



**LAKELAND**

COMMUNITY HOSPITAL

January 9, 2026

42024 Highway 195 • P.O. Box 780  
Haleyville, Alabama 35565  
P (205) 486-5213 • F (205) 485-7127

RV2026-010R  
**RECEIVED**

**Jan 13 2026**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Emily Marsal, Executive Director  
Alabama State Health Planning and Development Agency  
RSA Union Building, Suite 870  
100 North Union Street  
Montgomery, Alabama 36104

*Via Electronic Mail to: Emily.Marsal@shpda.alabama.gov,  
shpda.online@shpda.alabama.gov; Teresa.Lee@shpda.alabama.gov*

RE: Reviewability Request - Lakeland Community Hospital  
Addition of Psychiatric Intensive Outpatient Program

Dear Ms. Marsal:

The Health Care Authority of Haleyville and Winston County, Alabama, an Alabama Health Care Authority (the "Board") owns and operates Lakeland Community Hospital ("LCH" or the "Hospital"), which is a critical access hospital (CAH) in Haleyville, Alabama. Winston County is one of the more rural and sparsely populated counties in the State of Alabama, ranking 43 out of 67 counties. The Board has determined that adding a psychiatric Intensive Outpatient Program (IOP) is necessary and desirable to serve the citizens of Winston County in the current healthcare environment. The purpose of this letter is to request a determination by the State Health Planning and Development Agency ("SHPDA") that the addition of an IOP service at LCH is not reviewable under Alabama Certificate of Need ("CON") laws and regulations.

As of October 1, 2025 and continuing through the date of filing of this request, the CON thresholds are \$3,436,510.00 for major medical equipment, \$1,373,260.00 for new annual operating costs, and \$6,866,313.00 for any other capital expenditures. All of the projected expenditure amounts for this project are below these thresholds.

The following information is provided as a part of this request:

1. Name of applicant: Lakeland Community Hospital, Inc, dba Lakeland Community Hospital. LCH is owned by The Health Care Authority of Haleyville and Winston County, Alabama.

2. Address and contact information: The hospital is located at 42024 Alabama Highway 195, Haleyville, Alabama 35565. The Hospital's CEO/Administrator is Cherie Sibley. She may be reached at (205) 485-7108 or Cherie.Sibley@lch.care

3. Service Area: Winston County, Alabama

4. Services to be provided: An Intensive Outpatient Program (IOP) is a distinct and organized ambulatory treatment program for patients who have acute mental illness.

5. Financial breakdown, approximate costs: The Hospital estimates the following new costs associated with the addition of IOP services.

a. <u>Equipment and Furniture:</u>	\$ 12,500
b. <u>First year new annual operating costs:</u>	\$ 360,000
c. <u>Capital Costs:</u>	
i. <u>Leases:</u>	\$ 0
ii. <u>Land/Building costs:</u>	\$ 0
iii. <u>Construction Costs:</u>	\$ 0

6. The Board is the only entity with a financial interest in the project.

We request SHPDA's determination that the proposed offering of IOP services in Winston County is not subject to CON review because it does not involve any expenditure in excess of the CON monetary thresholds. No beds are being reclassified as no beds are involved in the outpatient service. Because the Hospital is rural, no filing fee will be submitted, pursuant to Alabama Code Section 22-21-265 and Rule 410-1-7-02, titled "Reviewability Determination Request."

Thank you for your timely response to this request. Please contact me at your earliest convenience if you have any questions or need additional information regarding this matter.

Sincerely,

Cherie Sibley  
CEO

AFFIRMATION OF REQUESTING PARTY

The undersigned, Cherie Sibley, being first duly sworn, hereby makes oath or affirms that she is the Chief Executive Officer of Lakeland Community Hospital and has knowledge of the facts in this request; and, to the best of her information, knowledge and belief, such facts are true and correct.

AFFIANT

*Cherie Sibley*  
Cherie Sibley, CEO



SIGNED AND SWORN to before me this 9<sup>th</sup> day of January, 2026.

*Jantha Edwards*

Notary Public  
My Commission Expires: 9/15/29



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**Jan 23 2026**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

January 22, 2026

Emily Marsal, Executive Director  
Alabama State Health Planning and Development Agency  
RSA Union Building, Suite 870  
100 North Union Street  
Montgomery, Alabama 36104

*Via Electronic Mail to: Emily.Marsal@shpda.alabama.gov;*  
*shpda.online@shpda.alabama.gov; Teresa.Lee@shpda.alabama.gov*

RE: RV 2026-010R Supplemental Information Request Response for  
Reviewability Request - Lakeland Community Hospital  
Addition of Psychiatric Intensive Outpatient Program

Dear Ms. Marsal:

This letter is written in response to your letter dated January 20, 2026, requesting supplemental information regarding the above referenced Reviewability Determination Request for Lakeland Community Hospital.

1. Detailed Description of Proposed Services:

Lakeland Community Hospital is seeking to provide outpatient mental health services to the geriatric population, mainly 65 or older. The program, including outpatient and Intensive Outpatient care (day treatment), will provide services such as individual therapy, group psychotherapy, family therapy, activity therapy and education training sessions to assist individuals with learning new or appropriate coping skills, identify risk factors for relapse, disease management and manage symptoms. The services will be available to individuals with diagnoses such as, but not limited to, Depression, Anxiety, Post Traumatic Stress Disorder, and Bipolar disorders. The program will target individuals who need treatment that cannot be managed in a clinic setting due to the severity of their symptoms and behaviors that require more intensive treatment. Patients will be under the care of a psychiatrist for

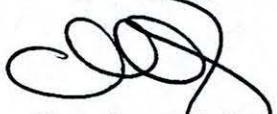
evaluation, medication management and treatment orders. Medications may or may not be prescribed depending on the individual's plan of care. The goal of the program will be to prevent hospitalization or decompensation or to continue treatment for individuals after discharge from an inpatient psychiatric treatment center.

2. Primary Issue for Treatment:

The program will not offer substance use treatment as a primary issue. Mental Health treatment will be the primary issue for individuals in the program.

Thank you for your timely response to this request. Please contact me at your earliest convenience if you have any questions or need additional information regarding this matter.

Sincerely,



Cherie Sibley  
CEO

AFFIRMATION OF REQUESTING PARTY

The undersigned, Cherie Sibley, being first duly sworn, hereby makes oath or affirms that she is the Chief Executive Officer of Lakeland Community Hospital and has knowledge of the facts in this request; and, to the best of her information, knowledge and belief, such facts are true and correct.

AFFIANT

*Cherie*  
Cherie Sibley, CEO

SUBSCRIBED AND SWORN to before me this 21<sup>st</sup> day of January, 2026.



*Tabitha Edwards*  
Notary Public  
My Commission Expires: 9-15-29