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Feb 21 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Loree J. Skelton, LLC
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February 20, 2024

Via Electronic Filing

shpda.online@shpda.alabama.gov

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

Re: Request for Reviewability Determination - Ivy Creek of Tallapoosa, LLC,
d/b/a Lake Martin Community Hospital

Ms. Marsal:

Please accept this submission as Lake Martin Community Hospital's, (Lake Martin), Request for Non-Reviewability to operate a Cardiac Catheterization Lab at its' location in Tallapoosa County, at 201 Mariarden Road, Dadeville, Alabama 36853. Lake Martin is a 46-bed acute care hospital and qualifies as a rural hospital pursuant to the U.S. Bureau of Census/Office of Management and Budget, United States government Health Care Financing Administration.

The purpose of this letter is to confirm our understanding that a Certificate of Need is not required for Lake Martin to initiate and offer the new institutional health care service of a cardiac catheterization lab. Ivy Creek of Tallapoosa, LLC d/b/a Lake Martin Community Hospital is wholly owned by Ivy Creek Healthcare, LLC. This letter is submitted pursuant to Section 22-21-263, Code of Alabama, 1975 and Al. admin. Code r. 410-1-7-.02.

Effective October 1, 2023, the CON expenditure thresholds are \$3,322,582.00 for major medical equipment; \$1,327,734.00 for new annual operating costs and \$6,638,679.00 for capital expenditures by or on behalf of a health care facility.

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The initiation and operation of this service will not exceed the CON expenditure thresholds set forth in Al. admin. Code r. 410-1-7-.02. The approval of this request will not result in any new or additional beds.

The approval of this request will serve the community by providing potentially lifesaving services for those in need of cardiac catheterization services in Tallapoosa County. In the absence of your approval, patients will be required to be transported to other hospitals miles away, resulting in the delay of life saving care in emergent circumstances.

Therefore, pursuant to Ala. Code 1975, Section 22-21-263 and CON Rules and Regulations 410-1-2-.07, we respectfully request your determination that this project is not subject to CON review and approval as it does not exceed any expenditure thresholds and based on the new institutional service exemption for rural hospitals.

Pursuant to Ala. Code Section 22-21-265 (1975, as amended), no filing fee is submitted as Lake Martin is a rural hospital, and thus exempt from filing fees.

Please see the affirmation of the requesting party attached.

As always, if you have any questions or comments, please do not hesitate to contact me. Thank you for your consideration in this matter.

Regards,



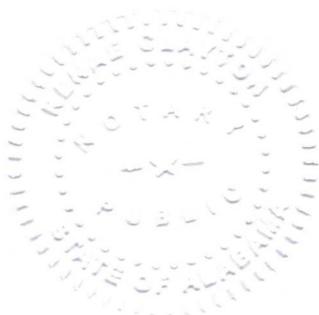
Loree J. Skelton
On behalf of Ivy Creek of Tallapoosa, LLC, d/b/a Lake Martin Community
Hospital

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm he is the Chief Executive Officer of Ivy Creek of Tallapoosa, LLC, d/b/a Lake Martin Community Hospital, 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 
Chief Executive Officer of Ivy Creek of Tallapoosa, LLC, d/b/a Lake Martin Community Hospital

(SEAL) SUBSCRIBED AND SWORN to before me this 20th day of February 2024 Remco Clayton Notary
Public My commission expires: 5/24/2027



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March 7, 2024

Via Electronic Filing

shpda.online@shpda.alabama.gov

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

Re: 2024-012R Ivy Creek of Tallapoosa, LLC, d/b/a Lake Martin Community
Hospital - SHPDA ID: 123-6530323 - Supplemental Submission

Dear Mrs. Marsal:

Please accept this submission in response to your letter requesting additional information relating to the above reviewability determination request.

As requested:

1. "Please provide detailed information concerning the full scope of proposed cardiac catheterization services to be offered at Lake Martin Community Hospital."

Response: The full scope of proposed cardiac catheterization services to be offered are a full range of minimally invasive cardiac and peripheral vascular services. Cardiac services to include coronary catheterization and coronary vascular intervention, 24/7, 365 days a year. Including acute myocardial infarction coverage with two interventional cardiologists on staff, and implantation of pacemakers and defibrillators. Peripheral vascular services include peripheral, cerebrovascular and renal angiography, with peripheral and renal intervention as required.

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2. "Provide the Agency with the approximated costs of the proposal to include major medical equipment, first year annual operating costs, and capital expenditures pertaining to construction/renovation costs."

Response: All costs associated with this project fall beneath the Certificate of Need expenditure thresholds as referenced in our original submission. The first-year annual operating costs are projected to be approximately \$ 1,099,339.00. The major medical equipment is projected to cost \$ 510,000.00, and the approximate costs of construction/renovation is projected to be \$787,699.00.

Please advise if further information is needed.

In conclusion, pursuant to Ala. Code 1975, Section 22-21-263, and CON Rules and Regulations 410-1-2-.07, we respectfully restate our request of your determination that this project is not subject to CON review and approval as it does not exceed any expenditure thresholds and based on the new institutional service exemption for rural hospitals.

Respectfully submitted,



Loree J. Skelton
On behalf of Ivy Creek of Tallapoosa, LLC, d/b/a Lake Martin Community Hospital