

**ALABAMA**  
**CERTIFICATE OF NEED**  
**PROGRAM**  
**RULES AND REGULATIONS**



STATE OF ALABAMA  
HEALTH PLANNING AND DEVELOPMENT AGENCY  
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## RULES AND REGULATIONS

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RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-1**

Legal Authority and Sanctions

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**410-1-1-.01      Statutory Authority**

The statutory authority for control and regulation of development of certain health care facilities is found at Code of Ala. 1975, § 22-21-260, et. seq. The State Health Planning and Development Agency is the Agency of the State of Alabama which is designated by the Governor as the sole State Health Planning and Development Agency and which administers the Certificate of Need program.

**Statutory Authority:** § 22-21-260, et. seq., Code of Alabama 1975.

**410-1-1-.02      Executive Authority**

Further authority for the Certificate of Need program is found in Executive Order Number Twenty-Three (23), dated March 20, 1984, and the First Amendment thereto, dated June 23, 1987.

**Statutory Authority:** § 22-21-260(1) Code of Alabama 1975; Executive Order Number 23, March 20, 1984, and the First Amendment thereto, June 23, 1987.

**410-1-1-.03      Adoption of Review Procedures and Criteria**

The State Health Planning and Development Agency is authorized to prescribe by rules and regulations, with the advice and consultation of the Statewide Health Coordinating Council, review

criteria, review procedures, and clarifying definitions consistent with Alabama law. (See Chapter 410-1-12.)

**Statutory Authority:** § 22-21-274 Code of Alabama 1975.

## 410-1-1-.04      Sanctions

- (1)    Injunctive Relief. Injunctive relief against violations of the statute or any reasonable rules and regulations of the State Agency may be obtained from the Circuit Court of Montgomery County, Alabama, at the instance of the State Agency, any holder of a Certificate of Need that is adversely affected in the exercise of privileges thereunder by such violation or any member of the public directly and adversely affected by such violation. Upon written request by the State Agency, it shall be the duty of the Attorney General of the State of Alabama to furnish such legal services as may be appropriate and to prosecute such action for injunctive relief to an appropriate conclusion.
- (2)    No License to Operate. The State Board of Health shall not issue a license to operate new inpatient beds or any health care facility constructed or acquired in violation of the statute and without a Certificate of Need issued pursuant to the statute.
- (3)    No Reimbursement Upon Violation. Any facility or service provided or constructed in violation of the statute and without a Certificate of Need shall not receive reimbursement for services rendered by the health care facility or for the service provided by the facility which is provided in violation of the statute without a Certificate of Need. This provision applies to all reimbursement programs administered by the State of Alabama. Recommendations will be made to other reimbursing agencies that reimbursement be denied.
- (4)    Revocation of Certificate of Need
  - (a)    The State Agency or any person who has standing to seek injunctive relief for violations of the statute may, petition the Certificate of Need Review Board for the revocation of a Certificate of Need. The petition must be filed pursuant to the provisions of Rule 410-1-3-.09. No Certificate of Need can be revoked except upon sworn proof of evidence that shows conclusively that the holder of the Certificate of Need has committed actual fraud in its inducement or has fraudulently exceeded the scope of the approved application. Upon receipt of such petition, the State Agency will give notice to, and an opportunity to show compliance by the holder of the Certificate of Need. No Certificate of Need can be revoked except after such notice and a public hearing, at which time the petitioner, the holder of the Certificate of Need, and any other affected party will have an opportunity to be heard.

- (b) Any person may, upon request and for good cause shown, request a public hearing on the reconsideration of the revocation, pursuant to the provisions of Rule 410-1-3-.09. Such a hearing shall conform with the regulations regarding reconsideration hearings herein.
- (c) Any person adversely affected by a decision to revoke a Certificate of Need may request a fair hearing on the decision pursuant to the provisions of Rule 410-1-3-.09. Such a hearing shall conform with the regulations regarding fair hearings herein.
- (d) For purposes of this section, the burden of proof is upon the petitioner to show that the holder of a Certificate of Need has materially exceeded the scope or cost of the project as evidenced by the application for the Certificate of Need as well as by the conditions made on the certificate itself.

**Statutory Authority:** §§ 22-21-275 (12) (13) (14), § 22-21-276, and § 41-22-19, Code of Alabama 1975.

**History: Amended:** Filed August 23, 2016; Effective: October 7, 2016.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-2**

Definitions

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**410-1-2-.01      State Health Planning and Development Agency (SHPDA)**

An Agency of the State of Alabama which is designated by the Governor as the sole State Health Planning and Development Agency, which shall consist of three consumers, three providers and three representatives of the Governor who all shall serve staggered terms and all be appointed by the Governor. Where used in these rules, the terms, “State Agency”, “Certificate of Need Review Board”, and the “SHPDA” shall be synonymous and may be used interchangeably.

Author: State Health Planning and Development Agency

**Statutory Authority:** § 22-21-260 Code of Alabama 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.02      Statewide Health Coordinating Council (SHCC)

A council, appointed by the Governor, established pursuant to Code of Alabama 1975, Sections 22-4-7 and 22-4-8, and Executive Order Number 13, dated July 9, 1987. The purpose of such council is to prepare the State Health Plan, to advise the State Health Planning and Development Agency on matters relating to health planning and resource development and to perform other functions as may be delegated to it to include an annual review of the State Health Plan.

Author: State Health Planning and Development Agency.

**Statutory Authority:** § 22-21-260 (2), Code of Alabama 1975, Act 2003-331.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991. **Amended:** Filed September 26, 2003; effective October 31, 2003.

## 410-1-2-.03      Health Service Area

A geographical area designated by the Governor, as being appropriate for effective planning and development of health services. Such geographical areas may vary according to the types of individual health services. In the absence of a designated geographical area for a particular service, the county in which the service is to be provided shall be deemed to be the health service area.

**Statutory Authority:** § 22-21-260 (3), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.04      State Health Plan (SHP)

A comprehensive plan which is prepared triennially and reviewed at least annually and revised as necessary by the Statewide Health Coordinating Council, with the assistance of the State Health Planning and Development Agency, and approved by the Governor. The State Health Plan shall provide for the development of health programs and resources to assure that quality health services will be available and accessible in a manner which assures continuity of care, at reasonable costs, for all residents of the State.

**Statutory Authority:** § 22-21-260 (4), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.05 Health Care Facility

- (1) Such term shall include: General and specialized hospitals, including tuberculosis, psychiatric, long term care and other types of hospitals, and related facilities, such as laboratories, outpatient clinics and central service facilities operated in connection with hospitals: skilled nursing facilities: intermediate care facilities: skilled or intermediate care units operated in veterans' nursing homes and veteran's homes, owned or operated by the State Department of Veterans' Affairs, as these terms are described in Chapter 5A (commencing with Section 31-5A-1) of Title 31; rehabilitation centers, public health centers, facilities for surgical treatment of patients not requiring hospitalization; kidney disease treatment centers, including freestanding hemodialysis units; community mental health centers and related facilities; alcohol and drug abuse facilities; facilities for the developmentally disabled; hospice service providers; and home health agencies and health maintenance organizations.
- (2) The term "health care facility" shall not include any of the following:
  - (a) The private office of any duly licensed physician, dentist, chiropractor, or podiatrist, whether for individual or group practice and regardless of ownership.
  - (b) Christian Science sanatoriums operated or listed and certified by the First Church of Christ, Scientists, Boston, Massachusetts.
  - (c) Veterans nursing homes or veterans' homes operated by the Department of Veterans Affairs, not to exceed 150 beds to be built in Bay Minette, Alabama, and a veterans' nursing home or veterans' home owned or operated by the State Department of Veterans' Affairs not to exceed 150 beds to be built in Huntsville, Alabama, for which applications for federal funds under federal law are being considered by the U.S. Department of Veterans' Affairs prior to March 18, 1993.
- (3) Any expenditure, which is otherwise reviewable under Section 22-21-263, Code of Alabama, 1975, made by any entity enumerated in Rule 410-1-2-.05 (2) herein, and which is on behalf of any entity enumerated in Rule 410-1-2-.05 (1) herein shall remain subject to such review.

