX AT MADISON - 10 BEDS

The ten beds identified by SHPDA in the Statistical Update were applied for by Phoenix upon publication of the Update and therefore are unavailable to the applicant.




STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

September 5, 2018

MEMORANDUM

TO: Recipients of the 2014-2017 *Alabama State Health Plan*

FROM: Alva M. Lambert
Executive Director 

SUBJECT: Statistical Update to the 2014-2017 *Alabama State Health Plan*

Enclosed are statistical updates to the 2014-2017 *Alabama State Health Plan*. The following sections should be replaced:

410-2-4-.04, Limited Care Facilities (SCALF), pages 105-106.

AML/blw

Enclosure: As stated

**Specialty Care Assisted Living Facilities
Bed Need
2018**

COUNTY	Pop 65 & Older 2021	Total Beds Needed	Total CON		Net Beds Needed	Notes Regarding Beds	Active SHP Adjustment
			Authorized Beds in Service	CON Authorized Beds Not in Service			
Autauga	8,746	35	48	16	(29)	(1)	
Baldwin	48,856	209	168	16	25	(2)	(B)
Barbour	4,872	19	0	0	19		
Bibb	3,745	15	0	0	15		
Blount	11,016	44	66	0	(22)		
Bullock	1,943	8	0	0	8		
Butler	4,154	17	16	0	1		
Calhoun	20,228	81	140	0	(59)		
Chambers	7,184	29	32	0	(3)		
Cherokee	6,100	24	36	0	(12)		
Chilton	7,323	29	0	0	29		
Choctaw	2,919	12	0	0	12		
Clarke	5,036	20	0	0	20		
Clay	2,798	11	0	0	11		
Cleburne	3,096	12	0	0	12		
Coffee	8,782	35	32	0	3		
Colbert	11,503	46	45	0	1		
Conecuh	2,981	12	0	0	12		
Coosa	2,582	10	0	0	10		
Covington	8,347	33	0	0	33		
Crenshaw	2,714	11	0	0	11		
Cullman	16,412	66	16	44	6	(3)	
Dale	8,423	34	0	0	34		
Dallas	7,114	28	16	0	12		
Dekalb	13,114	52	32	0	20		
Elmore	14,137	57	0	0	57		
Escambia	6,903	28	0	0	28		
Etowah	20,002	80	74	35	(29)	(4)	
Fayette	3,625	15	0	0	15		
Franklin	5,333	21	0	0	21		
Geneva	5,817	23	0	0	23		
Greene	1,911	8	0	0	8		
Hale	3,132	13	0	0	13		
Henry	4,246	17	0	0	17		
Houston	19,805	79	32	45	2	(5),(6)	
Jackson	11,177	45	16	0	29		
Jefferson	109,108	436	626	14	(204)	(14)	
Lamar	3,186	13	0	0	13		
Lauderdale	19,831	79	32	0	47		
Lawrence	6,273	25	0	0	25		
Lee	22,010	88	120	16	(48)	(20)	

COUNTY	Pop 65 & Older 2021	Total Beds Needed	Total CON		Net Beds Needed	Notes Regarding Beds	Active SHP Adjustment
			Authorized Beds in Service	CON Authorized Beds Not in Service			
Limestone	16,606	66	32	24	10	(7)	
Lowndes	1,977	8	0	0	8		
Macon	3,413	14	0	0	14		
Madison	58,465	324	290	66	(32)	(15)-(19)	(C)
Marengo	4,047	16	16	0	0		
Marion	6,684	27	26	0	1		
Marshall	16,808	67	22	0	45		
Mobile	70,807	283	317	48	(82)	(8)	
Monroe	4,393	18	0	0	18		
Montgomery	34,749	155	178	96	(119)	(9),(10),(11)	(A)
Morgan	21,804	87	78	0	9		
Perry	1,806	7	0	0	7		
Pickens	4,179	17	0	0	17		
Pike	5,299	21	16	0	5		
Randolph	4,952	20	0	0	20		
Russell	9,181	37	0	0	37		
St. Clair	15,554	62	60	0	2		
Shelby	36,263	183	140	24	19	(12)	(D)
Sumter	2,612	10	0	0	10		
Talladega	14,677	59	16	0	43		
Tallapoosa	8,860	35	46	0	(11)		
Tuscaloosa	29,740	151	130	30	(9)	(13)	(E)
Walker	13,611	54	14	0	40		
Washington	3,296	13	0	0	13		
Wilcox	2,213	9	0	0	9		
Winston	5,450	22	16	0	6		
TOTAL	873,930	3,496	2,944	474	78		

