

Jennifer Clark
Partner
JClark@Bradley.com
205.521.8020

Bradley

RECEIVED

MAY 19 2017

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

May 12, 2017

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Request for Reviewability Determination
Fresenius Medical Care Northwest Alabama

Dear Mr. Lambert:

On behalf of Bio-Medical Applications of Alabama, Inc. d/b/a Fresenius Medical Care Northwest Alabama (the "Clinic"), I am writing to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that the Clinic may resume using one of its ten (10) stations to provide in-center hemodialysis services without requiring Certificate of Need ("CON") review.

The Clinic is currently licensed for ten (10) stations. In the past, the Clinic used all ten stations to provide in-center hemodialysis services. As described in the Request for Reviewability Determination filed by the Clinic on September 7, 2012, and approved by this agency on November 15, 2012 (RV2012-048, attached for reference), the Clinic converted one of its ten in-center stations into a home training station in 2013. The Clinic would now like to resume using all ten stations for to provide in-center hemodialysis services. The total number of licensed stations will remain at ten.

This proposal will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations, of \$2,923,059 for major medical equipment, \$1,169,223 for new annual operating costs, or \$5,846,117 for capital expenditures, as currently adjusted for CPI.

Based upon the above, we respectfully request your determination that the Clinic is not required to obtain a CON in order to complete the project as described in this letter. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter. A check for \$1,000.00 in payment for the applicable fee will be delivered to your office. Thank you very much.

With Best Regards,

A handwritten signature in cursive script that reads "Jennifer Clark". The signature is written in black ink and is positioned to the right of the typed name.

Jennifer Clark

Affirmation of Requesting Party:

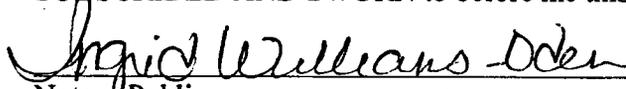
The undersigned, being first duly sworn, hereby makes oath or affirms that she, as the Director of Operations of Fresenius Kidney Care for the Birmingham South Area, has knowledge of the facts in the attached Reviewability Determination Request for Fresenius Medical Care Northwest Alabama, and to the best of her information, knowledge and belief, such facts are true and correct.



April Calloway
Director of Operations, Fresenius Kidney Care

(SEAL)

SUBSCRIBED AND SWORN to before me this 9th day of May, 2017.



Notary Public
My commission expires: 2/10/2020

ESRD



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

November 15, 2012

Jennifer H. Clark, Esquire
Bradley Arant
One Federal Place
1819 Fifth Avenue North
Birmingham, AL 35203-2119

RE: RV2012-048
FMC Northwest Alabama

Dear Ms. Clark:

This is written in response to your letter dated September 6, 2012, requesting a Letter of Non-Reviewability (LNR) for the referenced facility to use one of its ten hemodialysis stations for a home training station and to continue on-site hemodialysis for the other nine. FMC Northwest Alabama will not exceed its licensed ten hemodialysis stations.

You have stated the project will not exceed any of the CON thresholds specified in §410-1-2-.07 of the *Alabama Certificate of Need Program Rules and Regulations*.

Based on information you have provided, your request is granted. If you have questions or comments, please contact Betty Schoenfeld at (334) 242-4103.

Sincerely,

A handwritten signature in cursive script that reads "Alva M. Lambert".

Alva M. Lambert
Executive Director

AML:bws



September 6, 2012

Alva M. Lambert, Esq.
Executive Director
State Health Planning & Development Agency
100 North Union St., Suite 870
Montgomery AL 36104

RE: FMC Northwest Alabama – Request for Reviewability Determination

Dear Mr. Lambert:

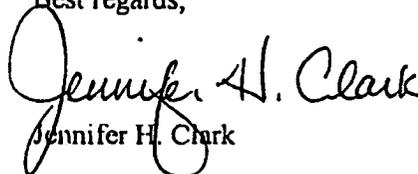
On behalf of FMC Northwest Alabama (the "Facility"), I am writing to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that the Facility may use one of its existing, CON-authorized hemodialysis stations to provide home training services for Continuous Ambulatory Peritoneal Dialysis (CAPD), Continuous Cycling Peritoneal Dialysis (CCPD) and home hemodialysis without requiring CON review. Enclosed is a check for \$1,300.00 in payment of the applicable fee and temporary surcharge.

The Facility is currently licensed for ten (10) stations. To date, the Facility has used all ten hemodialysis stations to provide services to its patients on-site at the Facility. The Facility would now like to use one of the ten stations to provide home training services and continue operating the remaining nine stations for on-site hemodialysis. The Facility's total number of licensed stations would remain at ten.

This proposal will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations, of \$2,647,548 for major medical equipment, of \$1,059,019 for new annual operation costs or of \$5,295,096 for capital expenditures, as currently adjusted for CPI.

We respectfully request your determination that the Facility is not required to obtain a CON in order to complete the proposed project. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter.

Best regards,


Jennifer H. Clark

jhc

RECEIVED

MAY 19 2017

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

Jennifer H. Clark
Direct: (205) 521-8020
Fax: (205) 488-6020
jclark@hahc.com

RECEIVED

SEP 07 2012

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY