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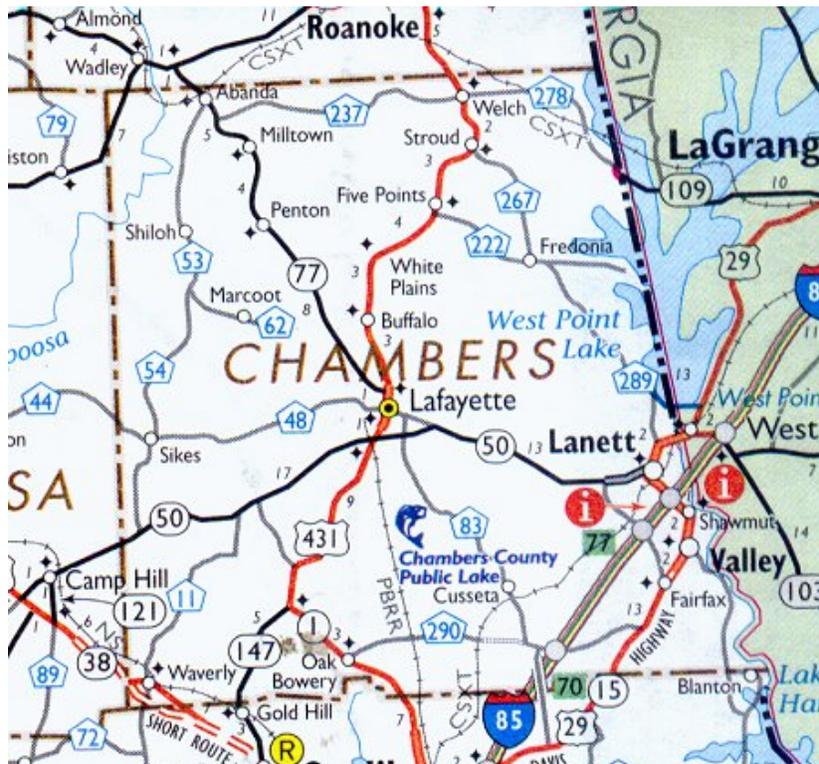
Jun 18 2019

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

APPLICATION FOR ADJUSTMENT TO THE ALABAMA STATE HEALTH PLAN

TWENTY (20) GERIATRIC INPATIENT PSYCHIATRIC BEDS

CHAMBERS COUNTY, ALABAMA



PROPOSED ADJUSTMENT

The SHCC has recognized the need for twenty (20) geriatric inpatient psychiatric beds in Chambers County.

The Adjustment to the State Health Plan proposed to the Statewide Health Coordinating Council (SHCC) is consistent with the following provisions:

410-2-4-.10 Psychiatric Care

(4) Plan Adjustments

The psychiatric bed need for each region as determined by the methodology is subject to adjustments by the SHCC. The psychiatric bed need may be adjusted by the SHCC if an applicant can prove that the identified needs of a target population are not being met by the current bed need methodology.

410-2-5-.04 Plan Revision Procedures

410-2-5-.04 (2) (a) Plan Adjustment

410-2-5-.04 (3) (a) Application Procedure for Plan Adjustment

APPLICANT: EAMC – Lanier
4800 48th Street
Valley, Alabama 36854

(334) 746-9180

CONTACT PERSON:

Stephen D. Preston
Preston Strategy Group, LLC
3680 Village Center Lane
Birmingham, AL 35226

(205) 873-0816
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ADMINISTRATIVE FEE: \$3,500

INTRODUCTION

East Alabama Medical Center (EAMC) – Lanier is a 115-bed inpatient acute care facility located in Valley, Alabama and is the only general acute care hospital in Chambers County. Serving the community and residents of Chambers County, EAMC-Lanier saw over 15,000 emergency room visits, provided more than 2,500 surgeries and approximately 10,000 inpatient days of care in 2018. Services provided include inpatient and outpatient rehabilitation, critical care unit, a Nasal & Sinus Institute, imaging services, and an urgent care clinic.

EAMC-Lanier Nursing Home has 103 dually certified skilled and intermediate nursing care beds. The nursing home has semi-private and private rooms and is attached to EAMC-Lanier hospital. By being attached to the hospital, residents and their families know that 24-hour emergent care is just down the hall.

Chambers County is home to four (4) nursing homes with a total of 320 beds that, according to 2018 SHPDA Annual Reports, provided 106,712 resident days that resulted in a 91.4% utilization rate. Of the total 457 admissions to Chambers County nursing homes, 81% admissions were residents aged 65 and older.



There are no geriatric inpatient psychiatric beds in Chambers County.

There are no geriatric inpatient psychiatric beds in any of the Alabama counties neighboring Chambers County: Randolph, Clay, Tallapoosa, and Lee.

PROJECT DESCRIPTION

The numbers affected by the crisis in access to geriatric psychiatric services is not small. For depressive disorders alone, it has been estimated that 8%-15% of community-dwelling elderly have clinically significant symptoms, with considerably higher rates found among patients in primary care settings, general inpatient hospital units, and nursing homes. Approximately 38% of elders 85 years or older have at least moderately severe cognitive impairment. Rates of specific anxiety disorders among the elderly are low, but clinically significant subsyndromal anxiety symptoms have been reported in as many as 40% of patients treated in inpatient and outpatient geriatric medical settings. It has been estimated that paranoid or other psychotic symptoms can be found in 11% of the elderly population.

Public Health Report published in the US National Library of Medicine, National Institutes of Health, Nov-Dec 2006

Adding 20 geriatric inpatient psychiatric beds in Chambers County is projected to enhance and expand the availability and accessibility of care critical to the well-being of often the most vulnerable population – 65 and older suffering with dementia and other psychotic diseases.

The quality of health care for residents aged 65 and older in Chambers and the surrounding counties will be improved due to access to geriatric inpatient psychiatric services. This proposed access to care, heretofore unavailable in the five counties, will help optimize the cost efficiency of the healthcare delivery system for patients, families and providers.

SERVICE AREA

The Service Area for the proposed Plan Adjustment is Chambers County – map attached.



POPULATION PROJECTIONS

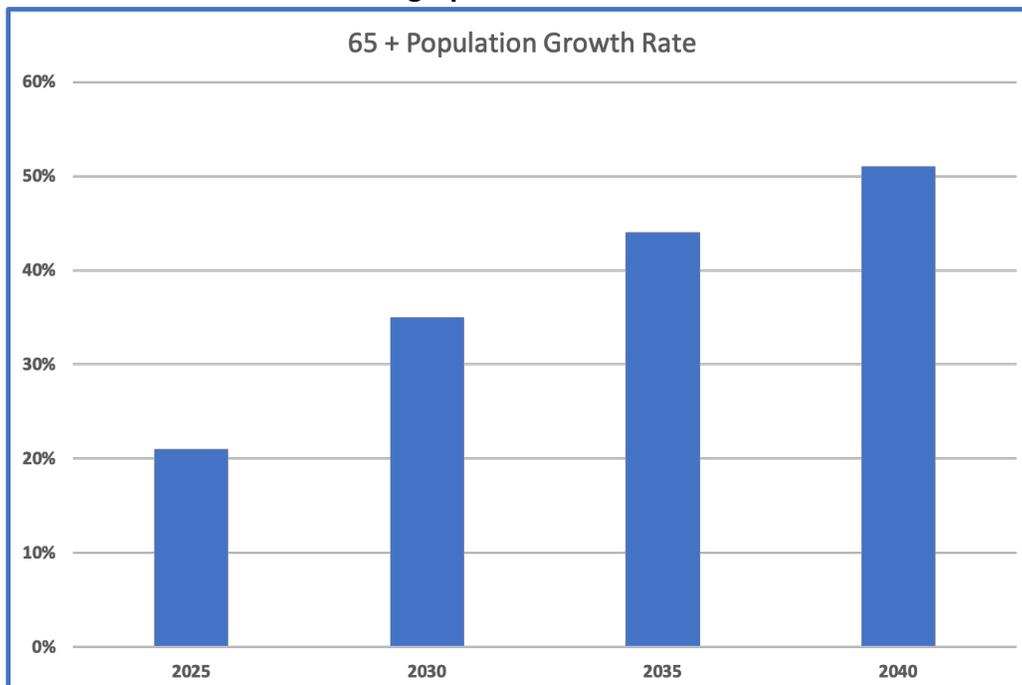
The 2010 Census revealed that the age 65 and older residents of Chambers County represented 16.7% of the total population. By 2035, the senior demographic is projected to represent over 25% of the total county population.

Population	2010	2020	2025	2030	2035
65 and Older	5,706	7,043	7,778	8,181	8,352
Total	34,215	33,918	33,709	33,485	33,313

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018

The 65 and older projected population growth rate from 2020 for Chambers, Randolph, Clay, Lee, and Tallapoosa counties combined shows significant increases in this vulnerable population currently without home to geriatric inpatient psychiatric services.

Chambers, Randolph, Clay, Lee, and Tallapoosa
Demographic Growth Rate from 2020



Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018

Southeast Planning Region:

The 65 and older population in the 21 county Southeast Planning Region is expected grow by 34% from 2020 to 2040, an increase 61,164 seniors.

**Southeast Planning Region
65 and Older Population Projections**

2020	2025	2030	2035	2040
180,429	205,313	225,670	234,703	241,593

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, April 2018

As stated earlier, there are four (4) nursing home facilities located in Chambers County. In the 5-county area of Chambers, Randolph, Clay, Lee, and Tallapoosa, there are fifteen (15) nursing home facilities. 2018 SHPDA Annual Report statistics from these facilities reflects a significant population:

**Chambers, Randolph, Clay, Lee, and Tallapoosa
Nursing Homes**

65 and Older Admissions	2,489
Total Resident Days	451,245

NEED FOR ADJUSTMENT

In 2018, the SHCC developed and approved a new methodology based on the increasing need for psych beds and a better distribution of those beds. The new methodology is based upon regional needs of the state as opposed to a statewide need methodology. Calculation of beds needed will be based upon utilization of beds by category 1. Child/Adolescent; 2. Adult; 3. Geriatric

EAMC-Lanier and Chambers County are located in the Southeast Planning Region for inpatient psychiatric beds. 21 counties comprise the Southeast Planning Region and it is by far the largest geographic area of the 5 Planning Regions. In fact, the Southeast Planning Region represents 31% of all Alabama counties - almost a third of the entire state!

According to SHPDA in February of 2019, based upon a data request, there are 8 facilities in the Southeast Region providing geriatric inpatient psychiatric care with a total of 116 beds.

