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AL2021-017-E

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Feb 18 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

February 18, 2021

The Honorable Emily T. Marsal
Executive Director
State Health Planning & Development Agency
RSA Union Building
100 N. Union Street - Suite 870
Montgomery, AL 36104

Re: Emergency CON Application for Cullman Regional Medical Center

Dear Ms. Marsal:

Enclosed is an Emergency CON Application submitted on behalf of Cullman Regional Medical Center ("CRMC") requesting emergency approval of thirty (30) new acute care beds with immediate approval to utilize its observation rooms to temporarily house the thirty (30) additional beds. These beds will be placed into permanent service (in part) through the construction that is already in process pursuant to CRMC's CON Approval for Project AL2019-029, CON 2893-H. CRMC's Emergency CON application is requesting the thirty (30) new beds pursuant to the Bed Availability Rule at Alabama State Health Plan, Chapter 410-2-4-.02 Acute Care (Hospitals) Section (5).

The previous approval of CON 2893-H envisioned the conversion to all private beds at CRMC without an increase in the overall number of beds. Unfortunately, because of COVID, CRMC needs additional medical and critical care beds and must have the flexibility to utilize semi-private rooms in crisis situations.

CRMC has been especially hard hit by COVID as the news articles attached to the CON Application demonstrate. CRMC will be able to put the requested thirty (30) new beds into permanent service on a rolling basis as portions of the ongoing construction are completed in order to address the overwhelming need for additional capacity at the hospital and in particular with regard to the thirteen (13) new critical care beds that will make up a portion of the requested new beds. The observation beds and a portion of the new beds will be ready for utilization within two (2) weeks of receipt of CON approval and, accordingly, emergency expedited approval is requested so that CRMC can promptly address the urgent patient care needs and situation resulting in large part from COVID at Cullman Regional Medical Center.

CRMC's utilization spikes associated with the COVID pandemic have been and continue to be unforeseen events endangering the health and safety of the patients when the hospital's capacity is inadequate to meet such demands. Unfortunately, this is a situation that CRMC has faced multiple times this winter as COVID-19 patient volumes have increased dramatically and CRMC needs to be prepared for this situation to continue in light of the virus variants now

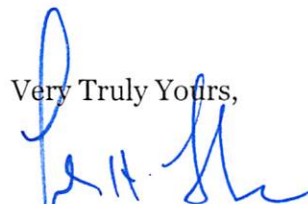
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Ms. Emily Marsal
February 18, 2021
Page 2

beginning to circulate in the United States and expected to further exacerbate already existing hospital capacity issues.

Please let me know if you have any questions. Thank you.

Very Truly Yours,



Colin H. Luke

cc: Kristen Larremore

Enclosure

Cullman Regional Medical Center



Emergency Certificate of Need Application for the Addition of 30 Acute Care Beds in Cullman County, Alabama To Address COVID Crisis



Rev. 6-16

ALABAMA CERTIFICATE OF NEED APPLICATION

For Staff Use Only

Filing Fee Remitted: \$23,448.00 tml

Project # AL2021-017-E

Date Rec. _____

INSTRUCTIONS: Please submit an electronic pdf copy of this completed form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, in accordance with ALA. ADMIN. CODE r. 410-1-7-.06 (Filing of a Certificate of Need Application) and 410-1-3-.09 (Electronic Filing). Electronic filings meeting the requirements of the aforementioned rules shall be considered provisionally received pending receipt of the required filing fee and shall be considered void should the proper filing fee not be received by the end of the next business day. Refer to ALA. ADMIN. CODE r. 410-1-7-.06 to determine the required filing fee.

Filing fees should be remitted to: State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

or the fee may be submitted electronically via the payment portal available through the State Agency's website at www.shpda.alabama.gov.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL () NURSING HOME ()
OTHER () (Specify) _____

A. Cullman Regional Medical Center

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

<u>1912 Alabama Highway 157</u>	<u>Cullman</u>	<u>Cullman</u>
Address	City	County
<u>Alabama</u>	<u>35058</u>	<u>(256) 737-2000</u>
State	Zip Code	Phone Number

B. _____

Name of Facility/Organization (if different from A)

_____	_____	_____
Address	City	County
_____	_____	_____
State	Zip Code	Phone Number

C. Cullman Regional Medical Center, Inc., a wholly owned subsidiary of the Health Care Authority of Cullman County

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

_____	_____	_____
Address	City	County
_____	_____	_____
State	Zip Code	Phone Number

D. Colin H. Luke, Esq., Waller Lansden Dortch & Davis, LLP

Name and Title of Person Representing Proposal and with whom SHPDA should communicate

<u>1901 6th Avenue North, Suite 1400</u>	<u>Birmingham</u>	<u>Jefferson</u>
Address	City	County
<u>Alabama</u>	<u>35203</u>	<u>(205) 214-6380</u>
State	Zip Code	Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership
- 3. Corporate (for profit) _____
Name of Parent Corporation
- 4. Corporate (non-profit) _____
Name of Parent Corporation
- 5. Public
- 6. Other (specify) Alabama health care authority

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

OWNERS

The Health Care Authority of Cullman
County d/b/a Cullman Regional
Medical Center

GOVERNING BOARD MEMBERS

Beth Anderson, Chairman
Tim Culpepper, Vice Chairman
James Clements, President/CEO
Perry Knight, Secretary
Dennis Richard, Treasurer

(A complete list of Board Members for Cullman Regional Medical Center is attached hereto as **Attachment 1.**)

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> New Facility
Type _____ | <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
_____ |
| <input checked="" type="checkbox"/> Change in Service (Addition of 30 acute care beds) | |

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

CRMC and its service area have been particularly impacted by the COVID Pandemic and need additional medical and critical care beds. Building on CRMC’s previously approved construction project, this application seeks immediate authorization to address the COVID emergency. This application is filed under the “bed availability rule,” which allows a highly-utilized acute care hospital to increase its licensed bed capacity by up to ten percent (10%) (not to exceed fifty (50) beds), rounded to the nearest whole, or up to thirty (30) beds, whichever is greater. The bed availability rule serves to ensure that patients have access to hospital services. This application is also being filed under Section 410-1-10-.01 Emergency Review of the Alabama Certificate of Need Rules and Regulations, which provides that any person may apply for an emergency Certificate of Need (“CON”) for the authorization of capital expenditures

made necessary by unforeseen events which endanger the health and safety of the patients. If this application is approved on an emergency basis as requested herein, The Health Care Authority of Cullman County d/b/a Cullman Regional Medical Center (“CRMC”) will be able to implement usage of the temporary rooms as requested herein and described below, as well as begin utilizing the requested new beds on a rolling basis (because of pending construction) with beds starting to be available within approximately two weeks of receiving CON approval. The ability of CRMC to implement a portion of the Project (as defined below) so rapidly by obtaining expedited emergency approval for the overall addition of thirty (30) inpatient beds and temporary use of observation space as described below, will greatly help CRMC alleviate the access and capacity challenges that it is currently facing and which endanger the health and safety of area patients if CRMC, as the sole community hospital, cannot meet the area’s demand for its inpatient services.

CRMC is requesting a CON to add thirty (30) inpatient acute care beds pursuant to Alabama State Health Plan, Chapter 410-2-4-.02 Acute Care (Hospitals) Section (5) Bed Availability Assurance for Acute Care (Hospitals) (copy attached as **Attachment 2**) by adding (a) thirteen (13) new Critical Care Unit (“CCU”) beds and (b) seventeen (17) new med surg beds. As part of this project, CRMC will no longer reallocate six (6) currently licensed hospital beds from semi-private to private beds nor relocate other existing beds as approved by AL2019-029, CON 2893-H which construction renovations approved thereunder are currently in process. Additionally, as part of this emergency request, CRMC is seeking approval to temporarily use up to thirty (30) observation rooms for inpatient acute care beds prior to the completion of the construction and renovations necessary to house the requested permanent thirty (30) additional acute care beds as requested herein.¹ Upon receiving approval from the State Health Planning and Development Agency for this temporary use of the thirty (30) observation rooms for inpatient acute care beds, CRMC plans to obtain approval of the Alabama Department of Public Health (“ADPH”) to use such observation space for this purpose notwithstanding the lack of windows in those rooms as otherwise required by ADPH. (collectively, the “Project”).

BED AVAILABILITY RULE - INCREASE OF 30 INPATIENT ACUTE CARE BEDS

The Alabama State Health Plan, Chapter 410-2-4-.02 Acute Care (Hospitals) Section (5) Bed Availability Assurance for Acute Care (Hospitals) identifies criteria that must be met in order for a hospital to seek additional inpatient acute care beds through this rule (the “Bed Availability Rule”) – CRMC meets/exceeds each of these criteria and as such, is requesting Certificate of Need approval for thirty (30) additional general acute care beds.

CRMC has been overwhelmed with inpatients this winter which is contributed to in large part by the COVID-19 pandemic and is in desperate need of additional inpatient acute care beds to meet the existing demands and to provide capacity for future spikes in demand.

The statistics set forth in **Attachment 3**, reflect that CRMC meets the requirements under the Bed Availability Rule to receive approval for the requested thirty (30) additional inpatient acute care beds requested herein.

¹ Construction and construction costs for twenty-four (24) of the thirty (30) rooms was already approved pursuant to the CON approval CRMC received under AL2019-029, CON 2893-H. The construction renovations requested in this Project relate only to the renovation of six (6) additional rooms in order to have the room capacity to house the requested additional thirty (30) beds. See Part Three, Section II.A. for a full description of the construction renovations for this Project.

STATE OF EMERGENCY AND EMERGENCY CON APPLICATION

On March 13, 2020, Governor Kay Ivey declared that a state public health emergency existed resulting from the appearance of COVID-19 in Alabama that poses significant risk of substantial harm to a large number of people. The State of Emergency has been supplemented numerous times and remains in effect as of today.

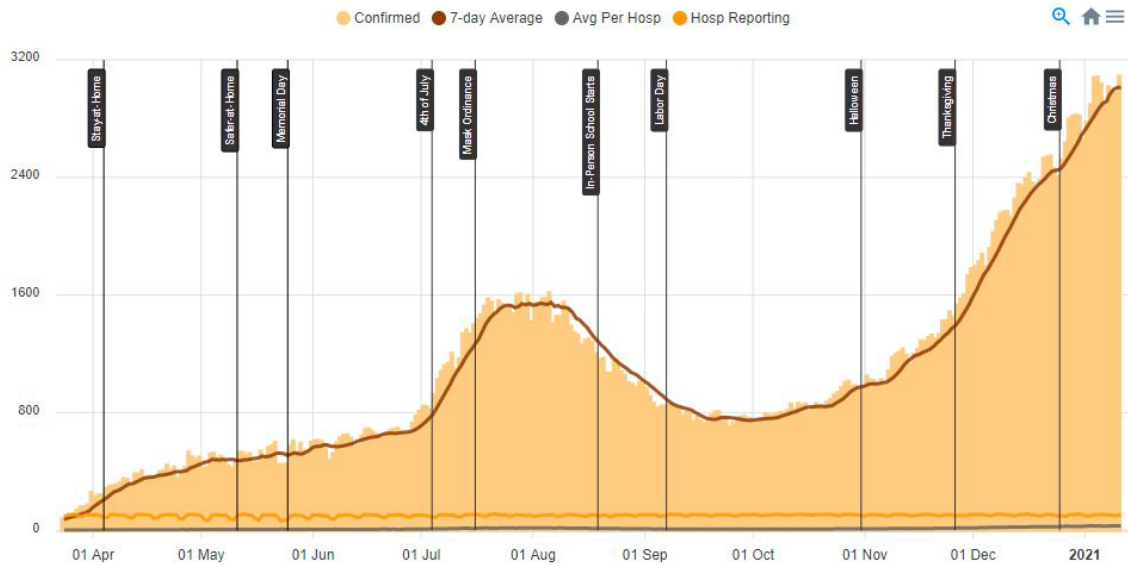
Hospitalization rates of patients with COVID-19 skyrocketed this winter across the nation as well as in Alabama as shown in the graph below.

Bama Tracker: Alabama COVID-19

[Home](#) · [Charts](#) · [Maps](#) · [Schools](#) · [K-12](#) · [Vaccine UPDATED](#) · [Compare](#) · [Dashboard](#) · [Mortality](#) · [FAQ](#) · [Twitter](#) · [Bama Tracker Patreon](#)

Alabama COVID-19 Hospitalizations

Daily hospitalizations of confirmed cases. 107 Hospitals reporting recently. Source: Alabama Incident Management System as reported by ADPH



NOTE: The above Bama Tracker: Alabama COVID-19 graph reflects the peak of the COVID-19 case volume to date this winter in the State.

CRMC, as a sole community hospital, has been treating more than its fair share of such patients. See article attached as **Attachment 4** discussing the high COVID-19 patient volumes at CRMC and overwhelming need for inpatient critical care services.

Section 410-1-10-.01 Emergency Review of the Alabama Certificate of Need Rules and Regulations provides that any person may apply for an emergency CON for the authorization of capital expenditures made necessary by unforeseen events which endanger the health and safety of the patients.

Based upon the current strains on the capacity of CRMC due to COVID-19 and the fact that CRMC has sole community hospital status (which means that there are no other options for patients in the area requiring general acute inpatient care), CRMC respectfully requests that the Certificate of Need Review Board approve this emergency application for thirty (30) additional general acute care beds consistent with the Bed Availability Assurance for Acute Care (Hospitals) rules along with the use of observation bed space to house the additional thirty (30) beds temporarily while the permanent additional bed area is being constructed and renovated for use.

Additionally, pursuant to the approval already received by CRMC for CON Project AL2019-029, CON 2893-H, a portion of the construction that is required to house the additional thirty (30) beds and a portion of the cost therefor was already approved when CRMC obtained approval in that project to add private rooms to house CRMC's existing beds.² Since construction renovation costs to add a portion of the rooms to house this Project's thirty (30) additional acute care beds was already approved pursuant to the existing CRMC CON approval under AL2019-029, CON 2893-H, CRMC requests, pursuant to its emergency request herein, that it be allowed to add these additional thirty (30) beds on a rolling basis as the overall construction renovations under the pre-existing CON approval and this Project are completed. Further, part of the emergency nature of this application is due to the fact that construction is already underway at CRMC pursuant to the approval provided by AL2019-029, CON 2893-H and, in light of that ongoing construction, CRMC will have the room capability in those new rooms approved by AL2019-029, CON 2893-H to add a significant portion of the new beds quickly and on a rolling basis as construction continues.

Since March of 2020, CRMC has had over 7,200 confirmed COVID-19 patient days and this winter has experienced the escalating hospitalizations seen statewide. Approval of the Emergency CON will allow CRMC to accelerate the renovation and construction process and expedite the required Alabama Department of Public Health (ADPH) Technical Services Plan Review process as well as the ADPH Provider Services License Increase application.

Further, while case volumes of COVID-19 patients are currently generally declining in the United States, CRMC feels that this Project is all the more urgent and necessary to be approved on an emergency basis due to the new variants of the virus that are infiltrating the United States at a rapid rate and that are predicted to cause a new spike in hospitalizations in the not too distant future. See article attached as **Attachment 5**. Also, CRMC's vaccination supply has been unpredictable and it has had to suspend immunizations for periods when vaccinations do not arrive according to schedule. This Project is important and time is of the essence for all of these reasons as well as the fact that CRMC has had to use non-CCU space for COVID-19 patients requiring this higher level of care at times during the pandemic and this requested increase in beds that will be used in part to provide thirteen (13) new CCU beds which is critical for CRMC to meet the extreme demands the hospital has experienced this winter as well as to be prepared for any future spikes in demand that could result from these new virus variants resistant to the vaccine and spreading more rapidly potentially in the very near future. Accordingly, time is of the essence to obtain approval and to complete this requested Project and necessitates CRMC's filing of this as an Emergency Application to mitigate the risk of substantial harm to patients in the Cullman area if CRMC as the sole community hospital is unable to adequately meet the patient demands for inpatient care and in particular critical care services.

Additionally, the fact that construction is already underway pursuant to the approval CRMC obtained in AL2019-029, CON 2893-H makes its ability to complete construction on the requested Project in record time and to implement additional beds by bringing them online as the construction for those particular rooms to house the beds are completed. As described in the Project's proposed construction/renovation section on pages A-21 and A-22 of this Application, CRMC anticipates maintaining its operations throughout the construction period and it anticipates having the ability to utilize the observation beds and to add at least four (4) of the requested new beds approximately two (2) weeks following approval of the Project as reflected in Part One, Section VI below. See **Attachment 6** for the layout of the observation room space to be utilized by CRMC if this Project is approved to house up to thirty (30) temporary observation room beds upon the further approval of ADPH.

