



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE

DATE: October 27, 2020

TO: Applicant and Interested Parties

FROM: Emily T. Marsal 
Executive Director

SUBJ: Proposed State Health Plan Adjustment submitted by Dekalb Regional Medical Center PA 2021-001

A Plan Adjustment, designated PA2021-001, has been accepted as complete on October 27, 2020. Persons other than the applicant have thirty (30) days from October 27, 2020, 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 Statewide Health Coordinating Council (SHCC). Pursuant to SHPDA ALA. ADMIN. CODE r. 410-1-3-.09, all such statements and documentation must be filed at shpda.online@shpda.alabama.gov, together with a certification that the filing has been served on the applicant and/or any other persons that have filed notices of support for or opposition to the application.

This Plan Adjustment can be viewed in its entirety at www.shpda.alabama.gov, under Announcements/SHP/Proposed Adjustments & Amendments /PA2021-001 – 410-2-4-.10 Psychiatric Care – Dekalb Regional Medical Center.

Interested parties may address the proposed Plan Adjustment 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 consideration and approval/disapproval. A Plan Adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days.

SHPDA Rule 410-2-5-.04 – Plan Revision Procedures, may be viewed in its entirety on the Agency's website at www.shpda.alabama.gov, under Announcements/SHP/Approved Adjustments & Amendments/410-2-5-.04 Plan Revision Procedures (Effective 03/23/2018).

Detailed information regarding the applicable deadlines for the proposed Plan Adjustment is listed on the following page.

**STATE OF ALABAMA
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

REVIEW SCHEDULE

- TO:
1. Plan Adjustment Applicant
 2. All Providers of Similar Services in the Proposed County
 3. All Providers of Similar Services in Adjacent Counties
 4. Interested Persons

NOTICE: An application for Plan Adjustment has been submitted for review under the provisions of Sections 22-21-260(13), Code of Alabama, 1975. A brief description of the proposal and of the Review Schedule is set forth below:


Emily T. Marsal October 27, 2020
Executive Director Date

DESCRIPTION OF PROPOSED FACILITY AND/OR SERVICE		
1. Plan Adjustment No.: PA2021-001	2. TYPE FACILITY: HOSPITAL	3. COUNTY: DeKalb
4. NAME OF APPLICANT: DeKalb Regional Medical Center		
5. BRIEF DESCRIPTION OF ADJUSTMENT (Change in bed capacity, service, equipment, units proposed, etc.): The applicant proposes recognizing the need and growing demand in northeast Alabama, the Statewide Health Coordinating Council (SHCC), approves ten (10) additional geriatric inpatient psychiatric beds for the North Central Planning Region.		
REVIEW SCHEDULE		
6. REVIEW PERIOD BEGINS (DAY 1): October 27, 2020		
7. DEADLINE FOR PERSONS WISHING TO SUBMIT INFORMATION IN OPPOSITION TO OR SUPPORT OF THE PROPOSED PROJECT (DAY 30): November 25, 2020		
8. PROPOSED DATE OF PUBLIC HEARING: December 8, 2020		

PA2021-001

RECEIVED

Oct 08 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

**APPLICATION FOR ADJUSTMENT TO THE
ALABAMA STATE HEALTH PLAN**

TEN (10) GERIATRIC INPATIENT PSYCHIATRIC BEDS

DEKALB COUNTY, ALABAMA



October 8, 2020

PROPOSED ADJUSTMENT

The Statewide Health Coordinating Council (SHCC) has recognized the need for ten (10) additional geriatric inpatient psychiatric beds in Dekalb County.

The Adjustment to the State Health Plan proposed to the SHCC is consistent with the following provisions:

2020 – 2023 Alabama State Health Plan

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:

Dekalb Regional Medical Center
200 Medical Center Drive
Fort Payne, AL 35968

(256) 845-3150

CONTACT PERSON:

Stephen Preston
Preston Strategy Group, Inc.
P.O. Box 2183
Fairhope, AL 36533

(205) 873-0816

stephen@prestonstrategygroup.com



ADMINISTRATIVE FEE:

\$3,500

INTRODUCTION:

Dekalb Regional Medical Center is a general acute care hospital with 134 licensed inpatient beds and located in the city of Fort Payne and serves the residents and communities in Dekalb County as well as neighboring Jackson, Marshall, and Cherokee counties in the northeast corner of Alabama.

A sole-county community hospital providing comprehensive inpatient and outpatient services (see attached Fact Sheet) each year Dekalb Regional Medical Center provides:

- **3,500 hospital admissions**
- **650 births**
- **5,500 surgeries**
- **1,000 cardiac cath procedures**
- **21,000 ER visits**

PROJECT DESCRIPTION

Quick Facts according to the 2020 National Coalition on Mental Health and Aging:

- **Older adults have one of the highest suicide rates in the nation. White males 85+ complete suicide at 4X's the rate of the general population.**
- **20-22% of older adults may meet criteria for some form of mental disorder including dementia.**
- **Fewer than 40% of older adults with mental health and/or substance use disorders get treatment.**
- **Emergency room visits by older adults with opioid misuse increased over 220% from 2006 to 2014.**
- **The number of older adults with mental health and/or substance disorders could reach 14 million people by the year 2030.**

Dekalb Regional Medical Center operates nineteen (19) geriatric inpatient psychiatric beds – the only geriatric psychiatric unit available in Dekalb and the contiguous counties of Marshall, Jackson, and Cherokee.



Adding ten (10) geriatric inpatient psychiatric beds in Dekalb 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 psychiatric conditions – most of whom have 3-4 co-morbid medical issues.