Appropriate access to geriatric inpatient psychiatric services impacts not only the patient but the families and caregivers as well. Given the substantial geographic size of the Southeast Planning Region, appropriate access to existing inpatient geriatric psychiatric services is extremely challenging as evidenced below:

Distance From EAMC-Lanier

Existing Provider	Distance in Miles	Distance in Drive Time
Medical Center Barbour	78	1:57
Mizell Memorial Hospital	151	3:19
Dale Medical Center	120	2:56
Community Hospital	64	1:12
Wiregrass Medical Center	173	3:39
Crossbridge Behavioral Health	81	1:38
Troy Regional Medical Center	115	2:14
Bullock County Hospital	68	1:27

2019 Online Bing Maps Search

In fact, the average distance in miles from EAMC-Lanier to any of the existing Southeast Planning Region providers is 106 miles taking on average 2 hours and 18 minutes to access.

CURRENT AND PROJECTED UTILIZATION

According to the 2018 SHPDA Annual Reports and data reports from SHPDA, the utilization rates for geriatric inpatient psychiatric units in the Southeast Planning Region varied from 36% to 82% based upon beds staffed. Overall the Southeast Planning Region operated at approximately 58% utilization.

Based upon the target demographic population increases, utilization of geriatric inpatient psychiatric services can be expected to grow in the Southeast Planning Region.

STAFFING

The flagship facility for EAMC is on the Opelika campus. With 314 inpatient beds, EAMC-Opelika is a regional referral center providing comprehensive health care services. Included in the broad array of services and programs by EAMC-Opelika is a 14 bed inpatient adult psychiatric unit and a 14 bed inpatient adolescent psychiatric unit.



Based upon the operations of these inpatient units, EAMC-Lanier believes appropriate staffing for a new inpatient geriatric unit can be met through medical and clinical professionals in the area as well as potential transfers from the EAMC-Opelika campus.

EFFECT ON EXISTING FACILITIES

The proposed Plan Adjustment anticipates little to no impact on existing providers of geriatric inpatient psychiatric services given the demonstrated geographic and access distance from Chambers County as well as the significant increase in the projected target demographic population of residents 65 and older in the Southeast Planning Region.

COMMUNITY REACTION

Letters of Support attached



ATTACHMENTS

ALABAMA STATE HEALTH PLAN

410-2-5-.04

Plan Revisions

410-2-5-.04 Plan Revision Procedures

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

(2) There are three types of plan revisions:

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

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

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

(3) Application Procedures.

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

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

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

(4) Review Cycle

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

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

(c) Procedure for Consideration of Plan Adjustments. Proposed Plan Adjustments deemed complete will be placed on the SHCC agenda (individually or collectively) for a public hearing

without further action by the SHCC. Unless otherwise provided herein, all written documentation to be considered by the SHCC at the public hearing shall be filed with the State Agency and served on the applicant and any intervenors and opponents of record not less than fourteen (14) days prior to the public hearing. Interested parties may address the proposed Plan Adjustments at the SHCC meeting, subject to such time limits and notice requirements as may be imposed by the SHCC Chairman. If the SHCC approves the Plan Adjustment in whole or in part, the adjustment, along with the SHCC's favorable recommendation, will be sent to the Governor for his consideration and approval/disapproval. A Plan Adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days.

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

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

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

(5) Filing Fees. Any person proposing a Plan Adjustment shall be required to pay an administrative fee equal to the minimum fee set by SHPDA for the filing of a Certificate of Need Application. Such fees shall be non-refundable and shall be used to defray costs associated with the processing and consideration of Plan Adjustment requests. All required filing fees must be submitted to the State Agency via overnight mail or other delivery method and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

Author: Statewide Health Coordinating Council (SHCC).

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

History: Effective November 22, 2004. Amended: Filed: February 1, 2013; effective: March 8, 2013. Amended: Filed: December 22, 2016; effective: February 7, 2017. Amended: Filed: February 6, 2018; effective: March 23, 2018.

ALABAMA STATE HEALTH PLAN

410-2-4-.10

Psychiatric Care

410-2-4-.10 **Psychiatric Care**

(1) Background

(a) In the early 1990s, the Alabama Department of Mental Health and Mental Retardation developed a psychiatric bed need methodology that provided for an inventory of 37.1 beds per 100,000 population. Originally, the methodology was calculated using regions; however, in 2003 it was changed to reflect a statewide need methodology. Although the statewide need methodology was helpful in the early years to ensure access to care, it resulted in an uneven distribution of psychiatric beds, with higher concentrations of beds in some regions and shortages of psychiatric beds in other regions of the state.

(b) Over time, the number of psychiatric beds, both private beds and state beds, has declined. States have transitioned funding for mental health services from institutional care to community-based services, as state budgets have been cut and as more is known about the benefits of providing care in a non-institutional, community setting. Alabama mirrors these national trends, as it has closed three state facilities and downsized from 4,000 beds in 2009 to approximately 1,600 beds in 2017. In some areas, community-based services include crisis stabilization and access to timely follow-up care. In other areas, community resources may be limited, and those with psychiatric emergencies often present to a general acute care hospital emergency room for care; some of the more severely mentally ill remain for extended periods of time in private psychiatric facilities, waiting on a state bed to become available.

(2) Methodology

(a) Discussion.