**Statutory Authority:** § 22-21-260, Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-2-.06 Health Services

Clinically related (i.e., diagnostic, curative or rehabilitative) services, including alcohol, drug abuse and mental health services customarily furnished on either an inpatient or outpatient basis by health care facilities, but not including the lawful practice of any profession or vocation

conducted independently of a health care facility and in accordance with applicable licensing laws of this State.

**Statutory Authority:** § 22-21-260 (6), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.07      Capital Expenditure

An expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by the health care facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as expense of operation and maintenance, and which

- (a) exceeds \$2,000,000.00 indexed annually for inflation for major medical equipment; results in \$800,000.00 indexed annually for inflation for new annual operating costs; or \$4,000,000.00 indexed annually for inflation for any capital expenditure;
- (b) changes the bed capacity of the facility with respect to which such expenditure is made,
- (c) substantially changes the health services of the facility with respect to which such expenditure is made.

**Statutory Authority:** § 22-21-260 (7), Code of Alabama, 1975, Act 2003-331

**History: Amended:** Filed February 26, 1991; effective April 2, 1991. **Amended:** Filed September 26, 2003; effective October 31, 2003.

#### 410-1-2-.08      Person

Any person, firm, partnership, association, joint venture or corporation, the State of Alabama and its political subdivisions or parts thereof and any agencies or instrumentalities and any combination of persons herein specified, but “person” shall not include the United States or any Agency or instrumentality thereof, except in the case of voluntary submission to these regulations.

**Statutory Authority:** § 22-21-260 (8), Code of Alabama, 1975

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.09      Applicant

Any person as defined herein, who files an application for a Certificate of Need.

**Statutory Authority:** § 22-21-260 (9), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.10      Acquisition

Such term shall mean and include obtaining the legal equitable title to a freehold or leasehold estate or otherwise obtaining the substantial benefit of such titles or estates, whether by purchase, lease, loan or sufferance, gift, devise, legacy, settlement of a trust or means whatever, and shall include any act of acquisition. The term “acquisition” shall not mean or include any conveyance, or creation of any lien or security interest by mortgage, deed of trust, security agreement or similar financing instrument, nor shall it mean or include any transfer of title or rights as a result of the foreclosure, or conveyance or transfer in lieu of the foreclosure, of any such mortgage, deed of trust, security agreement or similar financing instrument, nor shall it mean or include any gift, devise, legacy, settlement of trust, or other transfer of the legal or equitable title of an interest specified herein above by a natural person to any member of such person’s immediate family. For the purposes of this section “immediate family” shall mean the spouse of the grantor or transferor and any other person related to the grantor or transferor to the fourth degree of kindred as such degrees are computed according to law.

**Statutory Authority:** § 22-21-260 (10), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.11      Health Maintenance Organization (HMO)

- (1) A public or private organization, organized under the law of the state which
  - (a) provides or otherwise makes available to enrolled participants, health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage; and
  - (b) is compensated (except for co-payments) for the provision of the basic health care services listed in paragraph (1) (a) of this definition to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and
  - (c) provides physicians’ services primarily directly through physicians who are either employees or partners of the organization or through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis); and



- (d) owns or operates a facility wherein clinical services are provided to enrolled participants.

**Statutory Authority:** § 22-21-263, 264, Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.12      Construction

Such term shall mean and include actual commencement, with bona fide intention of completing the same, or completion of the construction, erection, remodeling, relocation, excavation or fabrication of any real property constituting a facility under this article, and the term “construct” shall mean and include any act of construction. “Ground breaking ceremony”, “receipt of bids”, “receipt of quotation” or similar action that will permit unilateral termination without penalty shall not be considered “construction”.

**Statutory Authority:** § 22-21-260 (1), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.13      Firm Commitment or Obligation

(1) Such terms shall mean and include:

- (a) Any executed, enforceable, unconditional written agreement or contract not subject to unilateral cancellation for the acquisition or construction of a health care facility or purchase of equipment therefor;
- (b) Actual construction of facilities peculiarly adapted to the furnishing of one or more particular services and with the bona fide intention of furnishing such service or services; and
- (c) Any executed, unconditional written agreement not subject to unilateral cancellation for the bona fide purpose of furnishing one or more services.

**Statutory Authority:** § 22-21-260 (1), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.14 Institutional Health Services

Health services, as herein defined, provided in or through health care facilities or health maintenance organizations, including the entities in or through which such services are provided.

**Statutory Authority:** § 22-21-260 (13), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.15 Modernization

The alteration, repair, remodeling, and renovation of existing buildings, including equipment within the existing buildings. Modernization does not include the replacement of existing buildings which are being used by a health care facility to provide institutional health services which are subject to review and does not include the replacement of major medical equipment.

**Statutory Authority:** § 22-21-260 (14), Code of Alabama, 1975, Act 2003-331.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991. **Amended:** Filed September 26, 2003; effective October 31, 2003.

## 410-1-2-.16 To Offer

Such term, when used in connection with health services, means that the health care facility or health maintenance organization holds itself out as capable of providing, or as having the means for the provision of, specified health services. A health care facility may not offer a new institutional health service which is subject to § 22-21-260 (15) and § 22-21-263, et. seq., Code of Alabama, 1975, without first obtaining a Certificate of Need therefor.

**Statutory Authority:** § 22-21-260 (15) and § 22-21-263, et. seq., Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.17 Rural Health Care Provider/Applicant/Hospital

A provider or applicant or hospital located in a geographical area designated by the United States Government Healthcare Financing Administration as rural.

**Statutory Authority:** § 22-21-260 (16), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.18 Affected Persons

Includes at a minimum, the applicant, and health care facilities located in the area in which the project is proposed to be located and which provides similar services to those proposed. Also included are those persons who have an active letter of intent on file to provide similar services in the same area. Affected persons further include those state agencies which establish reimbursement rates for health care facilities in the area in which the project is proposed to be located.

**Statutory Authority:** § 22-21-260 (8), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.19 Certificate of Need

A permit required by law before which no person, except as exempted by statute, shall acquire, construct or operate a new institutional health service or acquire major medical equipment, or furnish or offer, or purport to furnish a new institutional health service, or make arrangement or commitment for financing the offering of the new institutional health service or acquiring the major medical equipment. The duration of the Certificate of Need shall be for a period of twelve months from the date of issuance, unless extended, and is limited by the conditions expressed thereon, by the final order of the State Agency, and by the terms of the application submitted by the proponent.

**Statutory Authority:** § 22-21-265, 267, 270, Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

## 410-1-2-.20 RESERVED

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991. **Repealed:** Filed June 25, 2014; effective July 30, 2014

## 410-1-2-.21 Substance Abuse Rehabilitation Services

Any facility or service (i.e., diagnostic, curative, or rehabilitative) whether acute or subacute which offers treatment of alcohol, drug or other substance abuse on either an inpatient or outpatient basis.

**Statutory Authority:** § 22-21-260, Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.22      **By or on Behalf of**

Such term shall mean and include an expenditure by a health care facility which meets a review threshold, or an expenditure by another entity which will result in a direct benefit to a health care facility including expenditures by parent corporations for the benefit of their health facility holdings and guarantor arrangements on loans and/or leases.

**Statutory Authority:** § 22-21-163 (a) (2), Code of Alabama, 1975.

**History: Amended:** Filed February 26, 1991; effective April 2, 1991.

#### 410-1-2-.23      **Campus**

The contiguous real property, contained within a single county, which is owned or leased by a health care facility and upon which is located the buildings and any other real property used by the health care facility to provide existing institutional health services which are subject to review.

**Statutory Authority:** § 22-21-260(3), Code of Alabama, 1975, Act 2003-331.

**History: New Rule:** Filed September 26, 2003; effective October 31, 2003.

#### 410-1-2-.24      **Major Medical Equipment**

Medical clinical equipment intended for use in the diagnosis or treatment of medical conditions, which is used to provide institutional health services of a health care facility which are subject to review, and which expenditure exceeds the thresholds referenced in Ala. Admin. Code r 410-1-2-.07 and/or Ala. Admin. Code r 410-1-4-.01

**Statutory Authority:** § 22-21-260(11), Code of Alabama, 1975, Act 2003-331.

**History: New Rule:** Filed September 26, 2003; effective October 31, 2003.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-3**

Administration

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**410-1-3-.01      Designated State Health Statistical Agency**

Pursuant to Executive Order Number Thirty-Six (36), dated December 15, 1980, the State Agency is recognized as the central State Agency responsible for administering statistical activities under the Cooperative Health Statistical System.

