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RECEIVED

May 25 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

May 24, 2018

VIA ELECTRONIC FILING

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

Re: Request for Reviewability Determination
Cullman Regional Medical Center

Dear Mr. Lambert:

Our firm represents Cullman Regional Medical Center, an acute care hospital in Cullman, Alabama located at 1912 Alabama Highway 157 Cullman, Alabama 35058 ("CRMC").

The purpose of this letter is to request your determination, pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that the acquisition and operation of a Da Vinci surgical robot/system by CRMC on CRMC's campus does not require CRMC to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency.

The scope of the proposed project will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations, of \$2,981,520 for major medical equipment, of \$1,192,607 or new annual operating costs, or of \$5,963,039 for capital expenditures, as currently adjusted for CPI. CRMC estimates that the proposed project will not exceed the following approximate costs:

Total Construction Cost:	\$ 200,000
Total Equipment Cost:	\$2,100,000
Total Incremental Annual Operating Cost:	\$ 500,000

This project will not involve the addition of inpatient beds or the conversion of one classification of beds into another classification of beds. Further, this project will not result in the provision of any new institutional health services.

We are paying the \$1,000.00 today online through the SHPDA website.



Hon. Alva M. Lambert, Esq.
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Accordingly, based on the above, we respectfully request your determination that CRMC is not required to obtain a CON in order to complete the proposed project. We appreciate your consideration of this request. Feel free to contact me if you need further information or have any questions.

Sincerely,

Colin H. Luke
Attorney & Authorized Agent

The undersigned, being first duly sworn, hereby make oath or affirm that he is an attorney and authorized agent for Cullman Regional Medical Center, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such fact are true and correct.

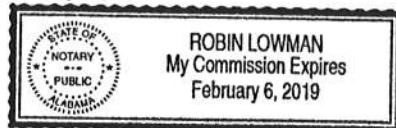
Affiant:

Colin H. Luke

SUBSCRIBED AND SWORN to before me this 24th day of May, 2018.

Notary Public

My commission expires:



(SEAL)