² Pursuant to AL2019-029, CON 2893-H it was contemplated that CRMC would be converting all of its rooms to private rooms and relocating certain semi-private beds and other beds to the additional rooms being added pursuant 4844-1743-1254

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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

IV. COST (continued)

F.	Proposed Finance Charges	
1.	Total Amount to Be Financed	\$ <u>0</u>
2.	Anticipated Interest Rates	<u>%</u>
3.	Term of Loan	<u>years</u>
4.	Method of Calculating Interest on Principal Payment	<u>Fixed</u>
		<hr/>
		<hr/>

V. ANTICIPATED SOURCE OF FUNDING

A.	Federal	Amount	Source
1.	Grants	\$ <u> </u>	<u> </u>
2.	Loans	<u> </u>	<u> </u>
B.	Non-Federal		
1.	Commercial Loan	\$ <u> </u>	<u> </u>
2.	Tax-exempt Revenue Bonds	<u> </u>	<u> </u>
3.	General Obligation Bonds	<u> </u>	<u> </u>
4.	New Earning and Revenues	<u> </u>	<u> </u>
5.	Charitable Fund Raising	<u> </u>	<u> </u>
6.	Cash on Hand	<u> </u>	<u> </u>
7.	Other	<u> </u>	<u> </u>
		<u>\$5,236,880.00</u>	<u> </u>
C.	TOTAL (should equal IV-E on page A-3)		\$ <u> </u>

VI. TIMETABLE

A.	Projected Start/Purchase Date	<u>Promptly upon approval</u>
B.	Projected Completion Date	<u>Approximately 2 weeks to 18 months (use of observation beds would occur within 2 weeks of approval; addition of 30 beds beginning 2 weeks (4 beds) and completed within 18 months (remainder of 30 beds))</u>

IV. COST (continued)

F.	Proposed Finance Charges	
1.	Total Amount to Be Financed	\$ <u>0</u>
2.	Anticipated Interest Rates	<u>%</u>
3.	Term of Loan	<u>years</u>
4.	Method of Calculating Interest on Principal Payment	<u>Fixed</u>

V. ANTICIPATED SOURCE OF FUNDING

A.	Federal	Amount	Source
1.	Grants	\$ _____	_____
2.	Loans	_____	_____
B.	Non-Federal		
1.	Commercial Loan	\$ _____	_____
2.	Tax-exempt Revenue Bonds	_____	_____
3.	General Obligation Bonds	_____	_____
4.	New Earning and Revenues	_____	_____
5.	Charitable Fund Raising	_____	_____
6.	Cash on Hand	<u>\$5,236,000.00</u>	_____
7.	Other	_____	_____
C.	TOTAL (should equal IV-E on page A-3)		\$ _____

VI. TIMETABLE

A.	Projected Start/Purchase Date	<u>Promptly upon approval</u>
B.	Projected Completion Date	<u>Approximately 2 weeks to 18 months (use of observation beds would occur within 2 weeks of approval; addition of 30 beds beginning 2 weeks (4 beds) and completed within 18 months (remainder of 30 beds))</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.**

CRMC’s primary medical service area is Cullman County, Alabama. While most of CRMC’s patients are residents of Cullman County, CRMC also draws many patients from a secondary medical service area consisting of the immediately surrounding counties, especially Walker, Winston, Marshall, Morgan and Blount. The Alabama County Map with county border demarcation on the next page reflects the primary medical service area of Cullman County, where CRMC is located, in blue and its secondary medical service area consisting of the surrounding counties in yellow.

Alabama County Map



***CRMC's Primary Medical Service Area is highlighted in blue.**

***CRMC routinely draws patients from the Secondary Medical Service Area highlighted in yellow.**

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

The population groups to be served include all population groups that reside within Cullman County as well as surrounding counties that require inpatient acute care services and/or critical care services. This project will serve all patients without regard to race, age or sex. CRMC has sole community hospital status and so it is critical that CRMC have the capacity to meet patients' inpatient acute care service needs , and in particular critical care services, within the service area.

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.

Not applicable.

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

Geographic **Economic** **Emergency** **Medically Underserved**

Please explain.

D(1). Geographic

Many indigent, elderly, and other patients are not willing or able to travel long distances to obtain proper medical treatment, especially for emergency care which may be required due to COVID-19. Many of the inpatient admissions at CRMC come through its emergency room and it causes patient care and staffing issues when patients presenting through the emergency department cannot be timely placed in an inpatient bed to receive further necessary treatment. Additionally, patients generally prefer to be treated at the hospital to which they present if the appropriate type of care is offered and available. It is essential for CRMC to have the capacity available to transfer patients between departments - from the Emergency Department to the Critical Care Unit, for example - if such transfer is needed. Thus, for the purposes of ensuring that patients in Cullman County do not have trouble obtaining proper medical treatment close to their place of residence - especially indigent and elderly patients - it is vital that CRMC, as the sole acute care hospital in Cullman County, have sufficient capacity and capabilities to deliver high-quality care to such patients.

D(2). Economic.

Travel is a significant problem for many residents of Cullman County. If CRMC is not granted this CON, patients in its service area may be forced to incur the cost of long-distance travel to other facilities because CRMC may not have adequate capacity to treat them. Many patients in medically-underserved populations, including indigent patients and elderly patients, cannot afford the cost of such travel outside of the Cullman area for their care. Further, Cullman County has only a minimal amount of public transportation to alleviate this stress.

D(3). Emergency.

Many patients in Cullman County frequently need emergency care and the COVID-19 pandemic has increased the strain on emergency resources. The emergency department is the front door to the hospital in that a large portion of hospital inpatients present at the hospital through the emergency department. If patients have to travel to facilities in surrounding counties that likely delays their treatment, which can result in more serious and severe detrimental outcomes for the patients, including further deterioration in health care status, or even death. Emergency department visits have increased dramatically, with more patients presenting to emergency departments and with large numbers presenting with COVID-19 complications. In the face of these challenges, hospitals must explore new ways to deliver emergency care for every individual who comes through the door and be prepared to have inpatient beds to transfer patients to if an admission is clinically indicated.

Thus, for the purpose of ensuring that patients in Cullman County do not have trouble obtaining proper inpatient care in a timely fashion, it is vital that CRMC, as the sole acute care hospital in the County, have sufficient capacity and inpatient beds to deliver care to such patients. That capacity is currently stretched to its limit as reflected by the fact that CRMC is submitting this application pursuant to the Bed Availability Rule. Many COVID-19 patients require a higher level of care which is best provided in CRMC's Critical Care Unit but beds in this unit are currently inadequate to meet the demand. Accordingly, this Project is designed to allow more critically-ill patients access to critical care beds more quickly by increasing the number of beds designated as critical care beds at CRMC.

This Project, if approved, will help to alleviate the capacity problems facing CRMC, and will allow CRMC to continue providing quality care for the future.

D(4). Medically Underserved.

See D(1) and D(2) above which discuss how this project will address the medically underserved populations of the indigent and elderly.

II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA

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

This project is necessary to ensure that CRMC has adequate capacity and capabilities to continue treating the residents of Cullman County and surrounding counties. As addressed above, CRMC is the sole acute care hospital in Cullman County and it is currently operating at capacity levels that qualify it under the Bed Availability Rule for an additional thirty (30) inpatient acute care beds. The need for this expansion is evidenced by the measured periods of occupancy required by Alabama Administrative Code r. 410-2-4-.02(5) as set forth below.

The renovation and expansion project for the hospital facility will also permit the sickest patients to receive better care by increasing the number of Critical Care Unit beds and also increasing the number of med surg beds to provide additional capacity to meet patient demands. When faced with an acute illness or injury that requires critical care/intensive care services, it is important that beds within this unit be available to these patients who are the sickest of the sick. By increasing its currently authorized hospital beds to add seventeen (17) general medical-surgical beds and thirteen (13) critical care/intensive care beds, CRMC can ensure that the sickest patients have access to the highest level of care in a setting that is comfortable and necessary for the optimal treatment of such patients and supportive family members.

Below is a summary of the allocation of CRMC’s acute care beds currently as well as how they will be reallocated after the completion of this proposed Project. CRMC is licensed by the Alabama Department of Public Health for 145 beds and this Project will increase the overall number of licensed beds to 175.

<u>Bed Type:</u>	<u>Currently Approved</u>	<u>Project Change</u>	<u>Post-Project Completion Bed Allocation</u>
Critical Care Beds	18	13	31
Maternity	10	--	10
Med / Surg	117	17	134
	<hr/> 145	----	175

B. How will the project correct the inadequacies?

By approving this CON application, CRMC will have the capacity and programs needed to provide necessary acute care services to patients in Cullman County and surrounding areas. The Project will significantly increase the capacity of the Critical Care Unit and increase the overall capacity of CRMC to provide inpatient acute care services. Approving this project will continue to allow CRMC to serve as a strong hospital with capacity and capabilities sufficient to support and care for the growing population base in Cullman County and surrounding counties. In particular, CRMC will be better equipped to accommodate fluctuations in demand upon its resources due to seasonal fluctuations and spikes in utilization such as have arisen with COVID-19, will be able to provide better and more comfortable care for its sickest patients due to the increase in the number of critical care/intensive care beds, and address the need for increased capacity to accommodate patient demands in the future.

C. Why is your facility/organization the appropriate facility to provide the proposed project?

CRMC is the sole acute care hospital operating in Cullman County and has been designated with sole community hospital status. Please see Part 2, Section II(A) above. CRMC, as a wholly owned subsidiary of an Alabama health care authority, has as its mission to improve the health of the community by providing excellent healthcare resources in the most efficient manner and without regard for a patient’s ability to pay. CRMC has a financial assistance policy specifically for patients who require medically necessary services but who lack the ability to pay and are willing to submit supporting documentation evidencing such lack of financial resources. The approval of this Project will provide CRMC with additional capacity and capabilities that it needs to meet Cullman County’s and surrounding areas’ health care needs where there is currently a lack of capacity to do so.

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 local studies which reflect a need for the proposed project.

Section 410-1-6-.05 of the CON Rules states that the “need for the project” is a factor in the CON evaluation process. Without the approval of this Application, residents of Cullman

County and surrounding communities who receive care at CRMC, the only acute care hospital in the county, will face problems associated with insufficient capacity, including potentially lengthy delays to receive care whether during times of increased volume in the Emergency Department where placement in an inpatient bed is not possible because beds are not available, or in the Critical Care Unit. Moreover, without this project, the sickest patients who are in need of critical care/intensive care services may be forced to wait for such a room or be transferred out of their home community to receive care at a hospital far from home. These capacity shortfalls and subsequent hardships imposed on patients seeking the delivery of proper health care services, if CRMC cannot accommodate all patients requiring such services, can be alleviated by the approval of this Project.

Further, the proposed Project is for the addition of thirty (30) acute care beds by an existing acute care hospital that, within the most recent twelve (12) month period, has an average weekday acute bed occupancy rate of eighty percent (80%) or greater for two separate and distinct periods of thirty (30) week-days (excluding national holidays). The Alabama State Health Plan directly addresses the addition of acute care beds by such hospitals under the Bed Availability Rule as discussed below.

Alabama Administrative Code r. 410-2-4-.02(5) provides through this Bed Availability Rule a process for the addition of beds that takes into consideration “the census level and acute care bed availability of an individual acute care hospital and the significant inpatient bed pressures on the existing hospital, its patients and its medical staff.” An existing acute care hospital may add up to ten percent (10%) of its licensed bed capacity, or up to thirty (30) beds, whichever is greater, if it can demonstrate the following bed occupancy rate:

An average weekday acute bed (including observation patients) occupancy rate/census (Monday through Friday at midnight, exclusive of national holidays) for two separate and distinct periods of thirty (30) consecutive calendar days of the most recent twelve month period at or above the desired average occupancy rate of eighty percent (80%) of total licensed acute care beds for that hospital.

Alabama Administrative Code r. 410-2-4-.02(5)(b). In order to show that the hospital qualifies to add beds under this particular Bed Availability Rule, CRMC must demonstrate compliance with the following:

1. *Demonstration of compliance with an average acute care census of at least an eighty percent (80%) for two (2) separate and distinct periods of thirty (30) consecutive calendar weekdays of the most recent twelve (12) month period.*

As shown in **Attachment 3**, for the following thirty (30) week-day periods, CRMC’s average acute bed occupancy rate was at least eighty percent (80%):

- November 6, 2020 to December 21, 2020 = 80.2% weekday occupancy rate
- December 22, 2021 to February 4, 2021 = 83.9% weekday occupancy rate

2. *The application for additional acute care beds does not exceed ten percent of licensed acute care bed capacity (not to exceed 50 beds), rounded to the nearest whole, or alternatively up to thirty (30) acute care beds, whichever is greater.*

CRMC seeks authority to add thirty (30) acute care beds.

3. *The existing acute care hospital has not been granted an increase of beds under this section within the preceding twelve (12) month period, which time begins to run upon the issuance of a certificate of occupancy issued by the Alabama Department of Public Health.*

CRMC has not been granted an increase of beds under Alabama Administrative Code r. 410-2-4-.02(5) in the preceding twelve (12) month period.

4. *The hospital must have been licensed for at least one year as a general acute care hospital.*

CRMC has been a consistent, licensed provider of acute care inpatient hospital services for patients in Cullman County and the surrounding area at its current location for longer than one year.

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

Not applicable.

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

The goals and long-range development plans of CRMC include, but are not limited to: (1) remaining an area leader in the provision of high quality, cost-efficient acute care and behavioral health services to residents of Cullman County and the surrounding areas based upon economies of scale; and (2) maximizing the ability of patients to receive high-quality care in a comfortable setting while remaining in their home community for their healthcare needs.

This project is consistent with CRMC's goals and long-range development plans because it will allow CRMC to focus on strengthening healthcare on the whole for residents of CRMC's service area by enabling CRMC to have the capacity needed to treat all patients that seek its services both now and in the future. Cullman County has experienced steady population growth and such growth will likely increase demand for CRMC's services, along with an overall aging population in the US for the foreseeable future. See **Attachment 7**, CBER Population Growth Estimates by County.

Approval of this project will help CRMC maximize the ability of patients to receive high quality care in a comfortable setting while remaining in the community.

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.

CRMC is the only acute care hospital in the service area. Correspondingly, there are no similar medical service providers offering general inpatient acute care and critical care/intensive care services in the area.

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

The project will have no detrimental effect on existing or approved services and facilities in CRMC's medical service area. CRMC is the sole acute care hospital in Cullman County and its primary medical service area.

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

No, there will be no detrimental effect on existing providers because CRMC is the only acute care hospital in the primary service area. Further, because of the overwhelming need for additional general inpatient acute care capacity, as evidenced by CRMC's occupancy statistics provided in satisfaction of the Bed Availability Rule, this Project will only improve patient care in the area in a manner compatible with existing physician practices and other health care providers serving the population generally. The major reason for this Project is to assure bed availability at the hospital and to reduce the high occupancy rate at CRMC while accommodating the high demand for services. This, in turn, will help ensure that, as contemplated by the Bed Availability Rule, CRMC is able to accept patients and even patient transfers from outside the service area potentially if called upon by other existing providers.

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

Not applicable.

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

Not applicable.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

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

There are no reasonable alternatives to the Project. The only alternative is to do nothing. If CRMC does nothing, it will continue to face challenges related to overcapacity and a shortage of inpatient and critical care/intensive care beds for its patients. The citizens of Cullman County and surrounding communities who receive care at CRMC will face increasing wait times for inpatient services and critical care/intensive care services at times when demand for services increases and the capacity problems at CRMC grow. Other local residents will find themselves forced to receive care at hospitals outside of the community due to the capacity and overcrowding problems at CRMC.

B. How will this project foster cost containment?

This Project was designed to foster cost containment. The Project has been designed with an eye towards containing costs and cost-efficiency. Specifically, the Project will use energy-saving measures described below in Section IX to allow CRMC to operate more cost effectively. Further, the advantages of increased patient access to inpatient acute care will justify the operating and capital costs association with the Project.

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

If the proposal is not granted, patients may experience trouble in obtaining healthcare due to a lack of capacity at CRMC, the sole acute care hospital in Cullman County. Patients needing critical care/intensive care treatment might find that there is no room available for them.

Further, patients may be required to transfer to another hospital outside of the community and far from home. This option may prevent the patient's local friends and family members from being able to visit or help care for their loved ones and significantly damage the continuity of care with the patient's local physicians.

Simply put, if this application is not approved, CRMC may not have sufficient resources to care for all of the residents of Cullman County and the surrounding communities that require general inpatient acute care and critical care services, and, therefore, may be forced to turn away local residents in need.

V. DESCRIBE COMMUNITY REACTION TO THE PROJECT (Attach endorsements if desired)

Letters of support addressing the positive community reaction to this Project are attached hereto as **Attachment 8**.

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.

CRMC has several relationships with teaching schools for professional training programs, including with: Samford University for nursing students; Wallace State Community College for pharmacy; and Alabama College of Osteopathic Medicine for core clinical rotations at CRMC. Also, CRMC pays for some of its nurses to finish their bachelor's degree at Jacksonville State University.

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.

Not applicable.

VIII. HEALTH MAINTENANCE ORGANIZATION

If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMOs, 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 proposed renovations and expansion will occur at CRMC's existing hospital facility. CRMC was designed and constructed with energy-saving measures in place and such measures will continue to be used in the infrastructure upgrades requested in the operation of the services requested by this Project.

Specifically the various aspects of this Project include the following energy-saving measures:

- Mechanical design will include variable volume chilled water air handlers to connect to the existing energy efficient chilled water central energy plant. Air distribution will be variable air volume controlled by a Building Automation System to maintain temperature, humidity and minimum air changes.
- Electrical design will include high performance LED lighting fixtures, along with automatic lighting controls to reduce energy consumption. Dry type transformers specified will meet the latest energy efficient standards.

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.

410-1-6-.16 Compliance With State Licensure Rules, Regulations and Standards.

The proposed CRMC expansion shall be constructed and operated in compliance with the appropriate state licensure rules, regulations, and standards.

410-1-6-.17 Past Performance Of Existing Services and Facilities. In the case of existing services or facilities, the quality of care provided by those services or facilities in the past will be considered.

CRMC is a quality operator and provider of health care services and the sole community hospital in Cullman County, Alabama. The following is a list of some of CRMC's awards and recognitions:

- American Heart Association Workplace Health Award in 2020
- American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Gold Plus Quality Achievement Award in 2019 and 2020
- American Heart Association/American Stroke Association's Get With The Guidelines® Stroke Silver Plus Quality Achievement Award and Target Stroke: Honor Roll Award in 2018
- Heart Failure Accreditation – Society of Cardiovascular Patient Care
- Cath Lab Accreditation – Society of Cardiovascular Patient Care – 1st in the State of Alabama
- US News & World Report 2016-17 High Performing Hospital – Heart Failure
- Chest Pain Accreditation – Society of Cardiovascular Patient Care
- Top 100 Rural & Community Hospital 2016
- The Joint Commission Top Performer of Key Quality Measures 2013 & 2014 – Heart Attack, Heart Failure, Stroke, VTE, & Surgery
- Blue Distinction Center+ designation for Knee & Hip Replacement as awarded by Blue Cross/Blue Shield of Alabama
- American Joint Replacement Registry Participating Facility
- 3rd best hospital in Alabama for Value Based Purchasing (VBP). VBP is the Federal Government report card for measuring quality and patient satisfaction.

410-1-6-.05(a) Need For The Project - Financial Feasibility. The proposed Project is financially feasible as reflected by the financial statements and projections contained in Part Five, Section V. below.

410-1-6-.05(f) Need For The Project - Locational Appropriateness; Zoning; Adequate Manpower Availability. As already discussed herein, CRMC is the sole acute care hospital in Cullman County and accordingly serves a safety net hospital for medically underserved individuals in the community and surrounding areas. CRMC serves all residents with regard to ability to pay. Because the Project is an

expansion and renovation of the existing hospital facility and on the campus of CRMC, appropriate zoning already exists for the Project. Further, CRMC is confident that there will be adequate manpower availability for the Project upon completion.