**Statutory Authority:** Executive Order Number 36, December 15, 1980.

**410-1-3-.02      Other State Agencies**

- (1) Other state agencies who may be requested to comment on specific applications may include, but are not limited to, the following:
  - (a) Division of Mental Illness, State Department of Mental Health may be requested to comment on all applications for mental health facilities and services as appropriate.
  - (b) Alabama Medicaid Agency may be requested to comment on all projects involving Title XIX monies.
  - (c) Bureau of Licensure and Certification, Department of Public Health, may be requested to comment on certain applications as deemed appropriate by the State Agency.

**Statutory Authority:** § 22-21-275 (1), Code of Alabama, 1975.

### **410-1-3-.03      Ex Parte Contacts**

- (1)      There shall be no ex parte contacts:
  - (a)      in the case of an application for Certificate of Need, between the applicant for the Certificate of Need, any person acting on behalf of the applicant, or any person opposed to the issuance of a Certificate of Need for the applicant and any member of the Certificate of Need Review Board who exercises any responsibility respecting the application after the application has been received by the Agency and before a decision is made with respect to the application; or
  - (b)      in the case of a proposed revocation of a Certificate of Need, between the holder of the Certificate of Need, any person acting on behalf of the holder, or any person in favor of the revocation and any member of the Certificate of Need Review Board who exercises responsibility respecting revocation of the Certificate after the petition to revoke the Certificate of Need has been filed and before a decision is made on revocation.
- (2)      Any violation of this rule shall be reported to the Certificate of Need Review Board, which shall impose the sanctions provided in this rule.
- (3)      Any violation of this rule by an applicant or any person acting on behalf of an applicant shall result in the violator's application being dismissed from the review process and its application fee being forfeited.
- (4)      Any violation of this rule by an opponent or any person acting on behalf of an opponent shall result in the opposition being stricken from the record and a public notification by the Certificate of Need Review Board that such opposition is not to be considered in its deliberations on an application.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

### **410-1-3-.04      Board Meeting Procedures**

- (1)      Parliamentary procedure shall be conducted within the sound discretion of the Chairman of the Certificate of Need Review Board according to the latest version of Robert's Rules of Order, Newly Revised.

- (2) Any member of the Certificate of Need Review Board who has a financial interest, privileges of practice or any other potential conflicts of interest pertaining to any application or the opposing party to any application pending before the Certificate of Need Review Board, must recuse themselves from any debate, votes, or proceedings pertaining to said application.

**Statutory Authority:** § 41-22-4 (2), Code of Alabama, 1975.

**History: Amended:** Filed October 17, 1996; effective November 21, 1996.

## 410-1-3-.05 Time Periods

Any time period established herein shall begin on the day following the event which invokes the time period. When the last day of the period falls on a Saturday, Sunday, or state or federal holiday, the period shall be extended to the next day which is not a Saturday, Sunday, or state or federal holiday. The time period shall expire at 5:00 p.m. of the last day of the computed period.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

## 410-1-3-.06 State Agency Records

- (1) All information collected, assembled, or maintained by the State Agency in connection with its transaction of official business is public information and available for public inspection and disclosure during normal business hours.
  - (a) A request to inspect State Agency records must be made with reasonable prior notice in electronic PDF format. The State Agency will, upon request, produce information for inspection or duplication. No person, except with the express consent of the Executive Director, shall remove an original record from the offices of the State Agency. Requests for materials will generally be filled within ten (10) working days. Any expense incurred in the reproduction, preparation or retrieval of records shall be paid by the person requesting the record. The charge for such reproduction, preparation and retrieval shall be set by the Certificate of Need Review Board. In addition, upon request, the Agency shall provide non-routine data compilation or summary of health care data to third parties in accordance with a fee schedule based on total costs incurred by the Agency, as determined by the Executive Director, approved by the CON Review Board, and published on the Agency's website.
  - (b) Requests for inspection and/or copying of records shall be submitted by email to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) to the Executive Director, State Health Planning and Development Agency. Data requests may be submitted by e-mail to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov). Personnel records, data and/or materials relating to judicial proceedings, and other documents subject to a legal privilege or

confidentiality requirement under state or federal law are not available for public disclosure or access. Unofficial copies of public records are available in an electronic format. All certified official copies shall be provided in printed form.

(c) Requests shall include the following information:

1. the date of the request;
2. the name, address, telephone number, facsimile number and e-mail address of the requesting party;
3. a statement agreeing to payment of the cost of copying, research and administrative charges;
4. a description of the specific data and/or materials being requested.

(d) Copying of project files can only be done after an application has been deemed complete by the State Agency. Transcripts are not available for copying and must be obtained independently from the court reporter. Copying charges for project files and routine data requests are as follows:

1. One dollar (\$1.00) per black and white page, 8.5 x 11, 8.5 x 14 or 11 x 17 inches in size.
2. An additional five dollar (\$5.00) administrative cost for each one hundred pages.
3. Five dollars (\$5.00) per hour for any requested staff research in excess of two hours.
4. Electronic records can be emailed for a cost of twenty-five cents (\$0.25) per page, plus administrative and research costs per (d) 3 above.

(e) Upon establishment of an electronic filing system, there will be a charge of ten cents (\$0.10) per page for downloading electronically filed documents.

Nothing in this rule shall authorize the Agency to impose a fee for initial publication of any report or statistical update which it is required to publish under law or rule.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-271 and 274, Code of Alabama, 1975.

**History: Amended:** Filed July 24, 2012; effective August 28, 2012. **Amended:** Filed July 24, 2013; effective August 28, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-3-.07      Periodic Reports

The State Agency will prepare and publish at least annually decisions made by the Certificate of Need Review Board, certificates issued, and the status of proposals in the Certificate of Need process. Subscribers may subscribe to receive a special, monthly status report of all pending



matters upon payment of an annual fee to cover the estimated cost to the Agency of \$220.00 (for a print report) or \$110.00 (for an electronic report, when available). Interested parties may subscribe to receive printed notice of all SHPDA filings as processed at an annual fee to cover the estimated cost of the Agency of \$60.00 for a single location or \$300.00 for multiple locations or, when available, electronic notice of such filings for \$30.00 for a single location or \$150.00 for multiple locations.

**Author:** Emily T. Marsal

**Statutory Authority:** Code of Ala. 1975, §22-21-275(15).

**History: Amended:** Filed July 24, 2013; effective August 28, 2013. **Amended:** Published July 31, 2023; effective September 14, 2023. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-3-.08 Mode of Filing

All official documents filed with this Agency must be timely filed by electronic mail, as required by Rule 410-1-3-.09, and must be sent to the Executive Secretary of the Agency at [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) in order to be deemed officially filed.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**History:** New Rule: Filed September 19, 1994; effective October 24, 1994. **Amended:** Filed: July 24, 2013; effective August 28, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-3-.09 Electronic Filing

(1) All documents to be filed with the State Agency, with the exception of any Mandatory Report as defined in Rule 410-1-3-.11, shall be submitted electronically to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) within the time frames set forth in paragraph (12). All Mandatory Reports, as defined in Rule 410-1-3-.11, shall be submitted electronically to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov) within the time frames set forth in paragraph (12). The electronic submittal shall contain all required information for the type filing being made and be formatted in text searchable, PDF format. The documents may also be submitted in text searchable, PDF format on a clean compact disk or other electronic media, if pre-approved by the Executive Director and delivered to the State Agency by hand delivery or overnight or express mail by the deadline.

