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(SUBMITTED VIA ELECTRONIC FILING TO: shpda.online@shpda.alabama.gov)

RV2023-001
RECEIVED

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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Ms. Emily T. Marsal
Executive Director
State Health Planning & Development Agency
RSA Union Building
100 North Union Street, Suite 870
Montgomery, AL 36104-3719

Re: SHPDA ID 009-H7179
ProHealth Home Health, LLC
Request for Reviewability Determination to Establish Branch Office in
Tuscaloosa County

Dear Ms. Marsal,

Pursuant to Alabama Certificate of Need Program Rules and Regulations §410-1-7-.02, I am writing on behalf of ProHealth Home Health, 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 branch office in Tuscaloosa County, for which ProHealth holds Grandfathered Authority. As background for this request, ProHealth submits the following:

1. CON 2968-HH was issued on October 6, 2021, to establish an administrative office in Shelby County for the provision of home health services.
2. On June 7, 2022, the Agency was notified by progress report that services were being provided from the Shelby County location as a branch location of the Blount County provider, SHPDA ID 009-H7179. Notification further included that the Shelby County office would be converted to the parent agency, with services continuing to be provided from the Blount County provider as a branch office. ProHealth acknowledges that a new ID number will be issued by SHPDA upon notification from the Alabama Department of Public Health that this realignment has been effected in their records. This realignment is effected in PECOS.
3. Today ProHealth received acknowledgement from SHPDA on behalf of CO2022-115 whereby ProHealth Home Health, LLC acquired assets from FC of Alabama, Inc. to

include the authorized service area of Intrepid USA Healthcare Services, SHPDA ID 073-H7030. This service area includes the grandfathered authority held in Tuscaloosa County.

4. ProHealth seeks approval to establish a branch office in Tuscaloosa County. The branch office will operate under ProHealth's Medicare Provider Number, 01-7179, which is currently in the process of realigning Shelby County to the parent office and the Blount County location continuing operations as a branch office under the Shelby County parent.
5. No services will be provided at the branch office because the services will be provided in the patients' homes.
6. The establishment of the branch office does not involve the construction, development, acquisition, or other establishment of a new health care facility and does not involve any capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01 (\$3,241,543 for major medical equipment, \$1,296,615 for annual operating cost, and \$6,483,085 for other capital expenditures).
7. The establishment of the branch office does not involve the addition, relocation, or reallocation of beds and does not entail the acquisition of major medical equipment.
8. The establishment of the branch office does not involve the offering of a new health care service not previously provided.
9. The establishment of the branch office does not involve a new institutional health service subject to review under Ala. Code § 22-21-263 and/or Ala. Admin. Code § 410-1-4-.01.

Based upon the facts stated above and the applicable rules, ProHealth respectfully requests that SHPDA issue a determination that ProHealth's establishment of a branch office in Tuscaloosa County is: (1) permissible without further filings or requests to SHPDA; and (2) not subject to CON review. ProHealth has submitted the appropriate filing fee through SHPDA's electronic portal and a receipt evidencing payment is included in this filing.

If you have any questions or would like to discuss this request in further detail, please do not hesitate to reach out to me at the number or email address listed above. I appreciate your help in getting this reviewability determination request processed.

Sincerely,

A handwritten signature in blue ink, consisting of several large, overlapping loops and a long horizontal stroke at the end.

David A. Lester

Affirmation of Requesting Party

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Executive Officer of ProHealth Home Health, 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 19th day of October, 2022.

Notary Public: 

My commission expires: ~~My Commission Expires~~
May 24, 2023