410-1-6-.15 Supplemental Review Criteria

Conformity With Local Zoning and Building Codes. The Project will comply with all applicable zoning requirements and applicable building codes.

Compliance with Applicable State Statutes for the Protection of the Environment. The Project shall comply with all applicable state statutes and regulations for the protection of the environment and has several measures that are incorporated in the Project that will improve the current functioning of CRMC's hospital facility from an energy and environmental-friendly perspective.

410-1-6-.09 Appropriate Applicant

CRMC is an appropriate applicant for this Project for all of the reasons already discussed in this application.

Management Capability. CRMC, as the sole community acute care hospital, currently manages its hospital and other facilities in an effective and appropriate manner and will continue to do so upon the completion of this Project. CRMC manages and will continue to manage its facilities in a fiscally responsible manner supportive of the capital expenditure required for the completion of this Project, while at the same time addressing the health care needs of residents of Cullman County and surrounding areas that require CRMC's services regardless of ability to pay.

Existing and On-Going Monitoring of Utilization and Fulfilling of Unmet or Undermet Health Needs in the Case of Expansion. CRMC will continue to monitor its operations in the community with regard to existing and future utilization and fulfillment of unmet or undermet health needs of its patients and in the community. Such monitoring of utilization has led to CRMC's identification of the need for the expansion requested through this Project due to a lack of available general inpatient acute care and critical care beds to support the demand in Cullman County and surrounding areas. CRMC is also a member of the Cullman County Health Coalition, a group devoted to addressing the health care needs of the community and creating solutions to adequately address those needs.

Communication with All Planning, Regulatory, Utility Agencies and Organization that Influence CRMC's Destiny. CRMC has communicated in the past and will continue to communicate as required under applicable with all planning, regulatory, utility agencies and organizations that influence the hospital and CRMC's destiny and specifically with regard to the approvals required for the Project. CRMC has maintained its licensure and accreditation with The Joint Commission historically and will continue to do so upon completion of the Project.

410-16-.18 Required Findings for New Inpatient Facilities

Notwithstanding the fact that CRMC asserts that this provision is not applicable to the proposed Project since this application is for an expansion of an existing inpatient facility (rather than a new inpatient facility), CRMC's Project meets all of the following findings as set forth in this regulation:

- (a) the proposed facility or service is consistent with the latest approved revision of the appropriate state plan effective at the time the application was received by the state agency;
- (b) less costly, more efficient or more appropriate alternatives to such inpatient service are not available, and that the development of such alternatives has been studied and found not practicable;
- (c) existing inpatient facilities providing inpatient services similar to those proposed are being used in an appropriate and efficient manner consistent with community demands for services;
- (d) in the case of new construction, alternatives to new construction (e.g., modernization and sharing arrangement) have been considered and have been implemented to the maximum extent practicable; and

(e) patients will experience serious problems in obtaining inpatient care of the type proposed in the absence of the proposed new service.

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 Harold L. Starkey, AIA
Firm TRO Jung Brannen, Inc.
Address 2200 Lakeshore Drive, Ste. 200
City/State/Zip Birmingham, Alabama 35209
Contact Person Harold L. Starkey, AIA
Telephone (205) 324-6744
Architect's Project Number CRMC.2105

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION. See **Attachment 9**, schematics for the CRMC hospital expansion ("Project Schematics").

A. Describe the proposed construction/renovation

Renovation construction will be required on four (4) of the existing patient units in the Bed Tower.

On Floors 3 East and 4 East, Med/Surg Unit renovations will include converting two existing private patient rooms on each floor to semi-private patient rooms - new beds 22 and 27 on 3 East and new beds 95 and 101 on 4 East - as reflected in the Project Schematics attached. This work will require upgrades to finishes and mechanical and electrical systems rework as necessary for the rooms to accommodate the added patient bed.

5 East Med/Surg Unit renovations will include converting one private patient room to a semi-private patient room - new bed 157 as reflected in the Project Schematic attached. This work will require upgrades to finishes and mechanical, plumbing and electrical systems rework as necessary for the rooms to accommodate the added patient bed.

On Floor 3 West, the previous approved private rooms pursuant to AL2019-029, CON 2893-H will house twelve (12) new med surg beds in the private rooms, without relocating any beds from semi-private rooms or other rooms elsewhere in the hospital as previously proposed. See beds 62 - 67 and beds 72 - 77 in the attached Project Schematics.

On the 4 West CCU Unit Floor, renovations will include conversion of an existing conference room to a private patient room - new CCU bed 139. This work require upgrades to finishes and mechanical and electrical systems as necessary for the room to accommodate the added patient. This is in conjunction with the completion of the new thirteen (13) bed CCU unit as reflected in the Project Schematics, with the rooms for twelve (12) of these thirteen (13) beds having been previously approved pursuant to AL2019-029, CON 2893-H as part of the West Expansion approved therein. Semi-private room beds and other beds will no longer be transferred from other portions of the hospital to these new private rooms as contemplated by this previously approved CON.

All of the renovation work will conform to infection control measures to ensure existing patient safety for the duration of the work. It is assumed that renovations will be phased, one room at a time, in order to maintain the Hospital's occupancy needs. The work areas will be isolated from

the rest of the floor during renovation activities with infection control barriers and filter equipment, and access to fire egress will be maintained at all times.

- B. Total gross square footage to be constructed/renovated 2,100 sq. ft.*
- C. Net useable square footage (not including stairs, elevators, corridors, toilets) 2,100 sq. ft.
- D. Acres of land to be purchased or leased 0
- E. Acres of land owned on site 76
- F. Anticipated amount of time for construction or renovations Approximately 2 weeks to 18 months (use of observation beds would occur within 2 weeks of approval; addition of 30 beds beginning 2 weeks (4 beds) and completed within 18 months (remainder of 30 beds))
- G. Cost per square foot \$ 1,946.13*
- H. Cost per bed (if applicable) \$ 94,400.00*

*Total gross square footage to be constructed/renovated only includes the square footage of the six (6) additional patient rooms being converted from other types of spaces to patient rooms, due to the fact that the renovation square footage and costs for the remaining twenty-four (24) beds were already approved in CRMC's CON Project AL2019-029, CON 2893-H. Accordingly, the cost per square foot and the cost per bed only include the incremental costs for the further renovations necessary to house the thirty (30) new beds and that are in addition to what was already previously approved in CON Project AL2019-029, CON 2893-H.

PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION - N/A

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	CURRENT		PROJECTED	
	Years:	20_____	20_____	20_____	20_____
	A. ESRD				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____
	B. Home Health Agency				
	# Patients	_____	_____	_____	_____
	# of Visits	_____	_____	_____	_____
	C. New Equipment				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____
	D. Other				
	# Patients	_____	_____	_____	_____
	# Procedures	_____	_____	_____	_____

II. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	20_____	20_____	20_____	20_____	20_____
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans 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

4844-1743-1254

- 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.

I. PERCENT OF GROSS REVENUE

Source of Payment	Historical			Projected	
	FY 2018*	FY 2019*	FY 2020*	Year 1	Year 2
ALL Kids	0.44	0.40	0.41	0.40	0.40
Blue Cross/Blue Shield	22.94	24.43	23.13	23.10	23.10
Champus/Tricare	0.82	0.79	1.38	1.00	1.00
Charity Care (see note below)	2.0	2.0	1.30	2.00	2.00
Medicaid	9.45	9.50	9.53	10.00	10.00
Medicare	33.13	31.42	30.45	30.00	30.00
Other commercial insurance	23.87	24.05	25.16	25.00	25.00
Self pay	6.38	6.51	7.99	8.00	8.00
Other					
Veterans Administration	0.42	0.42	0.15	--	--
Workers' Compensation	0.55	0.48	0.50	0.50	0.50
TOTAL	100%	100%	100%	100%	100%
*CRMC's fiscal year ends June 30 th .					

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

II. CHARGE INFORMATION

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

CRMC Inpatient Charges are as follows:

\$1,065.00	Private or Semi-Private Room Bed
\$1,889.00	Step Down/Telemetry Bed
\$2,954.00	ICU Bed

D. 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.

There will be in no change in reimbursement resulting from the Project for the existing inpatient services.

III. INPATIENT UTILIZATION DATA

A. Historical Data

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

OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)			
	Fiscal Year *	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
Medicine & Surgery		134	134	134	7466	7081	7208	29310	26895	26357	95	94	94
Obstetrics		11	11	11	603	665	596	1569	1690	1569	5	6	6
Pediatrics		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatry		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other													
TOTALS		145	145	145	8069	7746	7804	30879	28585	27926	100	100	100

*CRMC's fiscal year ends June 30th.

B. Projected Data

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

OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery	165	165	7500	7500	27150	27150	94	94
Obstetrics	10	10	700	700	1850	1850	6	6
Pediatrics	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychiatry	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other								
TOTALS	175	175	8200	8200	29000	29000	100	100

IV. OUTPATIENT UTILIZATION DATA

A. HISTORICAL DATA

Fiscal Year	Number of Outpatient Visits			Percentage of Outpatient Visits		
	2018	2019	2020	2018	2019	2020

Clinical	70,911	80,920	93,745	48	49	53
Diagnostic	54,579	62,122	61,477	37	37	35
Rehabilitation	16,673	16,743	15,651	11	10	9
Surgical	6,090	6,307	5,440	4	4	3

*CRMC's fiscal year ends June 30th.

B. PROJECTED DATA

	<u>Number of Outpatient Visits</u>		<u>Percentage of Outpatient Visits</u>	
	1st year	2nd year	1st year	2nd year
Clinical	85,000	90,000	50	51
Diagnostic	62,000	62,000	36	35
Rehabilitation	16,800	16,800	10	10
Surgical	6,400	6,400	4	4

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Feb 19 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE Fiscal Year	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2018 (Total)	2019 (Total)	2020 (Total)	Year 1 (Total)	Year 2 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	\$33,203,616	\$29,443,378	\$28,454,582	\$30,000,000	\$30,600,000
Other	\$174,660,029	\$178,507,692	\$182,668,729	\$188,000,000	\$191,760,000
Outpatient Services	\$239,484,564	\$267,954,136	\$280,250,609	\$295,000,000	\$300,900,000
Emergency Services	\$52,247,876	\$52,013,741	\$50,366,348	\$53,000,000	\$54,060,000
Gross Patient Revenue	\$499,596,085	\$527,918,947	\$541,740,268	\$566,000,000	\$577,320,000
Deductions from Revenue					
Contractual Adjustments	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
Discount/Miscellaneous Allowances					
Total Deductions	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
NET PATIENT REVENUE (Gross patient revenue less deductions)	\$156,630,001	\$164,504,761	\$176,300,745	\$186,000,000	\$189,720,000
Other Operating Revenue	\$6,161,312	\$6,534,130	\$6,848,207	\$7,000,000	\$7,140,000
NET OPERATING REVENUE	\$162,791,313	\$171,038,891	\$183,148,952	\$193,000,000	\$196,860,000
OPERATING EXPENSES					
Salaries, Wages, and Benefits	\$54,452,283	\$60,589,094	\$70,205,394	\$73,750,000	\$75,225,000
Physician Salaries and Fees	\$3,124,572	\$4,140,240	\$6,225,986	\$6,500,000	\$6,630,000
Supplies and other	\$38,666,001	\$40,538,420	\$39,789,041	\$42,000,000	\$42,840,000
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	\$44,773,638	\$44,887,924	\$50,127,355	\$53,000,000	\$54,060,000
Other Expenses	\$2,510,509	\$2,737,264	\$2,767,153	\$2,900,000	\$2,958,000
Total Operating Expenses	\$143,527,003	\$152,892,943	\$169,114,929	\$178,150,000	\$181,713,000
NON-OPERATING EXPENSES					
Taxes					
Depreciation	\$5,642,969	\$6,634,529	\$7,322,804	\$7,500,000	\$7,650,000
Interest (other than mortgage)	\$3,961,760	\$1,606,328	\$2,097,617	\$2,000,000	\$2,040,000
Existing Capital Expenditures	N/A	N/A	N/A	N/A	N/A
Interest	N/A	N/A	N/A	N/A	N/A
Total Non-Operating Expenses	\$9,604,729	\$8,240,857	\$9,420,421	\$9,500,000	\$9,690,000
TOTAL EXPENSES (Operating & Capital)	\$153,131,732	\$161,133,800	\$178,535,350	\$187,650,000	\$191,403,000
Operating Income (Loss)	\$9,659,580	\$9,905,092	\$4,613,602	\$5,350,000	\$5,457,000
Other Revenue (Expense) -- Net	\$1,350,871	\$2,642,171	\$1,915,280	\$2,000,000	\$2,040,000
NET INCOME (Loss)	\$11,010,452	\$12,547,263	\$6,528,882	\$7,350,000	\$7,497,000
Projected Capital Expenditure	N/A	N/A	N/A	N/A	N/A
Interest	N/A	N/A	N/A	N/A	N/A

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	Fiscal Year	2018 (Total)	2019 (Total)	2020 (Total)	Year 1 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	\$33,203,616	\$29,443,378	\$28,454,582	\$30,000,000	\$30,600,000
Other	\$174,660,029	\$178,507,692	\$182,668,729	\$188,000,000	\$191,760,000
Outpatient Services	\$239,484,564	\$267,954,136	\$280,250,609	\$295,000,000	\$300,900,000
Emergency Services	\$52,247,876	\$52,013,741	\$50,366,348	\$53,000,000	\$54,060,000
Gross Patient Revenue	\$499,596,085	\$527,918,947	\$541,740,268	\$566,000,000	\$577,320,000
Deductions from Revenue					
Contractual Adjustments	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
Discount/Miscellaneous Allowances					
Total Deductions	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
NET PATIENT REVENUE (Gross patient revenue less deductions)	\$156,630,001	\$164,504,761	\$176,300,745	\$186,000,000	\$186,720,000
Other Operating Revenue	\$6,161,312	\$6,534,130	\$6,848,207	\$7,000,000	\$7,140,000
NET OPERATING REVENUE	\$162,791,313	\$171,038,891	\$183,148,952	\$193,000,000	\$196,860,000
OPERATING EXPENSES					
Salaries, Wages, and Benefits	\$54,452,283	\$60,589,094	\$70,205,394	\$73,750,000	\$75,225,000
Physician Salaries and Fees	\$3,124,572	\$4,140,240	\$6,225,986	\$6,500,000	\$6,630,000
Supplies and other	\$38,666,001	\$40,538,420	\$39,789,041	\$42,000,000	\$42,840,000
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)	\$44,773,638	\$44,887,924	\$50,127,355	\$53,000,000	\$54,060,000
Other Expenses	\$2,510,509	\$2,737,264	\$2,767,153	\$2,900,000	\$2,958,000
Total Operating Expenses	\$143,527,003	\$152,892,943	\$169,114,929	\$178,150,000	\$181,713,000
NON-OPERATING EXPENSES					
Taxes					
Depreciation	\$5,642,969	\$6,634,529	\$7,322,804	\$7,500,000	\$7,650,000
Interest (other than mortgage)	\$3,961,760	\$1,606,328	\$2,097,617	\$2,000,000	\$2,040,000
Existing Capital Expenditures	N/A	N/A	N/A	N/A	N/A
Interest	N/A	N/A	N/A	N/A	N/A
Total Non-Operating Expenses	\$9,604,729	\$8,240,857	\$9,420,421	\$9,500,000	\$9,690,000
TOTAL EXPENSES (Operating & Capital)	\$153,131,732	\$161,133,800	\$178,535,350	\$187,650,000	\$191,403,000
Operating Income (Loss)	\$9,659,580	\$9,905,092	\$4,613,602	\$5,350,000	\$5,457,000
Other Revenue (Expense) -- Net	\$1,350,871	\$2,642,171	\$1,915,280	\$2,000,000	\$2,040,000
NET INCOME (Loss)	\$11,010,452	\$12,547,263	\$6,528,882	\$7,350,000	\$7,497,000
Projected Capital Expenditure	N/A	N/A	N/A	N/A	N/A
Interest	N/A	N/A	N/A	N/A	N/A

B. PROJECT SPECIFIC FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE Fiscal Year	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	2018 (Total)	2019 (Total)	2020 (Total)	Year 1 (Total)	Year 2 (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)	\$33,203,616	\$29,443,378	\$28,454,582	\$30,000,000	\$30,600,000
Other	\$174,660,029	\$178,507,692	\$182,668,729	\$188,000,000	\$191,760,000
Outpatient Services	\$239,484,564	\$267,954,136	\$280,250,609	\$295,000,000	\$300,900,000
Emergency Services	\$52,247,876	\$52,013,741	\$50,366,348	\$53,000,000	\$54,060,000
Gross Patient Revenue	\$499,596,085	\$527,918,947	\$541,740,268	\$566,000,000	\$577,320,000
Deductions from Revenue					
Contractual Adjustments	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
Discount/Miscellaneous Allowances					
Total Deductions	\$342,966,084	\$363,414,185	\$365,439,523	\$380,000,000	\$387,600,000
NET PATIENT REVENUE (Gross patient revenue less deductions)	\$156,630,001	\$164,504,761	\$176,300,745	\$186,000,000	\$189,720,000
Other Operating Revenue	\$6,161,312	\$6,534,130	\$6,848,207	\$7,000,000	\$7,140,000
NET OPERATING REVENUE	\$162,791,313	\$171,038,891	\$183,148,952	\$193,000,000	\$196,860,000
OPERATING EXPENSES					
Salaries, Wages, and Benefits	\$54,452,283	\$60,589,094	\$70,205,394	\$73,750,000	\$75,225,000
Physician Salaries and Fees	\$3,124,572	\$4,140,240	\$6,225,986	\$6,500,000	\$6,630,000
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B. PROJECT SPECIFIC FINANCIAL INFORMATION

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Projected Capital Expenditure	N/A	N/A	N/A	N/A	N/A	
Interest	N/A	N/A	N/A	N/A	N/A	

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 fiscal years)			Projected Data (total dollars budgeted for next 2 years)		
	Fiscal Year*	Year 2018	Year 2019	Year 2020	Year 1	Year 2
Health Education (nutrition, fitness, etc.)		26,144	26,928	19,142	25,000	25,000
Community service workers (school nurses, etc.)		1,294,757	1,333,600	1,223,827	1,300,000	1,300,000
Health screenings		92,389	95,161	58,207	90,000	90,000
Other		565,573	582,510	563,482	585,000	585,000
TOTAL		1,978,863	2,038,199	1,864,658	2,000,000	2,000,000
*CRMC's fiscal year ends June 30 th .						

