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Feb 20 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

BRANDON A. JACKSON
DIRECT DIAL: (205) 547-5570
EMAIL: BJACKSON@HKH.LAW

February 20, 2018

Via Electronic Mail - shpda.online@shpda.alabama.gov

Alva M. Lambert, Esq., Executive Director
c/o Ms. Karen McGuire
Alabama State Health Planning &
Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

**Re: Replacement Letter for December 15, 2017 Postponement Request
Adjustment Petition for Presbyterian Retirement Corporation, Inc. d/b/a
Westminster Village
PA 2018-001**

Dear Mr. Lambert:

Please accept this letter as a replacement for Westminster Village's December 15, 2017 letter from Stephen Davis requesting to "withdraw" its petition for plan adjustment. The letter submitted on December 15, 2017 included a scrivener's error. The letter should have read as follows:

Please accept this letter as our request to postpone our application for a Plan Adjustment. Additional time is required to ensure accurate information is provided. Please postpone our proposal from the January SHCC meeting until additional information can be submitted. Thank you again for your assistance with the process.

On February 16, 2018, Westminster Village submitted additional information in the form of a revised addendum petition for adjustment. Please let me know if you require additional information that was not included in the addendum petition or have any other questions. Thank you for your assistance.

Sincerely,

Brandon A. Jackson

cc: David M. Hunt, Esq.

HKH

HARBUCK KEITH & HOLMES
LLC

Andrea E. Gardner, Paralegal
Direct Dial: (205) 547-5569
Email: AGardner@HKH.law

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

February 16, 2018

Via Electronic Mail - shpda.online@shpda.alabama.gov

Alva M. Lambert, Esq., Executive Director
c/o Ms. Karen Guthrie
Alabama State Health Planning &
Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 35104

**Re: Revised Adjustment Petition for Presbyterian Retirement Corporation, Inc.
d/b/a Westminster Village
PA 2018-001**

Dear Karen:

Pursuant to your conversation with Brandon Jackson in our office, please see attached a Revised Adjustment Petition for Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village. It is our understanding that since the applicant paid the \$3,500 fee at the time of the initial submission last month, that no other fee is due with this filing.

Should you have any questions or need any further information, please let me know. Thanks in advance for your assistance.

Sincerely,



Andrea E. Gardner
Paralegal to David M. Hunt and
Brandon A. Jackson

/aeg

Enclosure

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Feb 20 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

BEFORE THE STATE HEALTH COORDINATING COUNCIL

State Health Plan Adjustment Petition for

**14 SPECIALTY CARE ASSISTED LIVING FACILITY BEDS
CONVERTED FROM ASSISTED LIVING FACILITY BEDS**

**TO ENSURE CONTINUITY OF CARE
IN BALDWIN COUNTY**

Submitted by:

**Presbyterian Retirement Corporation, Inc. d/b/a
Westminster Village, a Continuing Care Retirement Community**

PA 2018-001

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EXHIBIT 12: BALDWIN COUNTY FACT BOOK AND MEGA SITE FACT SHEET

EXHIBIT 13: LETTERS OF SUPPORT

I. GOAL

The goal of this proposed adjustment is to ensure seniors in Baldwin County have sufficient access to the appropriate level of care for their individual needs, while allowing them to age-in-place and experience true continuity of care in a full-service retirement community. To accomplish this goal, this Petition proposes the addition of 14 Specialty Care Assisted Living Facility (“SCALF”) beds converted from existing Assisted Living Facility (“ALF”) beds, for location at Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village (“Westminster Village”) in zip code 36527 in Baldwin County, Alabama (the “Proposed Service Area”). Westminster Village is a continuing care retirement community (“CCRC”) that provides independent living, assisted living, and skilled nursing facility (“SNF”) services. The residents of Westminster Village need SCALF services and the displacement of these residents to other SCALF facilities in Baldwin County is a disservice to these residents who have developed friendships and a home at Westminster Village. The provision of SCALF services at Westminster Village will foster higher quality of care by allowing seniors in need of SCALF services the ability to age-in-place at each level of care in familiar, known surroundings with caregivers they know and trust. Westminster Village’s SCALF beds will be private pay and will not affect Medicaid or Alabama taxpayers.

II. PROPOSED ADJUSTMENT

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

- 410-2-4-.04: Limited Care Facilities – Specialty Care Assisted Living Facilities (SCALFs)
(2)(e)(ii) Consistent with Ala. Admin. Code § 410-2-4-.04(2)(e), the SCALF bed need for Baldwin County shall be adjusted to reflect a need for an additional fourteen (14) specialty care assisted living facility beds converted from existing assisted living facility beds for location on a contiguous campus that currently provides independent living, assisted living, and skilled nursing facility services to seniors in zip code 36527 in Baldwin County.¹

¹ See Exhibit 1 (Alabama State Health Plan, Specialty Care Assisted Living Facilities).

III. APPLICANT CONTACT INFORMATION

Applicant: Stephen Davis
Presbyterian Retirement Corporation, Inc. d/b/a
Westminster Village, a Continuing Care Retirement Community
500 Spanish Fort Blvd.
Spanish Fort, Alabama 36527
Phone: (251) 895-6633
Email: sdavis@actslife.org

Contact: David M. Hunt
Brandon A. Jackson
HARBUCK KEITH & HOLMES, LLC
3595 Grandview Parkway, Suite 400
Birmingham, Alabama 35243
Phone: (205) 547-5552
Email: dhunt@hkh.law
bjackson@hkh.law

Proof of Publication: To be provided under separate cover within the time mandated by rule.

Fee: \$3,500.00, previously paid in full.

IV. WESTMINSTER VILLAGE'S HISTORY

Petitioner Westminster Village is a CCRC in Spanish Fort, Alabama for persons 62 years of age and older. In the late 1970's, many people in Baldwin County viewed eldercare as either for the very wealthy or for the very poor, paid for through government-funded facilities. These same residents dreamed of building an affordable retirement community that would provide residents with the amenities and qualities of life to live independently from early retirement with on-site assisted living and skilled nursing care. The elders of Trinity Presbyterian joined forces with others in the Presbytery of Mobile, the church council comprised of the ministers and representative elders from the congregations within the district. These elders formed a task group and started developing plans for a new retirement community in Spanish Fort, Alabama. They ultimately decided upon a non-denominational retirement community that would be affordable to seniors and provide the full continuum of care from independent living to long term care. A map of Westminster Village's facility is attached as Exhibit 2.

The founders set up Westminster Village as a 501(c)(3) Non-Profit Corporation built for the members of the community to experience an alternative retirement lifestyle with extended life care options, with profits placed back into the retirement community. The first residents, including many of its first board members, moved into Westminster Village in 1983, and it has provided quality care to residents for the past thirty-five (35) years.

Westminster Village was recently acquired by Acts Retirement Life Communities (“Acts Retirement”), a larger 501(c)(3) Non-Profit Corporation with a similar vision of providing a quality retirement community with independent living and life care options for assisted living and skilled nursing services. Through its affiliation with Acts Retirement, Westminster Village has been able to expand the choices for its residents with additional amenities and programs.

Westminster Village was built as a true CCRC, with residents paying an upfront entrance fee and a monthly fee thereafter. Once the resident moves into the community, the resident resides in the community and is provided all care that they require through long term care services. As a result, the residents at Westminster Village commit to the community and the services it offers. Westminster Village urges the SHCC to approve this project to help Westminster Village continue committing to the needs of its residents that require a higher level of dementia and Alzheimer’s services.

V. INTRODUCTION

SCALF facilities in Alabama provide an increased level of care and supervision “which is designed to address the resident’s special needs due to the onset of dementia, Alzheimer’s disease, or similar cognitive impairment.”² The Alzheimer’s Association estimates that in 2017 over 5.5 million Americans were living with Alzheimer’s disease or some form of dementia, including 5.3 million Americans age 65 and over. (See Exhibit 3, Alzheimer’s Association 2017 Facts and Figures Report: Prevalence of Alzheimer’s).

Westminster Village has multiple residents with dementia and Alzheimer’s that require a higher level of memory care than is typically provided in an ALF. These residents are forced to pick from one of two unsatisfactory alternatives: (1) move to another facility away from friends and caregivers they trust and pay increased costs for SCALF care; or (2) pay additional expenses for home health care or skilled nursing services in order to remain at Westminster Village. Many of these residents want to stay at Westminster Village, increasing their expenses and placing a higher burden on their family. Other residents are forced to move away from Westminster Village, because they do not qualify for skilled nursing or assisted living services. This displacement is unnecessary, and it can be easily remedied by the approval of this adjustment petition.

Westminster Village has fourteen (14) residents that would benefit from a move to a SCALF facility. This demand is indicative of the unmet need for SCALF services at Westminster Village and throughout Baldwin County. These fourteen (14) beds will be filled by Westminster Village residents with life care contracts who would otherwise have to experience increased costs by either moving to another SCALF facility or paying for home health and sitter services that are unnecessary in a SCALF.

It is also important to note that the approval of these beds would not have a negative impact on other SCALFs in Baldwin County. According to the University of Alabama Center for Business and Economic Research (“CBER”), Baldwin County is the seventh largest county in Alabama, with the fourth largest population of persons age 65 and over in Alabama. (See Exhibit 4, Population Projections). CBER projects that Baldwin County’s population will increase by 118,634 people between 2010 and 2040. **The 65.1 % increase in population in Baldwin**

² See Alabama Admin. Code § 410-2-4.-04(1) (defining “Specialty Care Assisted Living Facility” in the State Health Plan).

County represents the largest increase in population by any county in Alabama. In comparison, the population of Alabama as a whole is projected to increase by only 11.3 %.

Further, the population of persons age 65 and over in Baldwin County is projected to increase by 48,201 people between 2010 and 2040, the second largest increase in persons 65 and over in Alabama. **This will represent a 157.7% increase in persons age 65 and over, compared to only a 73.9% increase for the state of Alabama.** These positive trends in total population and in the 65 and over category in Baldwin County establish an immediate need for the requested SCALF beds in Baldwin County.

As demonstrated herein, the conversion of the requested fourteen (14) beds will remedy the lack of access to SCALF services at Westminster Village, and in Baldwin County, in the most cost efficient manner possible. This conversion will not increase costs to taxpayers, and it will help ensure Westminster Village can meet each resident's needs at each level of care from independent living to long-term care.

VI. WHY IS THIS ADJUSTMENT NEEDED?

The proposed adjustment to convert fourteen (14) SCALF beds from existing ALF beds is necessary to ensure residents of Westminster Village have sufficient access to the full continuum of care needed to meet every resident's needs at each level of care. Specifically, the proposed adjustment is necessary for the following reasons:

- 1) Displacement of Westminster Village residents places an unnecessary burden on residents and their families;
- 2) Continuity of care is critical for Alzheimer's and dementia residents, reduces costs on taxpayers, and reduces healthcare spending;
- 3) The growing population in Baldwin County requires additional SCALF beds;
- 4) The SCALF facilities surrounding the Proposed Service Area are running near capacity;
- 5) Converting SCALF beds from existing ALF beds is cost-effective and promotes continuity of care for seniors; and
- 6) Increased supply means greater access, choice, and healthcare for seniors.

A. Displacement Of Westminster Village Residents Places An Unnecessary Burden On Residents And Their Families.

When a resident signs a life care contract with Westminster Village, they make a decision to enter Westminster Village for the long term. Each resident pays an entrance fee and a monthly fee, which covers their stay for the rest of their life. These monthly fees are predictable and, with few exceptions, are an investment to cover the resident's long term care. Once most residents enter the facility, their long term care is covered even if the resident runs out of funds. This has been the cornerstone of Westminster Village's full continuum of care, and it has been strengthened by Westminster Village's affiliation with Acts Retirement. In addition, every resident has access to on-site wellness, rehabilitation, and home care services, and every resident has the ease of living with activities to have fun, stay busy, and live enriched lives. Westminster Village, and its affiliate Acts Retirement, are Non-Profit Corporations focused on enhancing the lives of their residents. Westminster Village does not answer to stockholders, and after operating expenses, reinvests all excess revenue into the community.

The residents at Westminster Village choose the community as an alternative retirement destination where they do not have to worry about maintenance, meals, or their care. Westminster Village is their home. The residents develop friends within the community and develop relationships with caregivers that they know and trust. When a resident experiences an increase in dementia and Alzheimer's symptoms, they want to stay at Westminster Village.

Currently, this is not possible for some residents. These residents must choose from one of two unsatisfactory alternatives: (1) move to another facility away from friends and caregivers they trust and pay increased costs for SCALF care; or (2) pay additional expenses for home health care or skilled nursing services in order to remain at Westminster Village. For residents that have to be transferred to another facility, it displaces the resident from their friends, spouses, and caregivers at a time when comfortable, known surroundings and continuity of care is most vital to the resident's well-being and care. This displacement from the resident's home breaks the continuum of care at Westminster Village and has a negative impact on the residents' health and well-being. In turn, this places a mental and financial burden on the families of these residents.

Westminster Village has requested to adjust the state health plan in Baldwin County to add fourteen (14) SCALF beds. This adjustment is necessary to prevent further displacement of

residents from their homes and to increase the quality of care provided to residents at Westminster Village.

B. Continuity Of Care Is Critical For Alzheimer’s And Dementia Residents, Reduces Costs To Taxpayers, And Reduces Healthcare Spending.

According to Robert Edge, Vice President of Public Policy for the Alzheimer’s Association, continuity of care is most important in the area of dementia and Alzheimer’s care.³ Seeing friendly faces and people who the patient trust results in better health outcomes, and can help patients live longer. A study published in 2016 by JAMA Internal Medicine, an international peer-reviewed journal published by the American Medical Association, researched the outcomes of patients with dementia with higher continuity of care versus patients with lower continuity of care.⁴ The study concluded that patients suffering from dementia with lower continuity of care had worse outcomes, including higher rates of hospitalization, emergency department visits, testing, and higher healthcare spending.⁵ Many dementia and Alzheimer’s patients are over the age of 65 and utilizing some form of Medicare. As a result, higher hospitalization rates for residents with Alzheimer’s and dementia turns into higher spending by the Medicare program and more money from taxpayers. Providing for better patient outcomes and high quality patient care through healthcare data collection and planning are the essence of the State Health Coordinating Council’s (“SHCC”) purpose. The approval of this adjustment petition is the first step to helping the residents of Westminster Village achieve greater continuity of care, which in turn can lead to lower re-hospitalizations and healthcare spending.

C. The Growing Population in Baldwin County Requires Additional SCALF Beds.

As estimated by CBER,⁶ Baldwin County was the seventh most populated county in the State of Alabama in 2015. (See Exhibit 4, Population Projections). CBER projects that Baldwin

³ See Before the United State House of Representatives, Testimony of Robert Edge, Vice President of Public Policy, Alzheimer’s Association, *Dual-Eligibles: Understanding This Vulnerable Population and How to Improve Their Care*, p. 13 (June 21, 2011), https://www.alz.org/national/documents/edge_energy_commerce_subcommittee.pdf.

