

RV2023-023
RECEIVED
May 23 2023
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

089-P2446

May 23, 2023

Via Email <shpda.online@shpda.alabama.gov>

Ms. Emily Marsal, Esq.
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 Hospice Branch Office SHPDA ID# 089-P2446 (Hospice of North Alabama, LLC)

Dear Ms. Marsal,

Pursuant to Alabama Certificate of Need Program Rules and Regulations (the "CON Rules") § 410-1-7-.02, we respectfully submit this letter on behalf of Hospice of North Alabama, LLC ("HNA") requesting your determination that HNA may establish a branch office in a county it is currently permitted to serve under its existing Certificate of Need ("CON"), without requiring further filings to or approvals from the Alabama State Health Planning and Development Agency ("SHPDA"). In support of this request, HNA submits the following information:

- 1. Pursuant to CON 2446-HPC, SHPDA has authorized HNA to provide services in Blount, Colbert, Cullman, DeKalb, Fayette, Franklin, <u>Jackson</u>, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Walker, and Winston counties.
- 2. HNA seeks approval to establish a branch office in the city of Scottsboro, which is located in Jackson County. This branch office will only service patients who are located in counties that HNA is authorized to serve under CON 2446-HPC.
- 3. This branch office will operate under HNA's Medicare Provider Number (01-1622).
- 4. No services will be provided at the branch office. HNA operates an in-home hospice program, and all services are provided in the patient's residence.
- 5. This request for a branch office does not seek to expand HNA's authorized CON geographic service area, nor does this request seek to alter the services provided by HNA.
- 6. This branch office will be located in leased office space, with an approximate annual rent of \$30,576. The request for this branch office does not involve the construction, development, acquisition, or establishment of a new health care facility and does not





involve capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01. The operation of this branch office does not involve the addition, relocation, or reallocation of beds and does not involve the acquisition of major medical equipment. The operation of this branch office does not involve a new institutional health service subject to review under Ala. Code § 22-21-263 or CON Rule § 410-1-4-.01.

7. HNA, the party requesting the reviewability determination, is a wholly-owned subsidiary of Abode Healthcare, Inc. No other healthcare facilities or groups have a direct financial interest in HNA.

Based on the foregoing facts and the applicable CON Rules, we respectfully request your determination that HNA's establishment of a hospice branch office in Jackson County is not subject to CON review and is permissible without further filings by HNA or action by SHPDA. HNA is concurrently submitting the appropriate filing fee through SHPDA's electronic portal.

If you have any questions or need any additional information from HNA to process this request, please do not hesitate to contact Shayna White, Licensing & Legal Projects Manager, via email at licensing@abodehealthcare.com or by telephone at (857) 400-0887. We appreciate your assistance with this reviewability determination.

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Charelle Hudgins

Administrator, Hospice of North Alabama, LLC

2905 Westcorp Blvd, Suite 115-117

Huntsville, AL 35805



Affirmation of Requesting Party

The undersigned, being first duly sworn, hereby makes oath or affirms that she, as Administrator, has knowledge of the facts in the above Request for Reviewability Determination for Hospice of North Alabama, LLC and to the best of her information, knowledge, and belief, such facts are true and correct.

| Affiant (UC) | (SEAL) |
|------------------|--------|
| Charelle Hudgins | |
| Administrator | |

SUBSCRIBED AND SWORN to before me this 23 day of May, 2023

My commission expires: 3/16/2026

X,

RECEIVED
Jun 01 2023
state HEALTH PLANNING AND



May 26, 2023

Via Email <shpda.online@shpda.alabama.gov>

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

RE: Additional Requested Information Pertaining to RV2023-023 SHPDA ID# 089-P2446 (Hospice of North Alabama, LLC)

Dear Ms. Marsal,

In our original Request for Reviewability Determination, submitted on May 23, 2023 and receipt acknowledged by SHPDA on May 24, 2023, Hospice of North Alabama, LLC ("HNA") neglected to include our original Certificate of Need ("CON").

Pursuant to CON 2320-HPC, SHPDA has authorized HNA to provide services in Blount, Cullman, <u>Jackson</u>, Lawrence, Limestone, Madison, Marshall, Morgan, Franklin, Colbert, Lauderdale, Lamar, Marion and Winston counties.

Based on the foregoing and previously-submitted facts and the applicable CON Rules, we respectfully request your determination that HNA's establishment of a hospice branch office in Jackson County is not subject to CON review and is permissible without further filings by HNA or action by SHPDA. HNA submitted the appropriate filing fee through SHPDA's electronic portal on May 23, 2023.

If you have any questions or need any additional information from HNA to process this request, please do not hesitate to contact Shayna White, Licensing & Legal Projects Manager, via email at licensing@abodehealthcare.com or by telephone at (857) 400-0887. We appreciate your assistance with this reviewability determination.

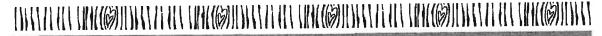
Sincerely,

Julie Doss

Executive Director, Hospice of North Alabama, LLC

2905 Westcorp Blvd, Suite 115-117

Huntsville, AL 35805





Affirmation of Requesting Party

The undersigned, being first duly sworn, hereby makes oath or affirms that she, as Executive Director, has knowledge of the facts in the above Request for Reviewability Determination for Hospice of North Alabama, LLC and to the best of her information, knowledge, and belief, such facts are true and correct.

| Affiant Julie Doss Executive Director (SEAL) |
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| SUBSCRIBED AND SWORN to before me this day of, 2023. |
| Notary Public: |
| My commission expires: $\frac{3}{16}/26$ |
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