5-Sep-18

* - Any County with a "net beds needed" value in parenthesis represents a county with more CON authorized beds than the total bed need projected by the methodology. As such, no need for additional beds is shown in those counties.

NOTES

CON Authorized beds not yet licensed by ADPH:

- (1) - AL2017-001, CON 2776-SCALF - The Harbor at Hickory Hill - 16 Beds
- (2) - AL2017-009, CON 2784-SCALF - LiveOak Village - 16 Beds
- (3) - AL2015-035, CON 2767-SCALF - Woodland Haus - 44 Beds
- (4) - AL2018-013, CON 2833-SCALF - Thrive at Gadsden - 35 Beds
- (5) - AL2016-018, CON 2756-SCALF-EXT - Grand South Senior Living - 35 Beds
- (6) - AL2016-019, CON 2757-SCALF - The Terrace at Eastgate - 10 Beds
- (7) - AL2015-040, CON 2737-SCALF - The Phoenix at Madison - 24 Beds
- (8) - AL2018-019, CON 2835-SCALF - Creekside Village - 48 Beds
- (9) - AL2016-032, CON 2770-SCALF - Oak Grove Inn - 32 Beds
- (10) - AL2018-008, CON 2824-SCALF - The Crossings at Eastchase - 32 Beds
- (11) - AL2018-009, CON 2825-SCALF - Vantage Pointe at Pike Road - 32 Beds
- (12) - AL2010-192, CON 2691-SCALF - Noland Health Services, Inc. - 24 Beds
- (13) - AL2017-026, CON 2796-SCALF - Regency Remembrances - 30 Beds
- (14) - AL2017-044, CON 2812-SCALF - Longleaf at Liberty Park - 14 Beds
- (15) - Haven for Greater Living (16 Beds) - Closed 4/3/2018
- (16) - AL2017-019, CON 2800-SCALF - Legacy At Hampton Cove - 12 Beds
- (17) - AL2017-020, CON 2801-SCALF - Shepherd at the Range - 10 Beds
- (18) - AL2017-037, CON 2814-SCALF - Twenty Two Pack Mgmt - 14 Beds
- (19) - AL2017-038, CON 2815-SCALF - Shepherd at the Range - 14 Beds
- (20) - The Northridge SCALF (16 Beds) - Closed 8/31/2018

**Active State Health Plan Adjustments and Related Projects/Applications
for which CON's have not yet been issued:**

- (A) - PA2017-005 - Montgomery County (16 Beds) - AL2018-029
(Montgomery AL Land Senior Property, LLC)
(On CONRB Tentative Agenda 9/19/2018)
- (B) - PA2018-001 - Baldwin County (14 Beds) - AL2018-045
(Presbyterian Retirement Corporation, Inc.)
CON Application Received 8/30/2018)
- (C) - PA2018-004 - Madison County (90 Beds) - AL2018-018, -023, -024, -025
(LC Big Cove, Huntsville Senior Services, Dominion Holdings, and Shepherd Living at the Range)
(Currently in Contested Case Hearing)
- (D) - PA2018-005 - Shelby County (38 Beds) - LOI 2018-057
(Hoover Operations, LLC)
(LOI Received 8/9/2018)
- (E) - PA2018-006 - Tuscaloosa County (32 Beds) - AL2018-043, AL2018-042
(Crimson Village, LLC)
(CON Application Received 8/27/2018)
(Tuscaloosa Operations, LLC d/b/a The Crossings at North River)
(CON Application Received 8/24/2018)