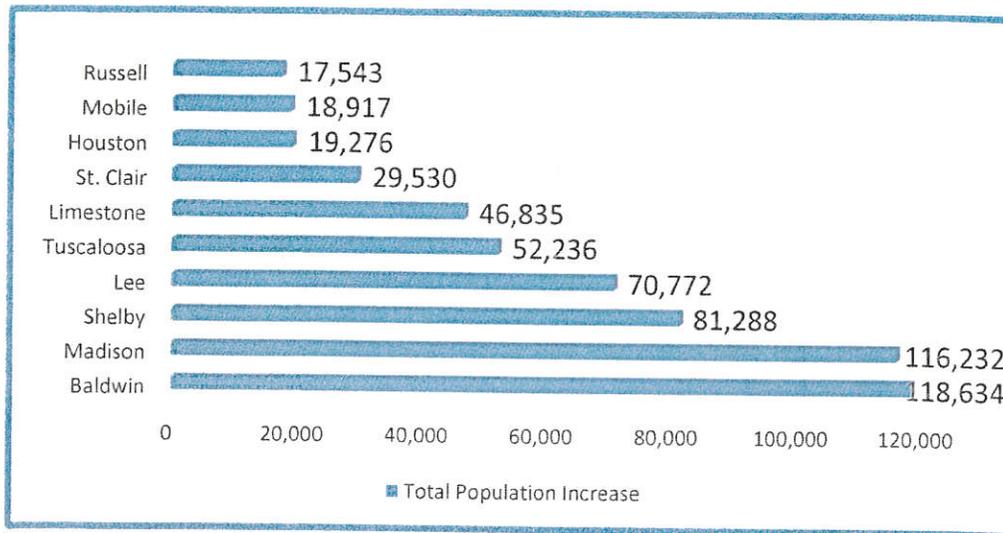
⁴ Halima Amjad M.D., Bynum, Julie P.W., M.D., et. al., *Continuity of Care and Health Care Utilization in Older Adults With Dementia in Fee-for-Service Medicare*, JAMA Intern Med. 2016;176(9):1371-1378, (July 25, 2016), <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2536188>.

⁵ *Id.*

⁶ Pursuant to SHPDA rules and regulations, Ala. Admin Code r. 410-1-6-.06(2), population estimates and projections from the University of Alabama Center for Business and Economic Research are the most reliable data available.

County will experience a boom in population between 2010 and 2040, such that Baldwin County's population will increase by 118,634 people by 2040. This is the largest projected population increase by any County in the State of Alabama. (See Chart 1 below).

Chart 1: Top Ten Counties with Greatest Population Growth (2010-2040)



(Source: Center for Business and Economic Research, The University of Alabama) (2017 Series)

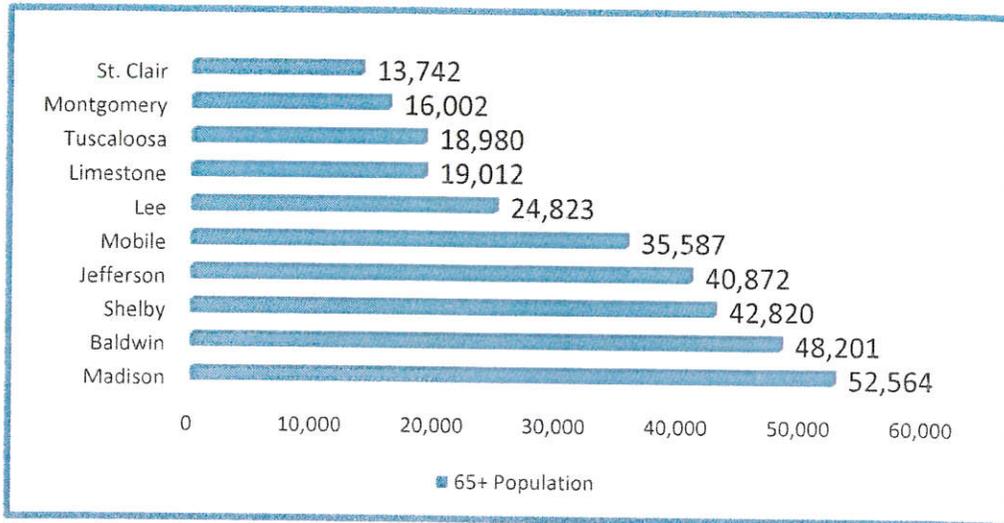
To place this in perspective, Baldwin County is expected to experience a 65.1 % increase in its population between 2010 and 2040, as compared to an 11.3 % increase by the State of Alabama as a whole. That means that the rate of population increase in Baldwin County is projected to be six times as large as the population increase in the State of Alabama as a whole.

Baldwin County also has the fourth largest population age 65 and over in the State of Alabama. (See Exhibit 4, CBER Population Projections). Baldwin County is a popular vacation and retirement destination based on its proximity to the beaches in Gulf Shores, Alabama. At the same time, Baldwin County, and Spanish Fort, Alabama in particular, are close to Mobile, but with lower crimes rates.⁷ As the baby boomer generation continues to cross into the 65 and over population category, more people are projected to move to Baldwin County. Accordingly, CBER projects that Baldwin County will have a 157.7 % increase in persons age 65 and over by 2040. This will be the second largest increase of persons age 65 and over in any county in Alabama, as shown in Chart 2 below. The 157.7 % increase of persons age 65 and over is double the percentage increase of the State of Alabama as whole, which CBER projects will increase by 73.9 % by 2040. This large increase in the 65 and over population

⁷ See John Sharp, *Why Baldwin County is Alabama's Undisputed King of Growth*, AL.Com, (last visited January 4, 2018), http://www.al.com/news/mobile/index.ssf/2016/04/why_baldwin_county_is_alabamas.html.

will have a positive impact on the need for SCALF services in Baldwin County, as this group of the population uses SCALF services at the highest rate and the numerical methodology utilized in the State Health Plan is driven by this population component.

Chart 2: Top Ten Counties For 65+ Population Growth (2010 – 2040)

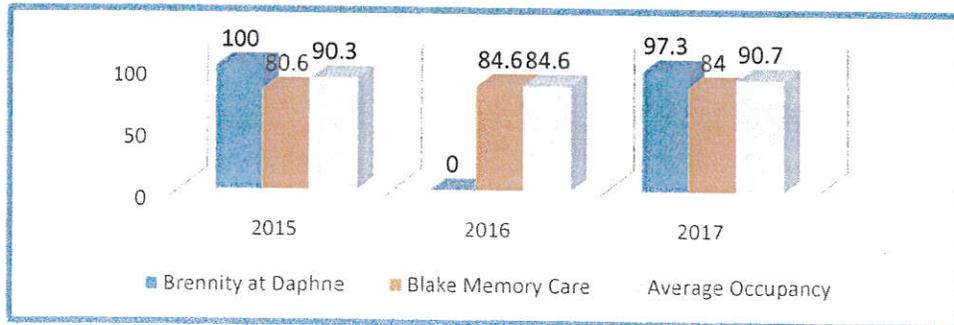


(Source: Center for Business and Economic Research, The University of Alabama)

D. The SCALF Facilities Surrounding The Proposed Service Area Are Running Near Capacity.

As shown in the geographical map of Baldwin County attached as Exhibit 5, Westminster Village is located directly across Mobile Bay from Mobile, Alabama, one of the largest cities in Alabama. The two closest SCALF facilities in Baldwin County, Brennity at Daphne and Blake Memory Care, are located approximately twenty minutes away in Daphne, Alabama. These two facilities have each been running near capacity for the past three years, as shown in Chart 3 below. (See also Exhibit 6, Summary of Annual Reports Filed with SHPDA by Baldwin County SCALFS (2015 -2017)).

Chart 3: Reported Occupancy Percentage of SCALFs Near Proposed Service Area (2015 - 2017)



When the high occupancy rate of these two facilities is coupled with the increase in the target population of persons age 65 and over and the continuing increase in dementia patients over this time frame, there is clearly a high demand for SCALF services in the Proposed Service Area that will sustain the requested increase in SCALF beds.

E. Converting SCALF Beds From Existing ALF Beds Is Cost-Effective And Promotes Continuity Of Care For Seniors.

The SHPDA rules and regulations governing the addition of SCALF beds recognize that the conversion of existing ALF beds, rather than the addition of new SCALF beds, is a high priority and provides for the “the most cost effective health care services available.” See Ala. Admin. Code r. 410-2-4-.04(2)(d)6). Consequently, the most cost effective method for the addition of fourteen (14) SCALF beds in Baldwin County is through the conversion of existing ALF beds.

F. Increased Supply Means Better Access, Choice, And Healthcare For Seniors.

SCALF facilities in Baldwin County also reported that they had patients on waiting lists in 2015 and 2016 (no such data was collected by SHPDA for 2017). (See Exhibit 6). The patients on these waiting lists are often cared for at home, thereby placing a heavy burden on family members and loved ones caring for an elderly mother or father with Alzheimer’s. According to the Alzheimer’s Association, one in five care contributors of a family member with Alzheimer’s cuts back on their own doctor visits and 74 percent report they are “somewhat to very concerned about maintaining their own health.” (See Exhibit 7, Alzheimer’s Association Facts and Figures, 2016 Fact Sheets). Approximately thirty (30) to forty (40) percent of family care contributors for people with dementia suffer from depression. In addition, fifty-nine (59) percent of care contributors report their stress as “High to very high.”⁸ Fifteen (15) percent of care contributors who were employed at the time they become a care contributor in the past year reported that they ultimately quit their jobs, fifty-seven (57) percent reported having to go in late or leave early, and sixteen (16) percent had to take leaves of absence.⁹ The Alzheimer’s Association estimates that the value of unpaid care provided by care contributors of dementia

⁸ Alzheimer’s Association, 2017 Alzheimer’s Disease Facts and Figures, Alzheimer’s Dement 2017;13:325-373), p. 40, https://www.alz.org/documents_custom/2017-facts-and-figures.pdf.

⁹ Id. at 42.

patients in Alabama in 2016 was around 345 Million hours of unpaid care, worth an estimated 4.359 Billion dollars.¹⁰

This burden should not fall on the family of a loved one; these patients should have access to SCALF services. Baldwin County has the fourth largest population of persons age 65 and over in Alabama. (See Exhibit 4). The lack of access to necessary services for such a large sector of Alabama's 65 and over population is unacceptable and must be remedied by an adjustment to the State Health Plan. The increase in supply that will result from such an adjustment will enable these seniors who have been denied access to SCALF services, and others that need SCALF services at Westminster Village, to obtain the healthcare they deserve. While the "one size fits all" bed need criteria of "4 SCALF beds per 1,000 population" might fit some counties in Alabama, Baldwin County is an exception. The increased access to SCALF beds will, in turn, give these residents a choice to live in a facility where they can be cared for, rather than live at home and place such an undue burden on their families. Mandating the new SCALF beds be converted from existing ALF beds ensures dementia patients in Baldwin County obtain continuity of care that fosters healing and places less of a burden on the labor market in the community. An adjustment to the State Health Plan is necessary to ensure seniors in Baldwin County have access to necessary SCALF services.

VII. FACTS & FIGURES ABOUT ALZHEIMER'S DISEASE

A. SCALF Beds Are Needed To Meet The Growing Number Of Alzheimer's Patients.

SCALF facilities in Alabama provide an increased level of care and supervision "which is designed to address the resident's special needs due to the onset of dementia, Alzheimer's disease, or similar cognitive impairment."¹¹ Dementia is an "overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities."¹² According to the Alzheimer's Association, 5.5 million people have Alzheimer's disease or some form of dementia, including 5.3 million patients age 65 and older (approximately 96 percent). (See Exhibit 3). An estimated

¹⁰ *Id.* at 38.

¹¹ See Alabama Admin. Code § 410-2-4.-04(1) (defining "Specialty Care Assisted Living Facility" in the State Health Plan).

¹² Alzheimer's Association, *What is Dementia*, <http://www.alz.org/what-is-dementia.asp> (January 4, 2018).

90,000 patients have Alzheimer's in Alabama. By 2050, the number of persons living with Alzheimer's disease is estimated to triple, to between 13.8 and 16 million people. One in ten people age 65 and older (10 percent) have Alzheimer's disease, in addition to approximately 200,000 individuals under age 65 with "younger-onset Alzheimer's." To place this in perspective, someone in the United States develops the disease every 66 seconds. By 2050, someone in the United States will develop the disease every 33 seconds.

Alzheimer's is the sixth leading cause of death in the United States and Alabama, and the fifth leading cause of death in patients 65 and older. (See Exhibit 8, Alzheimer's Association 2017 Facts and Figures Report: Mortality and Morbidity of Alzheimer's). In fact, "nearly one in every three seniors who dies each year has Alzheimer's or another dementia." (See Exhibit 7, Alabama Alzheimer's Statistics). Even more frightening is that the number of Alzheimer's patients is expected to continue to grow at an alarming rate. It is estimated that the number of patients in Alabama age 65 and older with Alzheimer's will grow by 22.2% by the year 2025 (See Exhibit 3).

B. The Toll On Families Can Be Lessened By Additional SCALF Beds.

Alzheimer's takes a significant physical and mental toll on the family members of Alzheimer's patients. One-fifth of all care contributors of a patient with Alzheimer's do not take care of their own doctor visits and 74 percent report they are "somewhat to very concerned about maintaining their own health." (See Exhibit 7, Alzheimer's Facts and Figures, Fact Sheets). The Alzheimer's Association estimates that the value of unpaid care provided by care contributors of dementia patients in Alabama in 2015 was around 344 Million hours of unpaid care, worth over an estimated 4 Billion dollars.

The family members of Westminster Village residents are particularly susceptible to this physical and mental toll. The residents at Westminster Village want to stay at Westminster Village for their full continuum of care. This adjustment will provide the residents that need these services the opportunity to achieve their highest practical level of care and help alleviate some of the excessive costs borne by the family members of Westminster Village's residents with Alzheimer's and dementia.

VIII. QUALITY OF CARE

The quality of SCALF services can be judged, in part, by the access seniors have to services and facilities equipped to handle their care. Where seniors lack access to necessary services, it places a burden on the patient and their family. This is the case at Westminster Village. The lack of access to SCALF services at Westminster Village forces residents that choose to commit to the Westminster Village way of life to move to a different facility away from their friends, spouses, and the caregivers they *know, trust, and remember* as they follow the aging process. This, in turn, leads to frustration for both the patient and their family. Alternatively, these patients are forced to use other health care services or facilities that are less cost efficient (nursing facility) or ill-equipped (independent living with sitters and home health services) to handle the needs of a dementia or Alzheimer's patient.