(2) All required filing fees must be submitted electronically via the payment portal available through the State Agency's website at [www.shpda.online@shpda.alabama.gov](http://www.shpda.online@shpda.alabama.gov) or via overnight mail or other delivery method, marked in such a way as to clearly identify the fee with the electronic submission, for delivery to the State Agency at the address below on the day of electronic filing or on the next Agency business day, as follows:

State Health Planning and Development Agency Attention:  
Secretary

*Mailing Address:*  
P.O. Box 303025  
Montgomery, Alabama 36130-3025

*For Physical Deliveries:*  
RSA Union Building  
100 N. Union Street - Suite 870  
Montgomery, Alabama 36104

All fees should be accompanied by transmittal letter with the following information:

Subject: Filing Fee for:  
Name of Filing Entity  
Filing Description: [CON application, reviewability determination request, change of ownership notice, mandatory annual report, etc.]  
Date of Electronic Filing  
Project Number or Facility IF, if known

(3) Subject to the provisions of subsection (4) of this section, the receipt date for an electronic submittal via e-mail shall be date and time of receipt by the State Agency of a filing that meets the requirements set forth herein, as reflected in the electronic records of the State Agency. The date of receipt of an electronically submitted Certificate of Need application does not by itself constitute a determination of completeness by the State Agency under SHPDA Rule 410-1-7-.06(2). The date of receipt of an electronically submitted Certificate of Need application does not by itself constitute a determination of completeness by the State Agency under SHPDA Rule 410-1-7-.06(2). Within eight (8) business hours of receipt, the Executive Secretary of the Agency or his/her designee shall send an acknowledgement of receipt to the submitter via electronic mail to the electronic address appearing on the submission. For Mandatory Reports, acknowledgement of receipt shall be sent by the Data/Planning Director of the Agency or his/her designee in accordance with the requirements of Rule 410-1-3-.11(2)(a).

(4) For filings requiring the submission of a filing fee or administrative penalty, the filing shall be considered provisionally received pending receipt of the required fee or penalty, and shall be considered void should the proper filing fee or administrative penalty not be received by the end of the next business day, as provided in subsection (2) above.

(5) The filing fee is not refundable after the fee has been tendered to the State Agency.

(6) The size of an individual PDF file submitted to the Agency should not exceed 15 Megabytes. If the total Megabyte count of a main pdf document and attached supporting pdf documents in a single filing exceeds 15 Megabytes, the attached supporting documents should be submitted separately and related back to the main document entry. An electronic filing that is not completed due to being in excess of this restriction shall not be deemed filed.

(7) Unless otherwise provided for in an Agency form, the text of all formal filings shall be double-spaced, except that quotations from cases or other legal authorities more than 2 but not more than 25 lines long may be indented and single-spaced. Headings, footnotes, and quotations from statutes, evidentiary materials, and other matters in the record may be single-spaced. Margins must be at least one inch on all four sides. Page numbers may be placed in the margins, but no text may appear there. Mandatory Reports submitted in accordance with forms provided by the Agency shall be deemed in compliance with the format requirements of this rule.

(8) The typed font of all documents, including footnotes, must be plain, Roman or Courier style, although italics or boldface may be used for emphasis. References to court cases or administrative decisions should be italicized or underlined.

(9) In the event of an outage of SHPDA's electronic filing system, paper filings will be accepted, subject to the submission of an electronic copy to the authorized online address(s) set out in this Rule, within twenty-four (24) hours after service restoration, unless the outage occurs on a Friday, in which case the filing will be due on the following Monday.

(10) Applicants shall preserve a paper original of all filings made in electronic form for the duration of any SHPDA proceedings and related appeals resulting from such filings. Upon request of the State Agency or an intervenor of record, an Applicant which has submitted a filing electronically may be required to produce an original signed and notarized application in paper form on or before the 55th day of the review period.

(11) In addition to meeting the requirements of this rule, specific filings are subject to other applicable provisions of these rules, including, but not limited to:

- (a) Letter of Intent (Rule 410-1-7-.05)
- (b) CON Applications (Rule 410-1-7-.06)
- (c) Emergency CON applications (Rule 410-1-10-.01)
- (d) Requests for Declaratory Rulings (Rule 410-1-9-.01)
- (e) Request for Reviewability Determinations (Rule 410-1-7-. 02)
- (f) Change of Ownership Notifications (Rule 410-1-7-.04)
- (g) Exceptions to Proposed Findings of Facts and Conclusions of Law (Rule 410-1-8-.05)
- (h) Notice of Opposition, Intervention and Request for Contested Case Hearing (Rule 410-1-7-.13 and -.15, 410-1-9-.03)
- (i) Request for Reconsideration (Rule 410-1-8-.09)
- (j) Request for Fair Hearing (Rule 410-1-8-.16)
- (k) Project Modifications (Rule 410-1-10-.03)

(l) 1. Notice of Appeal (Rule 410-1-8-.24)

(m) Mandatory Reports (Rule 410-1-3-.11)

(12) Fees may be submitted electronically via an e-government contractor as identified by the State Agency.

(13) To be considered timely, submission of a filing with the State Agency must comply with the requirements of Rule 410-1-7-.01. Electronic filings received by the Agency after 5:00 p.m. on any given day will be stamped in as received on the following business day.

Author: Emily T. Marsal

**Statutory Authority:** § 22-21-271(d), Code of Alabama, 1975.

**History: New Rule:** Filed July 24, 2013; effective August 28, 2013. **Amended:** Filed: March 18, 2016; effective: May 2, 2016. **Amended:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Filed March 21, 2017; effective May 5, 2017. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-3-.10      Electronic Notice

Except as specifically required under law, SHPDA may provide any written notice required under these rules in electronic PDF format, which shall be considered delivered upon the date of transmission. All health care providers holding a certificate of need from SHPDA, as well as any other interested parties seeking to be included in SHPDA's general distribution list, shall maintain with the State Agency a current e-mail address for purposes of this rule.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-271(d), Code of Alabama, 1975.

**History: New Rule:** Filed July 24, 2013; effective August 28, 2013.

## 410-1-3-.11      Submission of Mandatory Reports; Administrative Penalties

(1) For purposes of this rule:

(a) the term "Mandatory Report" shall include every annual report required to be filed with SHPDA by statute or rule and any other reporting requirement imposed by these rules or the State Health Plan that is not clearly identified therein as optional. The term shall not include discovery that may be authorized by the Certificate of Need Review Board or an Administrative Law Judge as part of a contested case proceeding or fair hearing, which shall be subject to such requirements as authorized under the Alabama Administrative

Procedure Act or other regulations.

(b) For purposes of this rule only:

1. A “rural health care provider” is a provider or applicant or hospital which is designated by the United States government Health Care Financing Administration (now Centers for Medicare and Medicaid Services) as rural, as specified in the SHPDA statutes at Code of Ala. 1975, §22-21-260(12); and

2. A “small provider” is:

(i) a hospital or other health care provider providing in-patient care which is not a rural provider and has less than 65 licensed beds;

(ii) a health care provider holding CON authority solely to provide in-home services, such as in-home hospice or home health service, which holds CON authority to provide such in-home care in (a) an area of six counties or less, which does not include Jefferson, Madison, Mobile or Montgomery County; or

(I) three counties or less, which includes Jefferson, Madison, Mobile or Montgomery County; or

(iii) any ambulatory surgery center, multi- or single specialty, performing procedures four (4) days a week or less;

(iv) any other health care provider which does not provide in-patient care and which holds a CON authorizing health care services to be provided at a single location.

(v) For purposes of this subsection (2), a health care provider’s CON authority shall be aggregated with all other CON authority held by entities under common ownership and control, as defined in Code of Ala. 1975, §22-21-270(e). In addition, a health care provider shall not be considered a “small provider” if any entity under common ownership and control holds CON authority for a facility or service that would not qualify for the small provider exception on a standalone basis. For illustration only:

(I) A business entity holds a CON to provide home health care services in six counties, which do not include Jefferson, Madison, Mobile or Montgomery County. It is under common ownership and control with two other business entities which each hold CON authority in two counties to provide the same service. None of these affiliated entities would be considered a “small provider” for purposes of the rule.

(II) A business entity holding a CON to provide methadone treatment at a single location in Alabama is under common control

and ownership with another methadone clinic holding CON authority. None of these affiliated entities would qualify as a “small provider” under this rule.

