



ADDICTION
TREATMENT

June 28, 2011

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JUN 29 2011

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street
Suite 870
Montgomery, Alabama 36130-3025

Re: Project Modification Request: AI-2009-012 - CON 2505 SAR

Dear Mr. Lambert:

On behalf of Addiction and Mental Health Services Inc./dba Bradford Health Services, please find the following information applicable to 410-1-10-.03 Project Modification After Issuance of Certificate of Need as required by the Alabama Certificate of Need Regulations.

As described in the application, Bradford Health Services, with its corporate offices located in Birmingham, Alabama, is a multi-state company which employs approximately 654 employees and provides statewide substance abuse services through trained professionals including physicians representing over 700 years of experience. The cost of substance abuse in Alabama is tremendous and a report prepared by the *National Council on Alcoholism and Drug Dependence (NCADD)* stated that nationally, one quarter of all emergency room admissions... are alcohol related. Further, alcohol and drug abuse costs the American economy an estimated \$276 billion. Substance abuse in Alabama impacts the economy and businesses on a daily basis.

The initial certificate of need application applied for by Bradford Health Services (AL-2009-12) was to relocate 32 substance abuse beds from the existing site in Shelby County to a new site in Montgomery, County. The design and purpose of the project proceeded on schedule with a goal of gaining local community support as well as maintaining a cost-effective budgetary process in the development of the project. Additionally, the timing of the services and need for the project as documented in the application were critical. The Certificate of Need Review Board approved the project during the meeting of October 20, 2010 and the Certificate of Need was issued on November 4, 2010.

As Bradford Health Services proceeded with the project, the expected cost and location for appropriate properties became problematic. For example, there were questions with the site infrastructure at the intended site on

Highway 231. During a site survey, it was detected that the water lines and water pressure were insufficient to provide water services to maintain an adequate facility and meet the required maintenance service for the facility.

The reception of residents at an alternate site located at the Pintlala exit off Highway 65 South became an issue. A slight number of community residents were not in total support of the anticipated location of a substance abuse facility in their area. Bradford Health decided to not pursue a new location. Because of the amount of time from the initial application to the approval of the CON there was a change in the financial markets which have become less favorable.

Subsequently, the enclosed request is submitted as a project modification and is consistent with 410-1-10-.03:

410-1-10-.03 Project Modifications After Issuance of Certificate of Need

- (1) A proposed change in a project for which the State Agency has previously issued a Certificate of Need will require approval by the Certificate of Need Review Board or the Executive Director of the State Agency. Approval is required whether or not a capital expenditure is associated with the proposed change.
 - (a) A "Change in project" shall include, but not be limited to any change in the bed capacity or bed use (i.e., conversion of beds) of a facility, the addition of a health service or services, an increase in the cost of the project, or a change in financing methods which results in an increase in the cost of the project.
 - (b) An application for a change in a project must be made in writing to the State Agency and shall include information and any supporting data deemed necessary by the Executive Director relevant to the merits of the application. The party seeking approval for such change must certify that a copy of such request has been served on all parties of record in the underlying administrative proceeding or who have filed letters in opposition thereto.
- (2) A proposed change in a project which falls below the financial thresholds for review provided in Section 410-1-4-.01 and does not involve a physical relocation of the facility to a location other than that designated in the application or CON, a change in bed capacity or the provision of new services shall be reviewable by the Executive Director of the agency. Otherwise, a project modification shall be reviewable by the full Certificate of Need Review Board. No project modification will be granted prior to ten (10) business days after publication of the project modification request through notice provided on SHPDA's web site. No more than two project modifications per project may be approved pursuant to this rule.
- (3) No project modification shall be granted during the pendency of an appeal of the Agency order granting the underlying CON. In the event of a project modification,

the effective date of the CON shall be recalculated to run from the date of the effective date of the modification.

- (4) The Agency shall be notified in writing of the termination of a health service or of one or more beds; provided, however, that such termination shall not require Agency review or approval.

Author: Alva M. Lambert

Statutory Authority: §22-21-267 and § 22-21-263, Code of Alabama, 1975.

History: March 21, 1985; Amended: Filed May 3, 2005; effective June 7, 2005.

As described in the application, the cost of the modification request will be \$4,410,000.00 below the cost in the original application. Additionally, the start up and implementation of the project will be able to be expedited; thereby, access to the services will be enhanced. The existing site at Warrior will not be a start up program and will not require the preparation and construction required in the previous project. This project modification request does not require the modification or change to the services and other information described in the application. The State Health Plan provides for substance abuse services on a statewide service area and there are not any administrative planning areas affected. This is simply a modification request to a site that is more cost-effective and meets the anticipated budgetary requirements. The cost per square foot and project specific financials will be less than in the original project.

A modified application is enclosed. Based on the above information, as well as information described in the application, a project modification is requested for AL-2009-012---CON 2505-SAR. If you have any questions, please contact Howard Bayless at (205) 251-7753 or Hbayless@bradfordhealth.net or Frank Williford at (334) 271-1987.

Sincerely,



W. Clayton Simmons,
COO and Executive Vice-President

RECEIVED

JUN 30 2011

**Alabama
Certificate of Need
Application**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**For Staff Use Only:**

Project # _____

Date Rec: _____

Rec. By: _____

Instructions: Please submit an original and twelve (12) copies of this form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, 100 North Union Street, Suite 870, Montgomery, Alabama 36130-3025, (Post Office Box 303025).