The quality of healthcare for residents aged 65 and older in Dekalb and the surrounding counties will be improved due to increased access to geriatric inpatient psychiatric services. This increased access to care 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 Dekalb County which will also serve the contiguous counties without geriatric inpatient psychiatric care.

Map attached.

POPULATION PROJECTIONS

In Dekalb County, not only is the 65 and older population expected to grow 35.6% by the year 2040, the senior demographic is growing much faster than the total population:

Dekalb County

POPULATION	2020	2025	2030	2035	2040
65 and Older	12,818	14,368	15,566	16,624	17,376
Total Pop.	71,629	72,394	73,615	75,364	77,344

SOURCE: Center for Business and Economic Research, The University of Alabama, April 2018

The population aged 65 and older in the counties contiguous to Dekalb County without geriatric inpatient psychiatric services is expected to grow by 23.8%:

65 and Older Population

COUNTY	2020	2025	2030	2035	2040
Cherokee	5,956	6,711	7,272	7,611	7,798
Jackson	10,962	12,081	12,800	12,960	13,089
Marshall	16,495	18,118	19,526	20,007	20,485
Total	33,413	36,910	39,598	40,578	41,372

SOURCE: Center for Business and Economic Research, The University of Alabama, April



NEED FOR ADJUSTMENT

The State Health Plan includes the new methodology based on the increasing need for psych beds and a better distribution of those beds. The purpose of this inpatient psychiatric services need methodology is to identify, by region and 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. This methodology is based upon regional needs of the population as opposed to the former statewide need methodology.

Dekalb Regional Medical Center and Dekalb County are located in the North Central Region which includes a total of sixteen (16) counties. Based upon the 2019 SHPDA Annual Hospital Reports, there are 240 staffed operational inpatient geriatric psychiatric beds in the North Central Region.

Almost half, 46%, of these beds are located in Jefferson County

which is 100 miles away from Dekalb Regional Medical Center taking approximately 1 hour and 30 minutes to transport a patient. The closest facility to Dekalb Regional Medical Center is Riverview Regional Medical Center that operates eighteen (18) inpatient geriatric beds. This facility is located 37.5 miles away taking approximately 43 minutes to traverse. The Service Area map attached shows all of the inpatient geriatric psychiatric programs in the North Central Region.

Increasing the need and demand for inpatient geriatric psychiatric beds in Dekalb County is the significant number of senior care facilities in the area:

Skilled Nursing Facilities – 3 skilled nursing facilities are located in Dekalb County.

Dekalb County Skilled Nursing Facilities

Licensed Beds	466
Total Admissions	835
Total Resident Days	153,188
Average Occupancy	90%

SOURCE: 2020 SHPDA Annual Reports

There is a total of 9 other skilled nursing facilities representing 1,026 licensed beds located in Cherokee, Jackson, and Marshall counties – all without inpatient geriatric psychiatric care.



Senior Living Facilities

Assisted Living Facilities

County	Number of Facilities	Number of Beds
Dekalb	3	72
Cherokee	0	0
Jackson	2	48
Marshall	4	162
Totals	9	282

SOURCE: ADPH Health Care Facilities Directory

Specialty Care Assisted Living Facilities (SCALF's)

County	Number of Facilities	Number of Beds
Dekalb	1	16
Cherokee	1	36
Jackson	1	16
Marshall	1	22
Total	4	90

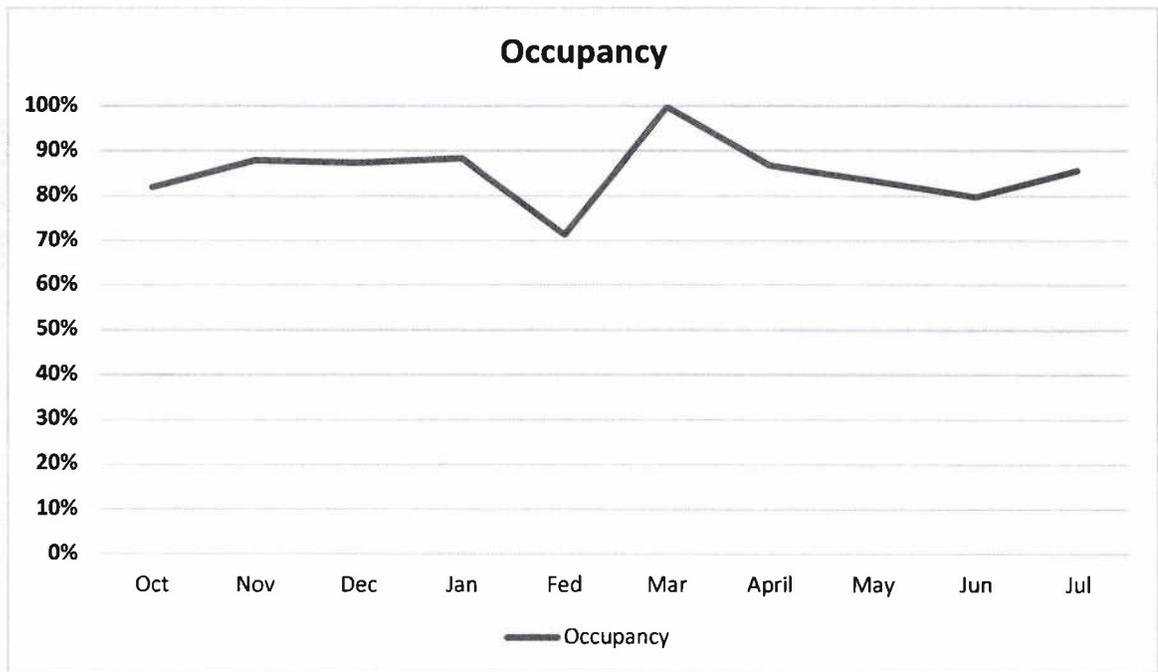
SOURCE: ADPH Health Care Facilities Directory



CURRENT AND PROJECTED UTILIZATION

The current utilization of inpatient geriatric psychiatric staffed beds in Dekalb County averaged 85.2% from October 2019 to July 2020 as shown below:

Dekalb Regional Medical Center Inpatient Geriatric Psychiatric Occupancy of Staffed Operational Beds



SOURCE: Dekalb Regional Medical Center internal data

Based upon the increasing rate of seniors needing inpatient geriatric psychiatric care, escalating population, significant number of senior care facilities in the area, and current utilization, the projected utilization and demand can be expected to grow.