It has been determined under the State Health Plan that the presence of an adequate number of SCALF beds is critical to the provision of a full continuum of care for Baldwin County seniors. This simple principle holds true for Westminster Village, where residents deserve to have the most appropriate and cost efficient care possible. The lack of access to SCALF services at Westminster Village creates a quality of care issue for these residents, and in Baldwin County as a whole. When coupled with the independent living, ALF, and SNF services offered at Westminster Village, Westminster Village can provide a true continuum of care at every step in the aging process to the seniors that have chosen the Westminster Village lifestyle. Only by having adequate resources in all levels of care can the true aim of the State Health Plan be realized and patients receive the highest practicable quality of care available.

IX. GEOGRAPHICAL AREA OF PROPOSED ADJUSTMENT

The geographical area for the proposed adjustment is Baldwin County. A map showing the currently existing SCALF facilities in Baldwin County and the location of Westminster Village is attached as Exhibit 5.

X. IMPACT ON OTHER FACILITIES

Westminster Village does not anticipate an impact on other SCALF facilities in Baldwin County due to the following:

1. There is a greater need for SCALF services in Baldwin County than recognized by the State Health Plan;
2. The SCALF facilities near the Proposed Service Area are running near capacity and currently operating efficiently;
3. Residents admitted to Westminster Village's SCALF beds will be current residents of Westminster Village that might otherwise be cared for in other areas of the community with home health and sitters or admitted to Westminster Village's skilled nursing facility;
4. The large population of residents 65 and older in Baldwin County and the projected increase in this population; and
5. The incidence of dementia and Alzheimer's in Alabama and the alarming growth of both diseases.

XI. SCALF ANNUAL REPORTS FILED WITH SHPDA

The most recent statistical update for SCALF beds shows that 175 beds are needed in Baldwin County, with 168 beds authorized. (See Exhibit 9, State Health Plan Statistical Update: Specialty Care Assisted Living Facilities (2015)). There are currently four SCALF facilities in Baldwin County. (See Exhibit 10, Alabama Department of Public Health: Baldwin County Health Care Facilities Directory – Specialty Care Assisted Living Facilities). LiveOak Village, located approximately forty-five (45) minutes from Westminster Village, recently received a Certificate of Need for 16 SCALF beds in Foley, Alabama. (See Exhibit 11, LiveOak Village's Certificate of Need). This brings the total SCALF beds in Baldwin County to 184 beds. A summary of the annual reports filed with SHPDA by all Baldwin County SCALF providers from the years 2015 through 2017 is attached as Exhibit 6. As shown in Exhibit 5, the only SCALF beds located near the Proposed Service Area are Brennity at Daphne and Blake Memory Care, both of which are running near capacity.

XII. STAFFING

Pursuant to the rules and regulations of ADPH, a SCALF facility must have an administrator, a medical director, at least one Registered Nurse, and a unit coordinator. In addition, each SCALF facility must have staff coverage meeting or exceeding the staffing ratios specified by ADPH regulations on a 24-hour per day, seven day a week basis.

Westminster Village has the resources in place to address all staffing concerns. Westminster Village estimates that it will need the following staff:

- Full time Director of Assisted Living who is a qualified licensed SCALF Administrator and Registered Nurse;
- A Licensed Practical Nurse on all three shifts, seven days a week;
- A Certified Nursing Assistant on all three shifts, seven days a week; and
- A qualified Recreational Assistant five days a week.

XIII. NAMES OF PATIENTS DENIED SERVICES

Westminster Village recognizes this issue is presented in the State Health Plan Adjustment Organizational Outline. However, various laws and regulations, including the Health Insurance Portability and Accountability Act (“HIPAA”), prohibit Westminster Village from listing the names of such patients. State law may also prevent SHPDA from receiving names of patients, residents, families, and caregivers.

Westminster Village has achieved the purpose of the Outline question by showing quantitatively when and where the denial of service is evident without resorting to the release of private, confidential information, such as patient names. ~~Moreover, numerous existing SCALF~~ facilities in Baldwin County have reported having patient waiting lists.

XIV. PHYSICIANS COMMITED TO INVOLVEMENT

The provision of the proposed SCALF services is not dependent on new physicians residing in or having practices near Westminster Village. However, Westminster Village has a medical director and on-site nurse practitioner that visit and treat residents at the community.

XV. INDUSTRY IN BALDWIN COUNTY

Baldwin County is home to several major industrial employers. (See Exhibit 12, Baldwin County Fact Book). Eighty-eight percent of residents in Baldwin County have a high school diploma or higher degree. Baldwin County was also listed as one of the top 50 places to grow a business by Forbes magazine. Baldwin County is also home to the South Alabama Mega Site, which is a publically owned 3,009 acre site with easy access to public utilities and transportation systems for business development. (See Exhibit 12, South Alabama Mega Site Fact Sheet).

XVI. LETTERS OF SUPPORT

Letters of support from twenty (20) residents of Baldwin County, including community members, caregivers, and residents of Westminster Village are attached as Exhibit 13.

EXHIBIT 1:

STATE HEALTH PLAN SPECIALTY CARE ASSISTED LIVING FACILITIES

410-2-4-.04 Limited Care Facilities – Specialty Care Assisted Living Facilities

(1) Definition. Specialty Care Assisted Living Facilities are intermediate care facilities which provide their residents with increased care and/or supervision which is designed to address the residents' special needs due to the onset of dementia, Alzheimer's disease or similar cognitive impairment and which is in addition to assistance with normal daily activities including, but not limited to, restriction of egress for residents where appropriate and necessary to protect the resident and which require a license from the Department of Public as a Specialty Care Assisted Living Facilities pursuant to Ala. Admin. Code § 420-5-20, *et seq.*

(2) Specialty Care Assisted Living Facility Bed Need Methodology

(a) Purpose. The purpose of this specialty care assisted living facility bed need methodology is to identify, by county, the number of beds needed to assure the continued availability, accessibility, and affordability of quality care for residents of Alabama.

(b) General. Formulation of this bed need methodology was accomplished by a committee of the Statewide Health Coordinating Council (SHCC). The committee which provided its recommendations to the SHCC, was composed of providers and consumers of health care. Only the SHCC, with the Governor's final approval, can make changes to this methodology except that the SHPDA staff shall annually update bed need projections and inventories to reflect more current population and utilization statistics. Such updated information is available for a fee upon request. Adjustments are addressed in paragraph (E).

(c) Basic Methodology. Considering the availability of more community and home based services for the elderly in Alabama, there should be a minimum of 4 beds per 1,000 population 65 and older for each county.

The bed need formula is as follows:

$$(4 \text{ beds per thousand}) \times (\text{population 65 and older}) = \text{Projected Bed Need}$$

(d) Planning Policies

1. Projects to develop specialty care assisted living facilities or units in areas where there exist medically underserved, low income, or minority populations should be given priority over projects not being developed in these critical areas when the project to develop specialty care assisted living facilities in areas where there exists medically underserved, low income or minority populations is not more costly to develop than other like projects.

2. Bed need projections will be based on a three-year planning horizon.

3. Planning will be on a countywide basis.

4. Subject to SHCC adjustments, no beds will be added in any county where that county's projected ratio exceeds 4 beds per 1,000 population 65 and older.

5. When any specialty care assisted living facility relinquishes its license to operate, either voluntarily or involuntarily other than by a Certificate of Need approved transfer, or by obtaining title by a foreclosure as specified in the opinion rendered by the Alabama Attorney General, November 17, 1980, the need for the facility and its resources will automatically be eliminated from the facilities portion of the State Health Plan. The new bed need requirement in the county where the facility was located will be that number which will bring the county ratio up to 4 beds per 1,000 population 65 and older.

6. Additional need may be shown in situations involving a sustained high occupancy rate either for a county or for a single facility. An applicant may apply for additional beds, and thus the establishment of need above and beyond the standard methodology, utilizing one of the following two policies. Once additional beds have been applied for under one of the policies, that applicant shall not qualify to apply for additional beds under either of these policies unless and until the established time limits listed below have passed. All CON authorized SCALF beds shall be included in consideration of occupancy rate and bed need.

(i) If the occupancy rate for a county is greater than 92% utilizing the census data in the most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, an additional need of the greater of either ten percent (10%) of the current total CON Authorized bed capacity of that county or sixteen (16) total beds may be approved for either the creation of a new facility or for the expansion of existing facilities within that county. However, due to the priority of providing the most cost effective health care services available, a new facility created under this policy shall only be allowed through the conversion of existing beds at an Assisted Living Facility currently in possession of a regular, non-probationary license from the Alabama Department of Public Health. Once additional need has been shown under this policy, no new need shall be shown in that county based upon this rule for twenty-four (24) months following issuance of the initial CON, to allow for the impact of those beds in that county to be analyzed. Should the initial applicant for beds in a county not apply for the total number of beds allowed to be created under this rule, the remaining beds would then be available to be applied for by other providers in the county, so long as said providers meet the conditions listed in this rule.

(ii) If the occupancy rate for a single facility is greater than 92% utilizing the census data in the last two (2) most recent full year "Annual Report(s) for Specialty Care Assisted Living Facilities (Form DM-1)" published by or filed with SHPDA, irrespective of the total occupancy rate of the county over that time period, up to sixteen (16) additional beds may be approved for the expansion of that facility only. Once additional beds have been approved under this policy, no new beds shall be approved for that facility for twenty-four (24) months following issuance of the CON, to allow for the impact of those beds at that facility to be analyzed.

7. No application for the establishment of a new, freestanding SCALF shall be approved for fewer than sixteen (16) beds, to allow for the financial feasibility and viability of a project. Because of this, need may be adjusted by the Agency for any county currently showing a need of more than zero (0) but fewer than sixteen (16) total beds to a total need of sixteen (16) new beds, but only in the consideration of an application for the construction of a new facility in that county. Need shall not be adjusted in consideration of an application involving the expansion of a currently authorized and licensed SCALF or for the conversion of beds at an existing Assisted Living Facility.

8. Any CON Application filed by a licensed SCALF shall not be deemed complete until, and unless:

(i) The applicant has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

9. No licensed SCALF filing an intervention notice or statement in opposition in any CON proceeding may cite or otherwise seek consideration by SHPDA of such facility's utilization data until, and unless:

(i) The intervenor or opponent has submitted all survey information requested by SHPDA prior to the application date; and

(ii) The SHPDA Executive Director determines that the survey information is complete.

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

(f) Notwithstanding the foregoing, any application for certificate of need for specialty care assisted living facility beds for which a proper letter of intent was duly filed with SHPDA prior to the adoption of the bed need methodology shall not be bound by this bed need methodology.

(g) The determination of need for specialty care assisted living facility beds shall not be linked to the number of existing assisted living beds in the county.

Author: Statewide Health Coordinating Council

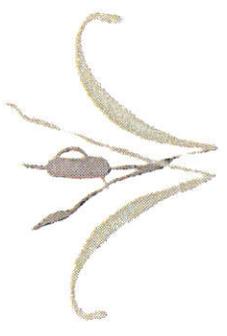
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004; Amended: Filed August 14, 2012; Effective September 18, 2012.

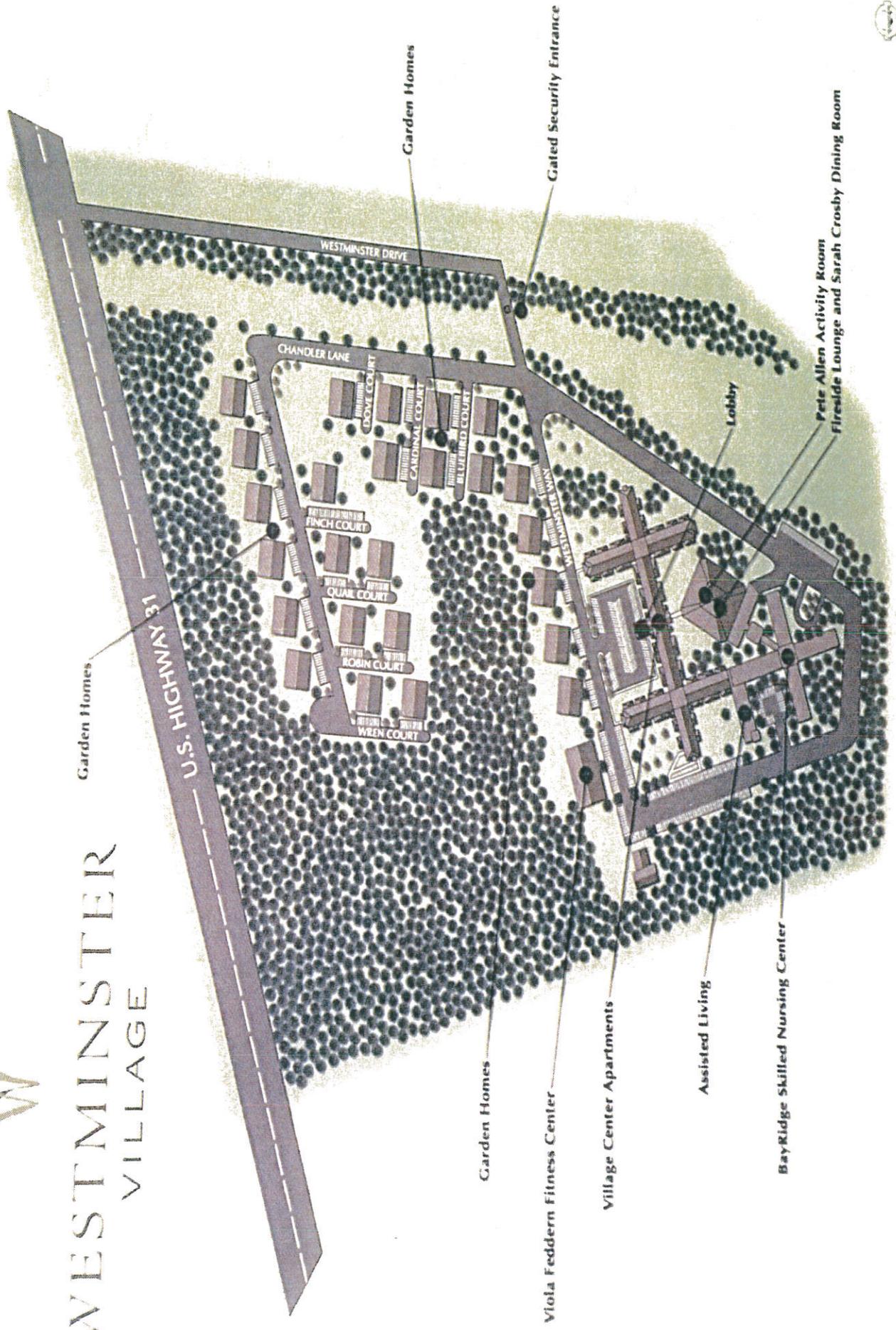
EXHIBIT 2:

MAP OF WESTMINSTER VILLAGE

SITE PLAN



WESTMINSTER VILLAGE



Garden Homes

Garden Homes

Gated Security Entrance

Lobby

Pete Allen Activity Room
Fire Side Lounge and Sarah Crosby Dining Room

Garden Homes

Viola Feddern Fitness Center

Village Center Apartments

Assisted Living

BayRidge Skilled Nursing Center



EXHIBIT 3:

ALZHEIMER'S ASSOCIATION 2017 FACTS AND FIGURES REPORT: PREVALENCE OF ALZHEIMER'S

PREVALENCE

1 in **10**

people age 65 and older
has Alzheimer's dementia.