Attached is a check in the amount of \$ N/A - Project Modification

Refer to Rule 410-1-7-06 of the Certificate of Need Program Rules and Regulations to determine the required filing fee.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. **APPLICANT IDENTIFICATION (Check one)** HOSPITAL () NURSING HOME ()
OTHER (X) (Specify) Substance Abuse Facility

A. Addiction and Mental Health Services, Inc./dba Bradford Health Services

Name of Applicant (in whose name the CON will be issued if approved)

2101 Magnolia Avenue South, Suite 518 Birmingham, Jefferson
Address City County

Alabama 35205 205-251-7753
State Zip Code Phone Number

B. _____
Name of Facility/Organization (if different from A)

Address City County

State Zip Code Phone Number

C. _____
Name of Legal Owner (if different from A. or B.)

Address City County

State Zip Code Phone Number

D. W. Clay Simmons, Executive Vice President and COO

Name and Title of Person Representing Proposal and with Whom SHPDA should Communicate

2101 Magnolia Avenue South, Suite 518 Birmingham, Jefferson
Address City County

Alabama 35205 205-251-7753
State Zip Code Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

1. Individual ☐
2. Partnership ☐
3. Corporate (for profit) ☒ Addiction and Mental Health Services, Inc.
Name of Parent Corporation _____
4. Corporate (non-profit) ☐ _____
Name of Parent Corporation _____
5. Public ☐
6. Other (specify) ☐ _____

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

See Attachment A

GOVERNING BOARD MEMBERS

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> New Facility
Type <u>Relocation</u> | <input type="checkbox"/> Major Medical Equipment
Type _____ |
| <input type="checkbox"/> New Service
Type _____ | <input type="checkbox"/> Termination of Service or Facility |
| <input checked="" type="checkbox"/> Construction/Expansion/Renovation | <input type="checkbox"/> Other Capital Expenditure
Type _____ |
| <input type="checkbox"/> Change in Service | |

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

Bradford Health Services has been providing treatment for alcoholism and drug addiction for more than 30 years. Bradford provides comprehensive programs and services that assess and affect positive change in chemically dependent patients. The addiction treatment services provided by Bradford are specifically designed to meet the needs of patients and families in terms of both effectiveness and cost.

Bradford Health Services is a multi-state company, with its corporate office located in Birmingham, Alabama. This project provides for the relocation of 32 of the 102 approved substance abuse beds from the current Bradford location in Shelby County, Alabama to a more patient and family accessible site in Jefferson County. This site located in the Sub-State Region 2 of the Substance Abuse Mental Health Services Administration (SAMHSA) is located in Jefferson County. The sub-state areas were developed with State treatment representatives to provide information and data for geographic substance abuse prevalence. These sub-state areas presented in this application describes a logical and accessible family and patient travel pattern. The State Health Plan identifies the entire state as the planning area for substance abuse beds. For this application, we are also referencing the U.S. Department of Health and Human Services Office (USDHHSO) of Applied Studies. The USDHHSO provides the latest information and data for national detox or substance abuse and the substance abuse treatment system.

As an industry leader in the provision of substance abuse services, Bradford Health Services attracts patients from Alabama as well as other states to its Alabama facilities. The proposed project will allow Bradford to address the future growth of patients seeking substance abuse services in Alabama. With the approval of the proposed project, the health care delivery system will continue to be available for those in need of substance abuse services. Chemical dependency and addiction is a chronic, progressive illness. Bradford offers individualized, structured programs consisting of physical, emotional and spiritual support for the patients and their families. The proposed relocation of existing beds will meet the current and future needs of substance abuse services in North-Central Alabama.

IV. COST

A. Construction (includes modernization, expansion)

1. Predevelopment	\$ 0
2. Site Acquisition	0
3. Site Development	175,000
4. Construction	1,350,000
5. Architect and Engineering Fees	75,000
6. Renovation	
7. Interest during time period of construction	38,000
8. Attorney and Consultant Fees	15,000
9. Bond issuance Costs	
10. Other _____	
11. Other _____	

TOTAL COST OF CONSTRUCTION

\$ 1,653,000

B. Purchase

1. Facility	\$
2. Major Medical Equipment	10,000
3. Other Equipment	124,000

TOTAL COST OF PURCHASE

\$ 134,000

C. Lease

1. Facility Cost Per year _____ X _____ Years =	\$ N/A
2. Equipment Cost Per Month <u>8,000</u> x <u>60</u> Months =	0
3. Land-only Lease Cost Per year _____ X _____ Years =	

TOTAL COST OF LEASE(\$)

Present Value

(Compute according to generally accepted
accounting principles)

\$ 0

Cost if Purchased

\$ 0

D. Services

1. _____ New Service
2. _____ Expansion
3. _____ Reduction or Termination
4. X Other Relocation

FIRST YEAR ANNUAL OPERATING COST

\$2,226,000

**E. Total Cost of this Project (Total A. through D.)
(should equal V.C. on page 5)**

\$4,013,000

IV. COST (Continued)

F. Proposed Finance Charges

1. Total Amount to be Financed	\$ 1,653,000
2. Anticipated Interest Rate	6%
3. Term of Loan	20 Years
4. Method of Calculating Interest on Principal Payments	

Traditional Amortization- Simple Interest

V. ANTICIPATED SOURCE OF FUNDING

A. Federal	Amount	Source
1. Grants	\$	
2. Loans		
B. Non-Federal		
1. Commercial Loan	1,653,000	Bank
2. Tax-exempt Revenue Bonds		
3. General Obligation Bonds		
4. New Earning and Revenues	3,226,000	Operations
5. Charitable Fund Raising		
6. Cash on Hand	134,000	Operations
7. Other	0	Lessor
C. TOTAL (Should Equal IV. E. page 3)	\$ 4,013,000	

VI. TIMETABLE

A. Projected Start/Purchase Date:	<u>Upon CON Approval</u>
B. Projected Completion Date:	<u>12 months after issuance of CON</u>

PART TWO: PROJECT NARRATIVE

Note: In this part, please submit the information as an attachment. This will enhance the continuity of reading the application.

The applicant should address the items that are applicable to the project.

