



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

MEMORANDUM

DATE : February 24, 2021
TO: All Interested Parties
FROM: Emily T. Marsal 
Executive Director
SUBJECT: Reviewability Determination Request (RV2020-024)

The attached request for a reviewability determination has been received. Any affected person may file written comments regarding this request, per 410-1-7-.02 of the *Alabama Certificate of Need Program Rules and Regulations*, by April 12, 2021.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with the Agency must be submitted to shpda.online@shpda.alabama.gov in PDF, text searchable format.

ETM/kwm

Enclosure: see attached

ALABAMA HOME HEALTH CARE PROVIDERS, INC

RV2020-024

February 13, 2021

RECEIVED

Feb 22 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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

Re: Non-Reviewability Determination Request

Dear Ms. Marsal,

It was most delightful meeting with you, Ms. Karen McGuire, State Planning and Development Agency, Mr. Bernard Simelton, President, State of Alabama NAACP, Ms. Carolyn Shields, Esq., NAACP, regarding the status of Alabama Home Health Care Providers, Inc.

This correspondence is specifically to Ms. McGuire's September 10, 2020 email, paragraph 6, requesting clarification of Alabama Home Health Care Providers, contracted services to HMO's/insurance companies.

Please be advised, Alabama Home Health Care Providers, Inc., a Minority Company, proceeded to qualify as a medical home health care providers, contracted to provide services ONLY to HMO's/Insurance companies, after MS. McGuire instruction to contact Medicare, CMS for their requirement(s), per my April 23, 2018, telephone conversation.

- 1). Alabama Home Health Care Providers, Inc., SHALL provide contracted home health care services to HMO'S/Insurance companies ONLY.
- 2). Alabama Home Health Care Providers, Inc., WILL be reimburse from HMO's/Insurance companies ONLY for services provided.
- 3). As a contract provider with HMO'S/Insurance companies, Alabama Home Health Care Providers, Inc., was required to qualify under Medicare, "CMS" 855-A FORM".
- 4). Alabama Home Health Care Providers, Inc., (after eight months and tens of thousands of dollars) qualified under Medicare, CMS, "RECOMMENDATION for APPROVIAL". (Attachment 1.)
- 5). Upon completing Medicare, CMS requirements, (CMS FORM 855-A) to provide medical home health services to HMO's/Insurance companies, Alabama Home Health Care Providers, Inc., was informed by Medicare, the company must be CMS Certified.

- 6). Alabama Home Health Care Providers, Inc., will be Certified by CMS approved contractor, The Joint Commission Accreditation.
- 7). Upon receiving Certification from The Joint Commission Accreditation, and final approval from Medicare, CMS with a provider number, Alabama Home Health Care Providers, Inc., will give it's provider number to contracted HMO's/Insurance companies.
- 8). Alabama Home Health Care Providers, Inc., will not provide any home health care services to the State of Alabama Medicaid Population.
- 9). **SPECIFIC HMO'S.**
 - Athen Health Insurance
 - Cigna Health Insurance
 - Viva Medicare
 - Blue Cross Blue Shield of Alabama
 - United Healthcare
 - Aetna Medicare
 - Health Springs of Alabama
 - Humana Health Insurance
 - Tricare

Again, thank you for the January 27, 2021 zoom meeting.

Best regards,



W. Charles Jackson, MPA President
Alabama Home Health Providers, Inc.

Cc: Benard Simelton, President, Alabama NAACP
Carolyn Shields, Esq., NAACP

December 6, 2019

Department of Public Health, Division of Provider Services
 201 Monroe Street, Suite 710
 Montgomery, Alabama 36104-3735

DCN: 19305003000137

Palmetto GBA has completed processing the CMS Form 855A for the following entity.

Legal Business Name	ALABAMA HOME HEALTH CARE PROVIDERS INC
DBA Name	N/A
NPI	1760967301
CCN/Provider Number	N/A
Physical Location Address	135 N 4 th St Gadsen AL 35901-3705
Facility Type	Home Health Agency
Application Type	Initial Enrollment
Contractor Number	11004 Home Health and Hospice
Date Application or Application Change/Updated Information Received	10/25/2019
Date Action Taken	12/06/2019
Capitalization Requirement	Met
Part of chain organization	No
Action Taken	Recommendation for Approval

If you have any questions, please contact me at 803-382-6190.