STAFFING

Dekalb Regional Medical Center has established policies and protocols for the provision of inpatient geriatric psychiatric care along with experienced staffing, recruiting, and training programs to meet any additional needs as a result of expansion of the unit.

In addition, there are Nursing Education programs located nearby:

Snead State Community College
Boaz, Alabama

Northeast Alabama Community College
Rainsville, Alabama

Based upon their staffing experience and recruitment opportunities, Dekalb Regional Medical Center believes that appropriate staffing requirements can be met.

EFFECT ON EXISTING FACILITIES

The proposed Plan Adjustment anticipates little to no impact on other existing providers of inpatient geriatric psychiatric services given the demonstrated geographic and access challenges from Dekalb County. In addition, the increasing utilization rates and senior population growth projections should result in higher demand at all facilities.

COMMUNITY REACTION

Strong community support has been received as evidenced by the attached Letters of Support. Representative excerpts are shown below:

"Our geriatric population is one that is often underserved and I encourage you to give this request every consideration to adequately meet the needs of our seniors."

Steve Livingston
State Senator, District 8
Alabama State Senate

"Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama."

Larry Chesser
Mayor, Fort Payne



ATTACHMENTS

Dekalb Regional Medical Center Fact Sheet

National Coalition on Mental Health and Aging

Service Area Map

Letters of Support

Alabama State Health Plan

410-2-4-.10 Psychiatric Care

410-2-5-.04 Plan Revisions

Senior Care Facilities – ADPH Directory



Dekalb Regional Medical Center Fact Sheet





DEKALB REGIONAL M E D I C A L C E N T E R

Hospital Information

- Licensed beds: 134
- Physicians: Active: 34; Courtesy: 33

Recognition Awards for Quality

- Top Performer on Key Quality Measures by The Joint Commission
- Blue Cross Blue Shield of Alabama Tier 1 Facility

Affiliated Facilities

- DeKalb Clinic
- DeKalb Cardiology
- DeKalb Neurology & Sleep
- DeKalb Family Medicine
- DeKalb Regional Home Health

Specialties

- Cardiology
- Emergency Medicine
- Family Practice
- Gastroenterology
- General Surgery
- Gynecology
- Internal Medicine
- Nephrology
- Neurology
- Obstetrics
- Occupational Medicine
- Ophthalmology
- Orthopedics
- Pain Management
- Pediatrics
- Radiology/Imaging
- Urology



Fort Payne, Alabama
256-845-3150

Service Highlights

- Behavioral Health (Geriatric Psychiatric)
- Cardiac (Cath Lab, Telemetry)
- Cardiopulmonary/Respiratory (Pulmonary Function Lab)
- Emergency Department
- Fitness & Wellness Center
- GI/Endoscopy Lab
- Home Health
- Intensive Care Unit
- Imaging (Bone Densitometry, CT Scanner, Digital Mammography, MRI, Nuclear Medicine, Ultrasound)
- Labor & Delivery, Nursery
- Laboratory
- Occupational Health Program
- Post Anesthesia Care Unit (PACU)
- Sleep Center
- Surgery (Inpatient/Outpatient)
- Outpatient Rehabilitation (Cardiac, OT, PT, Speech)

**National Coalition on Mental Health and Aging
Fact Sheet**





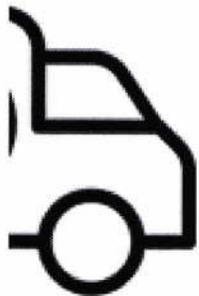
Approximately 20-22% of older adults with good mental health criteria for some disorders, including



Fewer than 40% of older adults with mental health and/or substance use disorders get treatment.



The prevalence of mental health disorders dramatically with age, with approximately 5% of the population above age 71 with this condition.



The prevalence of mental health disorders among older adults has increased over 220%



If the prevalence of mental health disorders among older adults remains unchanged, the number of older adults with mental health and/or substance disorders could reach 14 million people by the year 2030.

