

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 410 Department or Agency State Health Planning and Development Agency
Rule No. 410-1-3.12
Rule Title: Annual Reports
 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer *Alex M. Lambert*

Date July 19, 2018

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JUL 19 2018
(DATE FILED)
(STAMP)

(Agency Name)
(Agency Division, if applicable)

NOTICE OF INTENDED ACTION

AGENCY NAME: STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
(Certificate of Need Review Board, "CONRB")

RULE NO. & TITLE: 410-1-3-.12 Annual Reports

INTENDED ACTION:

The State Health Planning and Development Agency (Certificate of Need Review Board) proposes to amend the above styled section of the Alabama Certificate of Need Program Rules and Regulations.

SUBSTANCE OF PROPOSED ACTION:

This proposed amendment changes the due dates of mandatory Annual Reports filed on behalf of Hospitals, Home Health Agencies, and Ambulatory Surgery Centers from November 30 to December 15 annually.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

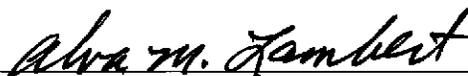
In response to this Proposed Rule, all interested persons are invited to submit data, views, comments/and or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address the CONRB shall be made in writing on or before Wednesday, September 5, 2018.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

On September 19, 2018, at 10:00 a.m., the CONRB shall conduct a public hearing in the State Capitol Auditorium, Room, 600 Dexter Avenue, Montgomery, Alabama 36104, at which time it shall consider the Proposed Rule, along with all written and oral submissions with respect to the Proposed Rule. Only those interested persons who have made timely written requests will be afforded the opportunity speak.

CONTACT PERSON AT AGENCY:

Karen McGuire, Executive Secretary
100 North Union Street
RSA Union, Suite 870
Montgomery, AL 36104
(334) 242-4103



(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays. Proposed changes are also available on the Agency's website, www.shpda.alabama.gov / Announcements / Certificate of Need.

**TRANSMITTAL SHEET FOR
BUSINESS ECONOMIC IMPACT STATEMENT
(Section 41-22-5.1)**

Control No. 410 Department/Agency State Health Planning and Development Agency

Rule No. 410-1-3-12

Rule Title: Annual Reports

New Amend Repeal Adopt by Reference

Attached is a Business Economic Impact Statement filed pursuant to
Section 41-22-5.1, Code of Alabama 1975.

Signature of Filing Officer *Alva M. Lambert*

Date July 19, 2018

(DATE FILED)
(STAMP)

5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

6. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:

7. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:

8. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:

9. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:

10. DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:

****Additional pages may be used if needed.**

410-1-3-.12 Annual Reports

(1) Entities holding Certificate of Need authority are required to file the following annual reports, as adopted by rule, on the due dates specified below:

- a. Hospitals (Form BHD-134A), due annually by ~~November 30~~ December 15.
- b. Home Health Agencies (Form DM-1), due annually by ~~November 30~~ December 15.
- c. Ambulatory Surgery Centers (Form ASC-1), due annually by ~~November 30~~ December 15.
- d. Specialty Care Assisted Living Facilities (Form SCALF-1), due annually by April 15.
- e. Hospice Providers (Form HPCE-4), due annually by April 15.
- f. Skilled Nursing Facilities (Form SNH-F1), due annually by August 15.

All annual reports shall be filed electronically with the Agency pursuant to Rule 410-1-3-.09. Reporting entities shall be subject to administrative penalties for non-compliance as specified in Rule 410-1-3-.11.

Author: Alva M. Lambert

Statutory Authority: §§ 22-4-34 and -35, Code of Alabama, 1975.

History: New Rule. Filed: March 18, 2016; effective May 2, 2016. Filed: _____; effective _____.