



HOME HEALTH • HOSPICE • FACILITY-BASED SERVICES • COMMUNITY-BASED SERVICES

RV2017-035

RECEIVED

Oct 19 2017

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

October 18, 2017

Alabama State Health Planning & Development Agency
ATTENTION: Alva M. Lambert, Executive Director
100 North Union Street, Suite 870
Montgomery, Alabama 36104

*VIA FEDERAL EXPRESS &
VIA ELECTRONIC MAIL*

RE: Baptist Home Health, LLC d/b/a Baptist Home Health
NPI # 1972823920 Tax ID #27-2755453 Medicare #01-7037 Facility ID #101-H7037
RELOCATION OF HOME HEALTH AGENCY (effective 10/31/2017)
REVIEWABILITY DETERMINATION REQUEST

Dear Mr. Lambert:

In reply to your correspondence of October 13, 2017 (copy enclosed) regarding the matter referenced above, please let this correspondence confirm and verify the following: pursuant to SHPDA Rule 410-1-7-02, I am writing to request your determination that the relocation of the administrative offices of the home health agency referenced above to another site also within Montgomery County, Alabama is not subject to Certificate of Need review.

Effective October 31, 2017 the provider referenced above intends to relocate its administrative offices to 451 Saint Lukes Drive, Suite 451, Montgomery, AL 36117-7107.

Alabama Health Care Group, LLC (an Alabama limited liability company and wholly-owned subsidiary of LHC Group, Inc.) owns a 75% direct membership interest in the provider and The Healthcare Authority for Baptist Health, an Affiliate of UAB Health System (an Alabama public corporation) owns a 25% direct membership interest in the provider.

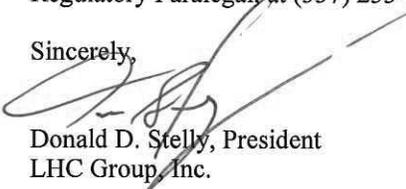
The relocation of the agency's administrative office will not include the addition or conversion of any beds, will not involve the acquisition of stock and the services to be offered from the new location will be the same as the services offered from the current location. The approximate distance between the two sites is less than six and one-half miles.

The capital expenditure for the relocation project is expected to be less than \$25,000.00. In addition, there will be no changes in the staff, management and service area of the home health agency as a result of this relocation.

The required fee in connection with this matter was previously transmitted and is therefore already on file with your office.

Should you have any questions or require additional assistance, please contact Jodi Bordelon, Licensure & Regulatory Paralegal, at (337) 233-1307, Ext. 210760 or via e-mail at jodi.bordelon@lhcgroupp.com.

Sincerely,



Donald D. Stelly, President
LHC Group, Inc.

Enclosures

901 Hugh Wallis Road South • Lafayette, Louisiana 70508
Toll free: 1.866.LHC.GROUP • Phone: 337.233.1307
LHCgroup.com

It's all about helping people.

AFFIRMATION

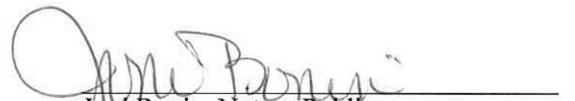
I, Donald D. Stelly, President of LHC Group, Inc., being first duly sworn, hereby affirms that the information and facts contained in the letter of October 18, 2017 requesting a ruling on reviewability are, to the best of my knowledge and belief, a true, correct and accurate representation of the facts.


Donald D. Stelly

State of Louisiana

Parish of Lafayette

The foregoing instrument was sworn to and subscribed before me this 18th day of October, 2017, by Donald D. Stelly, President of LHC Group, Inc.


Joni Bonin, Notary Public
Notary ID # 23476
My Commission Expires: At Death

[NOTARIAL SEAL]



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

October 13, 2017

Ms. Jodi B. Bordelon
Licensure & Regulatory Paralegal
LHC Group
901 Hugh Wallis Road South
Lafayette, Louisiana 70508

RE: RV 2017-035
Baptist Home Health, LLC
d/b/a Baptist Home Health
SHPDA ID: 101-H7037

Dear Ms. Bordelon:

This will acknowledge receipt of a Reviewability Determination Request on behalf of the referenced home health provider seeking to determine if the relocation of the administrative office of a home health agency within the same county is subject to Certificate of Need review.

Additional information is required prior to processing this request. Financial interests held by any other healthcare facilities or groups must be reported. If said financial interests are not held, this information should be stated in the request.

Each 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, and must be made part of the reviewability request:

"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.

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October 13, 2017
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Affiant _____ (SEAL)
SUBSCRIBED AND SWORN to before me this _____ day of _____.

Notary Public
My commission expires: "

Upon receipt of the requested information contained in this request, additional review will be conducted.

ALA. ADMIN. CODE r 410-1-3-.09 requires that all documents filed with the Agency be submitted to shpda.online@shpda.alabama.gov in PDF, text searchable format.

Should you have any questions please contact Karen McGuire, karen.mcguire@shpda.alabama.gov, (334) 242-4103.

Sincerely,



Alva M. Lambert
Executive Director

AML/kwm