



RV2021-013
RECEIVED
Mar 30 2021
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 30, 2021

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

Re: Reviewability Determination Request from Comfort Care Home Health Services, LLC (HHA) 01-7153 to establish an additional Branch Office within Shelby County, Alabama

Dear Ms. Marsal:

I would like to request a reviewability determination to establish an additional Branch Office in Shelby County, one of the counties included in our CON area of Shelby, Jefferson and Walker Counties, as defined within 42 CFR 484.2. Pursuant to Alabama Certificate of Need Program Rules and Regulations & 410-1-4-.02, I am writing to request your determination that the HHA's opening of a branch office at a separate location within the HHA's CON area is not subject to Certificate of Need review. This request is for a branch office location and not a relocation of the HHA's Administrative offices.

The HHA proposes to locate the branch office at **15 Stormie Rivers Drive Harpersville, AL (Shelby County)**. The opening of the branch office will not include the addition, conversion, or relocation of any beds, and it will not involve the acquisition of stock. The services to be offered from the branch location will be the same as the services offered from the parent location. The opening and operation of the branch office will not create expenditures in excess of Certificate of Need cost thresholds.

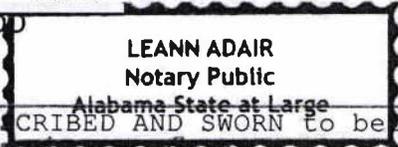
Payment of the applicable fee(s) for the Reviewability Determination will be made by credit card, thru the online payment portal. Please let me know if you have any questions regarding the opening of this branch office.

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

Sincerely,

Alan Stewart

COB



(SEAL)

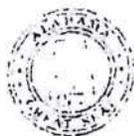
SUBSCRIBED AND SWORN to before me this day of

March 2, 2021

Notary Public

My commission expires:

My Commission Expires
July 2, 2023



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

May 8, 2003

Sandra Allen, RN, BSN
Administrator
Comfort Care Home Health Services
1249 Montevallo Road
Alabaster, AL 35007

RE: Act 98-339 Contiguous County
Medicare Provider 01-7153
Agency ID No. 117-7153

Dear Ms. Allen:

This is written in response to your letter dated April 29, 2003 in which you requested approval to add Tuscaloosa County to your contiguous counties. Approval for Tuscaloosa County was given to the previous owner, Visiting Nursing Association, on May 6, 1998. A copy is attached for your file. It is necessary that we receive notice only one time for each county.

If you have questions, please contact Betty Schoenfeld at (334) 242-4103.

Sincerely,

Alva M. Lambert
Executive Director

AML:bws

04/05/2021

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

Re: Reviewability Determination Request from Comfort Care Home Health Services, LLC (HHA) 01-7153 to establish an additional Branch Office within Shelby County, Alabama – RV2021-013

Dear Ms. Marsal:

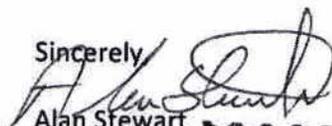
I am writing this letter in response to your request, dated April 1, 2021, for additional information regarding the above referenced Request for a Reviewability Determination.

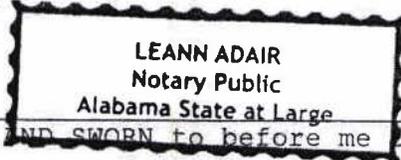
The approximated cost of the proposed project to include equipment, first year annual operating cost and capital expenditures, which would include lease cost, construction and renovation costs are listed below:

- Construction Cost - \$23,150.00
- Equipment Cost - \$35,500.00
- Operating Cost - \$376,000.00

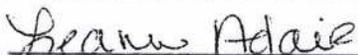
Thank you for your request for additional information. Please let me know if I can answer any additional question.

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

Sincerely

Alan Stewart
COO



SUBSCRIBED AND SWORN to before me this day of
4/5/21 (SEAL)


Notary Public

My commission expires:

My Commission Expires
July 2, 2023