STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

FACTUAL INFORMATION REQUIRED FOR REVIEWABILITY DETERMINATION REQUESTS (SHPDA Rule 410-1-7-.02)

Any person may request, for informational purposes only, a determination as to the current reviewability of an anticipated project or a determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

1. Name of company seeking the reviewability determination.
2. Address and contact information for the authorized company representative seeking the determination.
3. Service area for the proposed service/equipment.
4. Any new/additional services to be provided under the proposed project.
5. Approximated costs of the proposed project for:
    a. Equipment
    b. First year annual operating costs
    c. Capital costs, to include:
        i. Leases
        ii. Land/Building costs
        iii. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
7. Attestation by an officer, partner, or authorized agent of the company, knowing the facts disclosed in the reviewability request, utilizing the following form:

    Affirmation of Requesting Party:

    The undersigned, being first duly sworn, hereby makes oath or affirms that he/she is [include position with entity requesting the determination], has knowledge of the facts in this request, and to the best of his/her/their information, knowledge, and belief, such facts are true and correct.

    Affiant _____ (SEAL)

    SUBSCRIBED AND SWORN to before me this _____ day of _____.

    _____ My commission expires_____
    Notary Public

Each determination must be accompanied by a $1,200.00 filing fee submitted in accordance with SHPDA Rule 410-1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may respond to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition to the request.