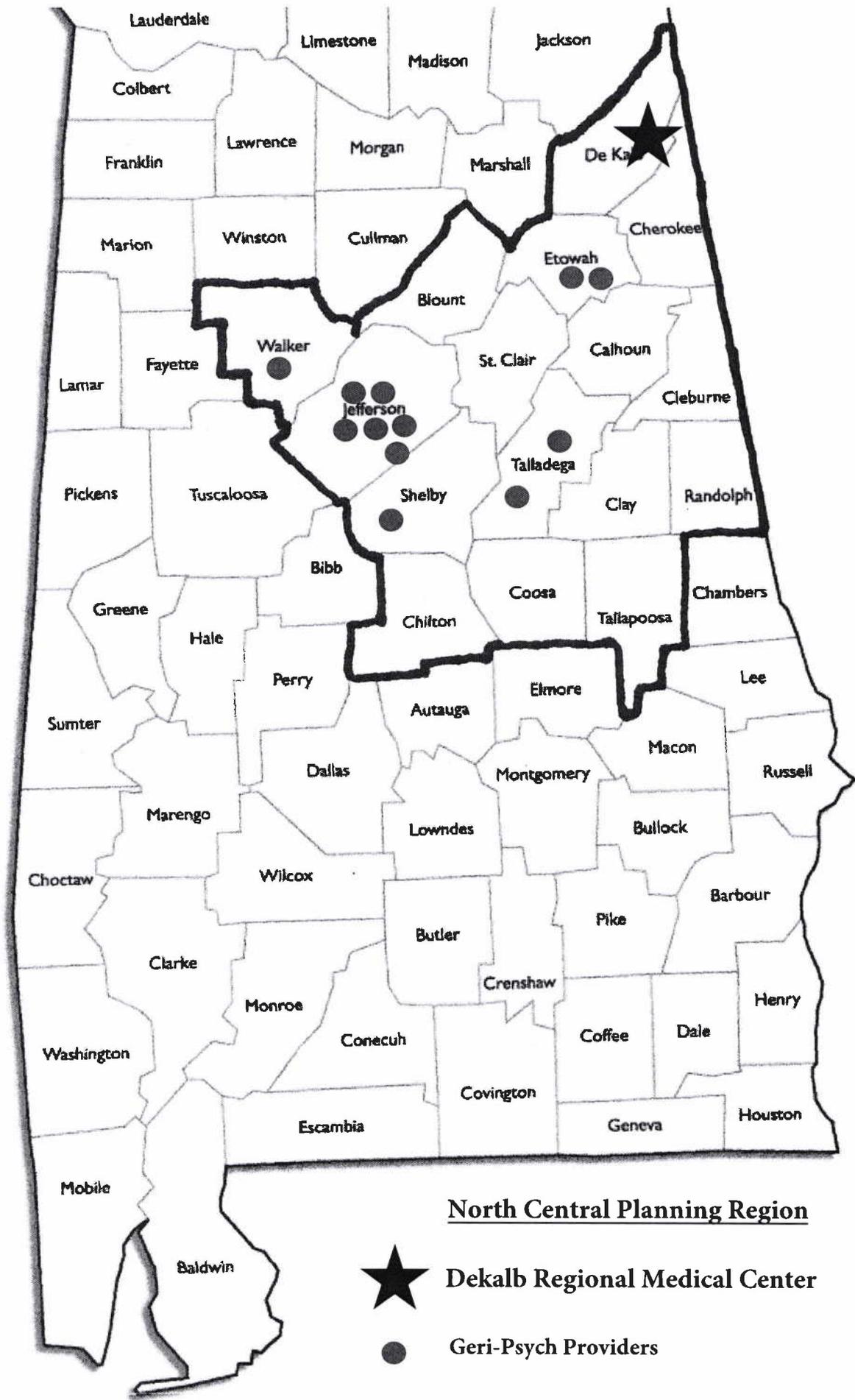


Older adults have the highest suicide rates in the 85+ age group, with rates in the 85+ age group being 1.5 times higher than the general population.



