



RECEIVED  
Oct 29 2018  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
David A. Lester  
Chief Executive Officer  
717 37<sup>th</sup> Street South  
Birmingham, AL 35222  
Tel: (205) 820-7000  
Fax: (855) 301-9880  
Email: [david.lester@prohealthgroup.com](mailto:david.lester@prohealthgroup.com)

October 29, 2018

**(DELIVERED BY EMAIL TO [online.filing@shpda.alabama.gov](mailto:online.filing@shpda.alabama.gov))**

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

Re: Request for Letter of Non-Reviewability to Open Drop Site in Etowah County

Dear Mr. Lambert,

Pursuant to Alabama Certificate of Need Program Rules and Regulations §410-1-7-.02, I am writing on behalf of ProHealth of Northeast Alabama, LLC (“ProHealth”) to request that the State Health Planning and Development Agency (“SHPDA”) issue a determination that ProHealth is not required to obtain a new Certificate of Need (“CON”) to establish a drop site in Gadsden, which is located in Etowah County which ProHealth is permitted to serve under contiguous county authority to its Cherokee County CON (CON 2667-HH).

ProHealth proposes to locate its drop site at 1511B Rainbow Drive, Gadsden, AL 35901. The drop site will comply with all aspects of CMS Memo S&C-0507, dated November 12, 2004. Specifically, ProHealth will not assign staff to the drop site, will not accept referrals at the drop site, will not advertise the drop site as part of the home health agency, and will not operate the drop site as a branch. In addition, ProHealth will not incur capital expenditures in excess of five hundred dollars to open and operate the drop site.

If you have any questions or need any additional information from us, please do not hesitate to let me know.

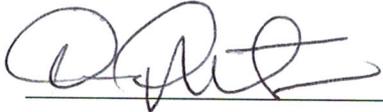
Sincerely,

A handwritten signature in black ink, appearing to read "D. Lester", with a large, stylized flourish at the end.

David A. Lester

**Affirmation of Request Party**

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Executive Officer of ProHealth of Northeast Alabama, LLC, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant:  (Seal)

Subscribed and sworn to before me this 29<sup>th</sup> day of October, 2018

Notary Public: 

My commission expires