(III) A non-rural hospital with less than 65 licensed beds is under common ownership and control with a business entity holding CON authority to provide ambulatory surgical service. None of these affiliated entities would be considered a “small provider” for purposes of this rule.

(c) When computing any time period stated in days or a longer unit of time, the Agency or health care reporter shall, for the purposes of this rule:

1. exclude the day of the event that triggers the period;
2. count every day, including intermediate Saturdays, Sundays, and legal holidays; and
3. include the last day of the period, but if the last day is a Saturday, Sunday, or legal holiday, the period continues to run until the end of the next day that is not a Saturday, Sunday, or legal holiday.

(2) A Mandatory Report shall be considered provisionally received pending receipt of the required fee, and shall be considered void should the proper filing fee not be received by the end of the next business day, as provided in Rule 410-1-3-.09.

(a) Failure to File or Filing Incomplete Report: Any health care reporter failing to meet a filing deadline for a Mandatory Report, or who files a Mandatory Report deemed to be materially incomplete by the State Agency, or fails to submit the required fee, shall be notified by the State Agency staff that they are not in compliance with this rule within seven (7) days of the filing deadline (in the case of a failure to file) or within seven (7) days of the date of receipt of the filing (in the case of a report deemed materially incomplete by Agency staff). Such health care reporter shall have sixty (60) days from the original due date of the report to correct the deficiency. Any facility that is noncompliant under this rule, either due to failure to file or due to a filing being deemed materially incomplete, or failure to submit the required fee, shall be deemed to be in a probationary status in regard to the enforcement of penalties under this section for a period not to exceed sixty (60) days from the date of filing deadline.

(b) Each Mandatory Report shall be accompanied by a nonrefundable fee as described below.

(i) Mandatory Reporters, other than a rural health care provider as defined within Section 410-1-3-.11(b), must pay a filing fee of \$1,500.00.

Mandatory Reporters that are rural health care providers, as defined within Section 410-1-3-.11(b), must pay a filing fee of \$750.00.

(c) Failure of the health care reporter to bring its report into compliance within the required sixty (60) days will result in the report being deemed not properly filed and subject the health care reporter to the administrative penalty provisions of Section 3 applicable to delinquent filings, with such penalties to apply from the original due date of the report.

(d) SHPDA shall track the total number of Mandatory Reports that are not filed on or before the initial deadline, as well as the total number of Mandatory Reports deemed materially incomplete when initially filed. This information, which shall include the names of the non-compliant health care reporters, shall be reported to the Certificate of Need Review Board, the Health Care Information and Data Advisory Council and the Statewide Health Coordinating Council at their regularly scheduled meetings immediately following the end of the grace period.

(3) In addition to any other provisions contained in these rules or the State Health Plan, a health care reporter that fails to submit a compliant Mandatory Report within any applicable probationary period under subsection (2)(a), shall be assessed a penalty equal to:

(a) A flat fee of \$1,500.00 for a non-rural health care provider and \$750.00 for a rural health care provider or small provider.

(4) A delinquent Mandatory Report must meet the requirements of Section 2 above and be accompanied by payment of any administrative penalty prescribed in Section 3 above in order to be deemed received and filed with the Agency. Such payment shall be submitted in accordance with SHPDA Rule 410-1-3-.09, including the provisions related to the submission of fees.

(5) The Executive Director may waive imposition of a penalty under this rule only upon a written finding that a timely filing was rendered impossible due to an act of God comparable to (a) an electrical outage or weather emergency applicable to all businesses in the area of the health care reporter; (b) the unanticipated closure of SHPDA offices (other than state holidays or weekends); or (c) an outage rendering SHPDA's filing system inoperable. Any such waiver shall extend only to the period of time that the filing was rendered impossible by the qualifying circumstances. The Executive Director shall advise the Certificate of Need Review Board of the status of all waiver requests at its regular monthly meeting.

(6) A health care provider who is non-compliant under the terms of this rule may not participate in the Certificate of Need review process, either as an applicant for a Certificate of Need or in opposition to a Certificate of Need application (through intervention or other statements in opposition), (without regard to the probationary period set forth in Section 2(a)). A health care provider shall maintain compliance from the date of the initial filing of such provider's application or opposition and for the duration of such provider's participation in the administrative and/or judicial process. A provider deemed non-compliant due to a Mandatory Report being deemed materially incomplete by Agency staff or for filing after the due date shall have seven (7) days from the date of notification of such deficiency to bring such report into compliance prior to being disqualified from any pending proceeding in which the provider is a party.

(7) A health care reporter required to file a Mandatory Report shall maintain a current listing with the Agency of the name, title, phone number and e-mail address of at least two individuals designated as the contact of record for purposes of all reports filed with the Agency and shall designate at least one such contact person as the primary contact in each report that is filed. The

failure to maintain a current contact listing shall not constitute grounds for the waiver of any penalties imposed under this rule.

Author: Emily T. Marsal

**Statutory Authority:** §§ 22-4-34, -35 and -37, Code of Alabama, 1975

**History: New Rule Filed:** March 18, 2016; effective: May 2, 2016. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-3-.12      Annual Reports

(1) Entities holding Certificate of Need authority are required to file the following annual reports, as adopted by rule, on the due dates specified below:

- a. Hospitals (Form BHD-134A), due annually by December 15.
- b. Home Health Agencies (Form DM-1), due annually by December 15.
- c. Ambulatory Surgery Centers (Form ASC-1), due annually by December 15.
- d. Specialty Care Assisted Living Facilities (Form SCALF-1), due annually by April 15.
- e. Hospice Providers (Form HPCE-4), due annually by April 15.
- f. Skilled Nursing Facilities (Form SNH-F1), due annually by August 15.

All annual reports shall be filed electronically with the Agency pursuant to Rule 410-1-3-.09. Reporting entities shall be subject to administrative penalties for non-compliance as specified in Rule 410-1-3-.11.

Author: Alva M. Lambert

**Statutory Authority:** §§ 22-4-34 and -35, Code of Alabama, 1975.

**History: New Rule.** Filed: March 18, 2016; effective May 2, 2016. Filed: September 29, 2018; effective November 3, 2018.



RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-4**

Scope of Review

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- 410-1-4-.01 New Institutional Health Services Subject to Review
- 410-1-4-.02 Construction or Relocation of Administrative or Branch Office

**410-1-4-.01 New Institutional Health Services Subject to Review**

- (1) All new institutional health services which are subject to Section 22-21-260, et. seq., Code of Alabama, 1975, and which are proposed to be offered or developed within the state shall be subject to Certificate of Need review. New institutional health services which are subject to review shall include:
  - (a) the construction, development, acquisition through lease or purchase or other establishment of a new health care facility or health maintenance organization; or
  - (b) any expenditure by or on behalf of a health care facility or health maintenance organization, which, under generally accepted accounting principles consistently applied, is a capital expenditure in excess of:
    - 1. \$2,000,000.00 indexed annually for inflation for major medical equipment; or
    - 2. resulting in excess of \$800,000.00 for new annual operating costs indexed annually for inflation; or
    - 3. \$4,000,000.00 indexed annually for inflation for any other capital expenditure by or on behalf of a health care facility or health maintenance organization; or
  - (c) any change in the existing licensed bed capacity of a health care facility or health maintenance organization through the:
    - 1. addition of new beds;

