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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

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November 8, 2018

**VIA EMAIL [SHPDA.ONLINE@SHPDA.ALABAMA.GOV]**

Hon. Alva M. Lambert, Executive Director  
State Health Planning and Development Agency  
100 North Union Street  
RSA Union Building, Suite 870  
Montgomery, Alabama 36130-3025

**Re: Non-Reviewability Determination Request - Notice of Relocation of Hospice and  
Name Change  
Provider: Hospice of Cullman County, Facility ID: E2201  
Current Address: 1912 AL Highway 157, POB 1, 2nd Floor, Cullman, Alabama 35058**

Dear Mr. Lambert:

We are writing to submit a reviewability determination request ("Request") in accordance with Section 410-1-7-.02 of the Alabama State Health Planning and Development Agency's ("SHPDA's") certificate of need ("CON") program rules and regulations (the "Rules") with regard to a relocation and name change of Hospice of Cullman County (the "Hospice"), an on-campus in-home hospice owned and operated by our client, Cullman Regional Medical Center (the "Hospital").

Specifically, we request a determination of non-reviewability with respect the relocation of the Hospice to a location which is also on the campus of the Hospital, and the change of the Hospice's name to Cullman Regional Hospice. We note that the relocation and name change (the "Project") would not entail offering any new health services or establishing new facilities. A description of facts relevant to the Project and an analysis of applicable CON law considerations in support of the Request follows.

1. *Description of the Project.* The Hospice's new location is 1938 AL Hwy 157, Suite 102, Cullman, Alabama 35058, which is across a street or parking lot of the Hospital and is still on the campus of the Hospital in an already-constructed building owned by the Hospital. The Hospice's name is also being changed from Hospice of Cullman County to Cullman Regional Hospice. The services provided and the area served by the Hospice would remain unchanged by the Project. No patient care is provided at this administrative office.

2. *Legal Analysis.* We note that the Project:

- a) does not involve the construction, development, acquisition, or other establishment of a new health care facility; does not involve the purchase of new major medical equipment; does not represent an increase in annual operating cost; and involves less than \$20,000 in other capital expenditures; and

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- b) does not involve a change in the service area of the Hospice nor any new or additional services to be provided by the Hospice.

Based on the foregoing information, we respectfully request that SHPDA grant a determination of non-reviewability for the Project. An attestation from the requesting party is enclosed herein, and we have sent via overnight mail a check for the required filing fee. Please do not hesitate to contact me at [Chris.Thompson@wallerlaw.com](mailto:Chris.Thompson@wallerlaw.com) or (205) 226-5739 if you require any further information or have any questions.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Chris Thompson', with a stylized flourish at the end.

Christopher Thompson

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is the CFD  
of Cullman Regional Medical Center, the corporate parent of the Hospice of Cullman County, 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.

Affiant Nema Nonaedon (SEAL)  
SUBSCRIBED AND SWORN to before me this 2<sup>nd</sup> day of November 2018

Charlotte Hicks

Notary Public

My commission expires: 10/2/19