Millions of Americans have Alzheimer's or other dementias. As the size and proportion of the U.S. population age 65 and older continue to increase, the number of Americans with Alzheimer's or other dementias will grow. This number will escalate rapidly in coming years, as the population of Americans age 65 and older is projected to nearly double from 48 million to 88 million by 2050.¹³⁵ The baby boom generation has already begun to reach age 65 and beyond,¹³⁶ the age range of greatest risk of Alzheimer's; in fact, the first members of the baby boom generation turned 70 in 2016.

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

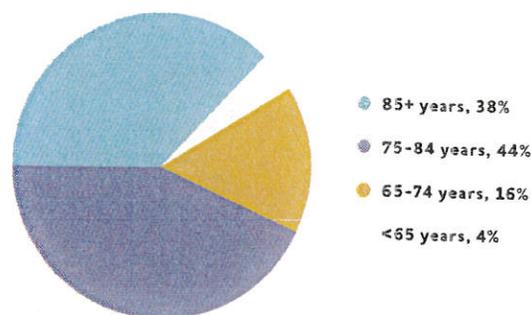
Prevalence of Alzheimer's and Other Dementias in the United States

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

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

FIGURE 1

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



Created from data from Hebert et al.^{A4, 31}
Percentages do not total 100 because of rounding.

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

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

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

The estimates of the number and proportion of people who have Alzheimer's in this section refer to people who have Alzheimer's dementia. But as described in the Overview section (see pages 4-16) and Special Report (see pages 61-68), revised diagnostic guidelines²⁰⁻²³ propose that Alzheimer's disease begins many years before the onset of dementia. More research is needed to estimate how many people may have MCI due to Alzheimer's disease and how many people may be in the preclinical stage of Alzheimer's disease. However, if Alzheimer's disease could be accurately detected before dementia develops, the number of people reported to have Alzheimer's disease would change to include more than just people who have been diagnosed with Alzheimer's dementia.

Subjective Cognitive Decline

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

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

More women than men have Alzheimer's or other dementias. Almost two-thirds of Americans with Alzheimer's are women.^{A6,31} Of the 5.3 million people age 65 and older with Alzheimer's in the United States, 3.3 million are women and 2.0 million are men.^{A6,31} Based on estimates from ADAMS, among people age 71 and older, 16 percent of women have Alzheimer's or other dementias compared with 11 percent of men.^{138,157}

There are a number of potential biological and social reasons why more women than men have Alzheimer's or other dementias.¹⁵⁸ The prevailing view has been that this discrepancy is due to the fact that women live longer than men on average, and older age is the greatest risk factor for Alzheimer's.^{157,159-160} Many studies of incidence (which indicates risk of developing disease) of Alzheimer's or any dementia¹⁶¹ have found no significant difference between men and women in the proportion who develop Alzheimer's or other dementias at any given age. A recent study using data from the Framingham Heart Study suggests that because men in middle age have a higher rate of death from cardiovascular disease than women in middle age, men who survive beyond age 65 may have a healthier cardiovascular risk profile and thus an apparent lower risk for dementia than women of the same age.¹⁶⁰ Epidemiologists call this "survival bias" because the men who survive to older ages and are included in studies tend to be the healthiest men; as a result, they may have a lower risk of developing Alzheimer's and other dementia than the men who died at an earlier age from cardiovascular disease. More research is needed to support this finding.

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

in men.¹⁶³⁻¹⁶⁴ It is unknown why this may be the case, but some evidence suggests that it may be due to an interaction between the APOE-e4 genotype and the sex hormone estrogen.¹⁶⁵⁻¹⁶⁶ Finally, because low education is a risk factor for dementia,^{80-83,88,161} it is possible that lower educational attainment in women than in men born in the first half of the 20th century could account for a higher risk of Alzheimer's and other dementias in women.¹⁶⁷

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

Although there are more non-Hispanic whites living with Alzheimer's and other dementias than any other racial or ethnic group in the United States, older African-Americans and Hispanics are more likely, on a per-capita basis, than older whites to have Alzheimer's or other dementias.¹⁶⁸⁻¹⁷³ A review of many studies by an expert panel concluded that older African-Americans are about twice as likely to have Alzheimer's or other dementias as older whites,¹⁷⁴⁻¹⁷⁵ and Hispanics are about one and one-half times as likely to have Alzheimer's or other dementias as older whites.¹⁷⁵⁻¹⁷⁷ Currently, there is not enough evidence from population-based cohort studies in which everyone is tested for dementia to estimate the national prevalence of Alzheimer's and other dementias in other racial and ethnic groups. However, a study examining electronic medical records for members of a large health plan in California indicated that dementia incidence — determined by the presence of a dementia diagnosis in one's medical record — was highest in African-Americans, intermediate for Latinos (the term used in the study for those who self-reported as Latino or Hispanic) and whites, and lowest for Asian-Americans.¹⁷⁸

Variations in health, lifestyle and socioeconomic risk factors across racial groups likely account for most of the differences in risk of Alzheimer's and other dementias by race.¹⁷⁹ Despite some evidence that the influence of genetic risk factors on Alzheimer's and other dementias may differ by race,¹⁸⁰⁻¹⁸¹ genetic factors do not appear to account for the large prevalence differences among racial groups.^{179,182}

Instead, health conditions such as cardiovascular disease and diabetes, which are associated with an increased risk for Alzheimer's and other dementias, are believed to account for these differences as they are more prevalent in African-American and Hispanic people.¹⁸³⁻¹⁸⁴ Indeed, vascular dementia accounts for a larger proportion of dementia in African-Americans than in whites.¹⁸¹ Socioeconomic characteristics, including lower levels of education, higher rates of poverty, and greater exposure to early life adversity and discrimination, may also increase risk in African-American and Hispanic communities.¹⁸³⁻¹⁸⁵ Some studies suggest that differences based on race and ethnicity do not persist in rigorous analyses that account for such factors.^{78,138,179}

There is evidence that missed diagnoses of Alzheimer's and other dementias are more common among older African-Americans and Hispanics than among older whites.¹⁸⁶⁻¹⁸⁷ Based on data for Medicare beneficiaries age 65 and older, Alzheimer's or another dementia had been diagnosed in 6.9 percent of whites, 9.4 percent of African-Americans and 11.5 percent of Hispanics.¹³⁸ Although rates of diagnosis were higher among African-Americans than among whites, according to prevalence studies that detect all people who have dementia irrespective of their use of the health care system, the rates should be higher (i.e., twice as high as 6.9 percent, which is approximately 13.8 percent).

Estimates of the Number of People with Alzheimer's Dementia by State

Table 4 lists the estimated number of people age 65 and older with Alzheimer's dementia by state for 2017, the projected number for 2025, and the projected percentage change in the number of people with Alzheimer's between 2017 and 2025.^{48,189} Comparable estimates and projections for other types of dementia are not available.

TABLE 4

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

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

Created from data provided to the Alzheimer's Association by Weuve et al.^{48, 49}

develop Alzheimer's dementia in the United States in 2017.^{A9} The number of new cases of Alzheimer's increases dramatically with age: in 2017, there will be approximately 64,000 new cases among people age 65 to 74, 173,000 new cases among people age 75 to 84, and 243,000 new cases among people age 85 and older (the "oldest-old").^{A9,190} This translates to approximately two new cases per 1,000 people age 65 to 74, 12 new cases per 1,000 people age 75 to 84, and 37 new cases per 1,000 people age 85 and older.^{A9} A more recent study using data from the Adult Changes in Thought (ACT) study, a cohort of members of the Group Health health care delivery system in the Northwest United States, reported even higher incidence rates for Alzheimer's dementia.¹⁶¹ Because of the increasing number of people age 65 and older in the United States, particularly the oldest-old, the annual number of new cases of Alzheimer's and other dementias is projected to double by 2050.¹⁹⁰

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

Lifetime Risk of Alzheimer's Dementia

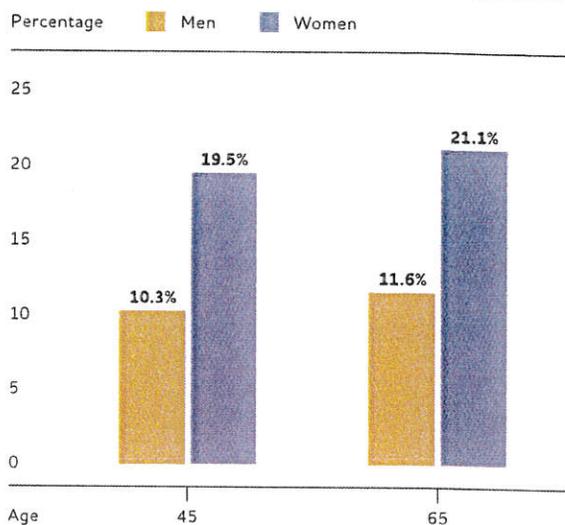
Lifetime risk is the probability that someone of a given age will develop a condition during his or her remaining life span. Data from the Framingham Heart Study were used to estimate lifetime risks of Alzheimer's dementia by age and sex.^{A11,160} As shown in Figure 3, the study found that the estimated lifetime risk for Alzheimer's dementia at age 45 was approximately one in five (20 percent) for women and one in 10 (10 percent) for men. The risks for both sexes were slightly higher at age 65.¹⁶⁰

Trends in the Prevalence and Incidence of Alzheimer's Dementia

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

FIGURE 3

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



Created from data from Chene et al.¹⁶⁰

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

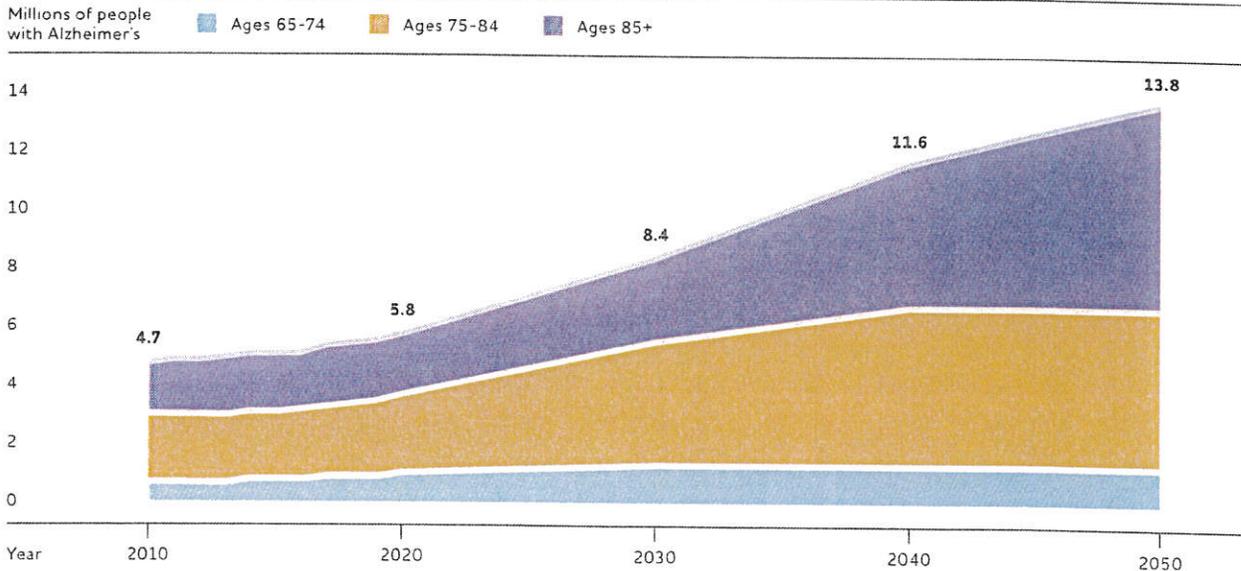
Looking to the Future

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

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

FIGURE 4

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



Created from data from Hebert et al.^{A12, 31}

Growth of the Oldest-Old Population

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

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

EXHIBIT 4:

POPULATION PROJECTIONS

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

County	Census		April 1, 2015 Estimate	2020	2025	2030	2035	2040	2017 series Change 2010-2040	
	2000	2010							Number	Percent
Alabama	4,447,100	4,779,736	4,855,847	4,941,485	5,031,739	5,124,710	5,220,021	5,319,305	539,569	11.3
Autauga	43,671	54,571	55,333	56,705	58,464	60,327	62,388	64,771	10,200	18.7
Baldwin	140,415	182,265	202,710	222,554	242,345	261,777	281,200	300,899	118,634	65.1
Barbour	29,038	27,457	26,571	25,633	24,891	24,288	23,852	23,634	-3,823	-13.9
Bibb	20,826	22,915	22,575	22,354	22,174	22,023	21,932	21,885	-1,030	-4.5
Blount	51,024	57,322	57,669	58,383	59,154	59,995	60,964	62,095	4,773	8.3
Bullock	11,714	10,914	10,729	10,637	10,538	10,414	10,321	10,271	-643	-5.9
Butler	21,399	20,947	20,185	19,690	19,233	18,909	18,691	18,558	-2,389	-11.4
Calhoun	112,249	118,572	115,713	114,221	113,195	112,529	112,025	111,723	-6,849	-5.8
Chambers	36,583	34,215	34,105	33,918	33,709	33,485	33,283	33,147	-1,068	-3.1
Cherokee	23,988	25,989	25,893	25,835	25,778	25,709	25,632	25,573	-416	-1.6
Chilton	39,593	43,643	43,938	44,308	44,793	45,388	46,109	46,953	3,310	7.6
Choctaw	15,922	13,859	13,200	12,475	11,786	11,167	10,609	10,185	-3,674	-26.5
Clarke	27,867	25,833	24,718	23,759	22,867	21,995	21,169	20,414	-5,419	-21.0
Clay	14,254	13,932	13,551	13,233	12,928	12,639	12,374	12,142	-1,790	-12.8
Cleburne	14,123	14,972	15,032	15,104	15,187	15,278	15,374	15,464	492	3.3
Coffee	43,615	49,948	51,116	52,318	53,663	55,104	56,661	58,469	8,521	17.1
Colbert	54,984	54,428	54,386	54,281	54,026	53,707	53,315	52,890	-1,538	-2.8
Conecuh	14,089	13,228	12,670	12,157	11,647	11,195	10,802	10,470	-2,758	-20.8
Coosa	12,202	11,539	10,745	10,193	9,717	9,281	8,883	8,523	-3,016	-26.1
Covington	37,631	37,765	37,848	37,925	37,994	38,044	38,083	38,096	331	0.9
Crenshaw	13,665	13,906	13,959	14,017	14,081	14,150	14,227	14,315	409	2.9
Cullman	77,483	80,406	81,809	82,904	83,897	84,776	85,636	86,350	5,944	7.4
Dale	49,129	50,251	49,549	48,938	48,411	48,022	47,871	47,780	-2,471	-4.9
Dallas	46,365	43,820	41,264	39,219	37,762	36,743	35,914	35,393	-8,427	-19.2
DeKalb	64,452	71,109	71,101	71,629	72,394	73,615	75,364	77,344	6,235	8.8
Elmore	65,874	79,303	81,357	83,991	86,641	89,231	91,708	93,933	14,630	18.4
Escambia	38,440	38,319	37,788	37,284	36,830	36,421	36,110	35,804	-2,515	-6.6
Etowah	103,459	104,430	103,156	102,137	101,245	100,612	100,280	100,127	-4,303	-4.1
Fayette	18,495	17,241	16,780	16,214	15,698	15,207	14,774	14,380	-2,861	-16.6
Franklin	31,223	31,704	31,670	31,633	31,614	31,604	31,614	31,636	-68	-0.2