Service Area Map





Lauderdale

Limestone

Jackson

Colbert

Madison

Franklin

Lawrence

Morgan

Marshall

De Kalb

Marion

Winston

Cullman

Etowah

Cherokee

Blount

Walker

St. Clair

Calhoun

Lamar

Fayette

Jefferson

Cleburne

Pickens

Tuscaloosa

Shelby

Talladega

Clay

Randolph

Greene

Bibb

Coosa

Tallapoosa

Chambers

Hale

Chilton

Lee

Sumter

Perry

Autauga

Elmore

Dallas

Montgomery

Macon

Russell

Marengo

Lowndes

Bullock

Choctaw

Wilcox

Butler

Pike

Barbour

Clarke

Monroe

Crenshaw

Henry

Washington

Conecuh

Coffee

Dale

Mobile

Covington

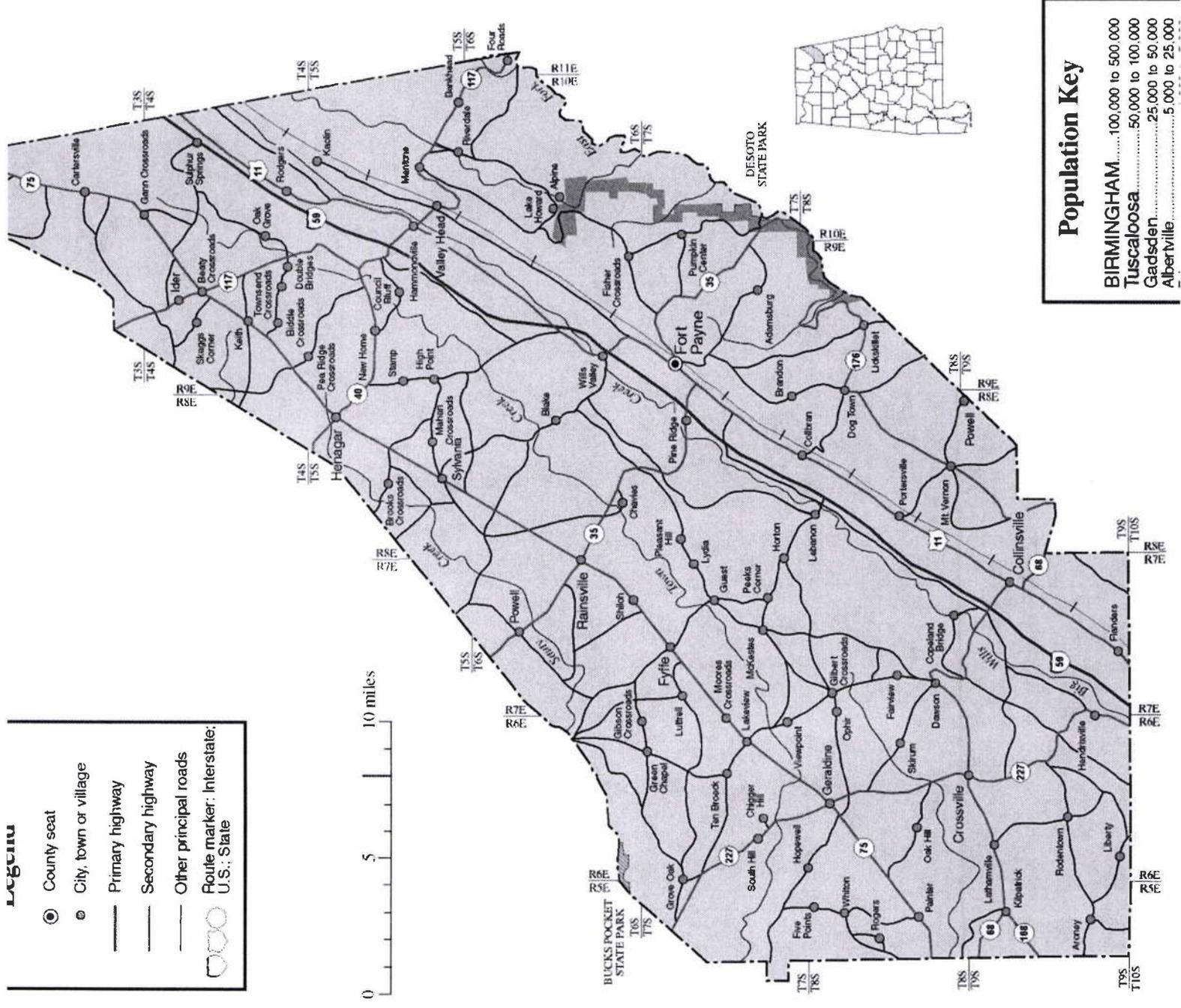
Geneva

Houston

Escambia

Baldwin

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



Population Key

BIRMINGHAM100,000 to 500,000
Tuscaloosa50,000 to 100,000
Gadsden25,000 to 50,000
Albertville5,000 to 25,000

Letters of Support





ALABAMA STATE SENATE

ALABAMA STATE HOUSE
SOUTH UNION STREET, 7TH FLOOR
MONTGOMERY, ALABAMA 36130-4600
334.261.0858

STEVE LIVINGSTON
STATE SENATOR - DISTRICT 8
DISTRICT OFFICE:
POST OFFICE BOX 623
SCOTTSBORO, ALABAMA 35768

COMMITTEES:

CHAIRMAN, FISCAL RESPONSIBILITY AND ECONOMIC DEVELOPMENT
RULES
FINANCE AND TAXATION GENERAL FUND
AGRICULTURE, CONSERVATION AND FORESTRY
BANKING AND INSURANCE
TRANSPORTATION AND ENERGY

September 21, 2020

Alabama State Planning and Development
Attn: Ms. Emily Marsal, Executive Director
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Ms. Marsal:

I write today in support of the proposed addition of the inpatient geriatric psychiatric beds for DeKalb County Regional Medical Center. Our geriatric population is one that is often underserved and I encourage you to give this request every consideration to adequately meet the needs of our seniors.

Senior services are a vital concern for residents in Northeast Alabama. There are a number of Nursing Facilities to meet senior needs across DeKalb, Cherokee, Jackson and Marshall Counties. However, DeKalb Regional is the only inpatient geriatric psychiatric program within the four counties listed. Aging brings about many challenges including mental and physical. DeKalb Regional is uniquely positioned to be able to assist in comprehensive care of the aging process with this addition of beds to the geriatric psychiatric unit.

I fully support Mr. Patrick Trammel and his team's endeavor to expand DeKalb Regional's third floor geriatric unit. I ask you to give every consideration to this request to support our aging population. If I can provide anything further, please do not hesitate to contact me, directly.

Respectfully,

A handwritten signature in black ink, appearing to read "Steve Livingston".

Steve Livingston
Senator, District 8



The City of Fort Payne

~FOUNDED 1838~
100 ALABAMA AVENUE N.W.
FORT PAYNE, ALABAMA 35967



E-MAIL: cityhall@fortpayne.org

PH: (256) 845-1524

FAX: (256) 845-2987

September 21, 2020

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

Re: DeKalb County
Inpatient Geriatric Psychiatric Beds

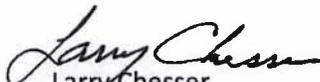
Dear Ms. Marsal:

I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for DeKalb County and encourage SHPDA's swift approval to ensure that the needs of the senior population are adequately addressed.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. DeKalb, Jackson, Cherokee and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities and 4 Specialty Care Assisted Living Facilities. However, DeKalb Regional Medical Center has the only inpatient geriatric psychiatric program within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years. Cases arise frequently with elderly involvement with our police force. Sometimes facilities are not available to address these cases.

Thank you for your attention to this important matter.

