ATMORE
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RV2026-019
RECEIVED
Jul 31 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

July 27, 2026

State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Reviewability Determination Request
Escambia County Alabama Community Hospitals, Inc. DBA Atmore Community Hospital
Critical Access Hospital Conversion

Dear Sir/Madam,

This letter is to inform SHPDA that Escambia County Alabama Hospitals, Inc. DBA Atmore Community Hospital has a licensed bed capacity of 51 and an authorized bed capacity of 49 beds, including Swing beds. This request is for a determination from the State Health Planning and Development agency (SHPDA) that conversion of Atmore Community Hospital to Critical Access Hospital (CAH) status is not reviewable and does not require a Certificate of Need (CON).

Escambia County is located in a rural and sparsely populated counties in the State of Alabama. The CAH program works to improve access to rural health care. CAHs provide essential services to a community and are reimbursed by Medicare on a reasonable cost basis. Cost based reimbursement from Medicare has the potential to increase revenues and offer more cost-effective health care to Atmore Community Hospital's patients. Ultimately, the Hospital has determined it is necessary to convert to CAH status in order to preserve much needed hospital services in the community in a manner that is more sustainable from a financial standpoint.

In addition to federal requirements for CAHs, the Alabama Department of Public Health (ADPH) has implemented rules recognizing CAH hospital license classification, and the State Health Plan (SHP) also recognizes the certification of existing hospitals as CAHs. Consistent with these state and federal requirements, Atmore Community Hospital is located in a qualifying rural area more than 15 miles from the nearest hospital by secondary roads. In conjunction with its application and approval of conversion to CAH status, Atmore Community Hospital will:

(i) Reduce it authorized beds capacity to 25 total beds (including Swing beds);
(ii) Continue to provide 24/7 emergency services;
(iii) Implement procedures to ensure the Hospital maintains an average annual length of stay of 96 hours;
(iv) Meet CAH staff requirements under federal law (42 C.F.R. 485.631);
(v) Participate as a member of a rural health network with agreements in place with at least one full-service general acute care hospital providing for patient referral and transfer, communication systems, emergency and non-emergency transportation, and credentialing

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and quality assurance matters. Importantly, the Hospital will not provide any new services or incur any significant cost as a result of the conversion to CAH status.

The following information is provided as part of this request:

1. Name of applicant: Escambia County Alabama Community Hospitals, Inc. DBA Atmore Community Hospital
2. Address and contact information: The hospital is located at 401 Medical Park Drive, Atmore, AL 36502. The Hospital's CEO is Drew Citrin, and I can be reached at 251-368-6362 or dcitrin@atmorehealth.org.
3. Service Area: Escambia County, Alabama and surrounding communities
4. Services to be provided: 24/7 emergency services, outpatient services (including surgical services) and swing bed services. At this time, the Hospital does not intend to provide any new or difference services compared to what is currently offered by the Hospital.
5. Financial breakdown, approximate costs: The Hospital does not expect any new costs associated with the CAH conversion project.
6. Escambia County Alabama Community Hospitals, Inc., a health care county organized under Alabama law, is the only entity with a financial interest in the project.

We request SHPDA's determination that this proposed conversion of Atmore Community Hospital to CAH is not subject to CON review because it does not involve any expenditure in excess of the CON monetary thresholds and because the conversion to a rural general acute care hospital to CAH status does not add any health services which are subject o review. Because the Hospital is rural, no filing fee will be submitted, pursuant to Ala. Admin Code Rule 410-1-7-02.

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.

Thank you

Andrew Citrin
Chief Executive Officer
Escambia County Alabama Community Hospitals, Inc

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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)
CEO / Administrator

SUBSCRIBED AND SWORN to before me this 31 day of July, 2026.

_____ My commission expires 1-5-2028
Notary Public

KIMBERLY MILLER NOTARY PUBLIC ALABAMA STATE AT LARGE