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

County	Census		April 1, 2015 Estimate	2017 series							Change 2010-2040	
	2000	2010		2020	2025	2030	2035	2040	Number	Percent		
Geneva	25,764	26,790	26,760	26,894	27,109	27,361	27,662	28,014	1,224	4.6		
Greene	9,974	9,045	8,498	7,984	7,601	7,326	7,102	6,907	-2,138	-23.6		
Hale	17,185	15,760	15,084	14,509	14,107	13,600	13,161	12,805	-2,955	-18.8		
Henry	16,310	17,302	17,210	17,296	17,443	17,597	17,773	17,969	667	3.9		
Houston	88,787	101,547	104,157	107,353	110,561	113,789	117,189	120,823	19,276	19.0		
Jackson	53,926	53,227	52,472	51,736	51,057	50,424	49,836	49,384	-3,843	-7.2		
Jefferson	662,047	658,466	660,367	662,458	663,999	665,244	666,342	667,433	8,967	1.4		
Lamar	15,904	14,564	13,927	13,265	12,672	12,086	11,526	11,000	-3,564	-24.5		
Lauderdale	87,966	92,709	92,713	92,757	92,914	93,309	93,804	94,385	1,676	1.8		
Lawrence	34,803	34,339	33,193	32,260	31,523	30,914	30,458	30,077	-4,262	-12.4		
Lee	115,092	140,247	156,351	169,234	180,742	191,587	201,932	211,019	70,772	50.5		
Limestone	65,676	82,782	91,400	99,775	108,021	116,015	122,976	129,617	46,835	56.6		
Lowndes	13,473	11,299	10,482	9,667	9,048	8,559	8,217	7,947	-3,352	-29.7		
Macon	24,105	21,452	19,176	17,617	17,111	16,773	16,492	16,268	-5,184	-24.2		
Madison	276,700	334,811	352,345	372,447	392,382	412,126	431,697	451,043	116,232	34.7		
Marengo	22,539	21,027	20,055	19,162	18,647	18,213	17,877	17,605	-3,422	-16.3		
Marion	31,214	30,776	30,188	29,604	28,956	28,274	27,671	27,122	-3,654	-11.9		
Marshall	82,231	93,019	94,633	96,219	98,049	100,136	102,494	105,088	12,069	13.0		
Mobile	399,843	412,992	415,278	417,652	420,497	423,579	427,278	431,909	18,917	4.6		
Monroe	24,324	23,068	21,729	20,552	19,800	19,163	18,528	17,958	-5,110	-22.2		
Montgomery	223,510	229,363	226,487	226,832	227,480	228,160	228,882	229,647	284	0.1		
Morgan	111,064	119,490	119,588	119,865	120,464	121,344	122,557	124,028	4,538	3.8		
Perry	11,861	10,591	9,703	8,875	8,343	7,925	7,632	7,479	-3,112	-29.4		
Pickens	20,949	19,746	20,733	20,743	20,535	20,289	19,985	19,668	-78	-0.4		
Pike	29,605	32,899	33,057	33,231	33,598	34,276	35,029	35,907	3,008	9.1		
Randolph	22,380	22,913	22,644	22,483	22,370	22,303	22,281	22,301	-612	-2.7		
Russell	49,756	52,947	59,673	61,932	64,037	66,162	68,385	70,490	17,543	33.1		
St. Clair	64,742	83,593	86,946	90,634	94,713	100,206	106,219	113,123	29,530	35.3		
Shelby	143,293	195,085	208,085	224,628	239,859	253,485	265,330	276,373	81,288	41.7		
Sumter	14,798	13,763	13,138	12,588	12,147	11,727	11,320	10,935	-2,828	-20.5		

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

County	Census 2000	Census 2010	April 1, 2015 Estimate	2020	2025	2030	2035	2040	2017 series Change 2010-2040	
									Number	Percent
Talladega	80,321	82,291	80,961	79,964	79,164	78,524	78,012	77,644	-4,647	-5.6
Tallapoosa	41,475	41,616	40,911	40,213	39,690	39,214	38,794	38,442	-3,174	-7.6
Tuscaloosa	164,875	194,656	203,612	212,769	221,743	230,259	238,579	246,892	52,236	26.8
Walker	70,713	67,023	65,362	64,532	64,080	63,759	63,568	63,441	-3,582	-5.3
Washington	18,097	17,581	16,819	16,268	15,827	15,436	15,085	14,783	-2,798	-15.9
Wilcox	13,183	11,670	11,057	10,450	9,868	9,400	8,995	8,668	-3,002	-25.7
Winston	24,843	24,484	23,933	23,388	22,920	22,531	22,188	21,887	-2,597	-10.6

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

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

2017 series

	Census		April 1, 2015 Estimate	2020	2025	2030	2035	2040	Change 2010-2040	
	2000	2010							Number	Percent
<i>Alabama</i>	579,798	657,792	763,724	851,496	970,464	1,067,854	1,114,008	1,144,172	486,380	73.9
Autauga	4,451	6,546	7,919	8,476	9,917	11,466	12,563	13,882	7,336	112.1
Baldwin	21,703	30,568	38,870	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Barbour	3,873	3,909	4,560	4,820	5,087	5,260	5,045	4,795	886	22.7
Bibb	2,413	2,906	3,391	3,673	4,048	4,419	4,658	4,859	1,953	67.2
Blount	6,558	8,439	10,109	10,800	11,922	13,003	13,743	14,275	5,836	69.2
Bullock	1,543	1,469	1,640	1,897	2,139	2,237	2,139	2,050	581	39.6
Butler	3,506	3,489	3,710	4,088	4,431	4,619	4,573	4,460	971	27.8
Calhoun	15,872	16,990	18,915	19,886	21,657	22,710	22,709	22,405	5,415	31.9
Chambers	5,928	5,706	6,361	7,043	7,778	8,181	8,344	8,330	2,624	46.0
Cherokee	3,818	4,651	5,585	5,956	6,711	7,272	7,610	7,798	3,147	67.7
Chilton	5,097	5,921	6,830	7,159	8,016	8,602	8,901	9,231	3,310	55.9
Choctaw	2,332	2,519	2,809	2,889	3,040	3,111	3,012	2,895	376	14.9
Clarke	3,764	4,174	4,570	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Clay	2,359	2,449	2,699	2,756	2,973	3,192	3,245	3,267	818	33.4
Cleburne	1,933	2,361	2,824	3,044	3,314	3,601	3,765	3,874	1,513	64.1
Coffee	6,171	7,210	8,264	8,641	9,369	9,968	10,319	10,710	3,500	48.5
Colbert	8,493	9,463	10,238	11,296	12,369	13,091	13,206	12,983	3,520	37.2
Conecuh	2,223	2,362	2,647	2,929	3,199	3,399	3,342	3,217	855	36.2
Coosa	1,761	1,970	2,063	2,513	2,877	3,054	3,107	3,088	1,118	56.8
Covington	6,740	6,939	7,573	8,176	9,070	9,679	9,714	9,652	2,713	39.1
Crenshaw	2,338	2,210	2,527	2,657	2,955	3,229	3,276	3,382	1,172	53.0
Cullman	11,342	12,810	14,666	16,067	17,867	19,401	19,875	20,057	7,247	56.6
Dale	5,807	6,759	7,802	8,255	9,130	9,662	9,600	9,334	2,575	38.1
Dallas	6,428	6,165	6,713	6,968	7,728	8,156	7,940	7,663	1,498	24.3
DeKalb	8,882	9,875	11,378	12,818	14,368	15,566	16,624	17,376	7,501	76.0
Elmore	7,071	9,436	11,677	13,651	16,262	18,850	20,389	21,757	12,321	130.6
Escambia	5,236	5,812	6,356	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Etowah	16,560	16,508	18,296	19,670	21,388	22,404	22,982	23,404	6,896	41.8
Fayette	2,976	3,084	3,373	3,587	3,779	3,909	3,838	3,675	591	19.2
Franklin	4,637	4,825	5,114	5,277	5,563	5,767	5,777	5,808	983	20.4

Alabama County Population Aged 65 and Over 2000-2015 and Projections 2020-2040 (Middle :

2017 series

	Census		April 1, 2015 Estimate	2020	2025	2030	2035	2040	Change 2010-2040	
	2000	2010							Number	Percent
Geneva	4,203	4,674	5,260	5,705	6,289	6,799	7,093	7,157	2,483	53.1
Greene	1,470	1,454	1,587	1,860	2,127	2,222	2,149	2,016	562	38.7
Hale	2,316	2,370	2,682	3,050	3,484	3,840	3,795	3,670	1,300	54.9
Henry	2,668	3,044	3,662	4,158	4,619	4,976	5,120	5,276	2,232	73.3
Houston	12,162	14,675	17,144	19,276	22,069	24,424	25,591	26,598	11,923	81.2
Jackson	7,210	8,773	9,987	10,962	12,081	12,800	12,960	13,089	4,316	49.2
Jefferson	90,285	86,443	96,633	106,631	119,605	127,360	128,035	127,315	40,872	47.3
Lamar	2,528	2,732	2,929	3,145	3,358	3,426	3,298	3,116	384	14.1
Lauderdale	13,241	15,553	17,325	19,412	21,599	23,261	23,953	24,038	8,485	54.6
Lawrence	4,195	4,999	5,767	6,141	6,830	7,603	7,941	7,913	2,914	58.3
Lee	9,337	12,716	16,615	21,095	26,082	30,877	34,500	37,539	24,823	195.2
Limestone	7,271	10,187	12,973	15,911	19,704	23,867	26,994	29,199	19,012	186.6
Lowndes	1,646	1,655	1,873	1,940	2,130	2,268	2,198	2,025	370	22.4
Macon	3,367	3,031	3,356	3,352	3,669	3,855	3,795	3,698	667	22.0
Madison	30,015	40,873	49,579	56,239	68,286	81,478	89,022	93,437	52,564	128.6
Marengo	3,287	3,424	3,829	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Marion	4,934	5,645	6,171	6,595	7,054	7,394	7,497	7,470	1,825	32.3
Marshall	11,717	13,862	15,749	16,495	18,118	19,526	20,007	20,485	6,623	47.8
Mobile	47,919	53,321	62,022	68,898	78,986	86,139	88,238	88,908	35,587	66.7
Monroe	3,363	3,618	3,949	4,308	4,751	5,075	5,133	5,076	1,458	40.3
Montgomery	26,307	27,421	31,014	33,914	38,302	41,547	42,493	43,423	16,002	58.4
Morgan	13,708	16,871	19,533	21,327	23,823	26,066	27,042	27,382	10,511	62.3
Perry	1,762	1,769	1,779	1,786	1,890	1,873	1,772	1,687	-82	-4.6
Pickens	3,293	3,336	3,663	4,087	4,567	4,963	5,032	4,858	1,522	45.6
Pike	3,727	4,211	4,853	5,188	5,769	6,094	6,207	6,178	1,967	46.7
Randolph	3,564	3,888	4,498	4,847	5,393	5,820	6,016	6,032	2,144	55.1
Russell	6,541	6,720	7,576	8,959	10,124	11,062	11,348	11,416	4,696	69.9
St. Clair	7,578	10,909	13,791	15,078	17,612	20,438	22,577	24,651	13,742	126.0
Shelby	12,179	20,627	28,016	34,714	43,182	51,263	57,471	63,447	42,820	207.6
Sumter	2,056	2,063	2,203	2,537	2,933	3,117	3,055	2,908	845	41.0

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

	Census		April 1, 2015 Estimate	2020	2025	2030	2035	2040	2017 series Change 2010-2040	
	2000	2010							Number	Percent
Talladega	10,655	11,591	13,412	14,373	15,957	16,911	17,283	17,519	5,928	51.1
Tallapoosa	6,872	7,193	8,274	8,694	9,556	9,991	10,037	9,889	2,696	37.5
Tuscaloosa	18,565	21,050	24,509	28,882	33,432	36,492	38,345	40,030	18,980	90.2
Walker	10,453	10,894	12,122	13,418	14,409	14,821	14,581	14,006	3,112	28.6
Washington	2,246	2,590	2,932	3,227	3,589	3,854	3,932	3,872	1,282	49.5
Wilcox	1,810	1,752	2,036	2,170	2,396	2,461	2,394	2,268	516	29.5
Winston	3,533	4,333	4,942	5,363	5,812	6,260	6,404	6,309	1,976	45.6

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

EXHIBIT 5:

GEOGRAPHICAL MAP FOR PROPOSED ADJUSTMENT



Westminister Village

Spanish Fort

Daphne

Fairhope

Oakland Place

LiveOak Village

Foley

Haven Memory Care

Gulf Shores

The Blake at Malbis

Brennity at Daphne

Robertsdale

Atmore

Flomaton

Century

Creola

Satsuma

Saraland

Mobile

Pace

Gonzalez

Ennsley

Ferry Pass

Myrtle Grove

Pensacola

2011

EXHIBIT 6:

SUMMARY OF ANNUAL REPORTS FILED WITH SHPDA BY BALDWIN COUNTY SCALES (2015-2017)

SUMMARY OF SCALF ANNUAL REPORTS FILED WITH SHPDA

Baldwin County, Alabama

Facility Name	Year	Facility ID	Authorized Beds	Available Beds	Resident Days	Possible Days	Occupancy %	Notes
Brenity at Daphne	2017	003-S0111	64	64	22,723	23,360	97.3%	
Blake Memory Care	2017	003-S0205	45	45	13,797	16,425	84.0%	
Haven Memory Care	2017	003-S0207	43	43	11,432	15,695	72.8%	
Oakland Place	2017	003-S0210	16	16	5,390	5,840	92.3%	
TOTALS			168	168	53,342	61,320	87.0%	

*nr = Not Reported

Note: LiveOak Village
Acquired a CON for 16
SCALF beds in 2017.