I. MEDICAL SERVICE AREA

- A. Identify the geographic (medical service) area by county(ies) or city, if appropriate, for the facility or project. Include an 8 ½" x 11" map indicating the service area and the location of the facility.**

The geographic (medical service) area for substance abuse services is presented in the 2004-2007 Alabama State Health Plan as the entire state. A map indicating the service area and the location of the beds is included in Attachment B.

The proposed facility will be perfectly located in proximity to the populated areas of North-Central Alabama while maintaining a rural setting ideally situated for residential substance abuse patient care services. The setting was chosen to provide a safe, protected location for substance abuse programs.

For application and planning purposes, we are presenting a secondary service area consisting of the following counties: Bibb, Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa

- B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.**

As indicated in item A. above, the service area for substance abuse services is the State of Alabama with bed need calculations developed by the Alabama Department of Mental Health/Retardation. The following chart provides the population estimates for the State.

POPULATION						
Census	2000	2005	2010	2015	2020	2025
Alabama	4,447,100	4,537,299	4,768,769	4,974,386	5,175,075	5,362,974

Source: U.S. Census Bureau and Center for Business and Economic Research, The University of Alabama, August 2009.

As the above chart indicates, Alabama's population is expected to grow from 4,447,100 in 2000 to 5,362,974 in 2025, which represents a 21% gain.

The following chart provides the 2006 estimate of the total population by gender for the State.

ESTIMATES OF THE TOTAL POPULATION 2009		
	Male	Female
Alabama	2,281,612	2,427,096

Source: U.S. Department of Commerce, Bureau of the Census, Population Estimates Division. Internet release date, June 9, 2010. Special tabulation by the Alabama State Data Center, The University of Alabama.

A description of the service area by selected age groups based upon the 2000 population profiles is included in the following chart.

2008 Estimates by Selected Age Groups			
	Under 18	18 +	Ages 65+
Alabama	1,121,877	3,540,023	641,667

Source: U.S. Department of Commerce, Bureau of the Census,
Population Estimates Division, Internet release date, May 14, 2009.

- C. If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used explain whether institution or county based, etc.

The 2004-2007 Alabama State Health Plan indicates the entire State is the appropriate geographic (medical service) area/planning area for substance abuse services. As such, the proposed project will serve as a statewide resource for comprehensive substance abuse services.

The Substance Abuse Mental Health Services Administration (SAMHSA) is a division of Health and Human Services, the Federal government's responsible agency for the funding and administration of healthcare services, including substance abuse programs.

For planning purposes and purposes of this application, the following chart is presented.

U.S. Dept. of Health and Human Services Sub-State Regions Prevalence Table See Attachment B – Map of Sub-State Regions						
Table 1.8 Alcohol Dependence or Abuse in Past Year, Any Illicit Drug Dependence or Abuse in Past Year, and Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year in Alabama among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2006, 2007, and 2008 NSDUHs						
State/Substate Region	Alcohol Dependence or Abuse in Past Year		Any Illicit Drug Dependence or Abuse in Past Year ¹		Dependence on or Abuse of Any Illicit Drug or Alcohol in Past Year ¹	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Alabama	6.07	(5.19-7.08)	2.99	(2.41-3.69)	7.60	(6.61-8.72)
Region 1	5.49	(4.31-6.96)	2.65	(1.88-3.72)	6.99	(5.52-8.81)
Region 2	6.29	(5.10-7.73)	3.08	(2.28-4.17)	7.87	(6.45-9.56)
Region 3	6.45	(4.92-8.41)	3.33	(2.26-4.87)	8.13	(6.34-10.37)
Region 4	6.17	(4.81-7.87)	2.99	(2.07-4.29)	7.55	(5.94-9.56)
<p>**A separate Kauai estimate is not being reported because of low precision. See Table D12 of Section D for more details.</p> <p>NOTE: For Substate Region definitions, see Section D.</p> <p>NOTE: Substate, State, and Census region estimates along with the 95 percent prediction (credible) intervals are based on a survey-weighted hierarchical Bayes estimation approach and are generated by Markov Chain Monte Carlo techniques. Design based (direct) estimates and corresponding 95 percent confidence intervals are given for the total United States.</p> <p>NOTE: Dependence or abuse is based on definitions found in the 4th edition of the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-IV).</p> <p>¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically; these estimates are based on data from original questions, excluding those on the use of over-the-counter drugs or new methamphetamine items that were added in 2005 and 2006. See Section B.4.8 in Appendix B of the <i>Results from the 2008 National Survey on Drug Use and Health: National Findings</i>.</p>						
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006, 2007, and 2008.						

The above table represents an estimate of population that has a dependency or abuse of alcohol or illicit drugs, or both for a 12-month period. The State Health Plan shows an excess number of beds, taking into consideration the estimates for patient needs. This application provides for redistribution of existing beds as a practical planning function to improve access for substance abuse treatment programs in North-Central Alabama.

D. Are there any other factors affecting access to the project?

☒ Geographic ☒ Economic ☒ Emergency ☒ Medically Underserved

Please explain.

Geographic

This proposal is for the relocation of 32 substance abuse beds from the Bradford-Pelham location to the Bradford Lodge in Warrior located in Jefferson County. Bradford Health Services provides substance abuse treatment program throughout Alabama. Bradford Health Services provides comprehensive adult and adolescent residential/inpatient, partial hospitalization and intensive outpatient treatment care. Family programs are a vital part of treatment. Family members join with the patient in the support system and treatment programs. The Warrior (Jefferson County) site will enhance the accessibility of services for the families and patients in Region 2/North-Central Alabama. Bradford Health Services is uniquely positioned to provide all levels of care with superior continuity due to its network of inpatient and local outpatient locations across the state of Alabama.