The Statewide Health Coordinating Council (SHCC) developed a proposal for a new methodology based on the increasing need for psych beds and a better distribution of those beds. Approved by the full SHCC, the purpose of this inpatient psychiatric services need methodology is to identify, by region and by bed type, the number of inpatient psychiatric beds needed to ensure the continued availability, accessibility, and affordability of quality inpatient psychiatric care for residents of Alabama. Only the SHCC, with the Governor's approval, can make changes to this methodology. The State Health Planning and Development Agency (SHPDA) staff shall annually update statistical information to reflect more current utilization through the Hospital Annual Survey. Such updated information is available for a fee upon request.

(b) Bed Need Determined by Region and by Category of Bed.

The new methodology is based upon the regional needs of the state as opposed to a statewide need methodology. It also addresses need based on the category of patients served in the beds being used; the bed categories include: 1. Child/Adolescent; 2. Adult; and 3. Geriatric. Calculation of beds needed will be based on utilization of those beds by category and by region as reported annually in the Hospital Annual Report. The Hospital Annual Report must be amended to accomplish the purposes of this new methodology. This new methodology will become effective after the certification by the Healthcare Information and Data Advisory Council of the

first new Hospital Annual Report following the passage of this amendment. All providers will report their licensed beds, operating beds and patient days by inpatient psychiatric category each year via the new Hospital Annual Report. Operating beds may be the same as or fewer than the total number of licensed psychiatric beds. Providers with unrestricted psychiatric beds obtained prior to the effective date of this new methodology shall be allowed to change the categories of their beds during the first two reporting periods. The bed allocation by category reported on the third Hospital Annual Report following the passage of this amendment shall be considered final for operating beds. Thereafter, any permanent change to a different inpatient psychiatric bed category for an existing operating bed or beds will require the approval of a new CON. This requirement will not apply to licensed beds not currently in use; however once beds are put into use, the provider will have to declare the category(ies) of the beds.

After this methodology becomes effective, applicants for new inpatient psychiatric beds will be required to select a category (Child/Adolescent, Adult, Geriatric) for which they are seeking inpatient psychiatric beds. Applicants may apply for more than one inpatient psychiatric category if a need is shown. See Section (3)(c), below regarding new beds.

Note: This new methodology is intended for planning purposes. The declaration of psychiatric beds by category on the Hospital Annual Report is not intended to preclude providers from using their psychiatric beds as necessary to address seasonal needs and surge situations. If a hospital determines that it needs to permanently change its psychiatric bed allocation, a new CON will be required. This new methodology, however, does not apply to pediatric specialty hospital providers, and is not intended: to preclude pediatric specialty hospital providers from using their pediatric specialty beds to provide pediatric psychiatric services, as necessary; to require such providers to report or declare via the SHPDA Hospital Annual Report their pediatric specialty beds used for pediatric psychiatric services as psychiatric beds, with related patient days, by inpatient category; or require such providers to obtain a CON for any new or additional use of their pediatric specialty beds for the provision of any pediatric specialty services, including pediatric psychiatric services.

(3) Planning Policies

(a) Planning on a Regional Basis

Planning will be on a regional basis. Please see attached listing for the counties in each region as designated by the SHCC.*

(b) Planning Policies for applicants.

1. An applicant for an inpatient psychiatric bed must be either: 1) an established and licensed hospital provider that has been operational for at least twelve (12) months; or, 2) a new inpatient psychiatric hospital seeking a minimum of at least twenty (20) inpatient psychiatric beds. (Specialty, Free-Standing Psychiatric Hospitals must have at least twenty (20) inpatient beds pursuant to Rule 420-5-7-.03 Classification of Hospitals; found in Chapter 420-5-7 of the Alabama Department of Public Health Administrative Code.)

2. An applicant for inpatient psychiatric beds in a particular category must demonstrate the ability to comply with state law.

3. In certificate of need decisions concerning psychiatric services, the extent to which an applicant proposes to serve all patients in an area should be considered. The problem of indigent care should be addressed by certificate of need applicants.

(c) Applying for Additional beds.

Applicants may apply for new psychiatric beds using one of the following occupancy need determinations:

1. Regional occupancy calculation.

Any region that shows an occupancy rate of 75 percent (75%) or greater in any one of the three (3) bed categories would be eligible for additional beds in that category. The number of additional beds needed would be calculated by dividing the average daily census for the region by the desired occupancy rate of 70 percent (70%) and then subtracting from this number the current beds in operation. Information for this calculation will be obtained from the most recent Hospital Annual Report as compiled by SHPDA. Beds granted under the regional methodology shall be deemed part of the official regional bed inventory at time of issuance. See formula below:

To calculate regional occupancy:

Total patient days/(Beds operating x days in Reporting Period)

To calculate beds needed to get the region to 70 percent (70%) occupancy:

a. $(\text{Total patient days}/\text{days in Reporting Period})/.70 = \text{total beds needed for the region to have a 70 percent (70\%) occupancy rate.}$

b. To calculate additional beds needed for the region:

Total beds needed to reach 70 percent (70%) occupancy rate minus current beds in operation.

The total patient days and the beds in operation used for the calculations would come from the information reported to SHPDA through the most recent Hospital Annual Report.

The following is an example of how the regional methodology would be calculated if a single region had 25,000 adult patient days and 90 adult beds:

To calculate the regional occupancy:

$25,000 \text{ adult days} / (90 \text{ beds operating} \times \text{days in Reporting Period}) = 76$
percent regional occupancy

To calculate beds needed to have a 70-percent occupancy:

$(25,000 \text{ adult days} / \text{days in Reporting Period}) / .70 = 98$ total beds needed for that occupancy level

Beds needed (98) minus current beds (90) = 8 additional adult beds needed for the region.