2. the relocation of one or more beds from one physical facility to another, (that is, one geographically separate location to another); or
3. reallocation among services of existing beds through the conversion of one or more beds from one category to another within the following bed categories:
  - (i) general medical surgical
  - (ii) inpatient psychiatric
  - (iii) inpatient/residential alcohol and drug abuse
  - (iv) inpatient rehabilitation
  - (v) long term care beds including skilled nursing care, intermediate care, transitional care, and swing beds; or
- (d) any health service which is proposed to be offered in or through a health care facility or health maintenance organization, and which was not offered on a regular basis in or through such health care facility or health maintenance organization within the twelve-month (12 month) period prior to the time such services would be offered, including, without limitation, health services to be provided through equipment obtained from vendors or lessors of equipment, provided, however, that a vendor or lessor of equipment which does not materially engage in the provision of the health service shall not be required to obtain a CON; or
- (e) the acquisition, by any person, of major medical equipment that will:
  1. be owned by or located in a health care facility, or which will be used to provide health services to persons admitted to a health care facility; provided, however, that an acquisition of major medical equipment need not be reviewed if it will be used to provide services to inpatients of a health care facility only on a temporary basis in the case of a natural disaster, major accident, or equipment failure; or
  2. if a person acquires major medical equipment not located in a health care facility without a Certificate of Need and proposes at any time to use that equipment to serve inpatients of a health care facility, then the proposed new use must be reviewed unless the equipment will be used to provide services to inpatients of a health care facility only on a temporary basis not to exceed six weeks in the case of an emergency, a natural disaster, a major accident, or an equipment failure. An extension of the six-week time period may be granted by the Certificate of Need Review Board. For the purposes of this section, "temporary basis" means on an occasional or irregular basis

or until the applicant's proposal for permanent acquisition or regular use by a health care facility is reviewed under the formal review process; or

3. an acquisition made by or on behalf of a health care facility under lease or comparable arrangement, or through donation, which would have required a Certificate of Need if the acquisition had been by purchase.
- (f) For purposes of subsection (c)(3)(i) above, "General Medical Surgical" shall be defined as encompassing all acute care beds not otherwise included in subsections (c)(3)(ii)-(iv).
  - (g) Any other proposal which is related to one or more of the foregoing, or any variation or combination thereof which would be reviewable within the meaning of the statute.
  - (h) Notwithstanding all other provisions of these rules to the contrary, those facilities and distinct units operated by the Department of Mental Health and Mental Retardation and those facilities and distinct units operating under contract or subcontract with the Department of Mental Health and Mental Retardation where the contract constitutes the primary source of income to the facility shall not be subject to review under this article.
  - (i) Notwithstanding any other provisions of these rules to the contrary, the definition of a new institutional health service shall not include any health services provided by a mobile or fixed-based extracorporeal shock wave lithotripter, a mobile or fixed-based magnetic resonance imaging scanner and/or a mobile or fixed-based positron emission tomography scanner.
  - (j) Notwithstanding any other provisions of these rules to the contrary, the modernization or construction of a non-clinical building, parking facility or any other non-institutional health services capital item on the existing campus of a health care facility shall be exempt from Certificate of Need review provided the construction or modernization does not allow the health care facility to provide any new institutional health services subject to review and not previously provided on a regular basis.
  - (k) Any reference contained in these rules to an "index" shall be a reference to the Consumer Price Index Market Basket Professional Medical Services Index as published by the U. S. Department of Labor, Bureau of Labor statistics.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-263, Code of Alabama, 1975, Act 2003-331

**History: Amended:** Filed February 12, 1996; effective March 18, 1996. **Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed September 26, 2003; effective October 31, 2003.

## 410-1-4-.02 Construction or Relocation of Administrative or Branch Office

The construction or relocation of an administrative or branch office of a home health agency or in-home hospice provider which: (1) is within the service area for which the provider is the holder of a CON (excluding home health agencies' contiguous county service areas authorized pursuant to § 22-21-265(f), Code of Alabama (1975 as amended)); and (2) at which no patient care is provided, does not constitute the construction, development, acquisition or other establishment of a new health care facility requiring a Certificate of Need under ALA. CODE § 22-21-263(a)(1) (1975 as amended). The home health or hospice agency shall notify SHPDA, pursuant to Rule 410-1-3-.09, of its construction or relocation plans at least thirty-five (35) days in advance of the action. As part of such notification, a home health or hospice agency may obtain a reviewability determination letter pursuant to ALA. ADMIN. CODE r. 410-1-7-.02, acknowledging compliance with this rule, with a copy of said letter sent to the Alabama Department of Public Health. Nothing in this rule shall be construed as authorizing the extension of a home health or in-home hospice services beyond those areas authorized under the provider's Certificate of Need or as may be otherwise authorized under Alabama law.

**Statutory Authority:** § 22-21-263, -275, Code of Alabama, 1975

**History:** Filed April 22, 2010; effective May 27, 2010. **Amended:** Filed August 23, 2016; effective October 7, 2016.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-5**  
Replacement of Existing Equipment

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**410-1-5-.01      Exemption of Replacement Equipment**

- (1)    The replacement of equipment by health care facilities shall be exempt from Certificate of Need review provided:
  - (a)    such replacement does not change the purpose, use or application of the equipment;
  - (b)    the existing equipment is taken out of service;
  - (c)    the replacement equipment does not enable the health care facility to expand its health services;
  - (d)    the replacement equipment does not enable the health care facility to provide any health services not previously provided on a regular basis;
  - (e)    the Executive Director approves the exemption after receipt of the proper application as indicated below.

Statutory Authority: § 22-21-265 (b), Code of Alabama, 1975.

**410-1-5-.02      Determination of Exemption Status**

- (1)    Determination of whether the acquisition of replacement equipment is exempt from review shall be made by the Executive Director of the Agency and shall be governed by the procedures in Rule 410-1-7-.02.

**Statutory Authority:** § 22-21-265 (b), Code of Alabama, 1975.

**History: Amended:** Filed February 12, 1996; effective March 18, 1996. **Amended:** Filed May 3, 2005; effective June 7, 2005; **Amended:** Filed October 30, 2007; effective December 4, 2007.

### 410-1-5-.03      Appeals

Any decision of the Executive Director regarding the reviewability of replacement equipment may be appealed to the Certificate of Need Review Board, in the form of a request for Declaratory Ruling; provided, however, that the Certificate of Need Review Board shall consider only those facts and arguments presented to the Executive Director for his decision.

**Statutory Authority:** § 22-21-265 (b), Code of Alabama, 1975.

### 410-1-5-.04      Application Fees for Request for Determination of Exemption Status for Replacement of Existing Equipment

The applicant shall submit with the application a non-refundable fee in the amount of twenty percent (20%) of the fee provided in Rule 410-1-7-.06 for non-rural hospitals, except that a rural hospital shall be required to submit an application fee of only twenty-five percent (25%) of the fee specified in 410-1-7-.06 for non-rural hospitals. All required filing fees must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-265 (b), Code of Alabama, 1975.

**History: Amended:** Filed July 24, 2012; effective August 28, 2012. **Amended:** Filed September 19, 2013; effective October 24, 2013; **Amended:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Filed March 21, 2017; effective May 5, 2017.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-5A**

Addition of Nursing Home Beds Without a Certificate of Need

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**410-1-5A-.01      Exemption from Certificate of Need Review**

- (1) An increase in the bed capacity of a licensed skilled or intermediate care nursing facility shall be exempt from Certificate of Need review provided:
  - (a) the increase does not exceed ten percent (10%) of the total nursing home beds of the applying facility, rounded to the nearest whole number, or ten beds, whichever is greater; and
  - (b) the average rate of occupancy of the applying facility is ninety-five percent (95%) or greater during the 24-month period ending on June 30th of the year immediately preceding the application for exemption; and
  - (c) the aggregate average rate of occupancy for all other skilled and intermediate care nursing home facilities situated in the same county as the applicant is ninety-five percent (95%) or greater during the 24-month period ending on June 30th of the year immediately preceding the application for exemption; and
  - (d) the increase does not require capital expenditures exceeding the capital spending thresholds prescribed in 22-21-263(a)(2), or result in the addition of a new health service or result in the conversion of beds; and
  - (e) the facility has not been granted an increase in beds under this exemption within the 24-month period immediately preceding the application; and
  - (f) the applying facility is not an intermediate care facility designated ICF-MR by the State Board of Health and operated by the Department of Mental Health; and

- (g) the Executive Director of the State Agency approves the exemption after receipt of the proper application.

**Statutory Authority:** § 22-21-265 (c), Code of Alabama, as amended.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994.