Economic

According to the National Council on Alcoholism and Drug Dependence (NCADD) website (www.ncadd.org/facts/numberoneprob.html), the "cost and consequences of alcoholism and drug dependence places an enormous burden on American society." As the nation's number one health problem, addiction strains the health care system, legal system, the economy, harms family life and threatens public safety. Alcohol and drug abuse costs the American economy an estimated \$276 billion per year in lost productivity, health care expenditures, crime, motor vehicle crashes and other conditions." Bradford Health Services is committed to treating alcoholism and drug addiction, and the proposed relocation will have a positive economic impact in Alabama as it may be related to the treatment of substance abuse.

Relocation of these beds will allow Bradford Health Services to offer a more accessible, lower cost treatment option that includes detoxification services, inpatient/residential services, domiciliary, partial hospitalization and outpatient services. This lower cost alternative will assist in the efforts of drug court programs to provide treatment as an alternative to incarceration. Bradford Health Services is uniquely positioned to provide all levels of care with superior continuity due to its network of inpatient and local outpatient locations across the state of Alabama.

There are economic benefits for the patients and families and support groups associated with this proposal. A favorable family support system is an important criteria in the substance abuse treatment program. The more accessible a treatment program is, the more likely a person with a dependency on an illicit drug, alcohol or another addictive substance will participate in a treatment program.

Emergency

A report prepared by NCADD, stated that, "one quarter of all emergency room admissions ...are alcohol related." The proposed project will provide resources to address substance abuse issues, which can, in turn, decrease alcohol-related emergency room visits in Alabama.

Bradford Health Services has an emergency consultation service (ECS) which is a program designed to assist other healthcare organizations, social service agencies, and law enforcement with placement assistance. Consultation is available 24 hours per day and is a valuable community service. Trained consultants provide information about services that will best serve individual needs. ECS is a free service that creates a partnership with the community.

Medically Underserved

The proposed relocation of substance abuse beds will have a positive impact on access to substance abuse beds for traditionally medically underserved groups (including low income person, racial and ethnic minorities, women and handicapped). The new location provides easy access from the major interstate running through the county (I-65). The new location will provide a positive environment in which to deliver services. Relocation of these beds will allow Bradford Health Services to offer a lower cost treatment option that includes detoxification services, inpatient/residential services, domiciliary, partial hospitalization and outpatient services. This lower cost alternative will provide substance abuse treatment rather than incarceration for citizens who do not have adequate insurance coverage. Bradford Health Services' long-term plans are to meet the needs of all the population in the service area by providing high quality substance abuse programs.

II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA

A. What are the factors (inadequacies) in the existing healthcare delivery system, which necessitate this project?

The following discussion identifies the major factors that necessitate this project:

1. Substance abuse is considered a major health problem with the National Council on Alcoholism and Drug Dependence (NCADD) estimating that 18 million Americans have alcohol problems and about 5-6 million Americans have drug problems. NCADD's web site indicates that there are more deaths and disabilities each year in the U.S. from substance abuse than from any other cause and that more than half of all adults have a family history of alcoholism or problem drinking. Also, more than nine million children live with a parent dependent on alcohol and /or illicit drugs.

The negative impact that chemical dependency has on the health status in Alabama and productivity of the population must continue to be addressed and it is imperative that the CON program continues to review to ensure health care providers develop high quality, cost effective programs and services that will have a positive impact on substance abuse in the state.

2. Bradford Health Services for many years has offered a high quality, lower cost treatment option. Because of our reputation many patients from outside the state of Alabama have begun to seek treatment at Bradford. Bradford Health Services has regional offices in Panama City, Florida; Augusta and Columbus, Georgia; and Chattanooga, Clarksville, Cookeville, Franklin, Knoxville and Manchester, Tennessee. The referral of out-of-state patients enables Bradford to maintain occupancy levels essential for appropriate operating stability. These efforts have also benefited the people of the state and will allow for additional people in Alabama to receive care in the future. A regional location is currently not available.
3. The state of Alabama continues to experience population growth as outlined in the previous discussion of the medical service area. The State Health Plan recognizes the population growth in the methodology and indicates the existing beds are sufficient to meet current and future needs. The regional area currently does not provide inpatient services.

B. How will the project correct the inadequacies?

The proposed relocation of 32 beds from the Bradford-Pelham location to the Bradford Lodge in Warrior (Jefferson County) is an important component of Bradford's ability to address current and future substance abuse needs in the state of Alabama. Bradford Health Services continues to be an industry leader in the provision of substance abuse services. Because of this, Bradford is attracting not only patients from within the state but from other states as well. (See list of out-of-state regional offices listed in II. 2. above.) This requires appropriate long term planning to ensure adequate resources, including strategically located beds to meet the needs of the residents of Alabama and the in-migration of patients from other states.

The proposed relocation of beds from the Bradford-Pelham location will benefit the regionalization of substance abuse beds. The North-Central Alabama location will allow Bradford Health Services to relocate its beds to a campus-like setting that is more consistent with its treatment programs. The Bradford Lodge in Warrior (Jefferson County), with the 32 relocated beds, will be in a position to meet the future growth needs of residents. The relocation will provide Bradford Health Services with the ability to provide appropriate access to substance abuse services for this specific Alabama location as well as others at the lowest possible cost.

The programs for treatment of alcohol and drug addiction provided by Bradford Health Services are about helping people and families in Alabama and in the surrounding areas. The inadequacies, as discussed previously, require experienced and trained programs and treatment methods to be available in an accessible manner for those addicted to alcohol or illicit drugs. The economic cost in terms of productivity, as well as the human toll on families, requires a responsive professional treatment team approach to meet the complex needs of the patient. Bradford has more than thirty years experience in providing successful treatment programs and is considered, by those they have served, to be one of the best healthcare decisions a person or family can make.

(e) Evidence of existing and ongoing monitoring of utilization and the fulfilling of unmet need or under met health needs in the case of expansion.

Bradford Health Services continually monitors the utilization and the substance abuse needs of the residents of the State as evidenced by the continued growth in services identified through the planning process.