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.

CRMC has a long history of providing charity care to patients in need, regardless of ability to pay. This charity care is provided to the underserved population in Cullman, Walker, Winston, Marshall, Morgan and Blount counties. This project will permit CRMC the ability to continue offering services to the residents of Cullman and the surrounding counties in an efficient and effective manner.

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

CRMC, through numerous boards including its Junior Board, is an active participant in the local community. Hospital employees, in conjunction with local judges, have developed a trauma prevention program, provided by CRMC employees, in which local judges refer teenage driving offenders to the program to teach them the importance of vehicle safety. Other community building activities include providing ambulance support for various community activities, providing more than 4,000 free community health screenings annually and providing

community support groups. These support groups, including Alzheimer's, breast cancer and others, which promote the physical and mental health of area residents. CRMC also provides a community education center which offers meeting rooms and catering services for local businesses, churches, civic organizations and educational groups. Specifically, CRMC provides educational outreach programs such as HealthyLife, Rock the Red and ThinkPink. Healthy Life offers seminars and education on health and lifestyle issues to men and women in the community of all ages. Program topics include stress management, menopause, early cancer detection, safety and security, heart disease, stroke, kidney stones and much more. This program also gives discount admission to workshops and access to free health screenings. ThinkPink and Rock the Red events provide breast cancer awareness and detection information as well as women's heart disease related information respectively to a younger demographic of close to 400 annually. CRMC is also a member of the Cullman County Health Coalition, a group devoted to assessing the health care needs of the community and creating solution to adequately address those needs.

PART SIX: ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT

I. ACKNOWLEDGEMENT

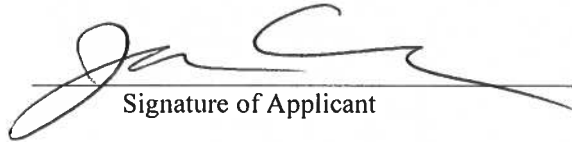
In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards for 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 transferrable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the State Health Planning and Development Agency 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 the 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 State 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.

I. CERTIFICATION

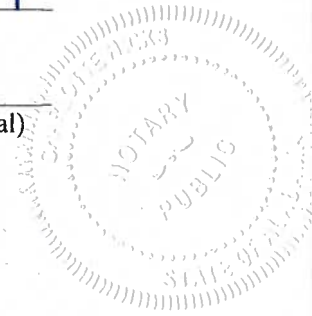
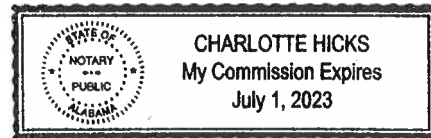
The information contained in this application is true and correct to the best of my knowledge and belief.


Signature of Applicant

James Clements, CEO
Applicant's Name and Title
(Type or Print)

18th day of February 2021

Charlotte Hicks
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; July 25, 2002; Filed: July 22, 2013; effective August 26, 2013.

ATTACHMENT 1

List of Members of the Board of Directors

Beth Anderson, Chairman

Tim Culpepper, Vice Chairman

Perry Knight, Secretary

Dennis Richard, Treasurer

James Clements, Cullman Regional President/CEO

Randy J. Yarbrough, MD, Cullman Regional Medical Staff President

Sara Baker

Mark Bussman

Cliff Harris

Ginger Hogeland

Roger Humphrey

Tyler Roden

ATTACHMENT 2
Bed Availability Rule
Attached.

(5) Bed Availability Assurance for Acute Care
(Hospitals)

(a) On occasion, existing acute care hospitals are located in counties having significant population growth and/or hospitals with broad geographical service areas/statewide missions. These existing acute care hospitals are experiencing a shortage of acute care beds due to population growth and other demographic factors such as the aging baby boomers. The shortage of acute care beds is expected to only worsen. This shortage of acute care beds is causing patient transfers to be refused and ambulances to be turned-away (diverted) to more distant facilities or causing delays in transfers from the ER to an inpatient bed, which is not in the best interests of patients or the provision of quality and cost-effective health care. The Acute Care Bed Need Methodology is based on a county-planning area and is an average of all days of the month and all months of the year. It may not always adequately take into consideration the census level and acute care bed availability of an individual acute care hospital and the significant inpatient bed pressures on the existing hospital, patients, and medical staff.

(b) In order to assist those existing acute care hospitals that are experiencing high census levels, existing acute care hospitals may qualify to add acute care beds if the existing acute care hospital can demonstrate an average weekday acute bed (including observation patients) occupancy rate/census (Monday through Friday at midnight, exclusive of national holidays) for two separate and distinct periods of thirty (30) consecutive calendar days of the most recent twelve (12) month period at or above the desired average occupancy rate of eighty percent (80%) of total licensed acute care beds for that hospital.

(c) For existing acute care hospitals achieving the occupancy rate in paragraph 2, those hospitals may seek a CON to add up to ten percent (10%) of licensed bed capacity (not to exceed 50 beds), rounded to the nearest whole, or alternatively up to thirty (30) beds, whichever is greater (which shall be at the applicant's option). Such additional beds will be considered an exception to the bed methodology set forth elsewhere in this Section, provided, however, that any additional beds authorized by the CON Board pursuant to this provision shall be considered for purposes of other bed need methodology purposes. In addition to such additional information that may be required by SHPDA, a hospital seeking a

CON for additional beds under this section must provide, as part of its CON application the following information:

1. Demonstration of compliance with the occupancy rate in paragraph 2 (average of at least an 80% weekday occupancy rate for two (2) separate and distinct periods of thirty (30) consecutive calendar weekdays of the most recent 12-month period);

2. The application for additional acute care beds does not exceed ten percent (10%) of licensed acute care bed capacity (not to exceed 50 beds), rounded to the nearest whole, or alternatively up to thirty (30) acute care beds, whichever is greater.

3. The existing acute care hospital has not been granted an increase of beds under this section within the preceding twelve-month period, which time begins to run upon the issuance of a certificate of occupancy issued by the Alabama Department of Public Health; and

4. The hospital must have been licensed for at least one year as a general acute care hospital.

(d) Any acute care beds granted under this section can only be added at or/upon the existing campus of the applicant acute care hospital.

(6) **Planning Policy.** In a licensed general acute care hospital, the temporary utilization of inpatient rehabilitation beds, inpatient or residential alcohol and drug abuse beds, or inpatient psychiatric beds for medical/surgical purposes will not be considered a conversion of beds provided that the temporary utilization not exceed a total of twenty percent (20%) in any one specialty unit, as allowed by federal Medicare regulations in a facility's fiscal year.

(7) **Long Term Acute Care Hospitals (LTAC)**

(a) According to the Federal Centers for Medicare and Medicaid Services (CMS), a hospital is an excluded [from the Prospective Payment System] long term acute care hospital if it has in effect an agreement [with CMS] to participate as a general medical surgical acute care hospital and the average inpatient length of stay is greater than twenty-five (25) days. Ordinarily, the determination regarding a hospital's average length of stay is based on the hospital's most recently filed

ATTACHMENT 3

Bed Availability Rule - CRMC Statistics

Attached.

Cullman Regional
 30 day ADC (weekdays only, no holidays)
 Based on MIDNIGHT CENSUS

DATE	TOTAL
Friday, November 06, 2020	117
Monday, November 09, 2020	112
Tuesday, November 10, 2020	122
Thursday, November 12, 2020	128
Friday, November 13, 2020	110
Monday, November 16, 2020	129
Tuesday, November 17, 2020	133
Wednesday, November 18, 2020	118
Thursday, November 19, 2020	107
Friday, November 20, 2020	105
Monday, November 23, 2020	110
Tuesday, November 24, 2020	113
Wednesday, November 25, 2020	100
Friday, November 27, 2020	107
Monday, November 30, 2020	113
Tuesday, December 01, 2020	117
Wednesday, December 02, 2020	117
Thursday, December 03, 2020	123
Friday, December 04, 2020	112
Monday, December 07, 2020	122
Tuesday, December 08, 2020	117
Wednesday, December 09, 2020	116
Thursday, December 10, 2020	108
Friday, December 11, 2020	102
Monday, December 14, 2020	127
Tuesday, December 15, 2020	120
Wednesday, December 16, 2020	113
Thursday, December 17, 2020	122
Friday, December 18, 2020	119
Monday, December 21, 2020	128

ADC - 1st 30 Day Period	116.23	80.2%
Target	116.00	80.0%

Cullman Regional
 30 day ADC (weekdays only, no holidays)
 Based on MIDNIGHT CENSUS

DATE	TOTAL
Tuesday, December 22, 2020	118
Wednesday, December 23, 2020	110
Thursday, December 24, 2020	101
Monday, December 28, 2020	131
Tuesday, December 29, 2020	137
Wednesday, December 30, 2020	133
Thursday, December 31, 2020	132
Monday, January 04, 2021	126
Tuesday, January 05, 2021	129
Wednesday, January 06, 2021	126
Thursday, January 07, 2021	130
Friday, January 08, 2021	127
Monday, January 11, 2021	122
Tuesday, January 12, 2021	123
Wednesday, January 13, 2021	132
Thursday, January 14, 2021	128
Friday, January 15, 2021	135
Tuesday, January 19, 2021	135
Wednesday, January 20, 2021	138
Thursday, January 21, 2021	132
Friday, January 22, 2021	124
Monday, January 25, 2021	128
Tuesday, January 26, 2021	119
Wednesday, January 27, 2021	113
Thursday, January 28, 2021	103
Friday, January 29, 2021	95
Monday, February 01, 2021	109
Tuesday, February 02, 2021	99
Wednesday, February 03, 2021	105
Thursday, February 04, 2021	109

ADC - 2nd 30 Day Period	121.63	83.9%
Target	116.00	80.0%

ATTACHMENT 4
CRMC News Article
Attached.



Advertisement

News

Cullman hospital ICU hits 150 percent of capacity due to COVID; 'Getting close to overflowing'

Updated Dec 22, 2020; Posted Dec 21, 2020

5,972
sharesBy [Amy Yurkanin | ayurkanin@al.com](mailto:ayurkanin@al.com)

Cullman Regional Medical Center has struggled since early November with an onslaught of COVID-19 patients who have overflowed its 12-bed intensive care unit.

On Monday, the hospital had 18 patients on ventilators, 150 percent of its usual ICU capacity. Hospital administrators turned a regular medical surgery unit into a makeshift ICU for the extra patients.

Although the hospital has been able to handle all the patients, turning regular beds into ICU beds isn't as simple as adding a ventilator, said Dr. William Smith, medical director of Cullman Regional Medical Center. Patients in intensive care require 24-hour surveillance, but the hospital built its medical surgery rooms for privacy. The hospital hired more staff to keep closer watch on the critically ill patients.

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Alabama hit another all-time high Monday as state officials reported 2,526 patients hospitalized across the state with COVID-19. That's the first time the number of hospitalized patients topped 2,500.

Hospitals all over the state have adapted to the surge, but few have been hit as hard as Cullman Regional. The 145-bed hospital, which serves more than 40,000 patients annually in its emergency department, is half filled with COVID patients. Out of 139 occupied beds, 79 hold people suffering from COVID, Smith said.

"The hospital is kind of like a bathtub with a drain that's not draining very well," Smith said. "And we're getting close to overflowing."

The situation in Cullman and around the state shows how resourceful hospitals have become in the face of COVID. Faced with shortages of ICU beds and COVID isolation units, some hospitals have renovated on the fly to create rooms with negative air pressure and expand intensive care capacity. Smith said his hospital has delayed some non-urgent procedures to preserve space inside the hospital and has told ambulances to take certain patients to other facilities.

But the COVID patients keep coming. So do the patients with strokes, heart attacks and appendicitis. Drug overdoses have increased across the state, and the hospital often holds patients experiencing psychiatric crises until treatment beds become available.

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The COVID patients have slowed the drain, Smith said. About three-quarters of the patients in the hospital's COVID ward get discharged within a few days, but the quarter who don't often get sicker and linger for weeks on ventilators.

The hospital has hired extra nurses and brought in traveling staff for relief. But the staff remains stretched thin, Smith said. Since March, they have worked through the holidays as the volume of patients steadily increased. Now, with Christmas approaching, they face their biggest test – a wave of COVID patients that hasn't begun its retreat.

"From our side of it, the staff is weary," Smith said. "They've been doing this since March and they just haven't had any kind of break."

Cullman County has the 16th highest rate of COVID-19 infections in the state. Its schools switched to a hybrid schedule in November due to staff shortages from COVID. But Smith said too many in the community still don't understand just how serious the situation has become.

"I'm concerned that there are still a lot of people in the community who think it's ok to get together with friends when it's really a very high-risk situation," Smith said.

Hospital staff are doing everything it can to open beds for people who might become sick after Christmas gatherings, but they can't do much, he said.

"We offer all the care that's offered anywhere," Smith said. "We have ventilators, convalescent plasma and remdesivir. We even do outpatient monoclonal antibody infusions."

Not everyone responds to treatment, he said. Since Cullman is a small community, staff members often know the patients they treat and become close to friends and families during long hospitalizations. The county now averages more than one death a day, and each one takes an emotional toll on the staff, Smith said.

Smith said the hospital is still treating patients infected at Thanksgiving, with Christmas just around the corner.

"We're all concerned about Christmas," Smith said. "We want to get the message out: If you are gathering with people you don't live with on a regular basis, even if you are closely related, that's a risk."

OUTBREAK ALABAMA: STORIES FROM A PANDEMIC
The Vaccine is Here, So Now What?



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66-year-old charged in killing of Hoover High teen at Center Point family gathering

Alabama

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ATTACHMENT 5

Birmingham News Article - The virus variant locomotive is heading straight toward us.

Attached.

THE COVID-19 PANDEMIC

The virus variant locomotive is heading straight toward us

Washington Post Editorial Board

All eyes are on Denmark, which subjects a large share of its coronavirus cases to genomic surveillance. That window into the pandemic shows the virus variant B.1.1.7, which is far more transmissible, has moved rapidly through the Danish population, as it did in Britain. A new study, though preliminary, suggests the same is happening in the United States; the number of people infected with it is doubling about every 10 days. Every effort must be made to use all known countermeasures, including face masks, distancing, good hygiene and shutdowns. But only vaccines can save the day, if administered in time.

The variant, first seen in Britain and also known as the U.K. variant, is significantly more transmissible than the older variants. In the United States, if unimpeded, it could drive daily new case counts, now declining to about 107,000, back to the January peaks of more than 200,000. Hospitalizations and deaths would rise too. In Denmark, genomic surveillance shows the new variant had a reproduction number of 1.07 — spreading fast, while the old variant was 0.78, indicating decline. One Danish expert told Kai Kupferschmidt of Science mag-

azine, “This is the calm before the storm.”

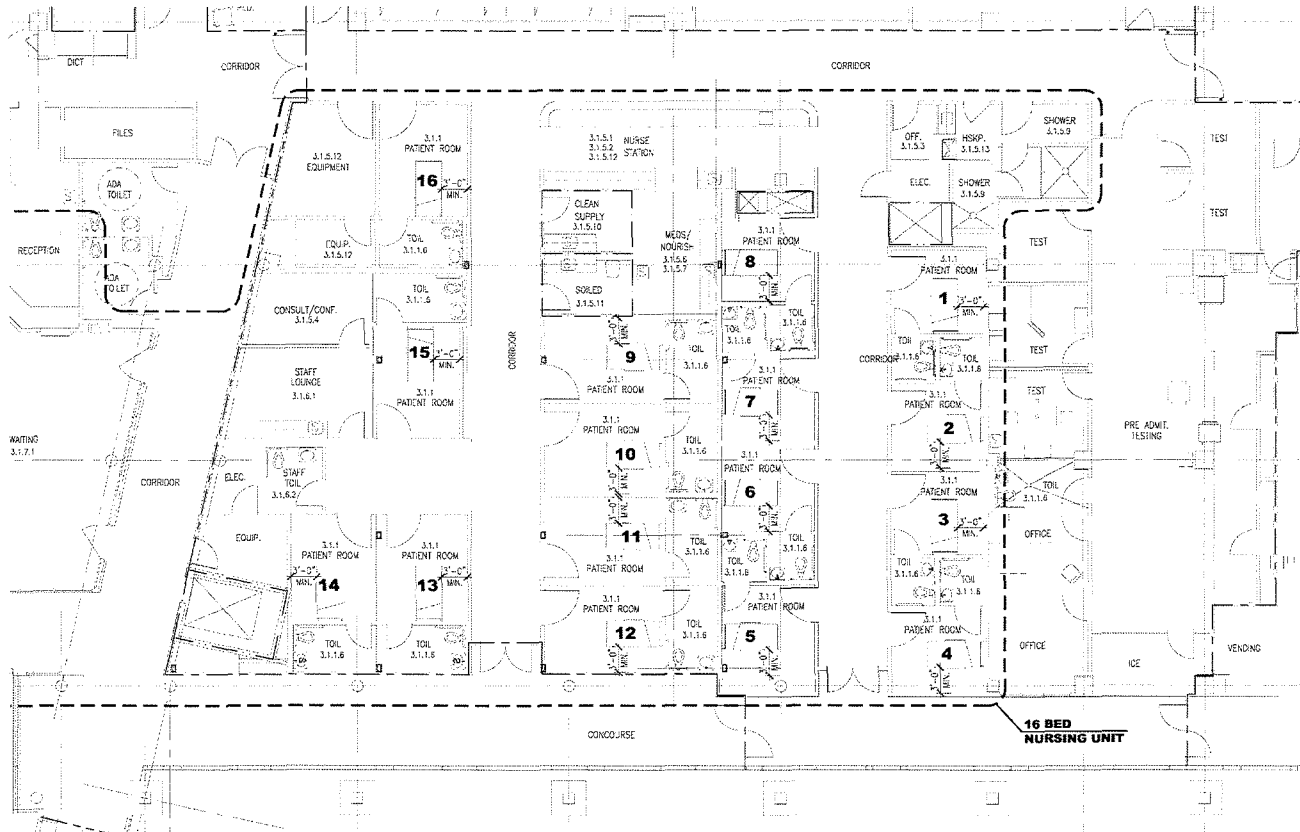
The new variant has shown a tendency to keep spreading even during lockdowns. Denmark had already closed schools and restaurants, but rules were tightened by cutting the number of people allowed to gather from 10 to five, among other things. In the United States, stricter lockdowns may be politically difficult, given pent-up fatigue and frustration.