2. Individual Provider Occupancy Calculation.

If the average occupancy rate for a single facility within a region is 80 percent (80%) or greater for a continuous period of twelve (12) months in any of the three (3) bed categories, as calculated by the SHPDA using data reported on the most recent Hospital Annual Report, that facility may apply for up to 10 percent (10%) additional beds or six (6) beds, whichever is greater. An individual facility may demonstrate a need based on occupancy irrespective of the total occupancy for the region in that bed category. Information for this calculation will be obtained from the most recent Hospital Annual Report as compiled by SHPDA.

Any beds obtained through the Individual Provider Occupancy Calculation will not be included in the regional bed calculation for a period of three years after the beds are brought into service. After this three-year period the beds would be included in the regional count. Any provider obtaining beds through this provision will not be eligible to use the 10 percent rule for 24 months from the date the CON is granted.

(4) Plan Adjustments

The psychiatric bed need for each region as determined by the methodology is subject to adjustments by the SHCC. The psychiatric bed need may be adjusted by the SHCC if an applicant can prove that the identified needs of a target population are not being met by the current bed need methodology.

Author: Statewide Health Coordinating Council (SHCC).

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

History: Filed October 18, 2004; Effective November 22, 2004. Amended (SHP Year Only): Filed December 2, 2014; Effective January 6, 2015. Amended: Filed June 21, 2018; Effective: August 5, 2018.

***REGIONS:**

North Central Region

Blount
Calhoun
Cherokee
Chilton
Clay
Cleburne
Coosa
DeKalb
Etowah
Jefferson
Randolph
Shelby
St. Clair
Talladega
Tallapoosa
Walker

Southeast Region

Autauga
Barbour
Bullock
Butler
Chambers
Coffee
Covington
Crenshaw
Dale
Dallas
Elmore
Geneva
Henry
Houston
Lee
Lowndes
Macon
Montgomery
Pike
Russell
Wilcox

North Region

Colbert
Cullman
Franklin
Jackson
Lauderdale
Lawrence
Limestone
Madison
Marshall
Morgan

Southwest Region

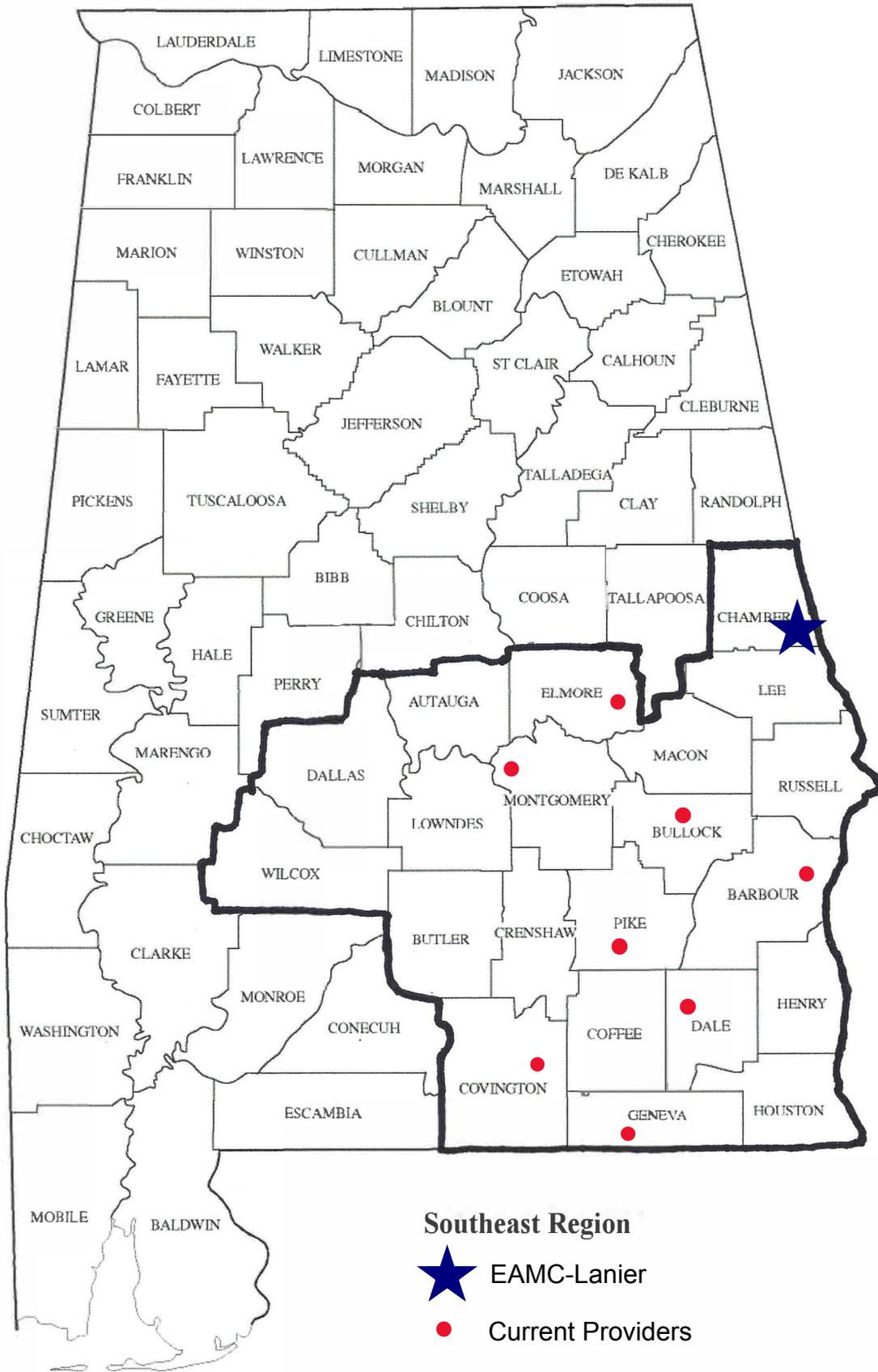
Baldwin
Clarke
Conecuh
Escambia
Mobile
Monroe
Washington

