



# EVERGREEN MEDICAL CENTER

RV2026-011R

RECEIVED

Jan 29 2026

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

January 28, 2026

**Re: Letter of Non-Reviewability for Evergreen Medical Center, LLC**

Evergreen Medical Center, LLC is seeking a Letter of Non-Reviewability to start the process of transitioning from a PPS Acute Care Hospital to a Rural Emergency Hospital.

Currently, we feel this is the best plan forward to continue offering substantial healthcare services in Evergreen and Conecuh County, AL. We have attached the requested information for Reviewability.

Please let us know if there is anything else needed at this time to complete this request. Thank you for your help with this matter.

Tom McLendon  
Chief Executive Officer  
Evergreen Medical Center, LLC



January 27, 2026

***Re: Letter of Non-Reviewability***

Question: Name of Company Seeking the Reviewability Information

Answer: **Evergreen Medical Center, LLC**

Question: Address and contact information of the authorized company representative seeking the determination

Answer: **Tom McLendon**  
**Chief Executive Officer**  
**101 Crestview Avenue**  
**Evergreen, AL 36401**  
**251-369-1478**

Question: Service area for the proposed service/project

Answer: **Evergreen, AL/Conecuh County, AL**

Question: Any new/additional services to be provided under the proposed project

Answer: **No new services at this time**

Question: Approximated costs of the proposed project for:

- A. Equipment
- B. First year annual operating costs
- C. Capital costs, to include:
  - a. Leases
  - b. Land/Building costs
  - c. Construction Costs

Answer: **No additional capital or operating costs at this time.**

Question: Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.

Answer: **There are no other healthcare facilities or groups that have or own any financial interest in Evergreen Medical Center, LLC.**

Question: Attestation by an officer, partner, or authorized agent of the company, knowing the facts disclosed in the reviewability request, utilizing the following form: **Please see attached**



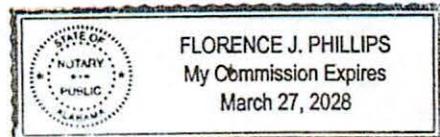
The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Chief Executive Officer of Evergreen Medical Center and has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Signature: 

Date: 11/25/26

Name: Tom McLendon

Position: Chief Executive Officer

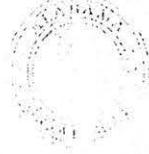


Affiant \_\_\_\_\_ (SEAL)

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of January 2026

Florence J. Phillips  
Notary Public

My commission expires 03-27-2028



## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

### FACTUAL INFORMATION REQUIRED FOR REVIEWABILITY DETERMINATION REQUESTS (SHPDA Rule 410-1-7-02)

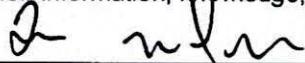
Any person may request, for informational purposes only, a determination as to the current reviewability of an anticipated project or a determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

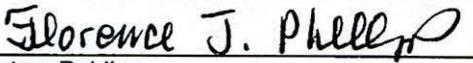
1. Name of company seeking the reviewability determination.
2. Address and contact information for the authorized company representative seeking the determination.
3. Service area for the proposed service/equipment.
4. Any new/additional services to be provided under the proposed project.
5. Approximated costs of the proposed project for:
  - a. Equipment
  - b. First year annual operating costs
  - c. Capital costs, to include:
    - i. Leases
    - ii. Land/Building costs
    - iii. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
7. Attestation by an officer, partner, or authorized agent of the company, knowing the facts disclosed in the reviewability request, utilizing the following form:

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby makes oath or affirms that he/she is [include position with entity requesting the determination], has knowledge of the facts in this request, and to the best of his/her/their information, knowledge, and belief, such facts are true and correct.

Affiant  (SEAL)

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of January, 2020

 My commission expires 03-27-2028  
Florence J. Phillips  
Notary Public

Each determination must be accompanied by a \$1,200.00 filing fee submitted in accordance with SHPDA Rule 410-1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may respond to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition to the request.



Feb 05 2026

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

February 5, 2026

**SENT THIS DATE VIA EMAIL TO:**

Emily.Marsal@shpda.alabama.gov; shpda.online@shpda.alabama.gov;

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

*Re:*      Reviewability Request - Evergreen Medical Center, LLC  
                  Rural Emergency Hospital Conversion  
                  RV2026-011R  
                  SHPDA ID: 035-6530405

Dear Ms. Marsal,

Evergreen Medical Center, LLC ("EMC" or the "Hospital") is a privately owned for-profit rural hospital located in Evergreen, Conecuh County, AL. Conecuh County is rural and sparsely populated, and health care access in Conecuh County is limited due to a variety of contributing factors, such as a significant shortage of primary and specialty care health professionals, and recruitment challenges. In addition, the conditions present in today's health care system are putting immense strain on hospitals like EMC. Because of these factors, rising costs, stagnant reimbursement, decreasing revenues, and the Hospital's location in a rural area, it has experienced both financial and operational hardships.

