HARBUCK KEITH & HOLMES

David M. Hunt Direct Dial (205) 547-5552 E-Mail Address: dhunt@HKH.law RECEIVED
Apr 06 2018
STATE HEALTH PLANNING AND

April 6, 2018

Via Electronic Mail - shpda.online@shpda.alabama.gov

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

Re: Forum Green, Inc. d/b/a Senior Rehab & Recovery at Limestone Health Facility ("Limestone")

Non-Reviewability Determination Request - Additional Information

Dear Mr. Lambert:

We received your letter dated April 3, 2018 requesting additional information regarding the non-reviewability determination request filed by Limestone on March 28, 2018. In your letter you state that the "submitted request does not disclose financial interests held by any other healthcare facilities or groups in the entity requesting the reviewability determination."

As previously stated in the submitted request, the entity submitting the non-reviewability request, Limestone, "is a 170-bed skilled nursing facility in Limestone County, Alabama", which "currently provides inpatient rehabilitation services to its residents". No other healthcare facilities or groups have a financial interest in Limestone.

Please feel free to contact me if you need any additional information.

Respectfully submitted,

David M. Hunt
Attorney for Limestone



RECEIVED
Mar 28 2018
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 23, 2018

Via Electronic Mail - shpda.online@shpda.alabama.gov

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

Re: Forum Green, Inc. d/b/a Senior Rehab & Recovery at Limestone Health

Facility ("Limestone")

Non-Reviewability Determination Request

Dear Mr. Lambert:

David M. Hunt

Direct Dial (205) 547-5552

E-Mail Address: dhunt@HKH.law

Pursuant to §410-1-7-.02 of the CON Program Rules and Regulations (the "Regulations"), I am writing to request your determination that Limestone's proposed provision of outpatient physical therapy is not subject to certificate of need review.

Limestone is a 170-bed skilled nursing facility in Limestone County, Alabama. In addition to skilled nursing services, it currently provides inpatient rehabilitation therapy to its residents. Limestone proposes to provide outpatient physical therapy services in a building located on property contiguous to its existing skilled nursing facility (directly across the street). Limestone will only provide physical therapy services (not occupational or speech therapy services) on an outpatient basis.

Limestone will not add any new beds, provide any new health services, convert any beds from one classification to another classification, or make any expenditures in excess of the applicable spending thresholds under Ala. Code § 22-21-263(a)(2) and § 410-1-4-.01(1)(b) of the Regulations in connection with offering outpatient physical therapy services. Specifically, Limestone anticipates the cost to provide outpatient physical therapy services to be as follows:

Capital Costs/Construction - \$50,000 Equipment - \$40,000 New First Year Annual Operating - \$250,000

Based upon the information set forth above, Limestone respectfully requests that the State Health Planning and Development Agency issue a letter confirming that a

Alva M. Lambert March 23, 2018 Page 2

certificate of need is not required in order for Limestone to provide outpatient physical therapy services.

Enclosed, please find a check in the amount of \$1,000 made payable to the Alabama State Health Planning and Development Agency for this reviewability determination. Set forth below is the Affirmation of Requesting Party required by § 410-1-7-.02 of the Regulations.

Please feel free to contact me if you need any additional information.

Respectfully submitted,

David M. Hunt

Attorney for Limestone

Alva M. Lambert March 23, 2018 Page 3

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby makes oath or affirms that he/she is the Administrator of Senior Rehab & Recovery at Limestone Health Facility, 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.

Senior Rehab & Recovery at Limestone Health Facility

Ву: ____

David Hunt

Its: Administrator

SUBSCRIBED AND SWORN to before me this <u>33</u> day of March, 2018.

Notary Public

My commission expires: 2-19-20

NOTARY PUBLIC JEAN MATTESON ALABAMA, STATE AT LARGE My Commission Expires February 19, 2020