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RECEIVED
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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Bradley

March 3, 2020

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Ms. Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Bio-Medical Applications of Alabama, Inc. d/b/a Fresenius Kidney Care Cullman
Request for Reviewability Determination

Dear Ms. Marsal:

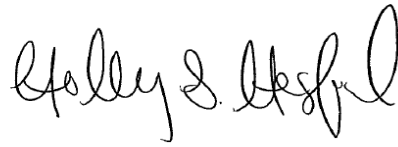
On behalf of Bio-Medical Applications of Alabama, Inc. d/b/a Fresenius Kidney Care Cullman (the "Clinic"), an ESRD Facility in Cullman County, I am writing to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations (the "CON Rules"), that the Clinic may use two of its existing, CON-authorized hemodialysis stations to provide home training services for peritoneal dialysis and home hemodialysis without requiring CON review.

The Clinic is currently licensed for ten (10) stations. To date, the Clinic has used all ten hemodialysis stations to provide in-center hemodialysis treatments to its patients on-site at the Clinic. The Clinic would now like to use two (2) of the ten (10) stations to provide home peritoneal dialysis and home hemodialysis training services and continue operating the remaining eight (8) stations for in-center hemodialysis. The Clinic's total number of licensed stations would remain at ten (10). Prior to offering home training services, the Clinic would submit a Change in License Application to the Alabama Department of Public Health to add the home peritoneal dialysis training modality and home hemodialysis training modality.

This proposal will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the CON Rules, of \$3,024,899 for major medical equipment, of \$1,209,958 for new annual operating costs, or of \$6,049,799 for capital expenditures.

Based upon the above, we respectfully request your determination that the Clinic is not required to obtain a CON in order to complete the project as described in this letter. We appreciate your consideration of this request and welcome the opportunity to address any questions regarding this matter. A check for \$1,000.00 in payment for the applicable fee will be delivered to your office. Thank you very much.

Best regards,

A handwritten signature in black ink, appearing to read "Holly S. Hosford". The script is fluid and cursive, with the first name "Holly" being the most prominent part of the signature.

Holly S. Hosford

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby makes oath or affirms that she, as the Director of Operations of Fresenius Kidney Care for the North Alabama Area, has knowledge of the facts in the attached Reviewability Determination Request for Fresenius Kidney Care Cullman, and to the best of her information, knowledge and belief, such facts are true and correct.

Rhonda Carter

Rhonda Carter

Director of Operations, Fresenius Kidney Care

(SEAL)

SUBSCRIBED AND SWORN to before me this 2nd day of March, 2020.

Laura Hernandez

Notary Public

My commission expires: 09/25/2023

LAURA HERNANDEZ
NOTARY PUBLIC
ALABAMA STATE AT LARGE
COMM. EXP. 09/25/2023