Sincerely,


Larry Chesser

Robert A. Parker
City Clerk

Larry Chesser
Mayor

Jessica Moses
City Treasurer

Johnny Eberhart, Councilmember
Gerald "Red" Taylor, Councilmember

Brian Baine, Council President
W.N. "Rocky" Watson, City Attorney

Wade Hill, Councilmember
Lynn Brewer, Councilmember

Jennifer McCurdy
Executive Director

Anita Hairel
Office Manager

Board of Directors

Tracy Jones - President
DeKalb Sportsman and Pawn
Southern Properties

Alan Kilgo - President Elect
My Supply

Mary Reed - Vice President
Heritage Wire Harness

Marie Hilyer - Past President
WinSouth Credit Union

Steve Eberhart - Treasurer
First Fidelity Bank

Angie McCurdy
Southern Properties

Randy Posey
Allstate Insurance

Slade Carden
Tiger Lily

Tamara Neeley
Watson & Neeley

Randy Moses
First State Bank

Charman Howell
America's Best Care Plus

Mike Shirey
Fort Payne Improvement Authority

Dottie Whitten
Vulcraft

Linda Beville
Ex-Officio

P: 256.845.2741
F: 256.845.5849
info@fortpaynechamber.com

300 Gault Ave. N
Fort Payne, AL 35967

www.fortpaynechamber.com

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

RE: Dekalb County
Inpatient Geriatric Psychiatric Beds

Dear Ms. Marsal:

I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for Dekalb County and encourage SHPDA's swift approval to ensure that the needs of the senior population are adequately addressed.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. Dekalb, Jackson, Cherokee, and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities, and 4 Specialty Care Assisted Living Facilities. However, Dekalb Regional Medical Center has the only inpatient geriatric psychiatric program within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years.

Should you have any questions please do not hesitate to reach out to me at 256.845.2741 or jennifer@fortpaynechamber.com. Thank you for your attention to this important matter.

Sincerely,



Jennifer McCurdy
Executive Director
Fort Payne Chamber of Commerce

**THE DeKALB COUNTY
COMMISSION
RICKY HARCROW, PRESIDENT**

COMMISSION MEMBERS

**SHANE WOOTTEN
DISTRICT I**

**SCOT WESTBROOK
DISTRICT II**

**MATT G. SHARP, ADMINISTRATOR
SUITE 200
111 GRAND AVE. S.W.
FORT PAYNE, AL 35967
256-845-8500 PHONE
256-845-8502 FAX**

COMMISSION MEMBERS

**CHRIS KUYKENDALL
DISTRICT III**

**LESTER BLACK
DISTRICT IV**

September 24, 2020

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

RE: Dekalb County
Inpatient Geriatric Psychiatric Beds

Dear Ms. Marsal:

I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for Dekalb County and encourage SHPDA's swift approval to ensure that the needs of the senior population are adequately addressed.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. Dekalb, Jackson, Cherokee, and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities, and 4 Specialty Care Assisted Living Facilities. However, Dekalb Regional Medical Center has the only inpatient geriatric psychiatric program within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years.

Thank you for your attention to this important matter.

Sincerely,



Ricky Harcrow, President
DeKalb County Commission



The City of Fort Payne

~FOUNDED 1838~

100 ALABAMA AVENUE N.W.
FORT PAYNE, ALABAMA 35967

PH: (256) 845-1524

FAX: (256) 845-2987

E-MAIL: cityhall@fortpayne.org

October 2, 2020

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

RE: Dekalb County

Inpatient Geriatric Psychiatric Beds

Dear Ms. Marsal:

I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for Dekalb County and encourage SHPDA's swift approval to ensure that the needs of the senior population are adequately addressed. I have seen this need increase over the last few years.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. Dekalb, Jackson, Cherokee, and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities, and 4 Specialty Care Assisted Living Facilities. However, Dekalb Regional Medical Center has the only inpatient geriatric psychiatric program within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years.

Thank you for your attention to this important matter.

Sincerely,

Brian Baine
Mayor-Elect

Robert A. Parker
City Clerk

Larry Chesser
Mayor

Lynn Brewer, Councilmember
Gerald "Red" Taylor, Councilmember

Brian Baine, Council President
W.N. "Rocky" Watson, City Attorney

Johnny Eberhart, Councilmember
Wade Hill, Councilmember



HOUSE OF REPRESENTATIVES
ALABAMA STATE HOUSE
MONTGOMERY, ALABAMA 36130

DISTRICT NO. 24
DEKALB COUNTY

HOUSE MAJORITY LEADER
NATHANIEL LEDBETTER
P.O. BOX 725
RAINSVILLE, ALABAMA 35986
PHONE: (256)638-6397

COMMITTEES:
INTERNAL AFFAIRS - VICE CHAIR
RULES
WAYS & MEANS EDUCATION
COMMERCE AND SMALL BUSINESS

September 18, 2020

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

RE: Dekalb County
Inpatient Geriatric Psychiatric Beds

Dear Ms. Marsal:

As State Representative for House District 24, I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for Dekalb County. I feel that this much needed addition will ensure that the needs of our local senior population are adequately addressed.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. Dekalb, Jackson, Cherokee, and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities, and 4 Specialty Care Assisted Living Facilities. However, Dekalb Regional Medical Center has the only inpatient geriatric psychiatric program within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years.

I would strongly encourage the swift approval of what I feel will be a helpful resource for our senior population.

Thank you for your attention to this important matter. Please feel free to reach out with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Nathaniel Ledbetter", written over a horizontal line.

Representative Nathaniel Ledbetter
Alabama House Majority Leader
District 24



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

RE: Dekalb County
Inpatient Geriatric Psychiatric Beds

Dear Ms. Marsal:

I am pleased to provide my full support for the proposed addition of inpatient geriatric psychiatric beds for Dekalb County and encourage SHPDA's swift approval to ensure that the needs of the senior population are adequately addressed. As a member of the medical community in DeKalb County for the past thirty-five years, I care deeply about the services available to my patients and the area's residents. Unfortunately, I have personally observed the need for additional resources and services, as well as the difficulty patients and their loved ones experience when care is delayed.

Comprehensive senior services are a vital concern for residents in the northeast corner of Alabama. Dekalb, Jackson, Cherokee, and Marshall counties are home to 12 Skilled Nursing Facilities, 9 Assisted Living Facilities, and 4 Specialty Care Assisted Living Facilities. However, DeKalb Regional Medical Center has the only inpatient geriatric psychiatric program operating within these 4 counties. Additional beds are needed to serve the senior population in this area which is expected to grow by 20% in the next 10 years.