To avoid the onrushing locomotive of the new variant, there is only one escape: immunity. Enough people develop immunity either naturally, which would require a large share of the population being infected and developing antibodies, or through an effective vaccine. There might only be six to 12 weeks before the new variant triggers another surge. While the pace of administering the vaccines has increased, only a fraction of the U.S. population has been vaccinated. As of Monday, the United States had administered 41.2 million doses, or about 12.5 doses per 100 of the population. Only 9.1 million people have received two doses recommended for the pair of mRNA vaccines from Moderna and Pfizer-BioNTech. In total, 59.3 million doses have been delivered by the manufacturers, and more are coming.

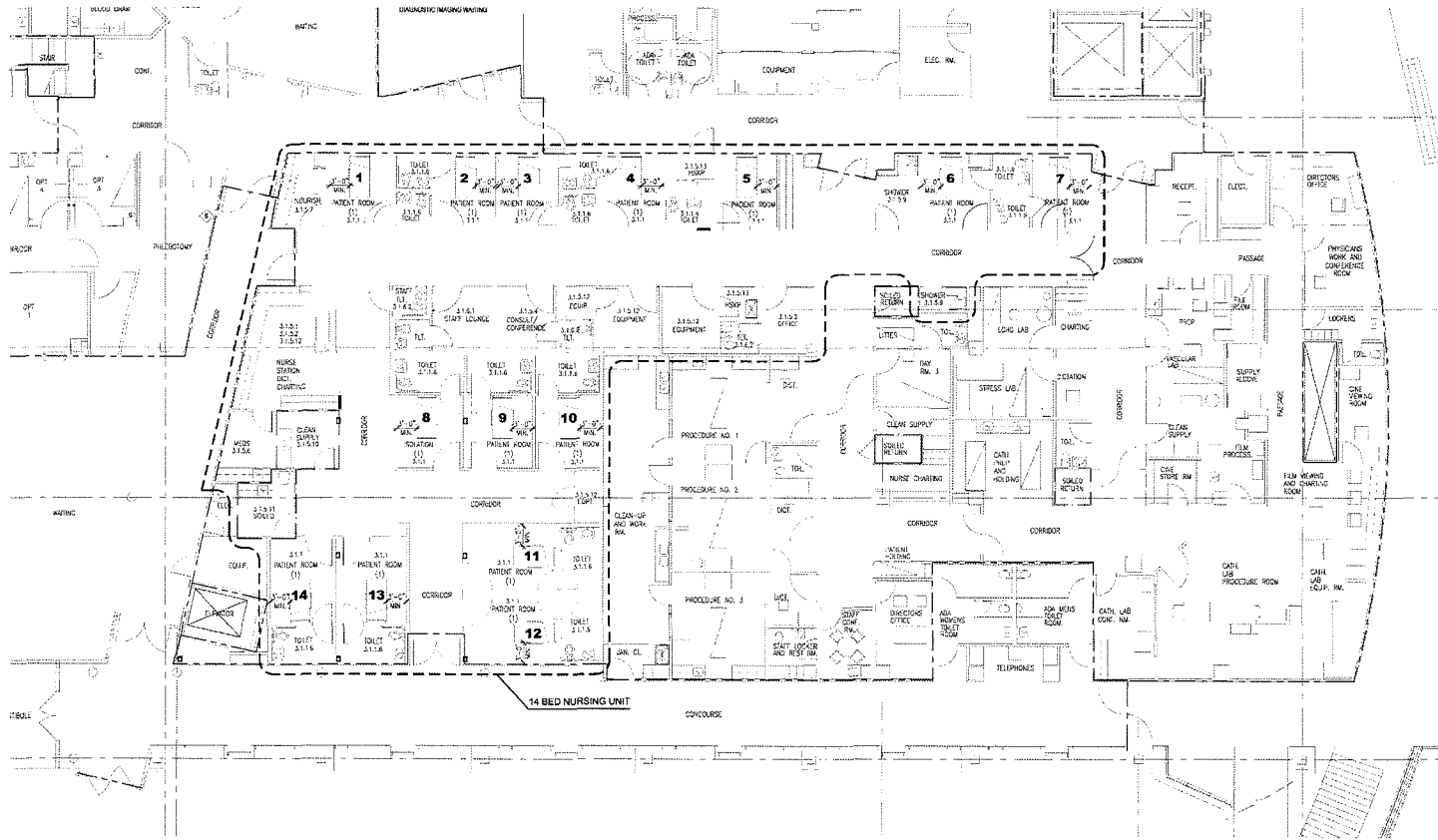
ATTACHMENT 6

Temporary Observation Room Space Schematics

Attached.



Cullman Regional Medical Center One Day Temporary Med Surg Rooms (16)



ATTACHMENT 7

CBER Population Growth Estimates by County

Attached.

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census 2000	Census 2010						<i>2018 series</i>	
			2020	2025	2030	2035	2040	Change 2010-2040 Number	Percent
<i>Alabama</i>	<i>579,798</i>	<i>657,792</i>	<i>851,293</i>	<i>970,297</i>	<i>1,067,787</i>	<i>1,114,140</i>	<i>1,144,172</i>	<i>486,380</i>	<i>73.9</i>
Autauga	4,451	6,546	8,476	9,917	11,466	12,583	13,882	7,336	112.1
Baldwin	21,703	30,568	47,034	56,876	66,159	72,875	78,769	48,201	157.7
Barbour	3,873	3,909	4,820	5,087	5,260	5,056	4,795	886	22.7
Bibb	2,413	2,906	3,673	4,048	4,419	4,658	4,859	1,953	67.2
Blount	6,558	8,439	10,800	11,922	13,003	13,766	14,275	5,836	69.2
Bullock	1,543	1,469	1,897	2,137	2,237	2,141	2,050	581	39.6
Butler	3,506	3,489	4,088	4,431	4,619	4,577	4,460	971	27.8
Calhoun	15,872	16,990	19,886	21,657	22,710	22,709	22,405	5,415	31.9
Chambers	5,928	5,706	7,043	7,778	8,181	8,352	8,330	2,624	46.0
Cherokee	3,818	4,651	5,956	6,711	7,272	7,611	7,798	3,147	67.7
Chilton	5,097	5,921	7,159	8,016	8,602	8,903	9,231	3,310	55.9
Choctaw	2,332	2,519	2,889	3,040	3,111	3,021	2,895	376	14.9
Clarke	3,764	4,174	4,952	5,388	5,623	5,584	5,396	1,222	29.3
Clay	2,359	2,449	2,756	2,973	3,192	3,245	3,267	818	33.4
Cleburne	1,933	2,361	3,044	3,314	3,601	3,765	3,874	1,513	64.1
Coffee	6,171	7,210	8,641	9,369	9,968	10,319	10,710	3,500	48.5
Colbert	8,493	9,463	11,296	12,369	13,091	13,206	12,983	3,520	37.2
Conecuh	2,223	2,362	2,929	3,199	3,399	3,342	3,217	855	36.2
Coosa	1,761	1,970	2,513	2,877	3,054	3,107	3,088	1,118	56.8
Covington	6,740	6,939	8,176	9,070	9,679	9,714	9,652	2,713	39.1
Crenshaw	2,338	2,210	2,657	2,955	3,229	3,277	3,382	1,172	53.0
Cullman	11,342	12,810	16,067	17,867	19,401	19,875	20,057	7,247	56.6
Dale	5,807	6,759	8,255	9,130	9,662	9,600	9,334	2,575	38.1
Dallas	6,428	6,165	6,968	7,728	8,156	7,971	7,663	1,498	24.3
DeKalb	8,882	9,875	12,818	14,368	15,566	16,624	17,376	7,501	76.0
Elmore	7,071	9,436	13,651	16,262	18,850	20,389	21,757	12,321	130.6
Escambia	5,236	5,812	6,802	7,324	7,529	7,404	7,405	1,593	27.4
Etowah	16,560	16,508	19,670	21,388	22,404	22,982	23,404	6,896	41.8
Fayette	2,976	3,084	3,587	3,779	3,909	3,838	3,675	591	19.2
Franklin	4,637	4,825	5,277	5,563	5,767	5,777	5,808	983	20.4
Geneva	4,203	4,674	5,705	6,289	6,799	7,096	7,157	2,483	53.1
Greene	1,470	1,454	1,860	2,127	2,222	2,152	2,016	562	38.7
Hale	2,316	2,370	3,050	3,469	3,840	3,795	3,670	1,300	54.9

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

	Census 2000	Census 2010						<i>2018 series</i>	
			2020	2025	2030	2035	2040	Change 2010-2040 Number	Percent
Henry	2,668	3,044	4,158	4,619	4,976	5,121	5,276	2,232	73.3
Houston	12,162	14,675	19,276	22,069	24,424	25,591	26,598	11,923	81.2
Jackson	7,210	8,773	10,962	12,081	12,800	12,960	13,089	4,316	49.2
Jefferson	90,285	86,443	106,631	119,605	127,360	128,036	127,315	40,872	47.3
Lamar	2,528	2,732	3,145	3,358	3,426	3,298	3,116	384	14.1
Lauderdale	13,241	15,553	19,412	21,599	23,261	23,953	24,038	8,485	54.6
Lawrence	4,195	4,999	6,141	6,830	7,603	7,941	7,913	2,914	58.3
Lee	9,337	12,716	21,095	26,082	30,877	34,466	37,539	24,823	195.2
Limestone	7,271	10,187	15,911	19,704	23,867	26,994	29,199	19,012	186.6
Lowndes	1,646	1,655	1,940	2,130	2,268	2,205	2,025	370	22.4
Macon	3,367	3,031	3,352	3,669	3,855	3,795	3,698	667	22.0
Madison	30,015	40,873	56,239	68,286	81,478	89,022	93,437	52,564	128.6
Marengo	3,287	3,424	3,979	4,332	4,512	4,541	4,475	1,051	30.7
Marion	4,934	5,645	6,595	7,054	7,394	7,497	7,470	1,825	32.3
Marshall	11,717	13,862	16,495	18,118	19,526	20,007	20,485	6,623	47.8
Mobile	47,919	53,321	68,695	78,836	86,072	88,252	88,908	35,587	66.7
Monroe	3,363	3,618	4,308	4,751	5,075	5,141	5,076	1,458	40.3
Montgomery	26,307	27,421	33,914	38,302	41,547	42,493	43,423	16,002	58.4
Morgan	13,708	16,871	21,327	23,823	26,066	27,042	27,382	10,511	62.3
Perry	1,762	1,769	1,786	1,890	1,873	1,774	1,687	-82	-4.6
Pickens	3,293	3,336	4,087	4,567	4,963	5,032	4,858	1,522	45.6
Pike	3,727	4,211	5,188	5,769	6,094	6,207	6,178	1,967	46.7
Randolph	3,564	3,888	4,847	5,393	5,820	6,016	6,032	2,144	55.1
Russell	6,541	6,720	8,959	10,124	11,062	11,348	11,416	4,696	69.9
St. Clair	7,578	10,909	15,078	17,612	20,438	22,577	24,651	13,742	126.0
Shelby	12,179	20,627	34,714	43,182	51,263	57,471	63,447	42,820	207.6
Sumter	2,056	2,063	2,537	2,933	3,117	3,055	2,908	845	41.0
Talladega	10,655	11,591	14,373	15,957	16,911	17,283	17,519	5,928	51.1
Tallapoosa	6,872	7,193	8,694	9,556	9,991	10,037	9,889	2,696	37.5
Tuscaloosa	18,565	21,050	28,882	33,432	36,492	38,345	40,030	18,980	90.2
Walker	10,453	10,894	13,418	14,409	14,821	14,581	14,006	3,112	28.6
Washington	2,246	2,590	3,227	3,589	3,854	3,936	3,872	1,282	49.5
Wilcox	1,810	1,752	2,170	2,396	2,461	2,402	2,268	516	29.5
Winston	3,533	4,333	5,363	5,812	6,260	6,407	6,309	1,976	45.6

Alabama County Population Aged 65 and Over 2000-2010 and Projections 2020-2040 (Middle Series)

Census 2000	Census 2010	2020	2025	2030	2035	2040	<i>2018 series</i>	
							Change 2010-2040 Number	Percent

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 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 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010						<i>2018 series</i>	
			2020	2025	2030	2035	2040	Change 2010-2040 Number	Percent
<i>Alabama</i>	<i>4,447,100</i>	<i>4,779,736</i>	<i>4,940,253</i>	<i>5,030,870</i>	<i>5,124,380</i>	<i>5,220,527</i>	<i>5,319,305</i>	<i>539,569</i>	<i>11.3</i>
Autauga	43,671	54,571	56,705	58,464	60,327	62,488	64,771	10,200	18.7
Baldwin	140,415	182,265	222,554	242,345	261,777	281,200	300,899	118,634	65.1
Barbour	29,038	27,457	25,633	24,891	24,288	23,902	23,634	-3,823	-13.9
Bibb	20,826	22,915	22,354	22,174	22,023	21,932	21,885	-1,030	-4.5
Blount	51,024	57,322	58,383	59,154	59,995	61,064	62,095	4,773	8.3
Bullock	11,714	10,914	10,637	10,528	10,414	10,331	10,271	-643	-5.9
Butler	21,399	20,947	19,690	19,233	18,909	18,706	18,558	-2,389	-11.4
Calhoun	112,249	118,572	114,221	113,195	112,529	112,025	111,723	-6,849	-5.8
Chambers	36,583	34,215	33,918	33,709	33,485	33,313	33,147	-1,068	-3.1
Cherokee	23,988	25,989	25,835	25,778	25,709	25,637	25,573	-416	-1.6
Chilton	39,593	43,643	44,308	44,793	45,388	46,119	46,953	3,310	7.6
Choctaw	15,922	13,859	12,475	11,786	11,167	10,639	10,185	-3,674	-26.5
Clarke	27,867	25,833	23,759	22,867	21,995	21,169	20,414	-5,419	-21.0
Clay	14,254	13,932	13,233	12,928	12,639	12,374	12,142	-1,790	-12.8
Cleburne	14,123	14,972	15,104	15,187	15,278	15,374	15,464	492	3.3
Coffee	43,615	49,948	52,318	53,663	55,104	56,661	58,469	8,521	17.1
Colbert	54,984	54,428	54,281	54,026	53,707	53,315	52,890	-1,538	-2.8
Conecuh	14,089	13,228	12,157	11,647	11,195	10,802	10,470	-2,758	-20.8
Coosa	12,202	11,539	10,193	9,717	9,281	8,883	8,523	-3,016	-26.1
Covington	37,631	37,765	37,925	37,994	38,044	38,083	38,096	331	0.9
Crenshaw	13,665	13,906	14,017	14,081	14,150	14,230	14,315	409	2.9
Cullman	77,483	80,406	82,904	83,897	84,776	85,636	86,350	5,944	7.4
Dale	49,129	50,251	48,938	48,411	48,022	47,871	47,780	-2,471	-4.9
Dallas	46,365	43,820	39,219	37,762	36,743	36,054	35,393	-8,427	-19.2
DeKalb	64,452	71,109	71,629	72,394	73,615	75,364	77,344	6,235	8.8
Elmore	65,874	79,303	83,991	86,641	89,231	91,708	93,933	14,630	18.4
Escambia	38,440	38,319	37,284	36,830	36,421	36,110	35,804	-2,515	-6.6
Etowah	103,459	104,430	102,137	101,245	100,612	100,280	100,127	-4,303	-4.1
Fayette	18,495	17,241	16,214	15,698	15,207	14,774	14,380	-2,861	-16.6
Franklin	31,223	31,704	31,633	31,614	31,604	31,614	31,636	-68	-0.2

Alabama County Population 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010						<i>2018 series</i>	
			2020	2025	2030	2035	2040	Change 2010-2040 Number	Percent
Geneva	25,764	26,790	26,894	27,109	27,361	27,672	28,014	1,224	4.6
Greene	9,974	9,045	7,984	7,601	7,326	7,112	6,907	-2,138	-23.6
Hale	17,185	15,760	14,509	14,047	13,600	13,161	12,805	-2,955	-18.8
Henry	16,310	17,302	17,296	17,443	17,597	17,776	17,969	667	3.9
Houston	88,787	101,547	107,353	110,561	113,789	117,189	120,823	19,276	19.0
Jackson	53,926	53,227	51,736	51,057	50,424	49,836	49,384	-3,843	-7.2
Jefferson	662,047	658,466	662,458	663,999	665,244	666,345	667,433	8,967	1.4
Lamar	15,904	14,564	13,265	12,672	12,086	11,526	11,000	-3,564	-24.5
Lauderdale	87,966	92,709	92,757	92,914	93,309	93,804	94,385	1,676	1.8
Lawrence	34,803	34,339	32,260	31,523	30,914	30,458	30,077	-4,262	-12.4
Lee	115,092	140,247	169,234	180,742	191,587	201,732	211,019	70,772	50.5
Limestone	65,676	82,782	99,775	108,021	116,015	122,976	129,617	46,835	56.6
Lowndes	13,473	11,299	9,667	9,048	8,559	8,242	7,947	-3,352	-29.7
Macon	24,105	21,452	17,617	17,111	16,773	16,492	16,268	-5,184	-24.2
Madison	276,700	334,811	372,447	392,382	412,126	431,697	451,043	116,232	34.7
Marengo	22,539	21,027	19,162	18,647	18,213	17,877	17,605	-3,422	-16.3
Marion	31,214	30,776	29,604	28,956	28,274	27,671	27,122	-3,654	-11.9
Marshall	82,231	93,019	96,219	98,049	100,136	102,494	105,088	12,069	13.0
Mobile	399,843	412,992	416,420	419,698	423,249	427,345	431,909	18,917	4.6
Monroe	24,324	23,068	20,552	19,800	19,163	18,558	17,958	-5,110	-22.2
Montgomery	223,510	229,363	226,832	227,480	228,160	228,882	229,647	284	0.1
Morgan	111,064	119,490	119,865	120,464	121,344	122,557	124,028	4,538	3.8
Perry	11,861	10,591	8,875	8,343	7,925	7,642	7,479	-3,112	-29.4
Pickens	20,949	19,746	20,743	20,535	20,289	19,985	19,668	-78	-0.4
Pike	29,605	32,899	33,231	33,598	34,276	35,029	35,907	3,008	9.1
Randolph	22,380	22,913	22,483	22,370	22,303	22,281	22,301	-612	-2.7
Russell	49,756	52,947	61,932	64,037	66,162	68,385	70,490	17,543	33.1
St. Clair	64,742	83,593	90,634	94,713	100,206	106,219	113,123	29,530	35.3
Shelby	143,293	195,085	224,628	239,859	253,485	265,330	276,373	81,288	41.7
Sumter	14,798	13,763	12,588	12,147	11,727	11,320	10,935	-2,828	-20.5
Talladega	80,321	82,291	79,964	79,164	78,524	78,012	77,644	-4,647	-5.6

Alabama County Population 2000-2010 and Projections 2020-2040 (Middle Series)

County	Census 2000	Census 2010						<i>2018 series</i>	
			2020	2025	2030	2035	2040	Change 2010-2040 Number	Percent
Tallapoosa	41,475	41,616	40,213	39,690	39,214	38,794	38,442	-3,174	-7.6
Tuscaloosa	164,875	194,656	212,769	221,743	230,259	238,579	246,892	52,236	26.8
Walker	70,713	67,023	64,532	64,080	63,759	63,568	63,441	-3,582	-5.3
Washington	18,097	17,581	16,268	15,827	15,436	15,100	14,783	-2,798	-15.9
Wilcox	13,183	11,670	10,450	9,868	9,400	9,025	8,668	-3,002	-25.7
Winston	24,843	24,484	23,388	22,920	22,531	22,198	21,887	-2,597	-10.6

Note: These projections are driven by population change between Census 2000 and Census 2010, taking into account 2017 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.

