

SOUTHEAST HOSPICE

December 22 , 2022

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

Re: Request for Reviewability Determination to Establish Branch Office in Lee County

Dear Ms. Marsal,

Pursuant to Chapter 410-1-7-.02 of the Alabama Certificate of Need Program Rules and Regulations (the "Rules"), we respectfully submit this letter on behalf of Kelley Health Hospice d/b/a Southeast Hospice Network ("Southeast Hospice") requesting your determination that Southeast Hospice may establish a branch office in a county it is permitted to serve under its single Medicare provider number Certificate of Need ("CON") without further filings or requests to the Alabama State Health Planning and Development Agency ("SHPDA").

Facts:

1. SHPDA has issued CON 2492-HPC to Southeast Hospice Network¹ authorizing Southeast Hospice to provide services in Autauga, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Clay, Cleburne, Coosa, Crenshaw, Cullman, Dallas, DeKalb, Elmore, Etowah, Fayette, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marion, Marshall, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, Shelby, Saint Clair, Talladega, Tallapoosa, Tuscaloosa, Walker, and Winston counties.

2. Southeast Hospice seeks approval to establish a branch office in Lee County. The branch office will operate under the Medicare Provider Number of Southeast Hospice, Medicare No. 01-1663. Additionally, the branch office will only serve patients in the counties Southeast Hospice is authorized to serve under CON 2492-HPC.

¹ Kelley Health Hospice purchased Southeast Hospice Network from Southeast Cancer Network in July 2020.

Greater Birmingham Area

2522 Valleydale Road
Suite 200
Hoover, AL 35244

Phone: (205) 582-2429
Fax: (205) 582-2431
Fax(Toll Free): (833) 818-9102

3. This transaction does not alter the services provided by Southeast Hospice. Additionally, this transaction does not alter the CON authorized service area of Southeast Hospice. Furthermore, this transaction does not involve the establishment or implementation of a "new institutional health service" as that term is described in Ala. Code § 22-21-260 et. seq. (1975), as amended.

Based on the facts stated above and the applicable Rules, we respectfully request that you exercise your authority as the Executive Director of SHPDA and determine that the CON authority granted under CON 2492-HPC to Southeast Hospice is sufficient authority without further filing to or action by SHPDA for the establishment of a branch office in Lee County, Alabama to serve the counties Southeast Hospice is authorized to serve under CON 2492-HPC. In accordance with the Rules, I am enclosing a check in the amount of \$1,000.00.

Thank you for your assistance with this matter. If you have any questions, please call me.

Sincerely,



Debora Wilson, Executive Director
Kelley Health Hospice dba Southeast Hospice Network
dwilson@southeasthospicenetwork.com
Cell 205-706-6809
Fax 205-582-2431

Affirmation of Requesting Party:

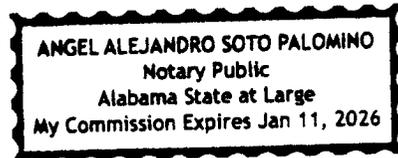
The undersigned, being first duly sworn, hereby make oath or affirm that she is Executive Director with Kelly Health Hospice, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant _____ (SEAL)

SUBSCRIBED AND SWORN to before me this 22nd day of December, 2022.

Notary Public

My commission expires: Jan 11, 2026



RECEIVED

Jan 27 2023

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCYSOUTHEAST
HOSPICE

January 20, 2023

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

Re: Request for Reviewability Determination to Establish Branch Office in
Lee County (RV2023-011)

Dear Ms. Marsal,

I am writing in response to your letter dated January 13, 2023, in which you requested additional information relating to Kelley Health Hospice's Request for Reviewability Determination to open a branch office in Lee County (RV2023-01 1).

The branch location will serve patients in the counties authorized under CON 2492-HPC. SHPDA has issued CON 2492-HPC to Southeast Hospice Network¹ authorizing Southeast Hospice to provide services in Butler, Calhoun, Chambers, Cherokee, Clay, Cleburne, Coosa, Crenshaw, Fayette, Greene, Hale, Lamar, Lawrence, Lee, Limestone, Lowndes, Madison, Perry, Pickens, Pike, Randolph, Russell and Tallapoosa counties. The service area will also include counties previously authorized by CON 2404-HPC which include Autauga, Bibb, Blount, Bullock, Chilton, Cullman, Dallas, DeKalb, Elmore, Etowah, Jackson, Jefferson, Macon, Marshall, Montgomery, Morhan, Marion, Shelby, St. Clair, Talladega, Tuscaloosa, Walker and Winston.

The establishment of the branch office will not involve the construction, development, acquisition, or other establishment of a new health care facility and does not involve any capital expenditures more than the threshold amounts set forth in CON Rule 410-1-4-.01.

Finally, the entity requesting the reviewability determination is Southeast Hospice Network, LLC. No healthcare facilities or group have a direct financial interest in Southeast Hospice Network, LLC.

¹ Kelley Health Hospice purchased Southeast Hospice Network from Southeast Cancer Network in July 2020.

Based on the additional information provided and the applicable rules, we respectfully request that SHPDA issue a determination that Southeast Hospice Network's establishment of a branch office in Lee County is permissible without further filings or action by SHPDA.

If you have 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 below. I appreciate your assistance.

Sincerely,



Debora Wilson, Executive Director
Kelley Health Hospice dba Southeast Hospice Network
C -205-706-6809
f- 205-582-2431
dwilson@southeasthospicenetwork.com

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that she is Executive Director with Kelly Health Hospice, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant Angel A. Soto Palomino (SEAL)

SUBSCRIBED AND SWORN to before me this 20th day of

January, 2023

Notary Public

My commission expires: Jan, 11 2026