Thank you for your attention to this matter. I am committed to providing quality care to patients in this region and additional inpatient beds will help ensure patients in the region will have timely access to needed resources.

Sincerely,

A handwritten signature in black ink that reads "Daniel M. Mince, M.D." in a cursive script.

Daniel M. Mince, M.D.
Chief of Medical Staff, DeKalb Regional Medical Center

Alabama State Health Plan

410-2-4-.10 Psychiatric Care

410-2-5-.04 Plan Revisions



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

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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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.

Senior Care Facilities – ADPH Directory



Assisted Living Facilities (Specialty Care)

Cherokee County

Cherokee Village Specialty Care Assisted Living Facility
201 Dean Buttram Senior Avenue
Centre, AL 35960 (256) 927-4307
36 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Healthcare Authority
Administrator: Brad Hinton
Fac ID: P1001 License: Regular
Medicare: N/A

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Nursing Homes

Cherokee County

Cherokee County Health & Rehabilitation Center

877 Cedar Bluff Road

Centre, AL 35960 (256) 927-5778

185 bed Skilled Nursing Facility

Licensee Type: Healthcare Authority

Administrator: Jerry L Culberson

Fac ID: N1001 License: Regular

Medicare: 01-5200 Medicaid: 47-5356

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Assisted Living Facilities

Dekalb County

Morning Glory Meadows
2055 Main Street
Fyffe, AL 35971 (256) 623-2626
16 bed Group Assisted Living Facility
Licensee Type: Corporation
Administrator: Donna Stewart
Fac ID: D2506 License: Regular
Medicare: N/A

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Serenity Place I
741 Houston Loop Rd. W
P.O. Box 680129
Fort Payne, AL 35968 (256) 979-1616
16 bed Group Assisted Living Facility
Licensee Type: Corporation
Administrator: Lisa Manus
Fac ID: D2510 License: Regular
Medicare: N/A

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Wills Creek Village
1050 Airport Road West
Fort Payne, AL 35968 (256) 845-3002
40 bed Congregate Assisted Living Facility
Licensee Type: Corporation
Administrator: Tasha Hilyer
Fac ID: D2507 License: Regular
Medicare: N/A

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Assisted Living Facilities (Specialty Care)

Dekalb County

Serenity Place II
751 Houston Loop Rd.
P.O. Box 680129
Fort Payne, AL 35968 (256) 979-1239
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Corporation
Administrator: Lisa Manus
Fac ID: P2504 License: Regular
Medicare: N/A

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Nursing Homes

Dekalb County

Collinsville Healthcare & Rehab
685 North Valley Avenue
PO Box 310
Collinsville, AL 35961 (256) 524-2117
200 bed Skilled Nursing Facility
Licensee Type: Corporation
Administrator: James Coker
Fac ID: N2501 License: Regular
Medicare: 01-5207 Medicaid: 47-5412

Crossville Health and Rehabilitation, LLC
8922 Alabama Highway 227 North
Crossville, AL 35962 (256) 528-7844
143 bed Skilled Nursing Facility
Licensee Type: Limited Liability Company
Administrator: Heather Blackburn
Fac ID: N2502 License: Regular
Medicare: 01-5176 Medicaid: 47-5440

Crowne Health Care of Fort Payne
403 Thirteenth Street, Northwest
Fort Payne, AL 35967 (256) 845-5990
123 bed Skilled Nursing Facility
Licensee Type: Limited Liability Company
Administrator: James W. Turnipseed
Fac ID: N2503 License: Regular
Medicare: 01-5156 Medicaid: 47-5752

Assisted Living Facilities

Jackson County

Rosewood Manor Assisted Living
1513 County Park Road
Scottsboro, AL 35769 (256) 574-4800
16 bed Group Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janet Gable
Fac ID: D3602 License: Regular
Medicare: N/A

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Southern Estates Assisted Living Community
212 E. Stewart Road
Scottsboro, AL 35769 (256) 574-4202
32 bed Congregate Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Robert Dawson
Fac ID: D3603 License: Regular
Medicare: N/A

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Assisted Living Facilities (Specialty Care)

Jackson County

Rosewood Manor Specialty Care
1513 County Park Road
Scottsboro, AL 35769 (256) 574-4800
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Janet Gable
Fac ID: P3602 License: Regular
Medicare: N/A

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Nursing Homes

Jackson County

Cloverdale Rehabilitation and Nursing Center
412 Cloverdale Road
Scottsboro, AL 35768 (256) 259-1505
141 bed Skilled Nursing Facility
Licensee Type: Corporation
Administrator: Samantha Gamble
Fac ID: N3602 License: Regular
Medicare: 01-5184 Medicaid: 47-5335

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Cumberland Health and Rehab
47065 Alabama Highway 277
Bridgeport, AL 35740 (256) 437-7260
100 bed Skilled Nursing Facility
Licensee Type: Healthcare Authority
Administrator: Donna Adams
Fac ID: N3603 License: Regular
Medicare: 01-5420 Medicaid: 47-5792

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Highlands Health and Rehab
380 Woods Cove Road
P.O. Box 1050
Scottsboro, AL 35768 (256) 259-4444
50 bed Skilled Nursing Facility
Licensee Type: Healthcare Authority
Administrator: Manda Mountain
Fac ID: N3601 License: Regular
Medicare: 01-5012 Medicaid: 47-5012

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Assisted Living Facilities

Marshall County

Assisted Living of Arab
8895 Alabama Highway 69
Arab, AL 35016 (256) 753-6324
16 bed Group Assisted Living Facility
Licensee Type: Corporation
Administrator: Teresa Huff
Fac ID: D4805 License: Regular
Medicare: N/A

.....