Sincerely,

Angela Spradley

Provider Enrollment Analyst



ALABAMA HOME HEALTH CARE PROVIDERS, INC

May 3, 2018

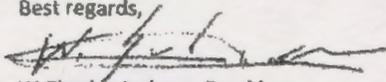
Ms. Karen McGuire, Executive Secretary
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Dear Ms. McGuire:

On behalf of Alabama Home Health Care Providers, Inc, thank you for speaking with me and subsequently coordinating a conference call with Alabama Insurance Department, regarding submitting a Letter Of Interest as a Medical Home Health Care Agency, contracted as a Providers with Health Maintenance Organization, HMO/Insurance Plan(s), and NOT providing Medical Home Health Care Services to Alabama Medicaid population. After discussions, you indicated, because the company will be a provider with HMO'S/Insurance Plan(s) and not the State Medicaid population, It's not required to submit a LOI or Certificate of Need.

As per my telephone conversation with you on Friday, April 23, 2018, regarding Alabama Home Health Care Providers, Inc., qualifying and license as a Medical Home care Agency, providing services to HMO'S/Insurance Plan(s), thank "You" for directing me to contact CMS regarding the process.

Best regards,



W. Charles Jackson, President
Alabama Home Health Care Providers

ALABAMA HOME HEALTH CARE PROVIDERS, INC

February 13, 2021

RV2020-024

RECEIVED

Feb 18 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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

Re: Non-Reviewability Determination Request

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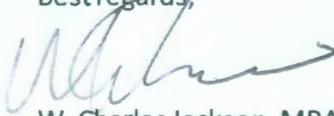
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Best regards,



W. Charles Jackson, MPA President
Alabama Home Health Providers, Inc.

Cc: Benard Simelton, President, Alabama NAACP
Carolyn Shields, Esq., NAACP

ALABAMA HOME HEALTH CARE PROVIDERS, INC.

July 30, 2020

Alabama State Health Planning &
Development Agency
P.O. Box 303025
Montgomery, Alabama 36130-3025

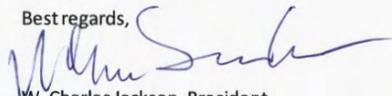
Dear Sir/Madame,

Pursuant to Ms. Karen McGuire's direction, please find attached Alabama Home Health Care Providers, Inc., Factual Information Required for Reviewability Determination Requests Application,

Alabama Home Health Providers, Inc., has completed CMS Form 855-A, and has met CMS Medicare requirements and the Agency status is "PENDING APPROVAL", waiting TIE-IN.

Thank you for reviewing the aforementioned.

Best regards,



W. Charles Jackson, President

Alabama Home Health Care Providers, Inc.

Factual Information Required for Reviewability Determination Requests (SHPDA Rule 410-1-7-.02)

Any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

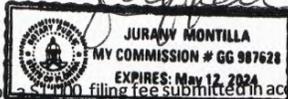
1. Name of company seeking the reviewability determination. **Alabama Home Health Care Providers, Inc. 135 N. 4th Street, Gadsden, Alabama 35901**
2. Address and contact information for the authorized company representative seeking the determination. **W. Charles Jackson, 1121 Julia Street, Huntsville, Alabama 35816 (954-728-0966)**
EMAIL: cjackson@alabamahcproviders.net
3. Service area for the proposed service/equipment. **Etowah, Talladega, Calhoun, Jefferson, Mashall and Madison Counties**
 - a. Equipment: **\$22,500**
 - b. First year annual operating costs: **\$779,028**
 - c. Capital costs, to include
 1. Leases: **\$24,000**
 2. Land/Building costs
 3. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups. **N/A**
7. Attestation by an officer, partner or authorized agent of the company having knowledge of the facts disclosed in the reviewability request, utilizing the following form:

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is [include position with entity requesting the determination], 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 W. CHARLES JACKSON (SEAL) SUBSCRIBED AND SWORN to
before me this 27th day of July, 2020 Notary Public
My commission expires: 5/12/24



Each determination must be accompanied by a \$100 filing fee submitted in accordance with SHPDA Rule 410- 1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may provide a response to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition of the request.

HEALTH INSURANCE BENEFIT AGREEMENT

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,
as Amended and Title 42 Code of Federal Regulations (CFR)
Chapter IV, Part 489)

AGREEMENT

between
THE SECRETARY OF HEALTH AND HUMAN SERVICES
and
ALABAMA HOME HEALTH CARE PROVIDERS, INC
doing business as (D/B/A) _____

In order to receive payment under title XVIII of the Social Security Act, ALABAMA HOME HEALTH CARE PROVIDERS, INC.

D/B/A _____ as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name CHARLES JACKSON Title PRESIDENT
Date 04/28/2020

ACCEPTED FOR THE PROVIDER OF SERVICES BY: Charles Jackson

NAME (signature)



TITLE

President

DATE

04/28/2020

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME (signature)

TITLE

DATE

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature)

TITLE

DATE