## 410-1-5A-.02 Determination of Exemption Status

- (1) Determination of whether the increase in beds capacity is exempt from review shall be made by the Executive Director of the State Agency upon the filing of an application requesting such determination on the application forms prescribed by the State Agency.
  - (a) the applicant shall submit the original and one copy of the application to the State Agency;
  - (b) applications pursuant to this action can be submitted only during the 90-day period beginning January 1st through March 31st of each year;
  - (c) within 60 days of receipt of the application, the Executive Director shall notify the applicant in writing of the decision and the basis for the determination. The absence of a decision within the 60-day period is deemed a denial and the applicant may appeal under Rule 410-1-5A-.05;
  - (d) the application shall be deemed to be filed on the date that it is received by the State Agency. No facsimiles will be accepted.

**Statutory Authority:** § 22-21-265 (e), Code of Alabama, 1975, as amended 1994.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994.

## 410-1-5A-.03 Determination of Occupancy

- (1) In determining the occupancy of a facility, the Executive Director shall disregard licensed beds removed from service by state or federal requirements, or otherwise removed from service or beds not in use during the three (3) year period immediately preceding the application. The Executive Director may require, and the applicant must provide, all information/documentation necessary to make such determination. For occupancy determination, all beds granted under this exemption or under a Certificate of Need shall be deemed available for service as of the date granted. Beds granted under this exemption or a CON which are not placed in service within the applicable time frame will not be counted in calculating occupancy for a county.



- (2) Occupancy shall be computed from the annual report filed with the State Agency, or the Agency may use statistical data filed with the Division of Licensure and Certification, Department of Public Health, or cost reports filed with the Alabama Medicaid Agency.

**Statutory Authority:** § 22-21-265 (e), Code of Alabama, as amended 1994.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994. **Amended:** Filed: October 24, 1995; effective November 28, 1995.

#### 410-1-5A-.04      Expiration of Exemption

Any exemption from review granted hereunder shall expire and be determined null and void 12 months after the date of issue. Notwithstanding the foregoing, the Executive Director may grant one extension not to exceed 12 months upon a showing of substantial progress.

**Statutory Authority:** § 22-21-265 (e), Code of Alabama, as amended 1994.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994.

#### 410-1-5A-.05      Appeal

A denial of exemption under this section may be appealed within fifteen days of the date of the decision to the CON Review Board. No new material or information will be considered.

**Statutory Authority:** § 22-21-265 (e), Code of Alabama, as amended 1994.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994.

#### 410-1-5A-.06      Fees

The applicant shall submit with the application a non-refundable fee as set by the Agency.

**Statutory Authority:** § 22-21-265 (e), Code of Alabama, as amended 1994.

**History:** New Rule: Filed: September 22, 1994; effective October 27, 1994.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-5B**  
Specialty Care Assisted Living Facilities

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**410-1-5B-.01 SPECIALTY CARE ASSISTED LIVING FACILITIES – Review**  
procedures for existing facilities and facilities which are in development.

- (1) The Alabama Department of Public Health has determined that there exists a need for a new license category for a level of intermediate care which is separate and distinct from the current license requirements for an Assisted Living Facility. Such intermediate care is designed to address certain residents' special needs due to the onset of dementia, Alzheimer's disease or similar severe cognitive impairment and are in addition to assistance with normal daily activities including, but not limited to, restriction of egress for residents where appropriate and necessary to protect the resident. The new requirements are set forth at Ala. Admin. Code § 420-5-20, *et seq.* and went into effect on November 6, 2000.

Without implementation of a procedure to quickly and efficiently issue CONs to existing facilities which were going to continue to provide this intermediate care, there existed a risk that said facilities would not have been able to maintain their license and, thus, placed at risk the patients which these facilities served and the financial viability of said facilities. This represented an immediate threat to the health, safety and welfare of the residents, their families, the facilities and the facilities' employees.

- (2) As a result, this Agency adopted an emergency rule which provided a means whereby said facilities could obtain the necessary CONs in a timely manner to prevent any unnecessary disruption of services. By adoption of this permanent rule, the Agency adopts on a permanent basis a procedure wherein said existing facilities can obtain the necessary CONs under a non-substantive review procedure to prevent any unnecessary disruption of services.
  - (a) In accordance with the regulations adopted by the State Health Coordinating Council on October 20, 2000, need will be presumed to be established for any existing Assisted Living Facility that demonstrates that it was providing Specialty Care as defined by the Department of Public Health under Ala. Admin. Code § 420-5-20, *et seq.* as of November 6, 2000 or was under development as of such date. For purposes of this provision, the term "under development" shall mean that at

least preliminary first stage architectural drawings for construction of the Specialty Care Assisted Living Facility at a site designated by subdivision plat or metes and bounds have been submitted to the State Board of Health for construction of a certified Specialty Care Assisted Living Facility under Ala. Admin. Code § 420-5-20, *et seq.*

- (b) Any existing provider seeking a CON under this rule must file an application by December 31, 2000. Applicants should provide evidence of their ability to meet licensure standards as part of their application. Applicants that meet the aforementioned criteria and affirm that their application to continue existing services does not involve a capital expenditure in excess of \$500,000 shall have their applications considered as part of a non-substantive review process, which shall include direct review by the Certificate of Need Review Board. Applicants who are existing providers and whose projects are “under development” (as both terms are described in 410-1-5B-.01 (2)(a) above) and who file their applications prior to the December 31, 2000 deadline shall be required to pay an application fee of \$25.00 prior to the issuance of the requested CON.
  - (c) Since need shall be presumed for all existing providers as of November 6, 2000 who meet the requirements of this section, there will be no batching cycle established with respect to any applications for a CON under the provisions of this emergency rule.
- (3) This rule shall apply only to existing providers and applicants whose projects are “under development” (as both terms are described in 410-1-5B-.01 (2)(a) above).

Author: Certificate of Need Review Board

**Statutory Authority:** § 22-21-264 and 275, Code of Alabama 1975

**History:** Effective November 15, 2000 (Emergency Rule); Readopted: Filed January 18, 2001; effective February 22, 2001

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-6**

Review Criteria and Standards

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**410-1-6-.01      The Certificate of Need Review Board Use of Criteria**

- (1) The Certificate of Need Review Board will apply as appropriate, the criteria and standards contained herein in conducting the review of a Certificate of Need application. The applicant should present information in the application which addresses each relevant criterion and each sub-part of the criterion. The burden of producing evidence is on the applicant.
  - (a) Mandated Criteria and Standards

Pursuant to and consistent with § 22-21-264, Code of Alabama, 1975, the State Agency shall review and report its findings on each proposal for a new institutional health service, health care facility, and/or capital expenditure included in the Certificate of Need review program.
  - (b) Supplemental Review Criteria

The proposal for the new institutional health service, health care facility and/or capital expenditure shall be consistent with additional criteria prescribed by regulation adopted under state law as well as all other applicable state and local requirements to which the proposal may be related.

(c) Compliance with Criteria and Standards

To receive favorable findings, each application and proposal must be found in conformity with the criteria and standards established herein insofar as the criteria or standards established herein apply to the proposed new institutional health service, health care facility, and/or capital expenditure. These requirements are in addition to the required findings for inpatient facilities found in § 22-21-266, Code of Alabama, 1975. Favorable findings shall be made in writing and shall be made a part of the administrative record on the project.

**Statutory Authority:** §§ 22-21-264, 274, Code of Alabama, 1975.

## 410-1-6-.02 State Health Plan or Plans

- (1) The proposed new institutional health service shall be consistent with the appropriate state health facility and services plans effective at the time the application was received by the State Agency, which shall include the latest approved revisions of the following plans:
- (a) the most recent Alabama State Health Plan;
  - (b) Alabama State Plan for Services to the Mentally Ill;
  - (c) Alabama State Plan for Rehabilitation Services;
  - (d) Alabama Developmental Disabilities Plan;
  - (e) Alabama State Alcoholism Plan;
  - (f) such other state plans as may from time to time be required by federal or state statute.

**Statutory Authority:** § 22-21-264 (1), Code of Alabama, 1975.

## 410-1-6-.03 Applicant's Long-Range Development Plan

The relationship to the long-range development plan (if any) of the person providing or proposing the project shall be addressed.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

#### **410-1-6-.04      Availability of Alternatives**

- (1) The availability of less costly, more efficient, more appropriate, or more effective alternatives to the proposed facility or service to be offered, expanded, or relocated will be considered.
  - (a) In the consideration of the availability of alternatives, priority may be given to those alternatives that are in existence.
  - (b) Less costly alternatives must be judged against the need for greater accessibility, availability, and the impact on the total health care system.