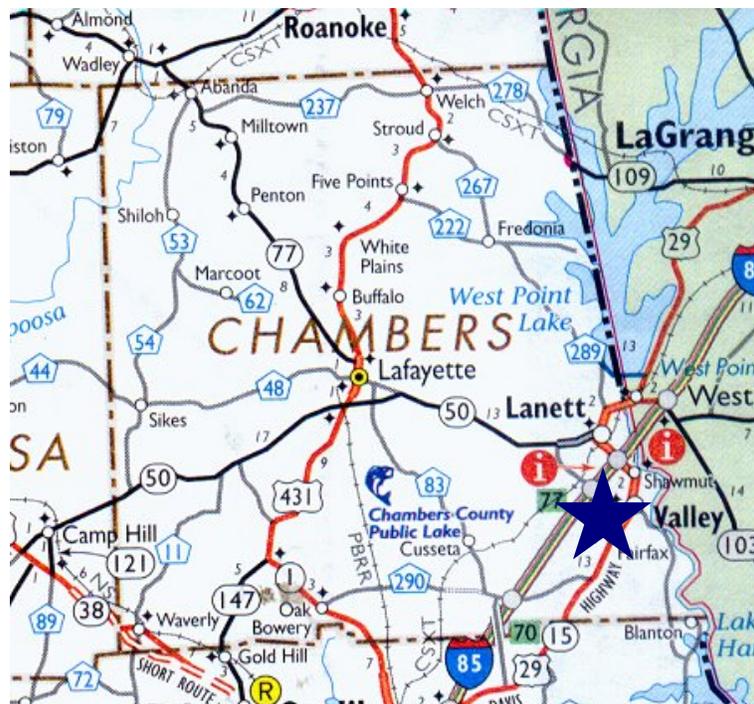
West Region

Bibb
Choctaw
Fayette
Greene
Hale
Lamar
Marengo
Marion
Perry
Pickens
Sumter
Tuscaloosa
Winston

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SERVICE AREA MAPS





SHPDA QUERY RESULTS

Physical County	Facility ID	Facility Name	Geriatr Bed by Service	Geriatr Psych Admits	Geriatr Psych Discharge	Geriatr Psych Patient Days	Geriatr Psych Beds Staffed
BARBOUR	005-6530400	MEDICAL CENTER BARBOUR	18	263	267	3107	18
COVINGTON	039-6530765	MIZELL MEMORIAL HOSPITAL	14	276	277	3483	14
DALE	045-6530769	DALE MEDICAL CENTER	12	155	155	2831	12
ELMORE	051-0530015	COMMUNITY HOSPITAL, INC.	10	169	163	1904	10
GENEVA	061-6530475	WIREGRASS MEDICAL CENTER	16	335	334	3994	16
MONTGOMERY	101-6535111	CROSSBRIDGE BEHAVIORAL HEALTH A BAPTIST S. FAC	18	370	378	4171	14
PIKE	109-653095A	TROY REGIONAL MEDICAL CENTER	18	167	154	1838	14

LETTERS OF SUPPORT

JOSEPH R. DOWNS, III, M.D.

Internal Medicine
Number 1 – 48th Street
Valley, Alabama 36854

Telephone: 334-756-3126

Fax: 334-756-3129

March 19, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
P.O. Box 303025
Montgomery, AL 36130-3025

Dear Statewide Health Coordinating Council,

Please consider this letter giving my strongest personal and professional support to EAMC-Lanier's application for a geriatric psychiatric unit. Chambers County is a large, rural county with no geriatric psychiatric services available in Chambers or adjoining counties. We have numerous skilled care nursing homes, one of which is attached to EAMC-Lanier Hospital. Routinely, these patients need to be referred to facilities for geriatric psychiatric services, and the nearest facilities are a long distance for our elderly patients and their families to travel. Frequently, the length of days of stay in these geriatric psychiatric is short, but these days are crucial to adjustment of medication. With the demographics of Chambers County trending toward an increasingly elderly population, this problem is ever more critical. EAMC-Lanier has served this community since 1950. This service would be a valuable addition to our hospital in servicing this entire area of eastern central Alabama.

I am board certified in Internal Medicine and I have also been board certified in Geriatrics and have cared for numerous elderly patients of our community which is actually my hometown. Thank you for your kindest and most urgent consideration of this important matter.

Sincerely,



Joseph R. Downs, III, M.D.