Annual Estimates of the Resident Population for Counties in Alabama: April 1, 2010 to July 1, 2019

Geographic Area	April 1, 2010		Population Estimate (as of July 1)									
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Alabama	4,779,736	4,780,125	4,785,437	4,799,069	4,815,588	4,830,081	4,841,799	4,852,347	4,863,525	4,874,486	4,887,681	4,903,185
Autauga County, Alabama	54,571	54,597	54,773	55,227	54,954	54,727	54,893	54,864	55,243	55,390	55,533	55,869
Baldwin County, Alabama	182,265	182,265	183,112	186,558	190,145	194,885	199,183	202,939	207,601	212,521	217,855	223,234
Barbour County, Alabama	27,457	27,455	27,327	27,341	27,169	26,937	26,755	26,283	25,806	25,157	24,872	24,686
Bibb County, Alabama	22,915	22,915	22,870	22,745	22,667	22,521	22,553	22,566	22,586	22,550	22,367	22,394
Blount County, Alabama	57,322	57,322	57,376	57,560	57,580	57,619	57,526	57,526	57,494	57,787	57,771	57,826
Bullock County, Alabama	10,914	10,911	10,876	10,675	10,606	10,549	10,663	10,400	10,389	10,176	10,174	10,101
Butler County, Alabama	20,947	20,940	20,932	20,866	20,670	20,356	20,327	20,162	20,012	19,888	19,631	19,448
Calhoun County, Alabama	118,572	118,526	118,408	117,744	117,190	116,471	115,917	115,469	114,973	114,710	114,331	113,605
Chambers County, Alabama	34,215	34,169	34,122	34,033	34,104	34,139	33,977	33,996	33,745	33,707	33,600	33,254
Cherokee County, Alabama	25,989	25,979	25,963	25,989	25,958	26,017	25,895	25,732	25,768	25,805	26,014	26,196
Chilton County, Alabama	43,643	43,632	43,653	43,689	43,582	43,628	43,760	43,700	43,866	44,120	44,163	44,428
Choctaw County, Alabama	13,859	13,858	13,849	13,609	13,563	13,397	13,317	13,231	13,045	12,925	12,833	12,589
Clarke County, Alabama	25,833	25,833	25,766	25,587	25,155	25,123	24,864	24,698	24,340	24,063	23,918	23,622
Clay County, Alabama	13,932	13,930	13,898	13,687	13,434	13,404	13,441	13,415	13,393	13,350	13,294	13,235
Cleburne County, Alabama	14,972	14,972	15,004	14,928	14,889	14,976	15,026	14,914	14,848	14,899	15,010	14,910
Coffee County, Alabama	49,948	49,955	50,208	50,444	51,141	50,681	50,657	50,963	51,202	51,853	51,950	52,342
Colbert County, Alabama	54,428	54,428	54,524	54,539	54,570	54,529	54,462	54,417	54,497	54,695	55,004	55,241
Conecuh County, Alabama	13,228	13,236	13,236	13,195	13,046	12,912	12,677	12,678	12,500	12,431	12,292	12,067
Coosa County, Alabama	11,539	11,756	11,780	11,486	11,346	11,254	11,037	10,934	10,819	10,724	10,643	10,663
Covington County, Alabama	37,765	37,762	37,809	38,020	37,805	37,814	37,760	37,556	37,382	37,062	36,953	37,049
Crenshaw County, Alabama	13,906	13,893	13,869	13,894	13,915	13,847	13,851	13,850	13,916	13,858	13,825	13,772
Cullman County, Alabama	80,406	80,406	80,456	80,410	80,279	80,690	81,068	81,761	82,450	82,867	83,418	83,768
Dale County, Alabama	50,251	50,251	50,394	50,122	50,289	49,771	49,414	49,365	49,362	49,342	49,143	49,172
Dallas County, Alabama	43,820	43,813	43,854	43,251	42,789	41,976	41,554	40,936	40,080	39,238	38,294	37,196
DeKalb County, Alabama	71,109	71,120	71,163	71,365	70,944	70,912	70,993	71,087	71,104	71,437	71,407	71,513
Elmore County, Alabama	79,303	79,272	79,552	79,993	80,193	80,536	80,538	80,872	81,204	81,422	81,011	81,209
Escambia County, Alabama	38,319	38,320	38,345	38,204	38,023	37,765	37,735	37,661	37,475	36,993	36,524	36,633
Etowah County, Alabama	104,430	104,429	104,459	104,369	104,278	103,884	103,399	102,998	102,855	103,007	102,611	102,268
Fayette County, Alabama	17,241	17,235	17,229	17,052	16,945	16,824	16,772	16,696	16,563	16,466	16,445	16,302
Franklin County, Alabama	31,704	31,709	31,746	31,776	31,690	31,553	31,559	31,515	31,611	31,542	31,298	31,362
Geneva County, Alabama	26,790	26,781	26,777	26,756	26,924	26,677	26,593	26,631	26,494	26,385	26,306	26,271
Greene County, Alabama	9,045	9,039	8,991	8,903	8,848	8,748	8,584	8,508	8,482	8,310	8,209	8,111
Hale County, Alabama	15,760	15,762	15,745	15,361	15,364	15,246	15,046	15,015	14,828	14,801	14,749	14,651
Henry County, Alabama	17,302	17,299	17,296	17,377	17,153	17,129	17,079	17,101	17,072	17,115	17,173	17,205
Houston County, Alabama	101,547	101,560	101,798	102,488	103,371	103,643	104,158	104,260	104,218	104,378	104,770	105,882
Jackson County, Alabama	53,227	53,223	53,184	53,214	53,079	52,957	52,562	52,195	51,988	51,828	51,621	51,626
Jefferson County, Alabama	658,466	658,567	658,215	658,109	658,061	659,265	659,972	660,455	660,343	659,599	659,429	658,573
Lamar County, Alabama	14,564	14,564	14,496	14,291	14,248	14,212	14,067	13,927	13,928	13,882	13,882	13,805

Annual Estimates of the Resident Population for Counties in Alabama: April 1, 2010 to July 1, 2019

Lauderdale County, Alabama	92,709	92,709	92,737	92,607	92,662	92,701	93,000	92,459	92,425	92,564	92,604	92,729
Lawrence County, Alabama	34,339	34,337	34,342	34,051	33,806	33,575	33,444	33,135	33,227	33,063	32,941	32,924
Lee County, Alabama	140,247	140,287	140,794	144,130	148,567	151,809	154,511	156,954	159,168	161,440	163,656	164,542
Limestone County, Alabama	82,782	82,786	83,181	85,557	87,326	88,916	90,599	91,565	92,847	94,130	96,177	98,915
Lowndes County, Alabama	11,299	11,296	11,289	11,140	10,851	10,661	10,494	10,350	10,248	10,097	9,974	9,726
Macon County, Alabama	21,452	21,448	21,505	21,284	20,608	20,021	19,641	19,296	19,060	18,793	18,321	18,068
Madison County, Alabama	334,811	334,807	336,095	339,565	342,730	346,625	349,796	352,977	356,729	361,762	367,004	372,909
Marengo County, Alabama	21,027	21,048	20,956	20,661	20,375	20,119	19,986	19,766	19,525	19,396	19,056	18,863
Marion County, Alabama	30,776	30,776	30,816	30,652	30,484	30,224	30,199	30,119	29,960	29,792	29,750	29,709
Marshall County, Alabama	93,019	93,019	93,122	93,895	94,260	94,356	94,257	94,585	95,113	95,572	96,170	96,774
Mobile County, Alabama	412,992	413,139	413,315	413,068	413,816	413,918	414,149	414,462	414,945	414,045	413,908	413,210
Monroe County, Alabama	23,068	23,067	23,005	22,796	22,581	22,170	21,926	21,717	21,548	21,290	21,062	20,733
Montgomery County, Alabama	229,363	229,375	229,505	229,189	228,874	228,190	227,551	227,279	227,170	227,265	226,504	226,486
Morgan County, Alabama	119,490	119,490	119,608	120,024	120,102	119,571	119,444	119,257	119,006	118,918	119,203	119,679
Perry County, Alabama	10,591	10,575	10,563	10,450	10,163	9,999	9,801	9,640	9,532	9,302	9,070	8,923
Pickens County, Alabama	19,746	19,746	19,749	19,354	19,309	19,300	20,272	20,776	20,325	20,204	19,980	19,930
Pike County, Alabama	32,899	32,901	32,970	33,025	33,215	33,715	33,199	33,496	33,464	33,349	33,242	33,114
Randolph County, Alabama	22,913	22,916	22,937	22,745	22,533	22,547	22,353	22,594	22,504	22,687	22,727	22,722
Russell County, Alabama	52,947	52,963	53,321	54,852	57,500	59,149	59,224	58,844	58,185	56,985	57,784	57,961
St. Clair County, Alabama	83,593	83,350	83,571	83,975	84,761	85,810	85,996	86,546	87,306	87,926	88,654	89,512
Shelby County, Alabama	195,085	195,253	196,032	197,952	200,912	204,039	206,280	208,959	211,282	213,633	215,583	217,702
Sumter County, Alabama	13,763	13,763	13,730	13,490	13,440	13,394	13,270	13,206	12,967	12,749	12,634	12,427
Talladega County, Alabama	82,291	82,353	82,172	81,863	82,146	81,578	81,512	81,128	80,552	80,142	80,137	79,978
Tallapoosa County, Alabama	41,616	41,618	41,476	41,402	41,048	41,028	40,884	40,605	40,586	40,613	40,535	40,367
Tuscaloosa County, Alabama	194,656	194,667	194,996	196,745	198,807	201,084	203,086	204,767	206,464	207,618	208,319	209,355
Walker County, Alabama	67,023	67,020	66,997	66,585	66,104	65,777	65,338	64,931	64,533	63,895	63,669	63,521
Washington County, Alabama	17,581	17,580	17,626	17,355	17,146	16,897	16,868	16,832	16,621	16,522	16,402	16,326
Wilcox County, Alabama	11,670	11,664	11,560	11,438	11,302	11,145	10,946	10,896	10,844	10,691	10,599	10,373
Winston County, Alabama	24,484	24,488	24,412	24,362	24,193	24,189	24,139	23,930	23,907	23,760	23,693	23,629

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. All geographic boundaries for the 2019 population estimates are as of January 1, 2019. For population estimates, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

Annual Estimates of the Resident Population for Counties in Alabama: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-01)

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

Release Date: March 2020

ATTACHMENT 8

Letters of Support

Attached.



ALABAMA
HOUSE OF REPRESENTATIVES
11 SOUTH UNION STREET, MONTGOMERY, ALABAMA 36130

REP. SCOTT STADTHAGEN
DISTRICT 9
POST OFFICE BOX 1512
HARTSELLE, ALABAMA 35640

STATE HOUSE: 334-261-0436
DISTRICT PHONE: 256-260-2146
EMAIL: scott.stadthagen@alhouse.gov

February 9, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center - CON Application to Add Thirty Inpatient Beds

Dear Ms. Marsal,

I am writing this letter to support Cullman Regional Medical Center's Certificate of Need ("CON") Application for the addition of thirty acute care beds, including critical care unit beds, at its hospital in Cullman County, Alabama. When facing a global pandemic such as the current COVID-19 pandemic, it is essential that the healthcare system have the infrastructure and capacity to handle the influx of cases and the type of patient presenting to the hospital. The current crisis has highlighted the need to expeditiously ensure appropriate resources are available immediately when needed. The proposed project to add thirty acute care beds will provide much needed additional access to inpatient care and through the proposed addition of critical care unit beds. This bed addition will also allow Cullman Regional Medical Center to better meet the need for high quality patient care for all its patients, while also protecting the hospital's medical staff and expanding the hospital's ability to fight infectious diseases such as COVID-19.

As evidenced by the coronavirus pandemic, elderly patients face hospitalization rates far higher than that of the general population. As the continued growth in the elderly population in Cullman County and surrounding areas continues, we must strengthen the available hospital services so that the residents of Cullman County and surrounding areas have access to high quality medical services in appropriate, comfortable and welcoming environments that promote healing.

Patients from Cullman County and surrounding areas are best served by access to high quality medical services close to home. Approval of this CON Application will allow Cullman Regional Medical Center the additional capacity it needs to meet the current and future demands on its facility as the sole community hospital provider for the area, and to better treat the types of health crises our nation, and indeed the world, is currently facing.

Cullman Regional Medical Center has a significant economic impact to Cullman County and serves an important and unique role in the community through the services it offers. I am confident that the addition of the requested beds at Cullman Regional Medical Center will allow its healthcare professionals to continue to provide the high-quality services for which it is known. I fully support the CON Application. I appreciate your consideration and approval of the CON Application and your continued support for the quality healthcare services provided by Cullman Regional Medical Center for residents of the State of Alabama. It is important to our State to maintain a vibrant health care community in the Cullman area served by Cullman Regional Medical Center and to ensure adequate access through its facility to continue to meet the patient demands.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Stadthagen".

Rep. Scott Stadthagen
House of Representative, District 9

GARLAN GUDGER, JR.
State Senator, District 4
Cullman, Lawrence, Marion, Winston Counties
State House Office
11 South Union Street, Suite 733c
Montgomery, Alabama 36130
o: 334 261-0855
E: garlan.gudger@alstate.gov



COMMITTEES:
Vice Chair, Fiscal Responsibility & Economic Development
Finance & Taxation Education
Governmental Affairs
Agriculture, Conservation & Forestry
Tourism

ALABAMA STATE SENATE
11 SOUTH UNION STREET, 7TH FLOOR
MONTGOMERY, ALABAMA 36130

February 9, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center - CON Application to Add Thirty Inpatient Beds

Dear Ms. Marsal,

I am writing this letter to support Cullman Regional Medical Center's Certificate of Need ("CON") Application for the addition of thirty acute care beds, including critical care unit beds, at its hospital in Cullman County, Alabama. When facing a global pandemic such as the current COVID-19 pandemic, it is essential that the healthcare system have the infrastructure and capacity to handle the influx of cases and the type of patient presenting to the hospital. The current crisis has highlighted the need to expeditiously ensure appropriate resources are available immediately when needed. The proposed project to add thirty acute care beds will provide much needed additional access to inpatient care and through the proposed addition of critical care unit beds. This bed addition will also allow Cullman Regional Medical Center to better meet the need for high quality patient care for all its patients, while also protecting the hospital's medical staff and expanding the hospital's ability to fight infectious diseases such as COVID-19.

As evidenced by the coronavirus pandemic, elderly patients face hospitalization rates far higher than that of the general population. As the continued growth in the elderly population in Cullman County and surrounding areas continues, we must strengthen the available hospital services so that the residents of Cullman County and surrounding areas have access to high quality medical services in appropriate, comfortable and welcoming environments that promote healing.

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Cullman Regional Medical Center has a significant economic impact to Cullman County and serves an important and unique role in the community through the services it offers. I am confident that the addition of the requested beds at Cullman Regional Medical Center will allow its healthcare professionals to continue to provide the high-quality services for which it is known. I fully support the CON Application. I appreciate your consideration and approval of the CON Application and your continued support for the quality healthcare services provided by Cullman Regional Medical Center for residents of the State of Alabama. It is important to our State to maintain a vibrant health care community in the Cullman area served by Cullman Regional Medical Center and to ensure adequate access through its facility to continue to meet the patient demands.

Sincerely,

A handwritten signature in black ink that reads "Garland E. Gudger Jr." in a cursive script.

Garlan Gudger Jr.
Alabama State Senator, District 4

MAYOR
Randy A. Garrison

CITY CLERK/CONTROLLER
Rita S. Lee



CITY COUNCIL
Virginia Alexander
Ken Doss
Charles "Chuck" Gill
Dwight Tankersley
Kenny Thompson

February 8, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center - CON Application to Add Thirty Inpatient Beds

Dear Ms. Marsal,

I am writing this letter to support Cullman Regional Medical Center's Certificate of Need ("CON") Application for the addition of thirty acute care beds, including critical care unit beds, at its hospital in Cullman County, Alabama. When facing a global pandemic such as the current COVID-19 pandemic, it is essential that the healthcare system have the infrastructure and capacity to handle the influx of cases and the type of patient presenting to the hospital. The current crisis has highlighted the need to expeditiously ensure appropriate resources are available immediately when needed. The proposed project to add thirty acute care beds will provide much needed additional access to inpatient care and in particular through the proposed addition of critical care unit beds. This bed addition will also allow Cullman Regional Medical Center to better meet the need for high quality patient care for all its patients, while also protecting the hospital's medical staff and expanding the hospital's ability to fight infectious diseases such as COVID-19.

