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December 13, 2023

RV2024-004

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

RECEIVED

Dec 13 2023

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: Request for Reviewability Determination to Relocate Oneonta Branch Office,  
SHPDA ID. 117-H7179

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 relocate the current branch office located at 25522 Highway 75 North, Oneonta, Alabama, Blount County, to 710 Highway 78 West, Jasper, Alabama, Walker County, effective January 1, 2024. As background for this request, ProHealth submits the following:

1. ProHealth holds Grandfathered Authority to provide home health services in Walker County. This Grandfathered Authority authorizes ProHealth to operate a branch office in Walker County.
2. This branch office will continue to operate under ProHealth’s Medicare Provider Number, 01-7179.
3. No services will be provided at the branch office because the services will be provided in the patients’ homes.
4. The branch office will only serve patients in the counties ProHealth is authorized to serve.
5. This request does not seek to alter the services provided by ProHealth and the request does not seek to alter ProHealth’s authorized CON service area.
6. The relocation of this 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 ALA. ADMIN. CODE r. 410-1-4-.01 (\$3,322,582.00 for major medical equipment, \$1,327,734.00 for new annual operating cost, and \$6,638,679.00 for other capital expenditures). The total estimated cost for this relocation is \$5,000.00.

7. The relocation of the Oneonta branch office to Walker County does not involve the addition, relocation, or reallocation of beds and does not entail the acquisition of major medical equipment.
8. The operation of the relocated branch office does not involve the offering of a new health care service, as ProHealth is currently authorized to provide home health services to patients in Walker County pursuant to its Grandfathered Authority.
9. The relocation of the branch office to Walker County 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 relocation of a branch office to Walker County is: (1) permissible without further filings or requests to SHPDA; and (2) not subject to CON review. ProHealth will submit the appropriate filing fee through SHPDA's electronic portal contemporaneously with this filing.

Please do not hesitate to contact me should you have any questions or if additional information is required.

Sincerely,

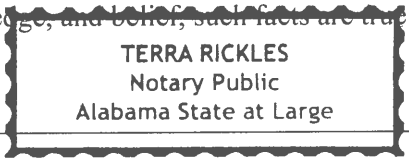


David A. Lester

**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 13<sup>th</sup> day of December, 2023.

Notary Public: Terra Rickles

My commission expires: My Commission Expires June 30, 2027