JRD/dd



east alabama medical center

LANIER

March 19, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

I would like to convey my strong support of EAMC-Lanier's application for geriatric inpatient psychiatric beds. This service is not currently available in Chambers County or any adjoining counties. There are numerous nursing home, skilled nursing, and assisted living facilities in our community and the surrounding area that routinely have need to refer residents to a facility that provides geriatric inpatient psychiatric services. The nearest facilities providing this service are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

A geriatric inpatient psychiatric unit provides a controlled environment where these patients can receive care and be stabilized under the direction of a psychiatrist who could make appropriate medication changes and develop care plans that would allow the individuals to return to their normal environment. Geriatric inpatient psychiatric services are a crucial component in the progression of care necessary to help assure optimal quality of life for these elderly people and their caregivers.

EAMC-Lanier has served this community and surrounding area since 1950 and is the only hospital and third largest employer in Chambers County. As such, it serves a vital role in both the medical and economic wellbeing of the area. The percentage of Chambers County's population age 50 and over continues to grow steadily and represents a large sector of the individuals typically needing geriatric inpatient psychiatric services. The addition of geriatric inpatient psychiatric care to the suite of services EAMC-Lanier already provides would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

A handwritten signature in black ink that reads "Alison Yarbrough, MSN, NHA". The signature is written in a cursive, flowing style.

Alison Yarbrough, MSN, NHA
Administrator EAMC-Lanier Nursing Home

William H. Scott, III
208 North 18th Street
Lanett, Alabama 36863

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Gentlemen:

I understand that EAMC has filed an application for geriatric inpatient psychiatric beds at its EAMC-Lanier facility located in Valley, Alabama. This service is not currently available in Chambers County or any adjoining counties and I strongly recommend that you approve the application. There is a great need for this type of service here. The nearest facilities providing this service are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

I have been a businessman in the Valley, Alabama area since 1971. Our population has aged and needs a more local facility where geriatric psychiatric care can be administered to return those in need to our general population. EAMC-Lanier has served this community and surrounding area since 1950 and is the only hospital and third largest employer in Chambers County. The addition of geriatric inpatient psychiatric care to the suite of services EAMC-Lanier already provides would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

Please rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,



**LAFAYETTE EXTENDED CARE, LLC
P.O. BOX 152
805 HOSPITAL STREET
LAFAYETTE, AL 36862
334-864-8854
FAX: 334-864-8851**

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

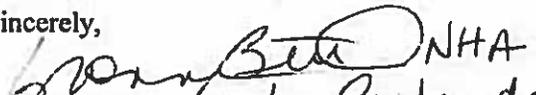
I would like to convey my strong support of EAMC-Lanier's application for geriatric inpatient psychiatric beds. This service is not currently available in Chambers County or any adjoining counties. There are numerous nursing home, skilled nursing, and assisted living facilities in our community and the surrounding area that routinely have need to refer residents to a facility that provides geriatric inpatient psychiatric services. The nearest facilities providing this service are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

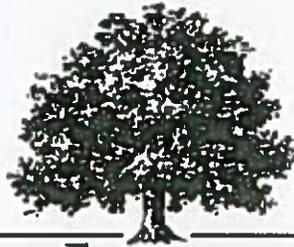
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EAMC-Lanier has served this community and surrounding area since 1950 and is the only hospital and third largest employer in Chambers County. As such, it serves a vital role in both the medical and economic wellbeing of the area. The percentage of Chambers County's population age 50 and over continues to grow steadily and represents a large sector of the individuals typically needing geriatric inpatient psychiatric services. The addition of geriatric inpatient psychiatric care to the suite of services EAMC-Lanier already provides would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,


Beth NHA
Lafayette Extended Care



Oak Park

Nursing Home and Independent Living

A service of East Alabama Medical Center

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

I would like to convey my strong support of EAMC-Lanier's application for geriatric inpatient psychiatric beds. This service is not currently available in Chambers County or any adjoining counties. Oak Park has issues finding placement for these individuals. The nearest facilities providing these services are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

A geriatric inpatient psychiatric unit provides a controlled environment where these patients can receive care and be stabilized under the direction of a psychiatrist who could make appropriate medication changes and develop care plans that would allow the individuals to return to their normal environment. Geriatric inpatient psychiatric services are a crucial component in the progression of care necessary to help assure optimal quality of life for these elderly people and their caregivers.

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

Jason Banks
Administrator
Oak Park Nursing Home



March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

Robyn Olive, BSN, NHA
Executive Director Senior Services EAMC

Chambers County Commission



David Eastridge, District 5
Chairman
Douglas Jones, District 2
Vice Chairman



Charlie Williams, District 1
James Williams, District 3
Samuel Bradford, District 4
Debra Riley, District 6

Regina Chambers, County Manager

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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2 South LaFayette Street ■ LaFayette, Alabama 36862
Telephone: (334) 864-4341 – (706) 586-8225 ■ Fax: (334) 864-4306

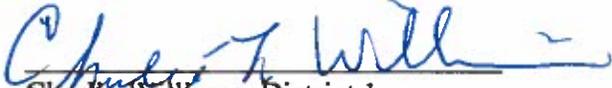
inpatient psychiatric care to the suite of services EAMC-Lanier already provides would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

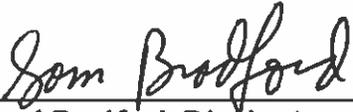
Sincerely,


David Eastridge, Chairman, District 5


Douglas Jones, District 2


Charlie Williams, District 1


James Williams, District 3


Samuel Bradford, District 4


Debra Riley, District 6



CITY OF VALLEY

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

Leonard Riley, Mayor
City of Valley

MAYOR
Kyle McCoy
CLERK/TREASURER
Deborah Gilbert



COUNCIL MEMBERS
Tony Malone
Jamie Heard
Charles Looser
Angelia Thomas
Shirley B. Motley

March 21, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

I am writing to give my support for EAMC-Lanier's application for geriatric inpatient psychiatric beds. Our community has nursing homes and assisted living facilities that oftentimes have a need to refer residents to a facility that provides geriatric inpatient psychiatric services. This service is currently not offered in Chambers County or any nearby county. The nearest such facility is over an hour away and at times has limited availability.

