

Clinton Freeman

cfreeman@bradley.com
205.521.8971 direct

Bradley

September 2, 2025

RV2025-045

RECEIVED

Sep 02 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

VIA ELECTRONIC FILING
(SHDPA.ONLINE@SHDPA.ALABAMA.GOV)

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

RE: Good Samaritan Hospice of Madison, Inc.
Request for Reviewability Determination for Relocation of Hospice Administrative Office
(Madison County)

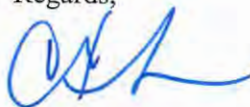
Dear Ms. Marshal:

I am writing on behalf of Good Samaritan Hospice of Madison, Inc. (the "**Agency**") to request your determination pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("**CON Rules**") that the Agency is not required to obtain a new Certificate of Need ("**CON**") to relocate the administrative office of the Agency to another site in Madison County. In order to assist with this determination, we offer the following information:

On or around April 28, 2025, the Agency relocated from 540 Hughes Road, Suite 12, Madison, AL 35758 to 9238 Madison Boulevard, Building 1, Suite 300, Madison, AL 35758. The distance between the two locations is approximately four (4) miles. The relocation of the Agency's administrative office did not involve (i) the addition or conversion of any beds, (ii) the acquisition of stock or assets, (iii) any change in services offered by the Agency, or (iv) any capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01, indexed annually for inflation. Finally, there was no changes in staff, management, or service area of the Agency as a result of the relocation.

Based upon the above, we respectfully request your determination that Good Samaritan Hospice of Madison, Inc. is not required to obtain a new CON connection with the relocation project as described in this letter. We appreciate your consideration of this request and welcome the opportunity to address any questions regarding this matter. The applicable filing fee of \$1,000 will be delivered via the online payment portal. Thank you very much.

Regards,



Clinton Freeman
Bradley Arant Boult Cummings LLP

Good Samaritan Hospice of Madison, Inc.
Request for Reviewability Determination

Affirmation of Requesting Party:

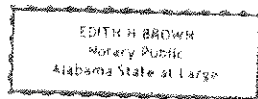
The undersigned, being first duly sworn, hereby makes oath or affirms that he/she, as holding the title of Chief Financial Officer, has knowledge of the facts in the attached Reviewability Determination Request for Good Samaritan Hospice of Madison, Inc. and to the best of his/her information, knowledge and belief, such facts are true and correct.

Adam Cruz
Name: Adam Cruz
Title: Chief Financial Officer

(SEAL)

SUBSCRIBED AND SWORN to before me this 28th day of August, 2025.

Edith H. Brown
Notary Public



My commission expires 8/15/2028

Clinton Freeman

cfreeman@bradley.com
205.521.8971 direct



September 11, 2025

RV2025-045
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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

VIA ELECTRONIC FILING
(SHDPA.ONLINE@SHDPA.ALABAMA.GOV)

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

RE: Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice - Madison – Response to Request for Additional Information

Dear Ms. Marshal:

I am writing in response to your letter dated September 9, 2025 requesting additional information regarding Good Samaritan Hospice of Madison, Inc.'s (the "**Agency**") Reviewability Determination Request received by your office on September 2, 2025. In response to your request, we offer the following information:

1. In response to your request regarding the complete legal name of the Agency in light of the fact that you all received a prior reviewability request from this same Agency on February 10, 2025, we can confirm that this Reviewability Determination Request concerns the same hospice office that made the request in February of 2025. Unfortunately, due to unforeseen circumstances attributable to the would-be new landlord, the Agency was not able to relocate in February of 2025. Therefore, in order to clarify in response to your request for information, this Reviewability Determination Request received by your office on September 2, 2025 concerns *Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice - Madison*. I have enclosed with this letter a copy of the current state license for the Agency.
2. In response to your request for the Certificate of Need associated with the filing, the Certificate of Need is 2460-HPC, a copy of which is enclosed with this letter.

Please let me know if you all need any additional information. You may reach me via email at cfreeman@bradley.com or on my direct line a 205-521-8971.