Facility Name	Year	Facility ID	Authorized beds	Available beds	Resident days	Possible days	Occupancy %	Notes
Brenity at Daphne	2016	003-S0111	64	64	nr	nr	nr	No Report Filed in 2016
Blake Memory Care	2016	003-S0205	45	45	14,184	16,425	86.4%	
Haven Memory Care	2016	003-S0207	43	43	6,939	10,492	66.1%	Facility reported the incorrect number of patient days available.
Oakland Place	2016	003-S0210	16	16	5,431	5,856	92.7%	Facility reports they had a waiting list during the reporting period.
TOTALS			168	168	26,554	32,773	81.0%	

*nr = Not Reported

Facility Name	Year	Facility ID	Authorized beds	Available beds	Resident days	Possible days	Occupancy %	Notes
Brenity at Daphne	2015	003-S0111	64	64	23,360	23,360	100.0%	Facility reports they had a waiting list during the reporting period.
Blake Memory Care	2015	003-S0205	16	16	13,232	16,425	80.6%	Facility reports they had a waiting list during the reporting period.
Haven Memory Care	2015	003-S0207	32	32	5,000	11,680	42.8%	
Oakland Place	2015	003-S0210	16	16	4,698	5,840	80.4%	
TOTALS			128	128	46,290	57,305	80.8%	

*nr = Not Reported

EXHIBIT 7:

ALHEIMZER'S FACTS AND FIGURES FACT SHEETS (2016)

factsheet

MARCH 2016

alz.org®

2016 Alzheimer's Disease Facts and Figures

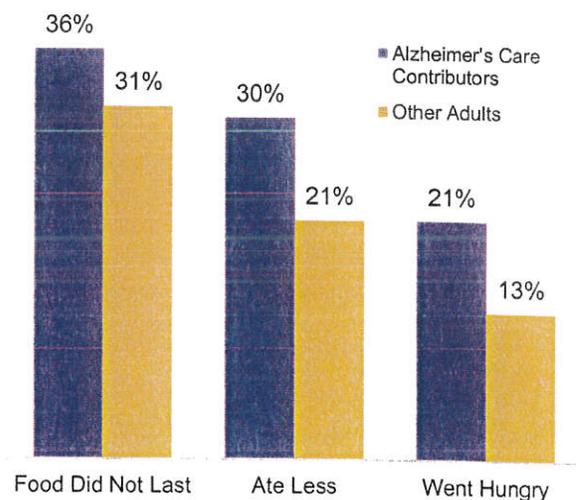
Alzheimer's takes a devastating toll – not just on those with the disease, but on entire families.

- Nearly half of care contributors – those who are caregivers of someone with Alzheimer's and/or contribute financially to their care – cut back on their own expenses (including food, transportation and medical care) to pay for dementia-related care of a family member or friend.
- Care contributors are 28 percent more likely than other adults to eat less or go hungry because they cannot afford to pay for food.
- One in five care contributors cut back on their own doctor visits because of their care responsibilities. And, among caregivers, 74 percent report they are "somewhat" to "very" concerned about maintaining their own health since becoming a caregiver.
- On average, care contributors lose over \$15,000 in annual income as a result of reducing or quitting work to meet the demands of caregiving.
- In total, 15.9 million family and friends provided 18.1 billion hours of unpaid care in 2015 to those with Alzheimer's and other dementias. That care had an estimated economic value of \$221.3 billion.

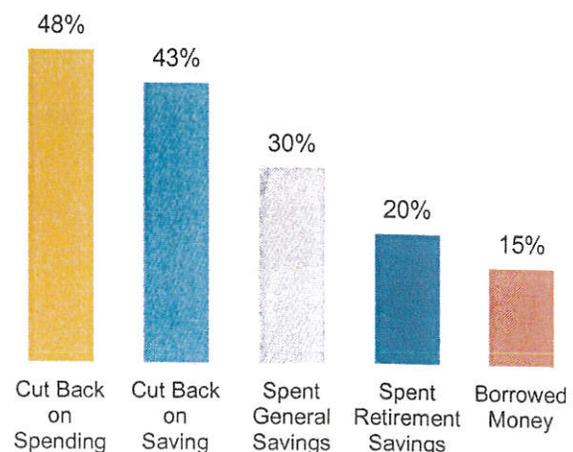
Facts in Your State

The 2016 Alzheimer's Disease Facts and Figures report also contains state-by-state data on the impact of the disease. Find the full report and information on your state at www.alz.org/facts.

Consequences of Not Being Able to Afford Food, by Percent of Individuals



Financial Steps Taken to Help Pay for the Needs of Someone with Alzheimer's, by Percent of Care Contributors



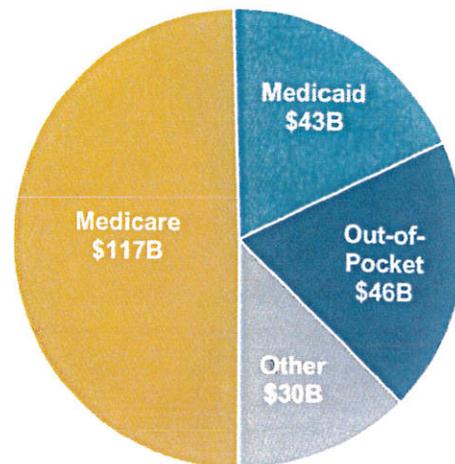
The number of Americans living with Alzheimer's disease is growing – and growing fast.

- Today, 5.4 million Americans are living with Alzheimer's disease, including an estimated 200,000 under the age of 65. By 2050, up to 16 million will have the disease.
- Nearly two-thirds of those with Alzheimer's disease – 3.3 million – are women.
- By 2025, 20 states will see at least 35 percent or greater growth in the number of people with Alzheimer's.
- Someone in the United States develops Alzheimer's every 66 seconds. In 2050, someone in the United States will develop the disease every 33 seconds.

The growing Alzheimer's crisis is helping to bankrupt Medicare.

- In 2016, the direct costs to American society of caring for those with Alzheimer's will total an estimated \$236 billion, with just under half of the costs borne by Medicare.
- Nearly one in every five Medicare dollars is spent on people with Alzheimer's and other dementias. In 2050, it will be one in every three dollars.
- Average per-person Medicare spending for those with Alzheimer's and other dementias is three times higher than average per-person spending across all other seniors. Medicaid payments are 19 times higher.
- Unless something is done, in 2050, Alzheimer's will cost \$1.1 trillion (in 2016 dollars). Costs to Medicare will increase 365 percent to \$589 billion.

2016 Costs of Alzheimer's = \$236 Billion



Alzheimer's is not just memory loss – Alzheimer's kills.

- Alzheimer's disease is the 6th leading cause of death in the United States and the 5th leading cause of death for those aged 65 and older.
- In 2013, over 84,000 Americans officially died from Alzheimer's; in 2016, an estimated 700,000 people will die with Alzheimer's – meaning they will die after having developed the disease.
- Deaths from Alzheimer's increased 71 percent from 2000 to 2013, while deaths from other major diseases (including heart disease, stroke, breast and prostate cancer, and HIV/AIDS) decreased.
- Among 70-year olds, 61 percent of those with Alzheimer's are expected to die before the age of 80 compared with 30 percent of people without Alzheimer's – a rate twice as high.
- Alzheimer's is the only cause of death among the top 10 in America that cannot be prevented, cured, or even slowed.



ALZHEIMER'S STATISTICS ALABAMA

U.S. STATISTICS

Over **5 million** Americans are living with Alzheimer's, and as many as **16 million** will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$236 billion** in 2016, increasing to **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.



For more information, view the 2016 Alzheimer's Disease Facts and Figures report at alz.org/facts.

65+ Number of people aged 65 and older with Alzheimer's by age*

Year	65-74	75-84	85+	TOTAL
2012	14,000	39,000	36,000	89,000
2014	16,000	43,000	37,000	96,000
2016	18,000	52,000	41,000	110,000

Percentage change from 2016

7.9%

23.6%



Medicaid costs of caring for people with Alzheimer's, 2016

\$808 MILLION



Number of deaths from Alzheimer's disease in 2013

- 6th leading cause of death in Alabama

1,398



Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	Number of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2013	299,000	341,000,000	\$4,240,000,000	\$154,000,000
2014	301,000	342,000,000	\$4,155,000,000	\$171,000,000
2015	302,000	344,000,000	\$4,209,000,000	\$177,000,000

EXHIBIT 8:

ALZHEIMER'S ASSOCIATION 2017 FACTS AND FIGURES REPORT: MORTALITY AND MORBIDITY OF ALZHEIMER'S

MORTALITY
AND MORBIDITY

89 percent

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

Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States.²⁰³ It is the fifth-leading cause of death for those age 65 and older.²⁰⁴ However, it may cause even more deaths than official sources recognize. Alzheimer's is also a leading cause of disability and poor health (morbidity). Before a person with Alzheimer's dies, he or she lives through years of morbidity as the disease progresses.

Deaths from Alzheimer's Disease

It is difficult to determine how many deaths are caused by Alzheimer's disease each year because of the way causes of death are recorded. According to data from the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), 93,541 people died from Alzheimer's disease in 2014.²⁰⁸ The CDC considers a person to have died *from* Alzheimer's if the death certificate lists Alzheimer's as the underlying cause of death, defined by the World Health Organization as "the disease or injury which initiated the train of events leading directly to death."²⁰⁹

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

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

The true number of deaths caused by Alzheimer's is somewhere between the number of deaths from Alzheimer's recorded on death certificates and the number of people who have Alzheimer's disease when they die. According to 2014 Medicare claims data, about one-third of all Medicare beneficiaries who die in a given year have been diagnosed with Alzheimer's or another dementia.¹⁸⁹ Based on data from the Chicago Health and Aging Project (CHAP) study, in 2017 an estimated 700,000 people age 65 and older in the United States will have Alzheimer's when they die.²¹⁷ Although some seniors who have Alzheimer's disease at the time of death die from causes that are unrelated to Alzheimer's, many of them die from Alzheimer's disease itself or from conditions in which Alzheimer's was a contributing cause, such as pneumonia.

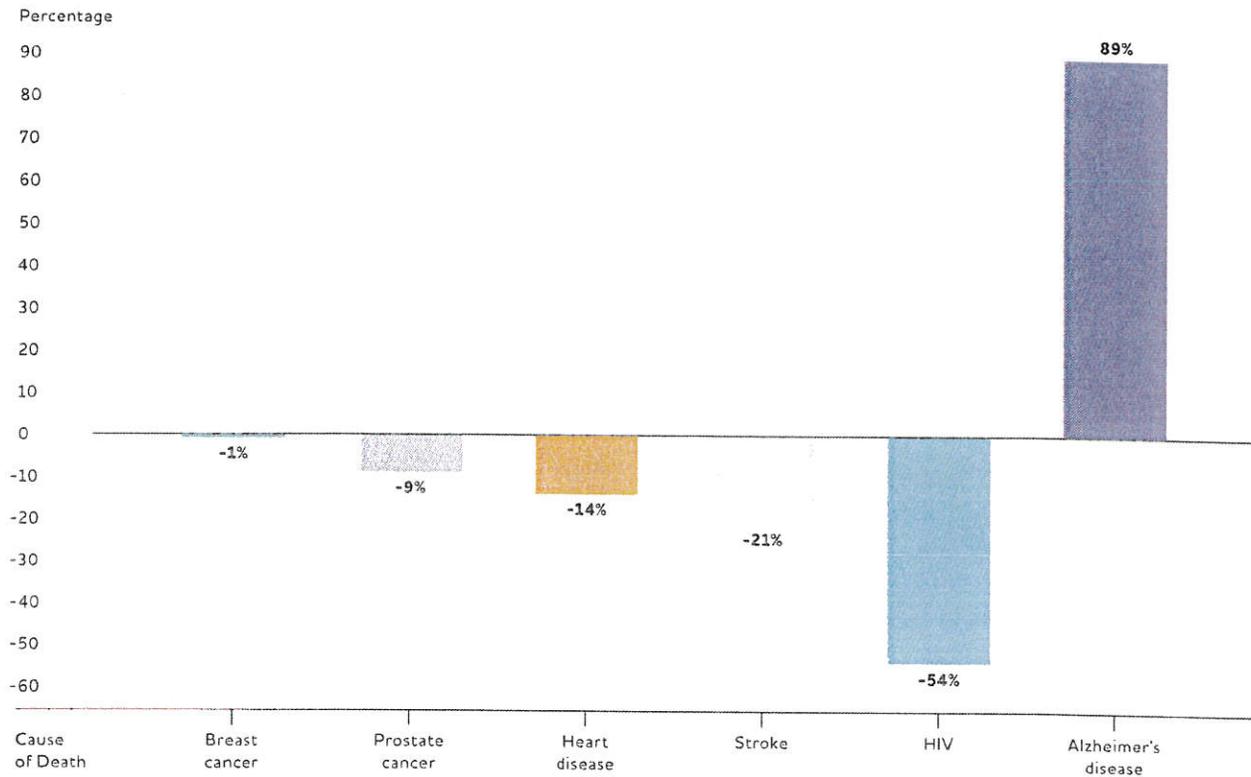
Irrespective of the cause of death, among people age 70, 61 percent of those with Alzheimer's are expected to die before age 80 compared with 30 percent of people without Alzheimer's.²¹⁸