Branchwater Village, LLC
763 Medical Center Parkway
Boaz, AL 35957 (256) 593-5055
60 bed Congregate Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Marquita Poss
Fac ID: D4806 License: Regular
Medicare: N/A

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Bridgewood Gardens, Assisted Living
151 Woodham Drive
Albertville, AL 35951 (256) 878-3132
60 bed Congregate Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Patricia Roberts
Fac ID: D4807 License: Regular
Medicare: N/A

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Terrace Lake Assisted Living
100 Terrace Lake Drive
Guntersville, AL 35976 (256) 582-1700
26 bed Congregate Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Michele Watson
Fac ID: D4802 License: Regular
Medicare: N/A

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Assisted Living Facilities (Specialty Care)

Marshall County

Bridgewood Gardens, Memory Care
151 Woodham Drive
Albertville, AL 35951 (256) 878-3132
22 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Patricia Roberts
Fac ID: P4801 License: Regular
Medicare: N/A

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Nursing Homes

Marshall County

Albertville Nursing Home
750 Alabama Highway 75 North
Albertville, AL 35951 (256) 878-1398
159 bed Skilled Nursing Facility
Licensee Type: Corporation
Administrator: Emily Tinsley
Fac ID: N4803 License: Regular
Medicare: 01-5163 Medicaid: 47-5124

Marshall County

Marshall Manor Nursing Home
3120 North Street
Guntersville, AL 35976 (256) 582-6561
91 bed Skilled Nursing Facility
Licensee Type: Limited Liability Company
Administrator: Linda Robertson
Fac ID: N4805 License: Regular
Medicare: 01-5378 Medicaid: 47-5725

Barfield Health Care
22444 Highway 431
Guntersville, AL 35976 (256) 582-3112
113 bed Skilled Nursing Facility
Licensee Type: Corporation
Administrator: Mary Meeks, LNHA
Fac ID: N4804 License: Regular
Medicare: 01-5225 Medicaid: 47-5690

Diversicare of Arab
235 Third Street, S.E.
Arab, AL 35016 (256) 586-3111
87 bed Skilled Nursing Facility
Licensee Type: Limited Liability Company
Administrator: Samuel A. Kinnas
Fac ID: N4801 License: Regular
Medicare: 01-5148 Medicaid: 47-5405

Diversicare of Boaz
600 Corley Avenue
Boaz, AL 35957 (256) 593-8380
100 bed Skilled Nursing Facility
Licensee Type: Limited Liability Company
Administrator: Ethan Hall
Fac ID: N4802 License: Regular
Medicare: 01-5063 Medicaid: 47-5063

Oct 21 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCYFILED: shpda.online@shpda.alabama.gov

October 21, 2020

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

RE: PA2021-001
DeKalb Regional Medical Center

Dear Ms. Marsal:

This letter will confirm my receipt of your October 20, 2020, correspondence requesting additional information to the Plan Adjustment filed on October 8, 2020.

Please see attached SUPPLEMENTAL INFORMATION for the proposed addition of ten (10) geriatric inpatient psychiatric beds.

If you have any questions or need any additional information please contact me.

Sincerely,



Stephen D. Preston

SUPPLEMENTAL INFORMATION

PROPOSED ADJUSTMENT

Recognizing the demonstrated need and growing demand in the area, the Statewide Health Coordinating Council (SHCC), approves ten (10) additional inpatient psychiatric beds to better serve the residents and communities in northeast Alabama.

NEED FOR ADJUSTMENT

In 2020, Dekalb Regional Medical Center has had to deny over 100 geriatric inpatient psychiatric admissions from their Emergency Room and referrals from other facilities due to the unavailability of appropriate beds.

CURRENT AND PROJECTED UTILIZATION

As shown, the current utilization of geriatric inpatient psychiatric beds at Dekalb Regional Medical Center is 85.2%. Evidence that there is a growing need for geriatric inpatient psychiatric beds is demonstrated by the fact the so far in 2020, Dekalb Regional Medical Center has admitted patients to their unit from 16 different counties. While residents of Dekalb County represent 45% of the admissions, 23% come from the contiguous counties that do not have a geriatric psychiatric program.

Based on the most recent SHPDA Annual Reports, the North Central Region is operating at 73.8% utilization.

The projected utilization of geriatric inpatient psychiatric services can reasonably be expected to increase based on the increasing rate of need, escalating senior population, and the high number of senior care facilities in the area.





PRESTON
STRATEGY
GROUP

PA2021-001

RECEIVED

Oct 21 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

FILED: shpda.online@shpda.alabama.gov

October 21, 2020

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

RE: PA2021-001
DeKalb Regional Medical Center

Dear Ms. Marsal:

Earlier today I submitted SUPPLEMENTAL INFORMATION to the Plan Adjustment filed October 10, 2020, in response to your October 20, 2020 correspondence.

It appears that I inadvertently did not specify the type of inpatient psychiatric beds being requested in the revised PROPOSED ADJUSTMENT. Please see attached corrected SUPPLEMENTAL INFORMATION for the proposed addition of ten (10) geriatric inpatient psychiatric beds.

If you have any questions or need any additional information please contact me.

Sincerely,

Stephen D. Preston

SUPPLEMENTAL INFORMATION

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PA2021-001

**Dekalb Regional Medical Center
SUPPLEMENTAL INFORMATION**

PROPOSED ADJUSTMENT

Recognizing the need and growing demand in northeast Alabama, the Statewide Health Coordinating Council (SHCC), approves ten (10) additional geriatric inpatient psychiatric beds for the North Central Planning Region.