The patients need access to a controlled environment where they are able to receive care and be stabilized under the treatment of a psychiatrist who could prescribe appropriate medication changes and care plans. This type of care services is critical and necessary for these elderly people and their caregivers.

This community has been serviced by EAMC-Lanier for nearly 70 years and is the only hospital in Chambers County. Not only serving the community medically, it also serves us economically as it is one of the top employers in the area.

The addition of geriatric inpatient psychiatric care to the services offered by EAMC-Lanier would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

I ask that you bring this much-needed service to Chambers County by ruling favorably on EAMC-Lanier's application.

Sincerely,


J. Kyle McCoy
Mayor

City of Lanett

Post Office Box 290 • Lanett, Alabama 36863 • Phone: (334) 644-2141 • Fax: (334) 644-5240



Chambers County
DEVELOPMENT AUTHORITY

STRENGTH WOVEN IN

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

Valerie G. Gray
Executive Director



VALLEY INTERNAL MEDICAL ASSOCIATES

**1 MEDICAL PARK
VALLEY, AL 36854**

334-756-5150

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

I would like to convey my strong support of EAMC-Lanier's application for geriatric inpatient psychiatric beds. This service is not currently available in Chambers County or any adjoining counties. There are numerous nursing home, skilled nursing, and assisted living facilities in our community and the surrounding area that routinely have need to refer residents to a facility that provides geriatric inpatient psychiatric services. The nearest facilities providing this service are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Arvind Kamath', written in a cursive style.

Arvind Kamath, M.D.

**VALLEY INTERNAL MEDICAL ASSOCIATES
1 MEDICAL PARK
VALLEY, AL 36854**

334-756-5150

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

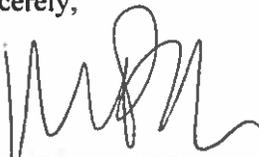
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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,



Mona Bakshi, M.D.

Valley Area Medical Pavilion

David G. Fagan, MD
Carla Etherton-Moore, CRNP
Kristie Johnson, CRNP
267 Fob James Drive, P.O. Box 1000
Valley, AL 36854
Phone (334) 756-4860 - Fax (334) 756-4866

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,



David G. Fagan, MD



March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,


Terrell E. Burt
President, Valley Branch/Auburn Bank



March 19, 2019

David W. Wilkerson, PHR, SHRM-CP
General Manager Human Resources
& Administration

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

A handwritten signature in black ink that reads 'David W. Wilkerson'.

David W. Wilkerson



Krishna Reddy, M.D. FACC

March 21, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

A handwritten signature in black ink that reads "V. Gopikrishna Reddy". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

V. Gopikrishna Reddy, M.D.

March 21, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

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I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,



Peyton Greene, D.O.
Hospitalist



Valley Park
MANOR

Assisted Living & Memory Care

March 18, 2019

Statewide Health Coordinating Council
State Health Planning and Development Agency
Post Office Box 303025
Montgomery, Alabama 36130-3025

Re: Addition of Geriatric Inpatient Psychiatric Beds to Chambers County

Dear Statewide Health Coordinating Council:

I would like to convey my strong support of EAMC-Lanier's application for geriatric inpatient psychiatric beds. This service is not currently available in Chambers County or any adjoining counties. There are numerous nursing home, skilled nursing, and assisted living facilities in our community and the surrounding area that routinely have need to refer residents to a facility that provides geriatric inpatient psychiatric services. The nearest facilities providing this service are over an hour away and typically have limited availability, making it sometimes difficult for elderly individuals experiencing emotional, cognitive, or behavioral symptoms to receive the care they need.

A geriatric inpatient psychiatric unit provides a controlled environment where these patients can receive care and be stabilized under the direction of a psychiatrist who could make appropriate medication changes and develop care plans that would allow the individuals to return to their normal environment. Geriatric inpatient psychiatric services are a crucial component in the progression of care necessary to help assure optimal quality of life for these elderly people and their caregivers.

EAMC-Lanier has served this community and surrounding area since 1950 and is the only hospital and third largest employer in Chambers County. As such, it serves a vital role in both the medical and economic wellbeing of the area. The percentage of Chambers County's population age 50 and over continues to grow steadily and represents a large sector of the individuals typically needing geriatric inpatient psychiatric services. The addition of geriatric inpatient psychiatric care to the suite of services EAMC-Lanier already provides would be a valuable resource to physicians and long-term care facilities in the county and surrounding areas, and to the elderly patient population they serve.

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Valley Park
MANOR

Assisted Living & Memory Care

I urge you to rule favorably on EAMC-Lanier's application and bring this much-needed service to Chambers County.

Sincerely,

Amber Griggs
Administrator