As evidenced by the coronavirus pandemic, elderly patients face hospitalization rates far higher than that of the general population. As the continued growth in the elderly population in Cullman County, Hartselle as well as surrounding cities and towns continues, we must strengthen the available hospital services so that the residents of Cullman County and surrounding areas have access to high quality medical services in appropriate, comfortable and welcoming environments that promote healing.

Patients from Cullman County, Hartselle and surrounding areas, are best served by access to high quality medical services close to home. Approval of this CON Application will allow Cullman Regional Medical Center the additional capacity it needs to meet the current and future demands on its facility as the sole community hospital provider for the area, and to better treat the types of health crises our nation, and indeed the world, is currently facing.

Many of our citizens in Hartselle use the services of Cullman Regional. Since the closure of Hartselle Medical Center in 2012 they have sought the services offered in Cullman. It would be of great service to our folks as well to have additional beds in the event of natural disaster, another pandemic or even a bad flu season.

OFFICE 256-773-2535
200 Sparkman Street NW

FAX 256-773-2257
Hartselle, Alabama 35640

www.hartselle.org

Cullman Regional Medical Center has a significant economic impact to Cullman County and serves an important and unique role in the community through the services it offers. I am confident that the addition of the requested beds at Cullman Regional Medical Center will allow its healthcare professionals to continue to provide the high quality services for which it is known. I fully support the CON Application.

I appreciate your consideration and approval of the CON Application and your continued support for the quality healthcare services provided by Cullman Regional Medical Center for residents of the State of Alabama. It is important to our State to maintain a vibrant health care community in the Cullman area served by Cullman Regional Medical Center and to ensure adequate access through its facility to continue to meet the patient demands.

Sincerely,

A handwritten signature in blue ink that reads "Randy A. Garrison". The signature is written in a cursive style with a large, stylized initial "R".

Randy A. Garrison

Mayor City of Hartselle

February 12, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

Dear Ms. Marsal:

As a practicing physician in the Cullman, Alabama, area, I am writing to express my support for the CON application of Cullman Regional Medical Center ("CRMC") which requests emergency approval to add thirty additional inpatient acute care beds at the hospital and includes additional critical care beds (the "Application").

CRMC is regularly and currently urgently experiencing high patient volumes that are straining the hospital's capacity to provide inpatient services to all patients in need thereof. As the sole community hospital for the area, it is particularly important that CRMC have the capacity to meet the area's patient demands for inpatient services and, accordingly, the urgent need for additional access is truly an emergency situation where additional capacity must be timely added at the hospital.


As a physician with medical staff privileges at CRMC, it is important to me that CRMC has sufficient beds to accommodate patient demand in the community. The additional beds proposed in the Application will alleviate the capacity issues by making available CRMC's inpatient services to additional patients in a timely and appropriate manner. Your approval of this Application will ensure greater access to acute care services through an excellent inpatient care provider that already serves the community and surrounding areas. I have complete confidence in CRMC's ability to provide high quality services for additional residents of Cullman County and surrounding areas if this Application is approved.

I strongly support CRMC's efforts to obtain approval for the Application. Please consider this opportunity to further improve the access to quality inpatient services for patients in Cullman County, Alabama, and surrounding areas. I would ask that the CON Application requesting approval for thirty additional inpatient beds be approved.

Sincerely,



Ben Gomez, MD
CRMC Medical Staff Vice President
Cullman Regional Orthopedics & Sports Medicine
1942 AL Highway 157
Cullman, AL 35058

EST.  1873

CULLMAN

ALABAMA

MAYOR WOODY JACOBS

204 2nd Avenue NE
Cullman, Alabama 35055

(256) 775-7102
mayor@cullmanal.gov

P.O. Box 278
Cullman, Alabama 35056-0278

February 9, 2021

Ms. Emily Marsal, Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

RE: Cullman Regional Medical Center – CON Application to Add Thirty Inpatient Beds

Dear Ms. Marsal:

I am writing this letter to support Cullman Regional Medical Center's Certificate of Need ("CON") Application for the addition of thirty acute care beds, including critical care unit beds, at its hospital in Cullman, Alabama. When facing a global pandemic such as the current COVID-19 pandemic, it is essential that the healthcare system have the infrastructure and capacity to handle the influx of cases and the type of patient presenting to the hospital. The current crisis has highlighted the need to expeditiously ensure appropriate resources are available immediately when needed. The proposed project to add thirty acute care beds will provide much needed additional access to inpatient care and in particular through the proposed addition of critical care unit beds. This bed addition will also allow Cullman Regional Medical Center to better meet the need for high quality patient care for all its patients, while also protecting the hospital's medical staff and expanding the hospital's ability to fight infectious diseases such as COVID-19.

As evidenced by the coronavirus pandemic, elderly patients face hospitalization rates far higher than that of the general population. As the continued growth in the elderly population in Cullman County and surrounding areas continues, we must strengthen the available hospital services so that the residents of Cullman County and surrounding areas have access to high quality medical services in appropriate, comfortable and welcoming environments that promote healing.

Patients from Cullman County and surrounding areas are best served by access to high quality medical services close to home. Approval of this CON Application will allow Cullman Regional Medical Center the additional capacity it needs to meet the current and future demands on its

MAYOR WOODY JACOBS

*Ms. Emily Marsal, Executive Director
State Health Planning & Development Agency
February 9, 2021
Page 2*

facility as the sole community hospital provider for the area, and to better treat the types of health crises our nation, and indeed the world, is currently facing.

Cullman Regional Medical Center has a significant economic impact to Cullman County and serves an important and unique role in the community through the services it offers. I'm confident that the addition of the requested beds will allow its healthcare professionals to continue to provide the high-quality services for which it is known.

I fully support the CON Application and I appreciate your consideration and approval of the CON Application and your continued support for the quality healthcare services provided by Cullman Regional Medical Center for residents of the State of Alabama. It is important to our State to maintain a vibrant health care community in the Cullman area served by Cullman Regional Medical Center and to ensure adequate access through its facility to continue to meet the patient demands.

Sincerely,



Woody Jacobs
Mayor

WJ:lhv

February, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Cullman Regional Medical Center's Emergency CON Application to Add Thirty
Inpatient Acute Care Beds**

Dear Ms. Marsal:

I am writing this letter to express my support for the emergency CON application ("CON Application") of Cullman Regional Medical Center ("CRMC") which requests approval to add 30 additional inpatient acute care beds at the hospital, including additional critical care beds. This proposed CRMC project will provide increased access and timely care to patients in need of inpatient services from CRMC's excellent providers. I am strongly in favor of increasing access to this important community hospital which provides an invaluable serve to our community as the sole community hospital in the area.

As a patient or family member of a patient who has required care at CRMC, I am aware of the excellent level of care provided by CRMC. The proposed project will increase access to high-quality inpatient services provided by CRMC to Cullman County and surrounding area residents, and will allow patients access to these important inpatient services in their own community and without the difficulty associated with traveling to another community for care.

I hope that you will approve the CON application to make additional inpatient care available and accessible to residents of Cullman County. I fully support the CON Application to provide additional inpatient beds at CRMC. I strongly urge the CON Review Board to approve CRMC's CON Application.

Sincerely,



Misty Villar
817 Blountsville Street
Hanceville, Al 35077



CULLMAN
REGIONAL

1912 Alabama Highway 157
PO Box 1108 • Cullman, AL 35056-1108
(256) 737-2000
www.CullmanRegional.com

February 10, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center's CON Application to Add 30 Inpatient Beds

Dear Ms. Marsal:

I am pleased to offer this letter of support for the certificate of need application filed by Cullman Regional Medical Center ("CRMC") for the addition of 30 acute care beds at its hospital in Cullman County, Alabama ("CON Application"). This project by CRMC will provide increased access to inpatient care for Cullman County residents in need of inpatient and critical care unit services from CRMC's excellent providers.

As an employee in a leadership position with CRMC, each day I am fortunate to witness the effort and dedication that members of the CRMC team place on providing the highest level of medical care to the patients we are privileged to serve. Moreover, as with many CRMC employees, I have chosen to make Cullman County my home. Due to my unique insight as a resident of Cullman County and a member of CRMC's leadership team, I am acutely aware of the shortages that currently exist for access to inpatient services at CRMC which is particularly critical due to the hospital's status as the sole community hospital provider. I know that CRMC is more than capable of meeting this need if additional inpatient beds are provided as requested by the CON Application, and that it will do so with the same excellence as it currently provides with regard to its inpatient services for the citizens of Cullman County and surrounding areas.

I hope that you will approve the CON Application to provide the requested 30 additional inpatient beds that are so critically needed at CRMC in order to alleviate the strains on capacity that CRMC has been experiencing. I fully support the emergency CON Application to provide these additional inpatient beds, and including critical care beds, that are so desperately needed at the hospital as highlighted by recent COVID-19 pandemic surges. I strongly urge expedited approval of Cullman Regional Medical Center's CON Application.

Sincerely,

Charna Brown, RN, BSN
Chief Nursing Officer, Cullman Regional



CULLMAN
REGIONAL
Medical Group

1912 Alabama Highway 157
PO Box 1108 • Cullman, AL 35056-1108
(256) 737-2000
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February 10, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center's CON Application to Add 30 Inpatient Beds

Dear Ms. Marsal:

I am pleased to offer this letter of support for the certificate of need application filed by Cullman Regional Medical Center ("CRMC") for the addition of 30 acute care beds at its hospital in Cullman County, Alabama ("CON Application"). This project by CRMC will provide increased access to inpatient care for Cullman County residents in need of inpatient and critical care unit services from CRMC's excellent providers.

As an employed physician in a leadership position with CRMC, each day I am fortunate to witness the effort and dedication that members of the CRMC team place on providing the highest level of medical care to the patients we are privileged to serve. Moreover, as with many CRMC employees, I have chosen to make Cullman County my home. Due to my unique insight as a resident of Cullman County and a member of CRMC's leadership team, I am acutely aware of the shortages that currently exist for access to inpatient services at CRMC which is particularly critical due to the hospital's status as the sole community hospital provider. I know that CRMC is more than capable of meeting this need if additional inpatient beds are provided as requested by the CON Application, and that it will do so with the same excellence as it currently provides with regard to its inpatient services for the citizens of Cullman County and surrounding areas.

I hope that you will approve the CON Application to provide the requested 30 additional inpatient beds that are so critically needed at CRMC in order to alleviate the strains on capacity that CRMC has been experiencing. I fully support the emergency CON Application to provide these additional inpatient beds, and including critical care beds, that are so desperately needed at the hospital as highlighted by recent COVID-19 pandemic surges. I strongly urge expedited approval of Cullman Regional Medical Center's CON Application.

Sincerely,

Douglas Cowser, MD
Medical Director, Cullman Regional Hospitalists



CULLMAN
REGIONAL
Medical Group

February 12, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

Dear Ms. Marsal:

As a practicing physician in the Cullman, Alabama, area, I am writing to express my support for the CON application of Cullman Regional Medical Center ("CRMC") which requests emergency approval to add thirty additional inpatient acute care beds at the hospital and includes additional critical care beds (the "Application").

CRMC is regularly and currently urgently experiencing high patient volumes that are straining the hospital's capacity to provide inpatient services to all patients in need thereof. As the sole community hospital for the area, it is particularly important that CRMC have the capacity to meet the area's patient demands for inpatient services and, accordingly, the urgent need for additional access is truly an emergency situation where additional capacity must be timely added at the hospital.

As a physician with medical staff privileges at CRMC, it is important to me that CRMC has sufficient beds to accommodate patient demand in the community. The additional beds proposed in the Application will alleviate the capacity issues by making available CRMC's inpatient services to additional patients in a timely and appropriate manner. Your approval of this Application will ensure greater access to acute care services through an excellent inpatient care provider that already serves the community and surrounding areas. I have complete confidence in CRMC's ability to provide high quality services for additional residents of Cullman County and surrounding areas if this Application is approved.

I strongly support CRMC's efforts to obtain approval for the Application. Please consider this opportunity to further improve the access to quality inpatient services for patients in Cullman County, Alabama, and surrounding areas. I would ask that the CON Application requesting approval for thirty additional inpatient beds be approved.

Sincerely,

Randy Yarbrough, MD
CRMC Medical Staff President
Cullman Regional Medical Group -
1942 AL Highway 157
Cullman, AL 35058

2-11-, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Cullman Regional Medical Center's Emergency CON Application to Add
Thirty Inpatient Acute Care Beds**

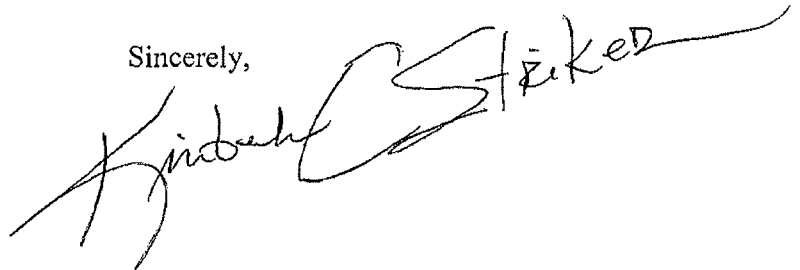
Dear Ms. Marsal:

I am writing this letter to express my support for the emergency CON application ("CON Application") of Cullman Regional Medical Center ("CRMC") which requests approval to add 30 additional inpatient acute care beds at the hospital, including additional critical care beds. This proposed CRMC project will provide increased access and timely care to patients in need of inpatient services from CRMC's excellent providers. I am strongly in favor of increasing access to this important community hospital which provides an invaluable serve to our community as the sole community hospital in the area.

As a patient or family member of a patient who has required care at CRMC, I am aware of the excellent level of care provided by CRMC. The proposed project will increase access to high-quality inpatient services provided by CRMC to Cullman County and surrounding area residents, and will allow patients access to these important inpatient services in their own community and without the difficulty associated with traveling to another community for care.

I hope that you will approve the CON application to make additional inpatient care available and accessible to residents of Cullman County. I fully support the CON Application to provide additional inpatient beds at CRMC. I strongly urge the CON Review Board to approve CRMC's CON Application.

Sincerely,

A handwritten signature in black ink, appearing to read "Kindah Stiker". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

February 12, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

Dear Ms. Marsal:

As a practicing physician in the Cullman, Alabama, area, I am writing to express my support for the CON application of Cullman Regional Medical Center ("CRMC") which requests emergency approval to add thirty additional inpatient acute care beds at the hospital and includes additional critical care beds (the "Application").

CRMC is regularly and currently urgently experiencing high patient volumes that are straining the hospital's capacity to provide inpatient services to all patients in need thereof. As the sole community hospital for the area, it is particularly important that CRMC have the capacity to meet the area's patient demands for inpatient services and, accordingly, the urgent need for additional access is truly an emergency situation where additional capacity must be timely added at the hospital.

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I strongly support CRMC's efforts to obtain approval for the Application. Please consider this opportunity to further improve the access to quality inpatient services for patients in Cullman County, Alabama, and surrounding areas. I would ask that the CON Application requesting approval for thirty additional inpatient beds be approved.

Sincerely,



K. McClain Cottingham, MD
Horizon Surgical, PC
1890 AL 157, Suite 420B
Cullman, AL 35058



CULLMAN
REGIONAL

1912 Alabama Highway 157
PO Box 1108 • Cullman, AL 35056-1108
(256) 737-2000
www.CullmanRegional.com

February 9, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center's CON Application to Add 30 Inpatient Beds

Dear Ms. Marsal:

I am pleased to offer this letter of support for the certificate of need application filed by Cullman Regional Medical Center ("CRMC") for the addition of 30 acute care beds at its hospital in Cullman County, Alabama ("CON Application"). This project by CRMC will provide increased access to inpatient care for Cullman County residents in need of inpatient and critical care unit services from CRMC's excellent providers.

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Sincerely,

Kathy Jones, RN, MSN
Executive Director Critical Care & 4-East

February 11, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

Dear Ms. Marsal:

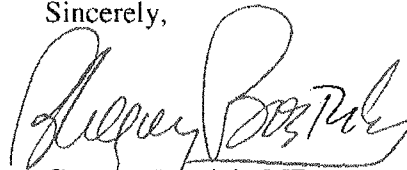
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I strongly support CRMC's efforts to obtain approval for the Application. Please consider this opportunity to further improve the access to quality inpatient services for patients in Cullman County, Alabama, and surrounding areas. I would ask that the CON Application requesting approval for thirty additional inpatient beds be approved.

Sincerely,



Gregory Bostick, MD
CPC Multi-Specialty Group
408 Clark Street NE
Cullman, AL 35055

February 11, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at
Cullman Regional Medical Center**

Dear Ms. Marsal:

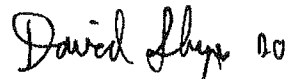
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Sincerely,



David Shupe, DO, CPC Hospitalist
CPC Multi-Specialty Group
1800 AL Highway 157
Cullman, AL 35058



CULLMAN
REGIONAL

1912 Alabama Highway 157
PO Box 1108 • Cullman, AL 35056-1108
(256) 737-2000
www.CullmanRegional.com

February 10, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Cullman Regional Medical Center's CON Application to Add 30 Inpatient Beds

Dear Ms. Marsal:

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Sincerely,

William E. Smith, Jr., MD, FACS
Chief Medical Officer, Cullman Regional

February 11, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

Dear Ms. Marsal:

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I strongly support CRMC's efforts to obtain approval for the Application. Please consider this opportunity to further improve the access to quality inpatient services for patients in Cullman County, Alabama, and surrounding areas. I would ask that the CON Application requesting approval for thirty additional inpatient beds be approved.