Public Health Impact of Deaths from Alzheimer's Disease

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

FIGURE 5

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



Created from data from the National Center for Health Statistics.^{209, 219}

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

State-by-State Deaths from Alzheimer's Disease

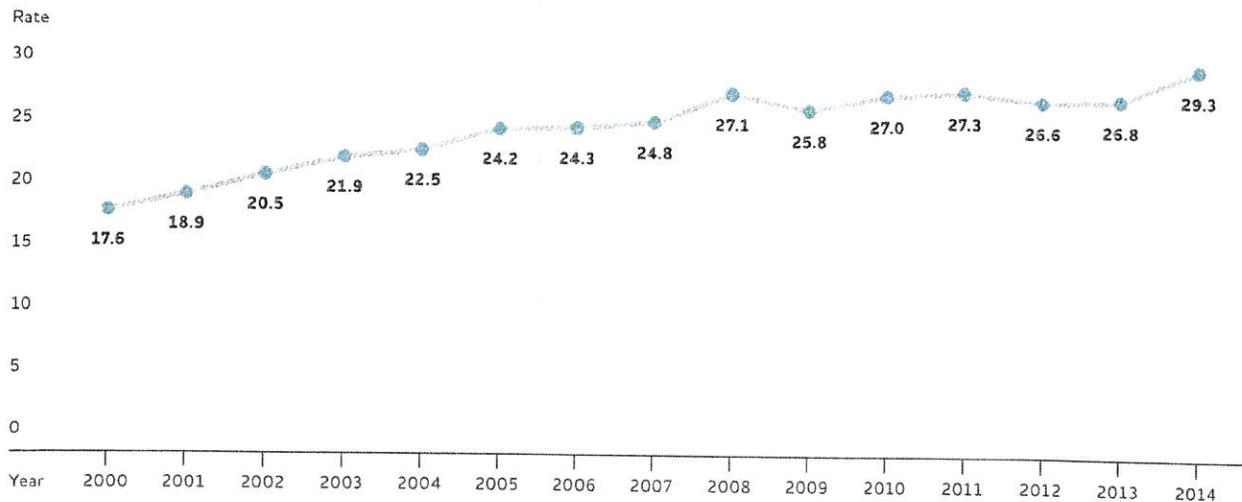
Table 5 provides information on the number of deaths due to Alzheimer's by state in 2014, the most recent year for which state-by-state data are available. This information was obtained from death certificates and reflects the condition identified by the physician as the underlying cause of death. The table also provides annual mortality rates by state to compare the risk of death due to Alzheimer's disease across states with varying population sizes. For the United States as a whole, in 2014, the mortality rate for Alzheimer's disease was 29 deaths per 100,000 people.^{A15,208}

TABLE 5

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

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

Created from data from the National Center for Health Statistics.^{A15 208}

FIGURE 6**U.S. Annual Alzheimer's Death Rate (per 100,000 People) by Year**

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

Alzheimer's Disease Death Rates

As shown in Figure 6, the rate of deaths attributed to Alzheimer's has risen substantially since 2000.²⁰⁸ Table 6 shows that the rate of death from Alzheimer's increases dramatically with age, especially after age 65.²⁰⁸ The increase in the Alzheimer's death rate over time has disproportionately affected the oldest-old.²²⁰ Between 2000 and 2014, the death rate from Alzheimer's increased only slightly for people age 65 to 74, but increased 33 percent for people age 75 to 84, and 51 percent for people age 85 and older.

Duration of Illness from Diagnosis to Death

Studies indicate that people age 65 and older survive an average of 4 to 8 years after a diagnosis of Alzheimer's dementia, yet some live as long as 20 years with Alzheimer's.^{161,221-228} This reflects the slow, insidious progression of Alzheimer's. Of the total number of years that they live with Alzheimer's dementia, individuals will spend an average of 40 percent of this time in dementia's most severe stage.²¹⁸ Much of the time will be spent in a nursing home. At age 80, approximately 75 percent of people living with

Alzheimer's dementia are expected to be in a nursing home compared with only 4 percent of the general population at age 80.²¹⁸ In all, an estimated two-thirds of those who die of dementia do so in nursing homes, compared with 20 percent of people with cancer and 28 percent of people dying from all other conditions.²²⁹

Burden of Alzheimer's Disease

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

TABLE 6

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

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

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

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

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

EXHIBIT 9:

STATE HEALTH PLAN STATISTICAL UPDATE: SPECIALTY CARE ASSISTED LIVING FACILITIES (2015)



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

October 27, 2015

MEMORANDUM

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

FROM: Alva M. Lambert *AML*
Executive Director

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

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

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

AML/blw

Enclosure: As stated

**Specialty Care Assisted Living Facilities
Bed Need
2015**

COUNTY	Pop 65 & Older 2018	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds Needed	
Autauga	8,985	36	48	0	(12)	
Baldwin	43,779	175	168	0	7	
Barbour	4,793	19	0	0	19	
Bibb	3,709	15	0	0	15	
Blount	11,033	44	50	0	(6)	
Bullock	1,793	7	0	0	7	
Butler	4,122	16	16	0	0	
Calhoun	20,413	82	140	0	(58)	
Chambers	6,622	26	16	0	10	
Cherokee	6,005	24	36	0	(12)	
Chilton	7,332	29	0	0	29	
Choctaw	2,790	11	0	0	11	
Clarke	4,793	19	0	0	19	
Clay	2,773	11	0	0	11	
Cleburne	3,002	12	0	0	12	
Coffee	8,917	36	16	18	2	
Colbert	10,925	44	45	0	(1)	
Conecuh	2,891	12	0	0	12	
Coosa	2,529	10	0	0	10	
Covington	7,941	32	0	0	32	
Crenshaw	2,600	10	0	0	10	
Cullman	15,514	62	16	0	46	
Dale	8,309	33	0	0	33	
Dallas	7,257	29	16	0	13	
Dekalb	12,264	49	16	0	33	
Elmore	13,689	55	0	0	55	
Escambia	6,738	27	0	0	27	
Etowah	19,512	78	74	0	4	
Fayette	3,506	14	0	0	14	
Franklin	5,302	21	0	0	21	
Geneva	5,644	23	0	0	23	
Greene	1,826	7	0	0	7	
Hale	2,924	12	0	0	12	
Henry	4,114	16	0	0	16	
Houston	19,174	77	32	0	45	
Jackson	10,650	43	16	0	27	
Jefferson	101,406	406	570	86	(250)	(1),(2),(3),(4)
Lamar	3,150	13	0	0	13	
Lauderdale	19,158	77	32	0	45	
Lawrence	6,156	25	0	0	25	
Lee	18,783	75	136	0	(61)	

COUNTY	Pop 65 & Older 2018	Total Beds Needed	Total Licensed Beds	Beds		Notes
				Authorized But Not Licensed	Net Beds Needed	
Limestone	14,704	59	32	0	27	
Lowndes	1,930	8	0	0	8	
Macon	3,633	15	0	0	15	
Madison	54,797	219	192	64	(37)	(5),(6),(7)
Marengo	3,982	16	16	0	0	
Marion	6,546	26	0	26	0	(8)
Marshall	17,059	68	22	0	46	
Mobile	66,667	267	285	0	(18)	
Monroe	4,348	17	0	0	17	
Montgomery	33,625	135	176	0	(43)	
Morgan	21,332	85	78	0	7	
Perry	1,900	8	0	0	8	
Pickens	3,862	15	0	0	15	
Pike	5,215	21	16	0	5	
Randolph	4,809	19	16	0	3	
Russell	7,921	32	0	0	32	
St. Clair	15,724	63	60	0	3	
Shelby	33,968	136	128	36	(28)	(9),(10)
Sumter	2,503	10	0	0	10	
Talladega	14,359	57	16	0	41	
Tallapoosa	8,731	35	46	0	(11)	
Tuscaloosa	27,699	111	130	0	(19)	
Walker	12,512	50	14	0	36	
Washington	3,206	13	0	0	13	
Wilcox	2,107	8	0	0	8	
Winston	5,326	21	16	0	5	
TOTAL	831,288	3,325	2,688	230	408	

27-Oct-15

NOTES (Beds Authorized but not Licensed)

- * - AL2015-032 - Twenty/Twenty, LLC - 18 Beds (Approved 10/21/2015)
- (1) - AL2013-009, CON 2611-SCALF - St. Martin's in the Pines - 16 Beds
- (2) - AL2013-073, CON 2659-SCALF - Regency Birmingham - 38 Beds
- (3) - AL2014-004, CON 2663-SCALF - Chateau Vestavia - 16 Beds
- (4) - AL2015-021, CON 2716-SCALF - Oaks on Parkwood - 16 Beds
- (5) - AL2014-005, CON 2662-SCALF - Merrill Gardens at Madison - 32 Beds
- (6) - AL2014-024, CON 2682-SCALF - Regency Retirement Village of Huntsville - 16 Beds
- (7) - AL2014-030, CON 2685-SCALF - Redstone Military Retirement Residence Ass'n - 16 Beds
- (8) - AL2012-031, CON 2586-SCALF - St. Clair Services, Inc. - 26 Beds
- (9) - AL2010-192, CON 2691-SCALF - Noland Health Services, Inc. - 24 Beds
- (10) - AL2014-032, CON 2693-SCALF - LakeView Estates - 12 Beds

EXHIBIT 10:

ADPH BALDWIN COUNTY HEALTH CARE FACILITIES DIRECTORY: SPECIALTY CARE ASSISTED LIVING FACILITIES

Assisted Living Facilities (Specialty Care)

Baldwin County

Blake Memory Care Community, The
11626 US Highway 90
Daphne, AL 36526 (251) 625-6400
45 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: John Michael
Fac ID: P0205 License: Regular
Medicare: N/A

.....

Brennity at Daphne MC , The
27296 County Road 13
Daphne, AL 36526 (251) 626-9000
64 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Limited Liability Company
Administrator: Erin Thompson
Fac ID: P0203 License: Regular
Medicare: N/A

.....

Haven Memory Care Facility, The
6848 Gulf Shores Parkway
Gulf Shores, AL 36542 (251) 923-2800
43 bed Congregate Specialty Care Assisted Living Facility
Licensee Type: Corporation
Administrator: Deb McPherson
Fac ID: P0207 License: **Not renewed for 2018**
Medicare: N/A

.....

Oakland Place
19570 County Road 33
Fairhope, AL 36532 (251) 928-5560
16 bed Group Specialty Care Assisted Living Facility
Licensee Type: Corporation
Administrator: Joe Ann Watson
Fac ID: P0202 License: Regular
Medicare: N/A

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EXHIBIT 11:

**LIVEOAK VILLAGE, LLC'S
CERTIFICATE OF NEED**

ALABAMA
STATE HEALTH PLANNING & DEVELOPMENT AGENCY
CERTIFICATE OF NEED
FOR HEALTH CARE SERVICES

I. IDENTIFICATION

1. Certificate of Need 2784-SCALF	2. Date Issued: March 30, 2017	3. Termination Date: March 29, 2018
4. Project Number: AL2017-009	5. Name of Facility: The Enclave at LiveOak Village d/b/a LiveOak Village, LLC	
6. Service Area: Baldwin County	7. Location of Facility: 2300 North Cedar Street Foley, AL 36535	
8. Type of Facility: SCALF	9. Number of Beds: 16	10. Estimated Cost: \$2,351,058.00
11. Services to be provided: The applicant is seeking to construct and operate a new sixteen (16) bed specialty care assisted living facility (SCALF) in Foley, Baldwin County, Alabama.		

II. CERTIFICATE OF NEED

In accordance with Section 22-21-260 through 22-21-279, Code of Alabama, 1975, the Certificate of Need Review Board finds as follows:

1. There is a need for the project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued to LiveOak Village, LLC only, for a period not to exceed 12 months from the date of issuance. This Certificate of Need is not transferable and any action on the part of the Applicant to transfer this Certificate of Need will render the Certificate of Need null and void.

ORIGINAL


Alva M. Lambert, Executive Director

EXHIBIT 12:

BALDWIN COUNTY FACT SHEET & SOUTH ALABAMA MEGA SITE FACT SHEET

BALDWIN COUNTY FACT BOOK



ABOUT BALDWIN COUNTY



Tied for 8TH FASTEST GROWING MSA in the nation according to the U.S. Census Bureau and FASTEST GROWING COUNTY IN ALABAMA by population total population growth, 2nd fastest by population change



8 CERTIFIED EDPA ADVANTAGE SITES, the most in the State of Alabama



Regional workforce of OVER 500,000



TOP 50 places to grow a business by Forbes magazine



TOP 5 metropolitan area for site selection in 2014 by Site Selection Magazine



43% population growth since 2000

TARGET INDUSTRIES



DISTRIBUTION/LOGISTICS



AEROSPACE



INNOVATIVE INDUSTRIES



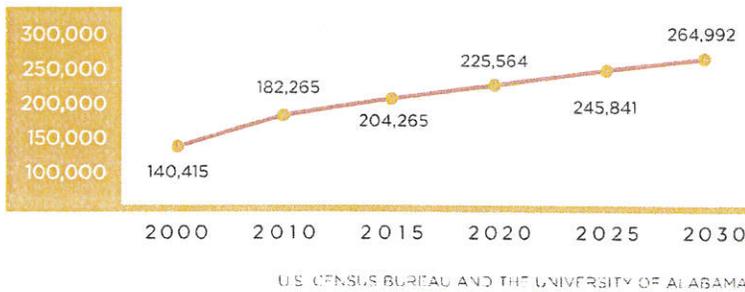
MANUFACTURING



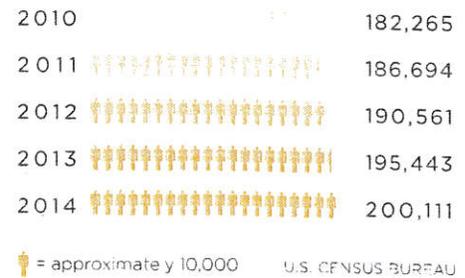
MAJOR INDUSTRIAL EMPLOYERS IN BALDWIN COUNTY

COMPANY	EMPLOYEES	INDUSTRY
UTC Aerospace Systems	830	Aerospace OEM
Standard Furniture	650	Furniture Manufacturing
Vulcan, Inc.	290	Metal Stamping and processing
Ace Hardware Support Center	255	Distribution
Quincy Compressor	220	Industrial compressor manufacturing
Bon Secour Fisheries	150	Seafood processing
International Paper	145	Paper products manufacturing
Segers Aerospace	130	Aerospace MRO
Ascend Performance Materials	120	Resin and polymer manufacturing
Quality Filters	118	Air filter manufacturing
Hydratech Industries	105	Industrial cylinder manufacturing

POPULATION PROJECTIONS 2015-2030



POPULATION 2010-2014



MARKET ACCESS

I-10 CONNECTS JACKSONVILLE, FL TO SANTA MONICA, CA

I-65 CONNECTS OUR REGION TO CHICAGO, IL

OVER 1,000,000 IN REGIONAL POPULATION

PORT OF MOBILE

12TH LARGEST PORT BY VOLUME	POST-PANAMAX READY	OVER \$18.7 BILLION IN ECONOMIC IMPACT
ONLY SEAPORT WHERE 5 CLASS-1 RAILROADS CONVERGE	25+ MILLION TONS MOVING THROUGH	45 FT. CHANNEL DEPTH AND TURNING BASIN