(f) Evidence of communication with all planning, regulatory, utility agencies and organizations that influence the facility destiny.

As appropriate, Bradford Health Services has communicated with all planning, regulatory, utility agencies, and organizations that influence operations. Bradford will continue to work with all organizations that have an impact on programs and services.

D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-. 07. Provide information about the results of any location studies, which reflect a need for the proposed project.

In Section 410-2-4-.11, the 2004-2007 Alabama State Health Plan addresses the need for substance abuse beds in the State of Alabama. The State Health Plan shows that there are 364 beds more than are needed in the state. The proposed project is for the relocation of 32 authorized substance beds in the State Health Plan from one Bradford facility to another in a different county.

BED NEED CALCULATIONS FROM THE 2004-2007 ALABAMA STATE HEALTH PLAN		
Public Beds	Private Beds	Beds Needed
616	432	(364)

Section 410-1-4-.14, "Replacements" in the Alabama State Health Plan is not applicable to this application. This section defines replacement "as a project for the erection, construction, creation or other acquisition of a physical plant or facility where the proposed new structure will replace an existing structure and will be located in the same county and market area". The proposed new substance abuse facility will be located in Jefferson County, Alabama, which is not within the same county and market area of the existing Shelby County facility.

E. If the application is for a specialized or limited-purpose facility or service, show the incidence of the particular health problem.

As previously discussed, substance abuse is considered a major health problem with the National Council on Alcoholism and Drug Dependence (NCADD), estimating that 18 million Americans have alcohol problems and about 5-6 million Americans have drug problems. NCADD's web site indicates that there are more deaths and disabilities each

(e) Evidence of existing and ongoing monitoring of utilization and the fulfilling of unmet need or under met health needs in the case of expansion.

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(f) Evidence of communication with all planning, regulatory, utility agencies and organizations that influence the facility destiny.

As appropriate, Bradford Health Services has communicated with all planning, regulatory, utility agencies, and organizations that influence operations. Bradford will continue to work with all organizations that have an impact on programs and services. The proposed relocation has been discussed with health care providers, community leaders and those affected by the programs offered by Bradford as evidenced by the letters of support included in Attachment C.

D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-. 07. Provide information about the results of any location studies, which reflect a need for the proposed project.

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year in the U.S. from substance abuse than from any other cause and that more than half of all adults have a family history of alcoholism or problem drinking. Also, more than nine million children live with a parent dependent on alcohol and/or illicit drugs.

Throughout this application and particularly identified in II.C. (a); Professional Capability; a summary of specialized services are addressed.

F. Describe the relationship of this project to your long-range development plans, if you have such plans.

The long range plans of Bradford Health Services involves the continued development of programs and services that address the substance abuse needs of the residents of Alabama. Bradford will continue to plan for cost effective approaches to treatment including the proposed relocation of beds. Future growth includes the marketing of services outside the State to increase the number of out-of-state patients, which will, in return, have a positive impact on Bradford's ability to provide cost effective and high quality services to the residents of Alabama. Bradford Health Services is committed to addressing cost, quality, and access in the continued development of its long-range plan. Bradford Health Services is an industry leader in providing high quality low cost substance abuse services. This quality is enhanced through its continuum of care from Intensive Outpatient, through the inpatient programs and beyond through its continuing care in Jefferson County. So all patients can receive the care from the beginning and continuing for years, Bradford Health Services is supportive of all efforts to provide substance abuse services throughout the state of Alabama. Additionally, Bradford Health Services will offer its expertise and support to the public sector efforts through the provision of clinical health services as it relates to substance abuse for the citizens referred to the Drug Court Program.

III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES

A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.

The 2004-2007 Alabama State Health Plan indicates that in addition to Bradford Health Services, the following are the approved providers of substance abuse services in the state of Alabama:

SUBSTANCE ABUSE BEDS AUTHORIZED	
Facility	County
Helen Keller Memorial Hospital	Colbert
Crenshaw Baptist Hospital	Crenshaw
Carraway Methodist Medical Center*	Jefferson
Brookwood Medical Center	Jefferson
University of Alabama Hospital	Jefferson
Salvation Army Adult Rehabilitation Center	Jefferson

Source: 2004-2007 Alabama State Health Plan.

*No longer in service.

CURRENT PUBLIC BEDS	
Adult Residential/Inpatient Beds	County
Alcohol & Drug Abuse Treatment Center	Jefferson
Anniston Fellowship House	Calhoun
Birmingham Fellowship house	Jefferson
CED Fellowship House	Etowah
Dauphin Way Lodge	Mobile
Freedom Rain Ministries	Jefferson
Lighthouse, Inc	Cullman
Lighthouse of Tallapoosa	Tallapoosa
New Centurions, Inc	Etowah
Pathfinder, Inc	Madison
Phoenix House, Inc	Tuscaloosa
Rapha Christian Ministries	Etowah
The Shoulder	Baldwin
Southeast Intervention Group, Inc	Houston
St. Anne's Home	Jefferson
Substance Abuse Council of Northwest Alabama	Lauderdale
Cheaha Mental Health Center	Talladega
Bibb Pickens Tuscaloosa Mental Health Center	Tuscaloosa
Chemical Addictions Program	Montgomery
Mountain Lakes Mental Health Center	Marshall
New Life for Women	Etowah
Riverbend Center for Mental Health	Franklin
South Central Alabama Mental Health	Conecuh
Wiregrass Mental Health Center	Houston

Source: State of Alabama Department of Mental Health and Mental Retardation Substance Abuse Services Division Provider Directory. Updated 2/14/2008

B. How will the proposed project affect existing or approved services and facilities in the medical service area?

As a relocation of inpatient/residential substance abuse beds, the proposed project will have little or no effect on any other facilities providing substance abuse services. The proposed relocation will allow Bradford Health Services to continue as a leader in the provision of substance abuse services in Alabama and to continue to have the ability to address changes in the substance abuse needs of the residents of the State, especially in North-Central Alabama. The proposed relocation will move the substance abuse beds to a Bradford facility in Jefferson County. The move will strengthen the existing healthcare delivery system with the goal of improving the continuity of care as well as the quality and cost of substance abuse services in the state.