Sincerely,



Mark Christensen, MD, Emergency Medicine Director
Alteon Health
1912 AL Highway 157
Cullman, AL 35058

February 11, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

Re: Emergency CON Application to Add Thirty Inpatient Acute Care Beds at Cullman Regional Medical Center

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Sincerely,



Christopher Coccia, DO
CPC Multi-Specialty Group
408 Clark Street NE
Cullman, AL 35055

February, 2021

Ms. Emily Marsal
Executive Director
State Health Planning & Development Agency
100 N. Union Street, Suite 870
Montgomery, Alabama 36104

**Re: Cullman Regional Medical Center's Emergency CON Application to Add Thirty
Inpatient Acute Care Beds**

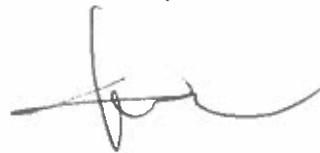
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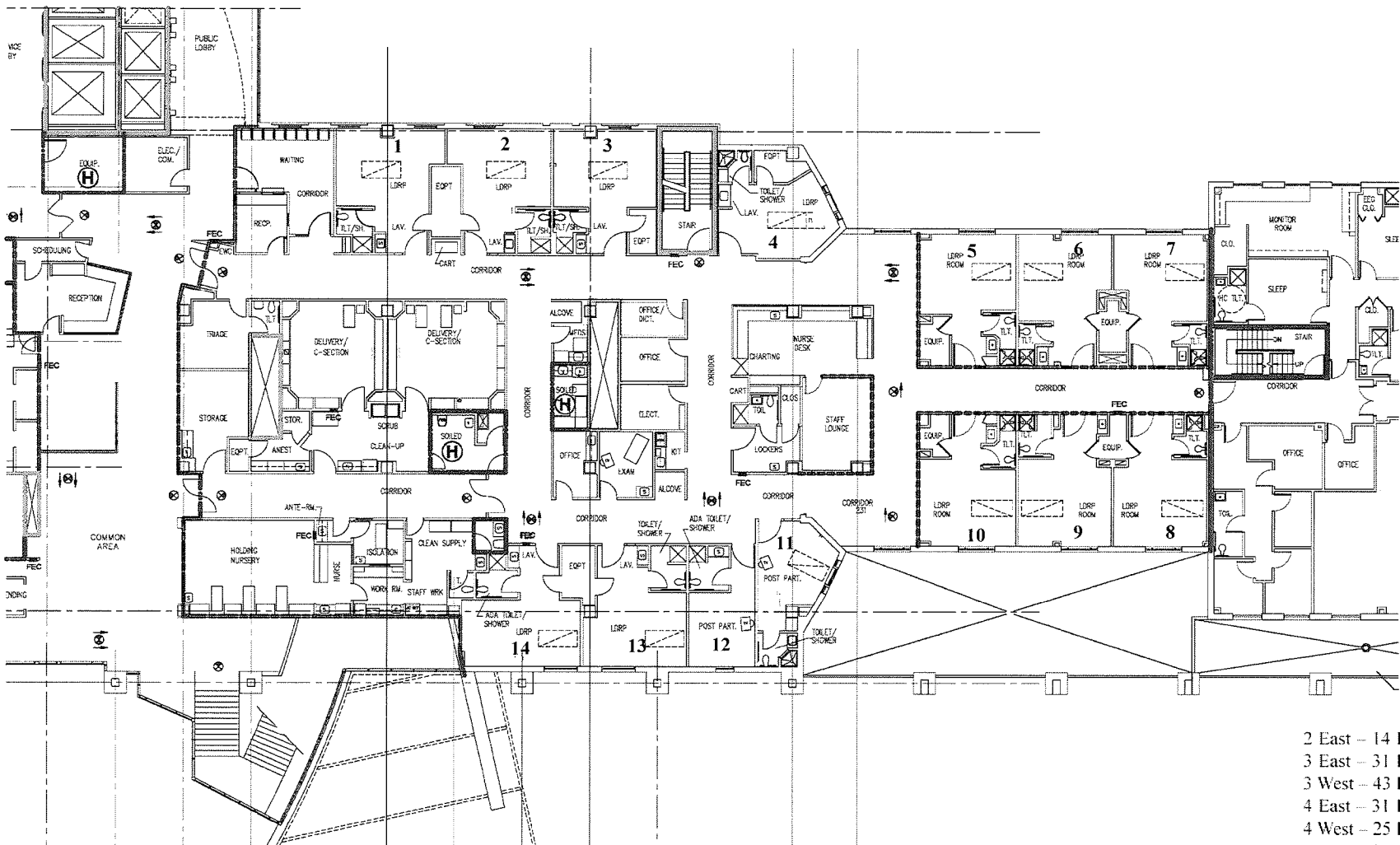


Louis Villar
817 Blountsville Street
Hanceville, Al 35077

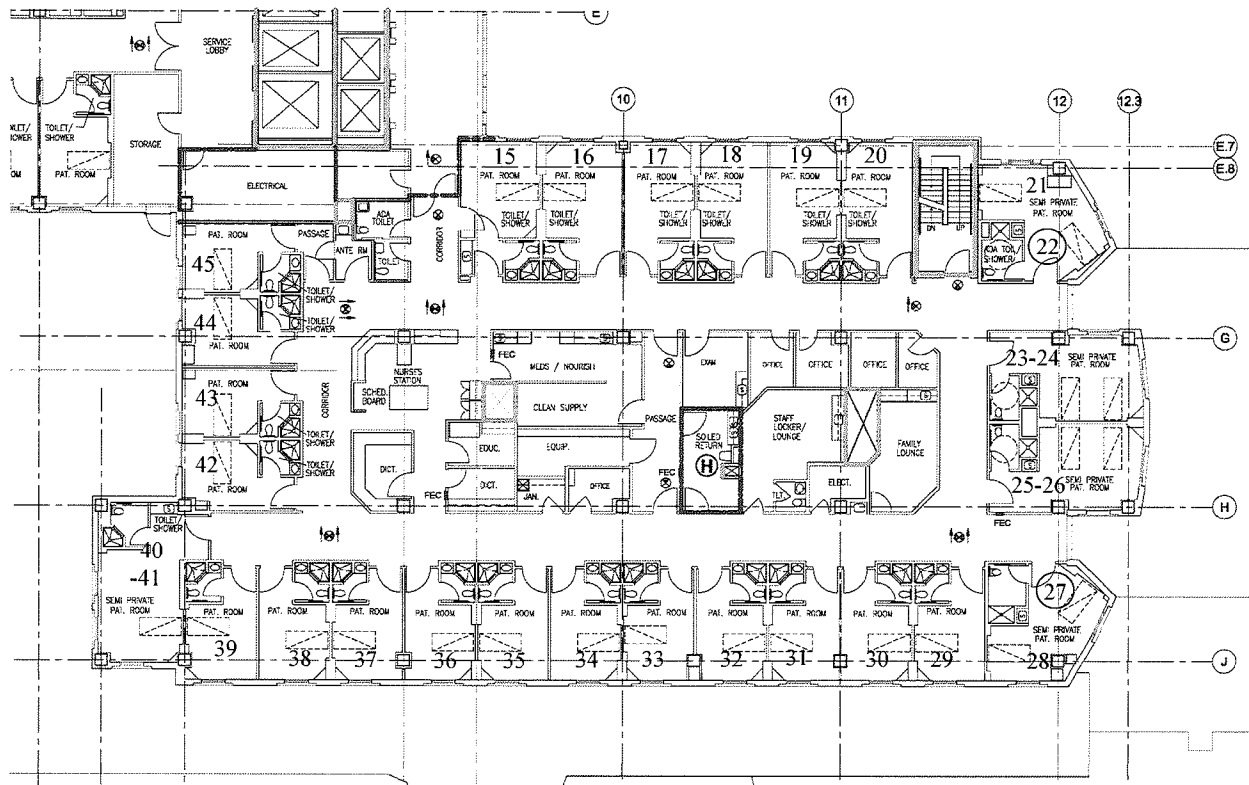
ATTACHMENT 9

Project Schematics

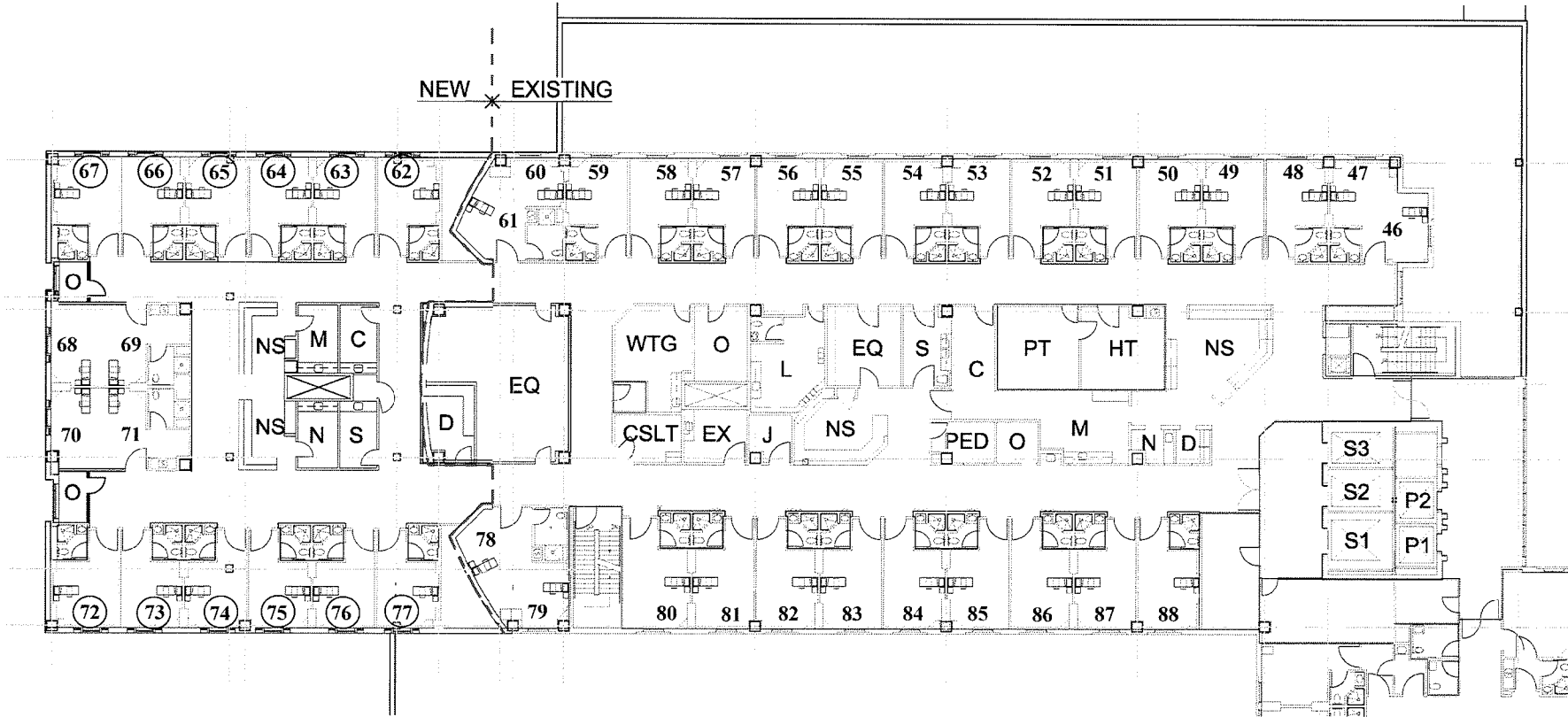
Attached.



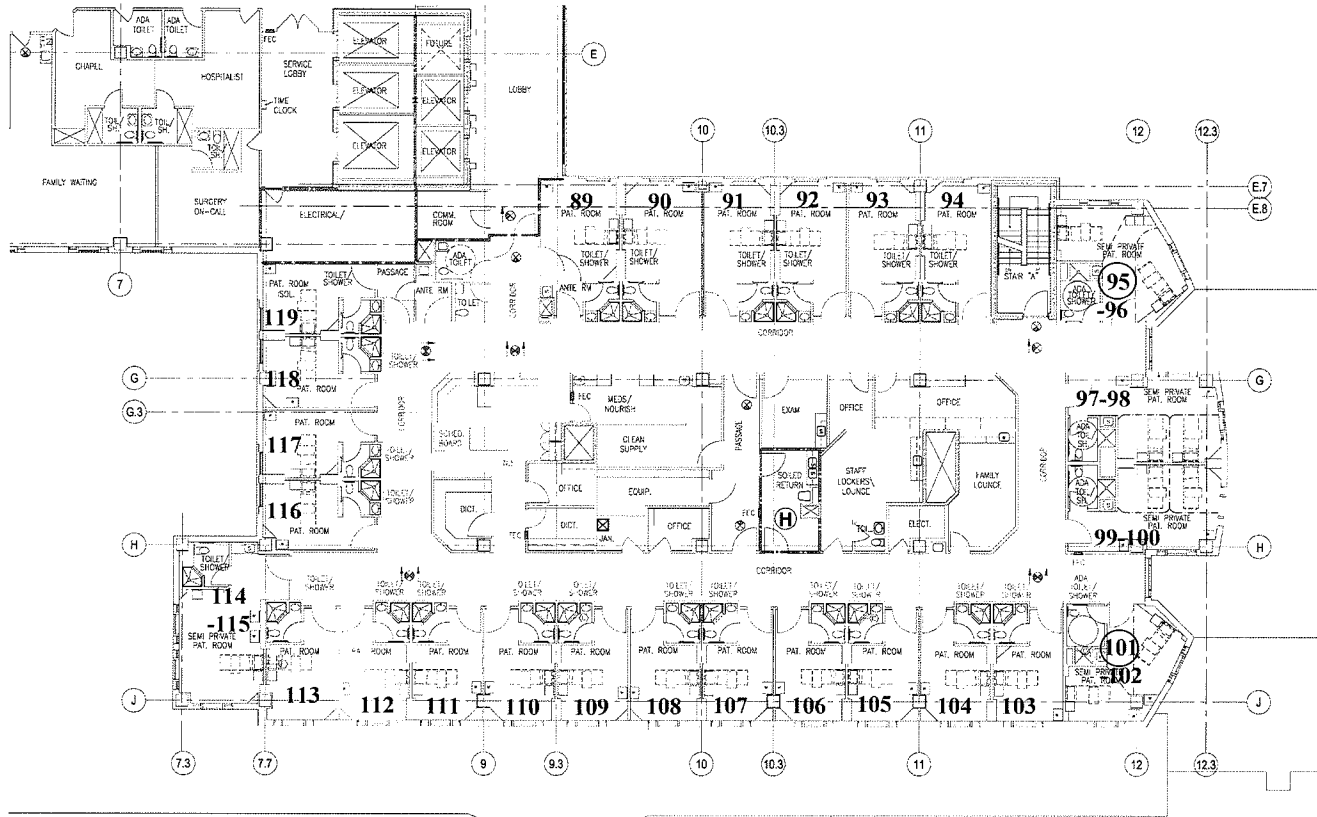
- 2 East – 14 Beds
- 3 East – 31 Beds
- 3 West – 43 Beds
- 4 East – 31 Beds
- 4 West – 25 Beds
- 5 East – 31 Beds
- Total: 175 Beds**



*Beds 22 & 27 are New Acute Care Beds

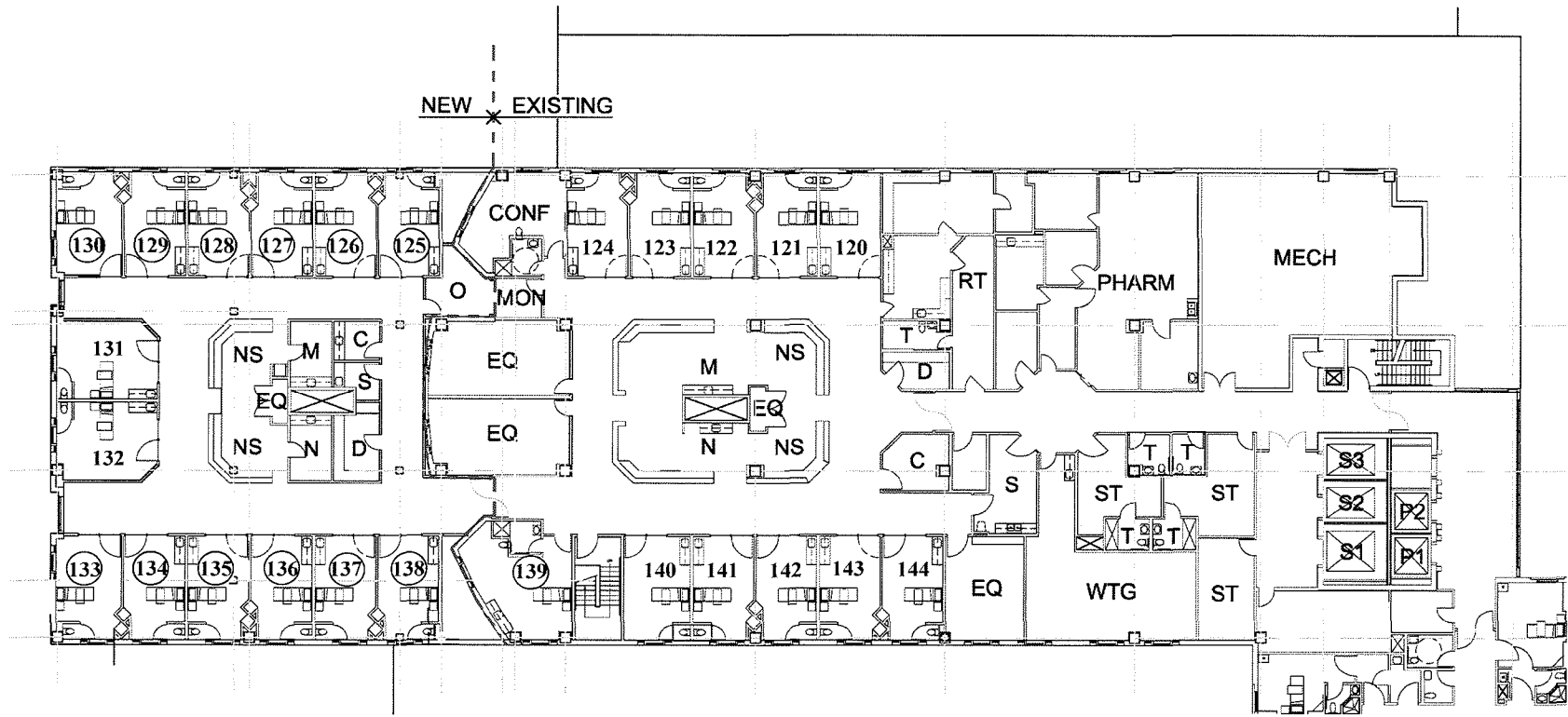


Schematic Floor Plan - 3 West Expansion



*Beds 95 & 101 are New Acute Care Beds





*Bed 139 is a New ICU Bed

Schematic Floor Plan - 4 West ICU Expansion