The Hospital has determined it necessary to explore conversion to a Rural Emergency Hospital ("REH") status as part of the Hospital's long term strategic planning process. The purpose of this letter is to request a determination by the State Health Planning and Development Agency ("SHPDA") that the conversion of Evergreen Medical Center, LLC from a General Acute Care Hospital to a REH status is not reviewable under Alabama Certificate of Need ("CON") laws and regulations.

An REH is a relatively new Medicare provider type which was created through the enactment of the Consolidated Appropriations Act of 2021, Public Law No. 116-260. The Centers for Medicare and Medicaid Services ("CMS") and the Alabama Department of Public Health ("ADPH") have implemented rules recognizing a process for conversion of a rural general acute care hospital to a REH. CMS and ADPH generally have the same requirements to convert from a rural general acute care hospital to REH status. Among other things, REHs are required to provide 24-hour emergency care and may provide certain other outpatient services, but they may not provide any inpatient services, other than in a distinct part unit

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Alabama State Health Planning and Development Agency

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licensed as a skilled nursing facility. Generally, Critical Access Hospital ("CAHs") and rural general acute care hospitals with 50 or fewer beds that were open on December 27, 2020, are eligible to apply for REH status.

The Hospital is located in a rural area for purposes of the REH requirements because it is not located in a metropolitan statistical area, as determined by the U.S. Census Bureau. As of December 27, 2020, the Hospital had fewer than 50 beds, Evergreen Medical Center is currently licensed for forty-four (44) and as determined by dividing the number of available days by the number of days in the cost reporting period. The Hospital plans to discontinue inpatient care services and enroll as an REH if a non-reviewability determination is granted, ADPH approves an REH license for the Hospital, and CMS approves the Hospital's conversion to REH status.

As of February 1, 2026, 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 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: Evergreen Medical Center, LLC
2. Address and Contact Information: The Hospital is located at 101 Crestview Avenue, Evergreen, AL 36401. The Hospital's CEO is Tom McLendon, and he may be reached at (251) 369-1478 or [tmclendon@evergreenmedical.org](mailto:tmclendon@evergreenmedical.org).
3. Service Area: Conecuh County, Alabama and portions of the surrounding area
4. Services to be Provided: Twenty-Four Emergency Department and Outpatient Services as a Rural Emergency Hospital. At this time, the Hospital does not intend to provide any new or different health services subject to review compared to what is currently offered by the Hospital, but will discontinue all inpatient acute care services, intensive care services, and inpatient psychiatric services.
5. Financial Breakdown, approximate costs: The Hospital estimates the following new costs associated with the REH conversion project.
  - a. Equipment and Furniture: \$0.00
  - b. First year new annual operating costs: There will be no new annual operating cost associated with the conversion from a general rural acute care hospital to a REH.

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c. Capital Costs:

- i. Leases: \$0.00
- ii. Land/Building Costs: \$0.00
- iii. Construction Costs: \$0.00

6. Evergreen Medical Center, LLC is the only entity with a financial interest in the project.

We request SHPDA's determination that this proposed offering of REH services in Conecuh County is not subject to CON review because it does not involve any expenditure in excess of the CON monetary thresholds, because the conversion of a rural general acute care hospital to an REH does not add any health services which are subject to review, and because the Hospital will not be using any of its inpatient beds to provide services. 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 do not hesitate to contact me if you have any questions or need additional information regarding this matter.

Thank you,

Evergreen Medical Center



Tom McLendon

Ms. Emily Marsal

Alabama State Health Planning and Development Agency

February 5, 2026

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**AFFIRMATION OF REQUESTING PARTY**

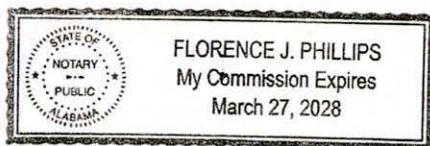
The undersigned, Tom McLendon, being first duly sworn, hereby makes oath or affirms that he is the Chief Executive Officer of Evergreen Medical Center, LLC and has knowledge of the facts in this request; and, to the best of his information, knowledge and belief, such facts are true and correct.

AFFIANT



Tom McLendon, CEO

SUBSCRIBED AND SWORN to before me this 5<sup>th</sup> day of February, 2026.



Florence J. Phillips  
Notary Public  
My Commission Expires: 03-27-2028

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