C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.

Based upon the services provided by Bradford and the resources in the State as outlined above, there will be no detrimental effect on existing providers as a result of the proposed relocation.

D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.

The beds will be part of a continuum of care with the existing Bradford Health Services program.

E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.

As a relocation project of substance abuse beds, support services will be maintained in the Jefferson County facility.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

A. What alternatives to the proposed project exist? Why was this proposal chosen?

In Section IID of this application, it has been demonstrated that the residents of the state and region will benefit from the proposed relocation of 32 substance abuse beds from the Bradford-Pelham facility in Shelby County to a facility located in North-Central Alabama. Section 410-6-04(1) of the Certificate of Need Rules and Regulations states that "less costly alternatives must be judged against the need for greater accessibility, availability, and the impact on the total health care system." There are no other less costly alternatives. By moving the beds to an accessible location, the cost for the patients in the region will be minimal. This project addresses issues within the health care system and the continued need for the availability and accessibility of substance abuse services. Without any public funds, Bradford Health Services maximizes utilizing the patient's resources and provides a high quality care at a lesser cost. There is no other alternative that is more efficient, more appropriate, or more effective than the project proposed in this application.

The alternative "do nothing" ignores the identified needs and the benefits that this project can provide to the residents of the state.

B. How will this project foster cost containment?

The proposed project will have an impact on the identified inadequacies in the healthcare delivery system. As discussed above, the proposed relocation is the most cost effective alternative. Bradford Health services will be relocating beds that will meet the needs of the drug court programs as well as a regionalized system of substance abuse services. This project is more cost effective due to the fact it will not require adding any additional beds to the State Health Plan.

C. How does the proposal affect the quality of care and continuity of care for the patients involved?

The quality and continuity of care for the residents of the State in need of substance abuse services is of primary importance to Bradford. Bradford Health Services is a leader in the treatment of chemically dependent individuals and the proposed project enables Bradford to continue its cost effective approach to dealing with inadequacies in the health care delivery system while maintaining high quality treatment programs. For the patients at the Bradford-Pelham location, all agreements will remain in effect for the location until all patients complete their treatment and are discharged. Substance abuse patients often travel outside their community to seek treatment; therefore the relocation of the beds should not affect the care of future patients. Also, as stated in Section II.B., Bradford Health Services provides outpatient services in Warrior, Alabama.

V. DESCRIBE COMMUNITY REACTION TO THE PROJECT – N/A

VI. NON-PATIENT CARE

If appropriate, describe any non-patient care objectives of the facility, i.e., professional training programs, access by health professional schools and behavioral research projects which are designed to meet a national need.

Not Applicable

VII. MULTI AREA PROVIDER

If the applicant holds itself as a multi-area provider, describe those factors that qualify it as such, including the percentage of admissions which resides outside the immediate health service area in which the facility is located.

Out of state residents currently comprise 25% of the admissions to Bradford facilities in Alabama. Patients access treatment by contacting either a local Bradford outpatient office or by contacting the facility directly. Because of the specialty nature of substance abuse services, most of the patients who seek treatment come from all areas of the State, not just the local community in which the facility is located. The objective of Bradford Health Services, through this initiative, is to support the existing regionalized programs such as medical detoxification, family support programs, counseling, partial hospitalization, continuing care (12-step program), etc.

See Attachment D for complete list of Bradford facilities or visit:
www.bradfordhealth.com/locations.asp

VIII. HEALTH MAINTENANCE ORGANIZATION

If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMO's and show that the HMO is federally qualified.

Not Applicable

IX. ENERGY SAVING MEASURES

Discuss as applicable the principal energy-saving measures included in this project.

The construction associated with the proposed relocation will address energy saving measures. The facility will utilize energy efficient systems.

X. OTHER FACTORS

Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

The applicable criteria found at 410-1-6 of the Alabama Certificate of Need Rules and Regulations are addressed throughout this application.

PART THREE: CONSTRUCTION OR RENOVATION ACTIVITIES

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

I. ARCHITECT Stephen Coker

Firm Stephen Coker, LLC

Address 1000 Glen View Road

City/State/Zip Birmingham, Alabama 35222

Contact Person Stephen Coker

Telephone (205) 591-0021

Architect's Project Number Pending CON Approval

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION - See Attachment C

A. Describe the proposed construction/renovation.

B. Total gross square footage to be constructed/renovated: 10,000

C. Net useable square footage (not including stairs, elevators, corridors, toilets)

9,000

D. Acres of land to be purchased or leased N/A

E. Acres of land owned on site 80

F. Anticipated amount of time for construction or renovations 12 (months)

G. Cost per square foot: \$ 135.00

H. Cost per bed (if applicable) \$ 42,000

PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION

Not applicable

This part should be completed for projects under \$500,000.00 and/or those projects for ESRD and home health. If this project is not one of the items listed above, please omit Part Four and complete Part Five. Indicate N/A for any questions not applicable.