WORKFORCE AND EDUCATION

88% OF RESIDENTS HAVE A HIGH SCHOOL DIPLOMA OR HIGHER

5% UNEMPLOYMENT RATE

1 in 10 RESIDENTS HOLD A GRADUATE DEGREE

TOP 5 AIDT RANKING OF STATEWIDE WORKFORCE DEVELOPMENT ORGANIZATIONS IN THE US

REGIONAL LABOR FORCE OF OVER
500,000

OVER 35% OF POPULATION IS WITHIN AGES OF 18 AND 45

7 UNIVERSITIES AND **9** COMMUNITY COLLEGES WITHIN 50 MILES

QUALITY OF LIFE



28 CHAMPIONSHIP GOLF COURSES



3 LOCAL HOSPITALS

6 INDUSTRIAL MEDICAL CLINICS



GREAT RECREATIONAL OPTIONS WITH MOBILE BAY &
32 MILES OF WHITE SAND BEACHES

178 QUALITY OF LIFE INDEX OVER NATIONAL AVERAGE OF 100

89 COST OF LIVING INDEX COMPARED TO NATIONAL AVERAGE OF 100



#1 TOURISM DESTINATION IN ALABAMA

SOUTH ALABAMA MEGA SITE

- + 3,009 ACRE site
- + Publicly owned
- + ALL UTILITIES are to the site
- + ALL ENVIRONMENTAL DUE DILIGENCE is completed with no significant findings
- + Over 1 mile of I-65 FRONTAGE
- + Rail served by CSX CLASS-1 MAINLINE
- + Direct 4-LANE HIGHWAY access
- + CERTIFIED MEGA SITE by McCullum Sweeney and Advantage Site by EDPA



SOUTH ALABAMA MEGA SITE FACT SHEET

! QUICK FACTS ABOUT THE MEGA SITE

- + 3,009 ACRE site
- + Publically owned
- + All UTILITIES are to the site
- + All ENVIRONMENTAL DUE DILIGENCE is completed with no significant findings
- + Over 1 mile of I-65 FRONTAGE
- + Rail served by CSX CLASS-1 MAINLINE
- + Direct 4-LANE HIGHWAY access
- + CERTIFIED MEGA SITE by McCallum Sweeney and ADVANTAGE SITE by EDPA



! QUICK FACTS ABOUT BALDWIN COUNTY

- Tied for 8TH FASTEST GROWING MSA in the nation according to the U.S. Census Bureau and FASTEST GROWING COUNTY IN ALABAMA by population total population growth, 2nd fastest by population change
- 8 CERTIFIED EDPA ADVANTAGE SITES, the most in the State of Alabama
- Regional workforce of OVER 500,000
- TOP 50 places to grow a business by Forbes magazine
- TOP 5 metropolitan area for site selection in 2014 by Site Selection Magazine
- 43% population growth since 2000

EXHIBIT 13:

LETTERS OF SUPPORT

WILLIAM H. MCLEAN
500 SPANISH FORT BLVD - #243
SPANISH FORT, AL 36527-5009
PHONE 251.604.7854
EMAIL BILLY@DAUPHINENV.COM

January 10, 2018

Alva Lambert, Esq. Executive Director

Alabama State Health Planning And Development Agency

100 North Union Street, Suite 870

Montgomery, Alabama 36104

Ref: Support for Proposal by Westminster Village to provide Specialty
Care Assisted Living Facility Services

Dear Mr. Lambert:

As a resident, I am writing to express my support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama.

As a as a Presbyterian Minister (USA-Retired) involved in the early development of Westminster Village and one who has visited over the years, I am personally familiar with the excellent patient care Westminster Village provides to its residents. It was a major factor in my wife's and my decision to invest and to come to this community in May 2016. We have been very pleased with the quality of the care Westminster Village has provided to us and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services.

Of note and of added importance to us is Westminster Village being a Fully Accredited Health Care Facility by CARF/Commission on Accreditation of Rehabilitation Facilities International. In late 2017, we were interviewed and met with the most recent Accreditation Team who approved us for another 5 years.

The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. The addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow me and my family member and others to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends.

I encourage you to approve this project so that Westminster Village can further meet the needs of residents requiring SCALF services.

Yours Truly,

William H. McLean

Presbyterian Minister (USA-Retired)

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

I am writing to express my strong support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama. As a staff member of Westminster Village, I am personally familiar with the excellent patient care Westminster Village provides to its residents. I have been very pleased with the quality of the care Westminster Village has provided our residents and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services. The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. It is my belief that the addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow our residents to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends. I urge you to approve this project so that Westminster Village can meet the needs of Baldwin County residents requiring SCALF services.

Sincerely,

Debra Howell RN,BSN,MS RAC-CT
Southeast Regional Director of Nursing
Act. Retirement Life Communities
11/8/18

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

Dear Mr. Lambert:

I am writing to express my strong support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama. As a staff member of Westminster Village, I am personally familiar with the excellent patient care Westminster Village provides to its residents. I have been very pleased with the quality of the care Westminster Village has provided our residents and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services. The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. It is my belief that the addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow our residents to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends. I urge you to approve this project so that Westminster Village can meet the needs of Baldwin County residents requiring SCALF services.

Sincerely,

Krista Collins RNDON

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

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I am writing to express my strong support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama. As a staff member of Westminster Village, I am personally familiar with the excellent patient care Westminster Village provides to its residents. I have been very pleased with the quality of the care Westminster Village has provided our residents and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services. The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. It is my belief that the addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow our residents to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends. I urge you to approve this project so that Westminster Village can meet the needs of Baldwin County residents requiring SCALF services.

Sincerely,

Lily H. Lo
Recreation Assistant
Oak Bridge Terrace

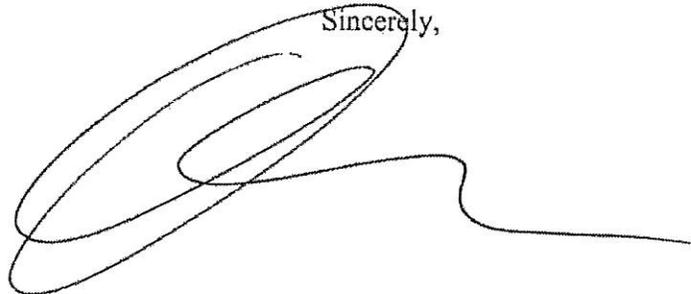
Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
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Sincerely,

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal tail extending to the right.

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

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Sincerely,

A handwritten signature in black ink, appearing to read "Virginia Riggan", with a long horizontal flourish extending to the right.

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

Dear Mr. Lambert:

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Sincerely,

Sandra Davison
Admin Director of Assisted Living
wmv

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

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Sincerely,

Gabrielle Staub

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

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Chris Thomas, Sales Manager

Sincerely,

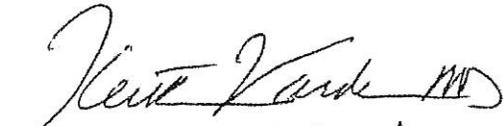
Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

Dear Mr. Lambert:

I am writing to express my strong support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama. As a family member of a resident of Westminster Village, I am personally familiar with the excellent patient care Westminster Village provides to its residents. I have been very pleased with the quality of the care Westminster Village has provided to my family member and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services. The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. It is my belief that the addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow my family member and others to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends. I urge you to approve this project so that Westminster Village can meet the needs of Baldwin County residents requiring SCALF services.

Sincerely,


Medical Director -
Westminster Village
Spanish Fort, AL.

Letter in Support of
Westminster Village
Baldwin County, Alabama

I am a resident of Westminster Village in Baldwin County, Alabama, and I want to express my strong support for the proposal filed by Westminster Village proposing to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village. I chose Westminster Village, because I enjoy the community and the people in the community. There is a high demand for SCALF beds in Baldwin County, and I want the comfort of knowing that I could receive SCALF services at Westminster Village with my friends and family if I need SCALF services in the future. I am personally familiar with the excellent patient care Westminster Village provides. I have been very pleased with the quality of the care Westminster Village has provided to me and the continuity of care available to us by allowing residents in the facility to transition from independent living to skilled nursing services.

This is an important and badly-needed project and I urge you to approve it.

Date: 1/10/17

Signature: John Hollingsworth (POA)

Print Name: ELIZABETH HOLLINGSWORTH

Letter in Support of
Westminster Village
Baldwin County, Alabama

I am a resident of Westminster Village in Baldwin County, Alabama, and I want to express my strong support for the proposal filed by Westminster Village proposing to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village. I chose Westminster Village, because I enjoy the community and the people in the community. There is a high demand for SCALF beds in Baldwin County, and I want the comfort of knowing that I could receive SCALF services at Westminster Village with my friends and family if I need SCALF services in the future. I am personally familiar with the excellent patient care Westminster Village provides. I have been very pleased with the quality of the care Westminster Village has provided to me and the continuity of care available to us by allowing residents in the facility to transition from independent living to skilled nursing services.

This is an important and badly-needed project and I urge you to approve it.

Date: 1-16-2018

Signature: Mary L. Fisk

Print Name: Mary L. Fisk

Letter in Support of
Westminster Village
Baldwin County, Alabama

I am a resident of Westminster Village in Baldwin County, Alabama, and I want to express my strong support for the proposal filed by Westminster Village proposing to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village. I chose Westminster Village, because I enjoy the community and the people in the community. There is a high demand for SCALF beds in Baldwin County, and I want the comfort of knowing that I could receive SCALF services at Westminster Village with my friends and family if I need SCALF services in the future. I am personally familiar with the excellent patient care Westminster Village provides. I have been very pleased with the quality of the care Westminster Village has provided to me and the continuity of care available to us by allowing residents in the facility to transition from independent living to skilled nursing services.

This is an important and badly-needed project and I urge you to approve it.

Date: 1-16-18

Signature: *Janis Harms*

Print Name: JANIS HARMS

Letter in Support of
Westminster Village
Baldwin County, Alabama

I am a resident of Westminster Village in Baldwin County, Alabama, and I want to express my strong support for the proposal filed by Westminster Village proposing to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village. I chose Westminster Village, because I enjoy the community and the people in the community. There is a high demand for SCALF beds in Baldwin County, and I want the comfort of knowing that I could receive SCALF services at Westminster Village with my friends and family if I need SCALF services in the future. I am personally familiar with the excellent patient care Westminster Village provides. I have been very pleased with the quality of the care Westminster Village has provided to me and the continuity of care available to us by allowing residents in the facility to transition from independent living to skilled nursing services.

This is an important and badly-needed project and I urge you to approve it.

Date: 1/16/18

Signature: Marie Gordon

Print Name: MARIE GORDON

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
Assisted Living Facility Services**

Dear Mr. Lambert:

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Sincerely,

Letter in Support of
Westminster Village
Baldwin County, Alabama

I am a resident of Westminster Village in Baldwin County, Alabama, and I want to express my strong support for the proposal filed by Westminster Village proposing to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village. I chose Westminster Village, because I enjoy the community and the people in the community. There is a high demand for SCALF beds in Baldwin County, and I want the comfort of knowing that I could receive SCALF services at Westminster Village with my friends and family if I need SCALF services in the future. I am personally familiar with the excellent patient care Westminster Village provides. I have been very pleased with the quality of the care Westminster Village has provided to me and the continuity of care available to us by allowing residents in the facility to transition from independent living to skilled nursing services.

This is an important and badly-needed project and I urge you to approve it.

Date: 1-16-18

Signature: Elaine E. Glover

Print Name: Elaine E. Glover

Letter in Support of
Westminster Village
Baldwin County, Alabama

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This is an important and badly-needed project and I urge you to approve it.

Date: 1-16-2018

Signature: Nancy D. Green

Print Name: NANCY D. GREEN

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

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Sincerely,

Kearise M Ward, RN, BSN, MSM
Executive Director

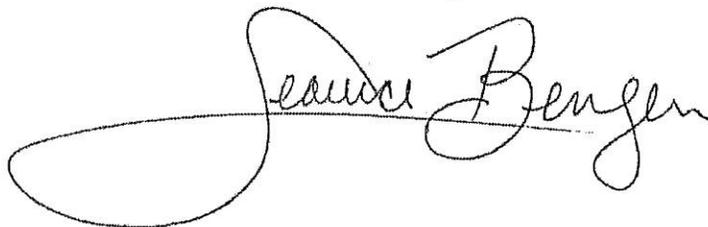
Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

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Sincerely,

A handwritten signature in cursive script, reading "Jeanne Bengen". The signature is written in black ink and is positioned below the word "Sincerely,".

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

Dear Mr. Lambert:

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Sincerely,

Patricia B. Kelpatudo
Administrative Assistant
Westminster Village

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Support for Proposal by Westminster Village to provide Specialty Care
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Sincerely,



T. Harvey McCulloch, M.D.

RECEIVED

JAN 22 2018

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

Alva Lambert, Esq.
Executive Director
Alabama State Health Planning
And Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Support for Proposal by Westminster Village to provide Specialty Care Assisted Living Facility Services

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Sincerely,



T. Harvey McCulloch, M.D.

RECEIVED

JAN 16 2018

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

WILLIAM H. MCLEAN
500 SPANISH FORT BLVD - #243
SPANISH FORT, AL 36527-5009
PHONE 251.604.7854
EMAIL BILLY@DAUPHINENV.COM

January 10, 2018

Alva Lambert, Esq.

Executive Director

Alabama State Health Planning

And Development Agency

100 North Union Street, Suite 870

Montgomery, Alabama 36104

Ref: Support for Proposal by Westminster Village to provide Specialty
Care Assisted Living Facility Services

Dear Mr. Lambert:

As a resident, I am writing to express my support for the proposal filed by Presbyterian Retirement Corporation, Inc. d/b/a Westminster Village requesting to add fourteen (14) Specialty Care Assisted Living Facility ("SCALF") beds to Baldwin County through the conversion of fourteen (14) Assisted Living Facility ("ALF") beds at Westminster Village's campus in Spanish Fort, Alabama.

As a as a Presbyterian Minister (USA-Retired) involved in the early development of Westminster Village and one who has visited over the years, I am personally familiar with the excellent patient care Westminster Village provides to its residents. It was a major factor in my wife's and my decision to invest and to come to this community in May 2016. We have been very pleased with the quality of the care Westminster Village has provided to us and the continuity of care available to us by allowing residents in the facility to transition from independent living all the way to skilled nursing services.

Of note and of added importance to us is Westminster Village being a Fully Accredited Health Care Facility by CARF/Commission on Accreditation of Rehabilitation Facilities International. In late 2017, we

were interviewed and met with the most recent Accreditation Team who approved us for another 5 years.

The need for SCALF services in Baldwin County is great, and this need is reflected at Westminster Village. The addition of SCALF beds in Baldwin County through the conversion of beds requested by Westminster Village will allow me and my family member and others to obtain true continuity of care at Westminster Village and prevent displacement of residents from their home, spouses, and friends.

I encourage you to approve this project so that Westminster Village can further meet the needs of residents requiring SCALF services.

Yours Truly,

A handwritten signature in black ink, appearing to read "William H. McLean". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

William H. McLean

Presbyterian Minister (USA-Retired)