



**RECEIVED**

**JAN 17 2017**

**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**

Via UPS Second Day Air

October 25, 2016

Certificate of Need Review Board  
RSA Union Building  
100 N. Union Street, Ste 870  
Montgomery, AL 36104

**RE: Rehab Associates, LLC  
DBA: Champion Sports Medicine**

Dear Sir/Madam:

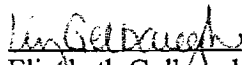
Please let this serve as notice, we have a new branch/extension location opening under the above referenced provider, located at **1837 Patriot Way, Southwest, Suite 9, Cullman, AL 35055.**

We are requesting a letter of non-reviewability for this location as it will be providing a single service – Physical Therapy. Please find the required information for this request on the attached *Exhibit A*.

The 855A was sent to the Intermediary to report this change.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact me at (717)975-4510 or [egelbaugh@selectmedical.com](mailto:egelbaugh@selectmedical.com).

Kind Regards,

  
Elizabeth Gelbaugh  
Manager of Regulatory Affairs  
Outpatient Division

Enclosures

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JAN 17 2017

RE:

Alabama - Request for CON determination, letter of Non-Reviewability

STATE OF PENNSYLVANIA  
AND DEVELOPMENT AGENCY

**Affirmation of Requesting Party:**

The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Senior Vice President, Senior Counsel and Assistant Secretary of Select Medical Corporation, the parent company of Rehab Associates, LLC, that he has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

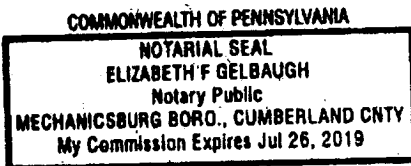
**Select Medical Corporation**

By John F. Duggan  
John F. Duggan

Its : Sr. VP, Sr. Counsel & Asst. Secretary

SUBSCRIBED AND SWORN to before me this 16<sup>th</sup> day of January, 2017

Elizabeth F. Gelbaugh  
Notary Public  
My commission expires : July 26, 2019



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JAN 17 2017

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

## Letter of Non-Reviewability

### Request for review – new clinic start up

#### Exhibit A

Service Area being requested: Cullman County and surrounding areas

Financial break down:

a. Equipment	\$ <u>35K</u>
b. 1 <sup>st</sup> year annual operating costs	\$ <u>290,321</u>
c. Capital Costs	
a. Leases	\$ <u>43,200</u>
b. Land/Building costs	\$ <u>-----</u>
c. Construction costs	\$ <u>201,984</u>

Financial interests by any other health care facilities or groups: n/a

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DEC 28 2016

STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY



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October 25, 2016

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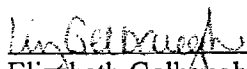
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Elizabeth Gelbaugh  
Manager of Regulatory Affairs  
Outpatient Division

Enclosures

# Letter of Non-Reviewability

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c. Construction costs	\$ <u>201,964</u>

Financial interests by any other health care facilities or groups: n/a



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

December 16, 2016

Elizabeth Gelbaugh  
Manager of Regulatory Affairs  
Select Medical  
P.O. Box 2034  
Mechanicsburg, PA 17055

RE: RV2017-005  
Rehab Associates, LLC  
d/b/a Champion Sports Medicine

Dear Ms. Gelbaugh:

This is written in response to the Affirmation of Requesting Party that was submitted on behalf of the above referenced facility. The Affirmation of Requesting Party should be included in the reviewability determination request.

Pursuant to 410-1-3-.09 "All documents to be filed with the State Agency, with the exception of any Mandatory Report as defined in Rule 410-1-3-.11, shall be submitted electronically to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov). ... The electronic submittal shall contain all required information for the type filing being made and be formatted in text searchable, PDF format."

Please submit the reviewability determination request, including the required statement of Affirmation of Requesting Party, as part of the Reviewability Determination request, to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) as soon as possible. Once the request is deemed complete it will be posted on the Agency's website. Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

Alva M. Lambert  
Executive Director

AML/nh

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

November 17, 2016

Elizabeth Gelbaugh  
Manager of Regulatory Affairs  
Select Medical  
P.O. Box 2034  
Mechanicsburg, PA 17055

RE: RV2017-005  
Rehab Associates, LLC  
d/b/a Champion Sports Medicine

Dear Ms. Gelbaugh:

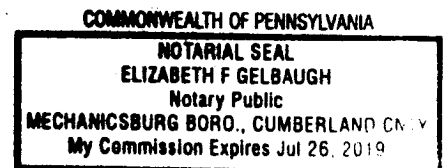
This is written in response to your Reviewability Determination Request received on November 15, 2016.

Pursuant to ALA. ADMIN. CODE r. 410-1-7-.02(1), any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to Rule 410-1-3-.09 disclosing full factual information as may be more specifically identified on the SHPDA website, supplemented by any additional information or documentation which the Executive Director may deem necessary. Such request shall be attested by an officer, partner or authorized agent of the company having knowledge of the facts contained therein, utilizing the following form:

Affirmation of Requesting Party:

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

Affiant John F. Duggan (SEAL)  
SUBSCRIBED AND SWORN to before me this 29th day of November.  
Elizabeth F. Gelbaugh  
Notary Public  
My commission expires: 7/26/2019



\* MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025  
PHONE: (334) 242-4103 FAX: (334) 242-4113

Elizabeth Gelbaugh  
November 17, 2016  
Page 2

Please submit the Affirmation of Request Party as soon as possible so that the request may be deemed complete and posted on the Agency's website. It will not be necessary to submit a second filing fee as long as the requested information is received within a reasonable time frame. Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

A handwritten signature in black ink that reads "Alva M. Lambert". The signature is written in a cursive, flowing style.

Alva M. Lambert  
Executive Director

AML/nh



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
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November 17, 2016

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Affiant \_\_\_\_\_ (SEAL)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires:

Elizabeth Gelbaugh  
November 17, 2016  
Page 2

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Alva M. Lambert  
Executive Director

AML/nh



Via UPS Second Day Air

October 25, 2016

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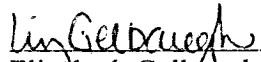
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