I. UTILIZATION

	YEARS	CURRENT 200_	200_	PROJECTED 200_	200_
A. ESRD					
#Patients	_____	_____	_____	_____	_____
#Procedures	_____	_____	_____	_____	_____
B. Home Health Agency					
#Patients	_____	_____	_____	_____	_____
#Procedures	_____	_____	_____	_____	_____
C. New Equipment					
#Patients	_____	_____	_____	_____	_____
#Procedures	_____	_____	_____	_____	_____
D. Other					
#Patients	_____	_____	_____	_____	_____
#Procedures	_____	_____	_____	_____	_____

II. Percent of Gross Revenue

	Historical			Projected	
SOURCE OF PAYMENT	200_	200_	200_	200_	200_
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other Commercial Insurance					
Self-Pay					
Other					
Veteran's Administration					
Workers' Compensation					
TOTAL	%	%	%	%	%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

III. CHARGE INFORMATION Not applicable

A. List schedule of current charges related to this project.

B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

PART FIVE: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects which cost over \$500,000.00 or which propose a substantial change in service, or which would change the bed capacity of the facility in excess of ten percent (10%), or which propose a new facility. ESRD, home health, and projects that are under \$500,000.00 should omit this part and complete Part Four.

Percent of Gross Revenue

I.

SOURCE OF PAYMENT	Historical			Projected	
	2006	2007	2008	2010	2011
ALL Kids					
Blue Cross/Blue Shield				15%	15%
Champus/Tricare				25%	25%
Medicaid					
Medicare					
Other Commercial Insurance				10%	10%
Self-Pay				50%	50%
Other					
Veteran's Administration					
Workers' Compensation					
TOTAL	NA	NA	NA	100%	100%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

II. CHARGE INFORMATION

A. List schedule of current charges related to this project.

The average charge \$336 per day

B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

Charges will not change as a result of the proposed project.

III. INPATIENT UTILIZATION DATA

A. HISTORICAL DATA

Give information for last three (3) years for which complete data is available

OCCUPANCY DATA												
Accommodation	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Private												
Semi-Private	104	104	104	2699	2557	2392	28074	26320	24487	74	69	65
Ward												
TOTALS	104	104	104	2699	2557	2392	28074	26320	24487	74	69	65
Admissions or Clinical Services Occupancy	Number of Beds			Discharges			Total Patient Days			% Occupancy		
	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Med. & Surgery												
Obstetrics												
Pediatrics												
Psychiatry												
Other A&D	104	104	104	2699	2557	2392	28074	26320	24487	74	69	65
TOTALS	104	104	104	2699	2557	2392	28074	26320	24487	74	69	65

Data not available and not applicable as it relates to inpatient/residential substance abuse facilities.

B. PROJECTED DATA

Give information projected to cover the first two- (2) years of operation after completion of project.

OCCUPANCY DATA									
Accommodation Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)		
	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	
Private									
Semi-Private	32	32	115	122	6930	7346	59	63	
Ward									
TOTALS	32	32	115	123	6930	7346	59	63	
Admissions or Clinical Services Occupancy	Number of Beds		Discharges		Total Patient Days		Percentage (%)		
	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	1 st Yr	2 nd Yr	
Medicine & Surgery									
Obstetrics									
Pediatrics									
Psychiatry									
Other/Substance Abuse	32	32	115	122	6930	7346	59	63	
TOTALS	32	32	115	122	6930	7346	59	63	

IV. OUTPATIENT UTILIZATION DATA - NA

A. HISTORICAL DATA

	Number of Outpatient Visits			Percentage of Outpatient Visits		
	2008	2009	2010	2008	2009	2010
Clinical						
Diagnostic						
Rehabilitation						
Surgical						

B. PROJECTED DATA

	Number of Outpatient Visits			Percentage of Outpatient Visits		
	2011	2012	2013	2011	2012	2013
Clinical						
Diagnostic						
Rehabilitation						
Surgical						

A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE (thousands)	Historical Data (Give information for last three (3) years for which complete data are available)			Projected Data (First two (2) years after completion of project)	
	2005	2006	2007	Year 1	Year 2
Revenue from Services to Patients					
In-Patient Services	43,016	46,452	52,426	63,123	67,069
Routine (Nursing Service Areas)					
Other					
Out-Patient Services	15,377	14,864	13,640	14,868	15,314
Emergency Services					
Gross Patient Revenue	58,393	61,316	66,066	78,991	82,383
Deductions from Revenue					
Contractual Adjustments	17,228	17,837	18,621	22,204	23,110
Discount/Miscellaneous Allowances	5,742	5,946	6,207	7,401	7,703
Total Deductions	22,970	23,783	24,828	29,605	30,813
NET PATIENT REVENUE (Gross patient revenue less deductions)	35,423	37,533	41,238	49,386	51,570
Other Operating Revenue	3,240	2,965	885	0	0
NET OPERATING REVENUE	38,663	40,498	42,123	49,964	48,489
OPERATING EXPENSES					
Salaries, Wages, and Benefits	21,191	22,356	22,486	26,517	27,352
Physician's Salaries and Fees	1,438	1,831	2,010	2,466	2,545
Supplies and other	12,569	13,487	13,973	16,221	16,728
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	1,463	1,149	1,339	1,760	1,864
Other Expenses	0	0	0		
Total Operating Expenses	36,661	38,823	39,808	46,964	48,489
NON-OPERATING EXPENSES					
Taxes	631	489	598	458	740
Depreciation	314	292	438	599	599
Interest (other than mortgage)	23	13	8	81	68
Existing Capital Expenditures					
Interest	87	147	373	595	563
Total Non-Operating Expenses	1,055	941	1,417	1,733	1,970
TOTAL EXPENSES (Operating & Capital)	37,716	39,764	41,225	48,697	50,459
Operating Income (Loss)	947	734	898	689	1,111
Other Revenue (Expense) – Net					
NET INCOME (Loss)	947	734	898	689	1,111
Projected Capital Expenditure	N/A	N/A	N/A		
Interest	N/A	N/A	N/A		