Regards,

Clinton Freeman

Clinton Freeman
Bradley Arant Boult Cummings LLP

Enclosures (2)



Certificate # **32315**

STATE BOARD OF HEALTH

This is to certify that a license is hereby granted by the State Board of Health to
GOOD SAMARITAN HOSPICE OF MADISON, INC.

to operate

AFFINITY HOSPICE - MADISON

as a

HOSPICE

This license is valid for the following location

540 HUGHES RD., SUITE 12 • MADISON, AL 35758



E4507

Facility Identification

2025

This License shall expire December 31, 2025.

Scott Harris, M.D.
State Health Officer



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 5, 2010

Janet Melton, RN
Good Samaritan Hospice of Madison
1153 Henson Drive
Florence, AL 35630

RE: AL2010-161, CON 2460-HPC
Good Samaritan Hospice of Madison

Dear Ms. Melton:

Reference is made to your application for review under Title 22, Chapter 21, Article 9, Code of Alabama, 1975 and the *Alabama Certificate of Need Program Rules and Regulations*.

Rule 410-1-8-.07 of the *Alabama Certificate of Need Program Rules and Regulations* provides that within fifteen (15) days after the public hearing is concluded, the Certificate of Need Review Board (CONRB) shall issue a final order respecting the award of a Certificate of Need. Enclosed is the final order of the Certificate of Need Review Board for the above referenced project along with the Certificate of Need No. 2460-HPC. The counties listed on the Certificate of Need may not be transferred or divided.

Sincerely,


Alva M. Lambert
Executive Director

AML:bws

cc: Jeff Ingram Ray Sherer
Carol H. Steckel Tammy Hudson-Adams, Esq.

Enclosures: As stated

**ALABAMA
STATE HEALTH PLANNING & DEVELOPMENT AGENCY
CERTIFICATE OF NEED
FOR HEALTH CARE SERVICES**

I. IDENTIFICATION

1. Certificate of Need 2460-HPC	2. Date Issued: August 5, 2010	3. Termination Date August 4, 2011
4. Project Number: AL2010-161	5. Name of Facility: Good Samaritan Hospice of Madison	
6. Service Area: See item #11	7. Location of Office: 540 Hughes Road, Suite 12 Madison, AL 35758	
8. Type of Facility: In Home Hospice	9. Number of Beds: N/A	10. Estimated Cost: N/A

11. Services to be provided:
The applicant will increase the authorized in-home hospice service area to include Cullman, Franklin, Jackson, Lawrence, and Marshall counties. Colbert, Lauderdale, Limestone, Madison, and Morgan counties were previously authorized by CON 2387-HSP issued on April 1, 2010. All counties are to be served under Medicare Provider No. 01-1676 and may not be transferred or divided.

II. CERTIFICATE OF NEED

In accordance with Section 22-21-260 through 22-21-279, Code of Alabama, 1975 and 410-1-5C-.01ER, the Certificate of Need Review Board finds as follows:

1. There is a need for this project.
2. There are in force in the State of Alabama reasonable minimum standards of licensure and methods of operation for hospitals and health facilities.
3. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant, hospital or other health facility.

III. ISSUANCE OF CERTIFICATE OF NEED

This Certificate of Need is issued to **Good Samaritan Hospice of Madison Inc. d/b/a Good Samaritan Hospice of Madison**. This Certificate of Need is not transferable and may not be subsequently divided. Any action on the part of the Applicant to transfer or divide this Certificate of Need will render the Certificate of Need null and void.

ORIGINAL



Alva M. Lambert
Executive Director

Ruling of the Certificate of Need Review Board
AL2010-161
Good Samaritan Hospice of Madison
Madison, Alabama

FACTS:

1. In compliance with ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)3., Good Samaritan Hospice of Madison, in Madison, Alabama, filed an application seeking approval, under non-substantive review, for a Certificate of Need ("CON") authorizing the continued availability of in-home hospice services in Cullman, Franklin, Jackson, Lawrence and Marshall counties under Medicare Provider No. 01-1676.
2. ALA. ADMIN. CODE r. 410-2-3-.10, effective on March 8, 2010, amended the *2004-2007 Alabama State Health Plan* to authorize the filing of CON applications by certain in-home hospice service providers who were ineligible to seek a CON to serve particular counties under the provisions of an earlier emergency rule, ALA. ADMIN. CODE r. 410-2-3-.10ER. The earlier emergency rule had limited CON applications to those providers who could provide evidence that they had actually billed for services in a particular county prior to May 13, 2009. The March 9, 2010 amendment expanded the number of eligible providers by including those who were licensed by the Alabama Department of Public Health ("ADPH") to provide hospice services in a county, but had not provided service prior to May 13, 2009, or had a pending ADPH licensure application on that date, based on a letter of non-reviewability issued by SHPDA on or before July 7, 2006. Under the amendment, need is presumed for any applications that meet these requirements, and such applications are eligible for non-substantive review. ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)3. CONs granted under ALA. ADMIN. CODE r. 410-2-3-.10 are required to be combined with the prior CON authority granted for the same Medicare Provider Number under the earlier emergency rule.
3. The applicant, under Medicare Provider No. 01-1676, was previously granted CON 2387-HPC to provide in-home hospice service for Colbert, Lauderdale, Limestone, Madison and Morgan counties. In its current application, the applicant has demonstrated that it meets the requirements of ALA. ADMIN. CODE r. 410-2-3-.10 to expand such CON authority to include Cullman, Franklin, Jackson, Lawrence and Marshall counties. The applicant certifies that its application does not involve a capital expenditure in excess of \$500,000.00 and that it thus qualifies for non-substantive review.
4. There were no letters received in support of or opposition to the proposed project.
5. The Board concludes that the applicant is an "appropriate applicant," as defined by the applicable regulations.

AL2010-161

Page Two

Ruling

Based on the foregoing factual findings and representations, the evidence of record, and pursuant to ALA. CODE § 22-21-264 (1975 as amended), the Certificate of Need Review Board finds the following:

- (1) that the application is consistent with the current *State Health Plan*;
- (2) that there are no less costly, more efficient, or more appropriate alternatives to such services available and that the development of such alternatives has been studied and found not practicable;
- (3) that similar services to those proposed are being used in an appropriate and efficient manner; and
- (4) that patients will experience serious problems in obtaining patient care of the type proposed in the absence of the proposed service.

The Certificate of Need granted herein shall be subject to the restrictions set forth in ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)5., in effect as of the date of the filing of the application, which are incorporated herein by reference. Pursuant to ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)3., the authority granted herein shall combined under a single Certificate of Need with all authority granted under the same Medicare Provider Number under ALA. ADMIN. CODE r. 410-1-5C-.01ER.

Accordingly, based on the foregoing, separately and severally, and upon the totality of the evidence presented, by vote of the Certificate of Need Review Board on July 21, 2010, Project Number AL2010-161 is hereby **APPROVED**.



Swaid N. Swaid, M.D., Chairman
Certificate of Need Review Board

August 5, 2010

Date



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 5, 2010

Janet Melton, RN
Good Samaritan Hospice of Madison
1153 Henson Drive
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ORIGINAL



Alva M. Lambert
Executive Director

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AL2010-161
Good Samaritan Hospice of Madison
Madison, Alabama

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AL2010-161

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- (3) that similar services to those proposed are being used in an appropriate and efficient manner; and
- (4) that patients will experience serious problems in obtaining patient care of the type proposed in the absence of the proposed service.

The Certificate of Need granted herein shall be subject to the restrictions set forth in ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)5., in effect as of the date of the filing of the application, which are incorporated herein by reference. Pursuant to ALA. ADMIN. CODE r. 410-2-3-.10(6)(f)3., the authority granted herein shall combined under a single Certificate of Need with all authority granted under the same Medicare Provider Number under ALA. ADMIN. CODE r. 410-1-5C-.01ER.

Accordingly, based on the foregoing, separately and severally, and upon the totality of the evidence presented, by vote of the Certificate of Need Review Board on July 21, 2010, Project Number AL2010-161 is hereby **APPROVED**.



Swaid N. Swaid, M.D., Chairman
Certificate of Need Review Board

August 5, 2010

Date