B. PROJECT SPECIFIC FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	Historical Data (Give information for last three (3) years for which complete data are available)			Projected Data (First two (2) years after completion of project)	
	200	200	200	Year 1	Year 2
<u>Revenue from Services to Patients</u>					
<u>In-Patient Services</u>				6,015,000	7,217,000
<u>Routine (Nursing Service Areas)</u>					
<u>Other</u>					
<u>Out-Patient Services</u>					
<u>Emergency Services</u>					
<u>Gross Patient Revenue</u>				6,015,000	7,217,000
<u>Deductions from Revenue</u>					
<u>Contractual Adjustments</u>				2,543,000	2,939,000
<u>Discount/Miscellaneous Allowances</u>					
<u>Total Deductions</u>				2,543,000	2,939,000
<u>NET PATIENT REVENUE</u>					
(Gross patient revenue less deductions)					
<u>Other Operating Revenue</u>					
<u>NET OPERATING REVENUE</u>				3,472,000	4,278,000
<u>OPERATING EXPENSES</u>					
<u>Salaries, Wages, and Benefits</u>				2,007,000	2,107,000
<u>Physician's Salaries and Fees</u>				275,000	289,000
<u>Supplies and other</u>				991,000	1,040,000
<u>Uncompensated Care (less</u>				301,000	361,000
<u>recoveries) per</u>					
<u>Other Expenses</u>					
<u>Total Operating Expenses</u>				3,574,000	3,797,000
<u>NON-OPERATING EXPENSES</u>					
<u>Taxes</u>					
<u>Depreciation</u>				161,000	161,000
<u>Interest (other than mortgage)</u>				73,000	60,000
<u>Existing Capital Expenditures</u>				N/A	N/A
<u>Interest</u>				265,000	243,000
<u>Total Non-Operating</u>				499,000	464,000
<u>TOTAL EXPENSES (Operating & Capital)</u>				4,073,000	4,261,000
<u>Operating Income (Loss)</u>				(601,000)	17,000
<u>Other Revenue (Expense) – Net</u>					
<u>NET INCOME (Loss)</u>				(601,000)	17,000
<u>Projected Capital Expenditure</u>	N/A	N/A	N/A		
<u>Interest</u>	N/A	N/A	N/A		

VI. Statement of Community Partnership for Education and Referrals

- A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 3 years)		
	2007	2008	2009	2011	2012	2013
Health Education (nutrition, fitness, etc.)	1,212,000	1,221,000	1,258,000	1,334,000	1,374,000	1,415,220
Community service workers (school nurses, etc.)						
Health Screenings						
Other						
TOTAL	1,212,000	1,221,000	1,258,000	1,334,000	1,374,000	1,415,220

- B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

The relocation of the beds will increase Bradford's ability to provide services to all the members of the community and the additional patients received from outside the area. The community need for the service has continued to remain stable for the past several years. However, the influx of patients (both in and out of state) has increased the demand for our services in addition to the need to relocate because the existing site is no longer appropriate.

Bradford Health Services continues to provide consultations at any of the Bradford locations at any time regardless of ability to pay, insurance or lack thereof. Bradford continues to educate and increase awareness to the public about the disease of addiction and the services Bradford provides and how to access them. Bradford continues to offer training and education to the professionals in the industry and related agencies who work closely with the underserved populations.

C. Please briefly describe some of the current services or programs presented to the underserved in your community.

Bradford's staff provides education and training to many community service areas including but not limited to: court drug programs, social workers, counselors, nurses, physicians, school children, employers, juvenile court, local, state and federal employees. As a community partner with local organizations, Bradford provides education services and programs whenever requested.

Bradford provides free emergency consultation and referral service at any of its locations at any time regardless of ability to pay, insurance or lack thereof.

Bradford Health Services" staff provides education to the public about the disease of addiction. These education sessions are free to the public. Bradford also provides "no cost" family education programs at all our outpatient locations. Additionally, national speakers are provided to support and educate the recovering community.

Bradford Health Services is working closely with local drug court programs to provide treatment services in those counties using drug court models that focus on treatment and education.

In many locations, Bradford Health Services provides a place for 12-step self-help groups (AA, NA, CA) to meet at no cost. We also provide a "concerned persons" program for family members to address their own issues around the disease of addiction at a nominal cost.

PART SIX: ACKNOWLEDGMENT AND CERTIFICATION BY THE APPLICANT

I. ACKNOWLEDGMENT

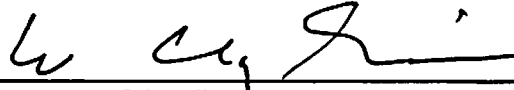
In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards of health facilities and services promulgated by the SHPDA have been read, and the applicant will comply with same.
- B. The issuance of a certificate of need will depend on the approval of the CON Review Board, and no attempt to provide the service or incur an obligation will be made until a bona fide certificate of need is issued.
- C. The certificate of need will expire in twelve (12) months after date of issuance, unless an extension is granted pursuant to the applicable portions of the SHPDA rules and regulations.
- D. The certificate of need is not transferable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the Bureau of Health Development, SHPDA, when a project is started, completed or abandoned.
- F. The applicant shall file a progress report on each active project every six (6) months until project is completed.
- G. The applicant must comply with all state and local building codes, and failure to comply will render the certificate of need null and void.
- H. The applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations and standards.
- I. Projects are limited to the work identified in the Certificate of Need as issued.
- J. Any expenditure in excess of the amount approved on the Certificate of Need must be reported to the Bureau of Health Planning and Development Agency and may be subject to review.
- K. The applicant will comply with all state statutes for the protection of the environment.
- L. The applicant is not presently operating with a probational (except as may be converted by this application) or revoked license.

Amendment Date: April 18, 1997

II. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.



Signature of Applicant

W. Clay Simmons

Applicant's Name and Title (Type or Print)

Sworn to and subscribed before me

this 28th day of June, 2011



Notary Public (affix seal on original)

Author: Alva M. Lambert

Statutory Authority: § 22-21-267, 271, 275, Code of Alabama, 1975

History: Amended March 19, 1996 and July 25, 2002