**Statutory Authority:** §§ 22-21-264, 274, Code of Alabama, 1975.

#### **410-1-6-.05      Need for the Project**

- (1) Determination of a substantially unmet public requirement for the proposed health care facility, service, or capital expenditure shall be made before approval may be granted. The need shall be consistent with orderly planning within the state and community for furnishing comprehensive health care. Such determination of need shall be made based on the merits of the proposal after giving appropriate consideration to the following:
  - (a) financial feasibility of the proposed change in service of the facility;
  - (b) specific data supporting the demonstration of need for the proposed change in facility or service shall be reasonable, relevant, and appropriate;
  - (c) evidence of evaluation and consistency of the proposed change in facility or service with the facility's and the community's overall health and health-related plans;
  - (d) evidence of consistency of the proposal with the need to meet nonpatient care objectives of the facility such as teaching and research;
  - (e) evidence of review of the proposed facility, service, or capital expenditure when appropriate and requested by other state agencies;
  - (f) evidence of the locational appropriateness of the proposed facility or service such as transportation accessibility, manpower availability, local zoning, environmental health, etc.;

- (g) reasonable potential of the facility to meet licensure standards;
- (h) reasonable consideration shall be given to medical facilities involved in medical education.

**Statutory Authority:** § 22-21-264, (4), Code of Alabama, 1975.

## **410-1-6-.06 Additional Criteria for Determining Need**

- (1) The following criteria shall be considered in determining whether a need for the project exists, which criteria shall be in addition to the criteria set forth in Section 410 -1-6-.05:
  - (a) The need that the population served or to be served has for the services proposed to be offered, expanded, or relocated, will be considered. Specific data supporting the demonstration of need shall be reasonable, relevant, and appropriate. In cases involving the relocation of a facility or service, the extent to which a need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the relocation of the service on the ability of affected persons to obtain needed health care will be examined in determining whether there is a need for the proposed facility or service.
  - (b) Population Statistics and Growth  
Unless clearly shown otherwise, current population estimates or projections published by the Center for Business and Economic Research, University of Alabama, and data from the SHPDA Division of Data Management will be considered to be the most reliable data available. Population factors are normally included within those methodologies contained in the State Health Plan for determining need.
  - (c) Current and Projected Utilization in the Area  
The current and projected utilization of like facilities or services within the proposed service area will be considered in determining the need for additional facilities or services. Unless clearly shown otherwise, data, where available from the SHPDA Division of Data Management shall be considered to be the most reliable data available.
    - 1. Current and projected utilization may be expressed in the State Health Plan as a guideline to the SHPDA Board. Where such is the case, the SHPDA Board should give due consideration to the guidelines.
  - (d) Specialization of the Facility or Service  
The allocation of beds in the appropriate state plan addresses a general medical surgical bed need as well as a bed need for certain specialized services in the area. An applicant proposing to use such general medical surgical beds for a reviewable

limited purpose service, such as obstetrical, must prove a need or an additional need in the service area.

(e) Effect on Existing Facilities or Services

The probable effect of the proposed facility or service on existing facilities or services providing similar services to those proposed shall be considered. When the service area of the proposed facility or service overlaps the service area of an existing facility or service, then the effect on the existing facility or service shall be considered. The applicant or interested party must clearly present the methodologies and assumptions upon which any proposed project's impact on utilization in affected facilities or services is calculated.

1. Expanded Services or New Services

Expansion of existing services may be reviewed more favorably than the establishment of new services as a generally more cost effective alternative; however, the availability and accessibility of services must be considered.

2. Merger, Sharing, or Modernization of Services

Any merger of services into one facility or entity from two or more facilities or entities which can be shown to result in lower health care costs without adversely affecting need of access will be considered a favorable factor. Sharing of services which result in lower health care costs shall be considered a favorable factor. Modernization of services as an alternative to new construction which result in lower health care costs shall be considered a favorable factor.

(f) Community Reaction to the Facility or Service

The community reaction to the facility should be considered. The applicant may, at its option, submit endorsements from community officials and individuals expressing their reaction to the proposal. If significant opposition to the proposal is expressed in writing or at a public hearing, the opposition may be considered an adverse factor and weighed against endorsements received. Absence of opposition may be considered a favorable factor.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

## **410-1-6-.07      Access to the Facility or Service**

- (1) The contribution of the proposed service or facility in meeting the health related needs of traditionally medically underserved groups, (for example, low income persons, racial and ethnic minorities, women, and handicapped persons) particularly those needs identified in the appropriate state plan, will be considered. This purpose is to ensure that the medically



underserved will receive equal access to care, that the project will be accessible to the whole community, and that the community needs the proposed project. For the purpose of determining the extent to which the proposed service will be accessible, the State Agency will consider:

- (a) the extent to which the medically underserved currently use the applicant's services in comparison to the percentage of the population in the applicant's service areas which is medically underserved, and the extent to which the medically underserved are expected to use the proposed services;
  - (b) the applicant's performance in meeting its obligation, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities or handicapped to programs receiving federal financial assistance;
  - (c) the extent to which the unmet needs of Medicare, Medicaid, and medically indigent patients are proposed to be served by the applicant; and
  - (d) the extent to which the application offers a range of means by which a person will have access to the proposed services.
- (2) The State Agency shall not be required to consider access criteria in the following situations:
- (a) where the project proposes to eliminate or prevent certain imminent safety hazards or to comply with certain licensure or accreditation standards; or
  - (b) where the project proposes a capital expenditure not directly related to the provision of health services or to beds or major medical equipment.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

## **410-1-6-.08      Relationship to Existing Health Care System**

The relationship of the services proposed to be provided to the existing health care system of the area in which the services are proposed to be provided will be considered. The proposed services shall be complimentary to and supportive of the existing health care system.

**Statutory Authority:** §§ 22-21-264, 274, Code of Alabama, 1975.

## 410-1-6-.09      Appropriate Applicant

- (1) Determination shall be made that the person applying is an appropriate applicant, or the most appropriate applicant in the event of competing applications, for providing the proposed health care facility or service, such determination to be established from the evidence as to the ability of the person, directly or indirectly, to render adequate service to the public, including affirmative evidence as to the following:
  - (a) professional capability of the facility proposing the capital expenditure.
    1. If the application requires the services of a specialist, such as an open heart surgeon, the applicant will comment on the availability of such specialist.
  - (b) management capability of the facility providing the capital expenditure.
  - (c) adequate manpower, including health personnel and management personnel, to enable the facility to offer the proposed service.
  - (d) evidence of the existence of the applicant's long-range planning program and an ongoing planning process.
    1. A copy of the long-range plan is not required to be provided to the State Agency; however, a statement from the applicant regarding the plan will be required.
  - (e) evidence of existing and on-going monitoring of utilization and the fulfilling of unmet or undermet health needs in the case of expansion.
  - (f) evidence of communication with all planning, regulatory, utility agencies and organizations that influence the facility's destiny.

**Statutory Authority:** § 22-21-264 (5), Code of Alabama, 1975.

## 410-1-6-.10      RESERVED

## 410-1-6-.11      Access by Health Professional Schools

If proposed health services are to be available in a limited number of facilities, the extent to which the health professional schools in the area, or in adjacent areas, will have access to the services for training purposes will be considered.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

## 410-1-6-.12 Special Needs of Multi-Area Providers

The special needs and circumstances of those entities which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas will be considered. These entities include medical and other health professional schools, multidisciplinary clinics and specialty centers (including but not limited to obstetrical-gynecological, pediatric, eye, psychiatric, or rehabilitation hospitals, or other single specialty hospitals).

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

## 410-1-6-.13 Special Needs of Health Maintenance Organizations

The special needs and circumstances of health maintenance organizations will be considered. These needs include the needs of enrolled members and reasonably anticipated new members of the health maintenance organization for the health services proposed to be provided by the organization.

**Statutory Authority:** §§ 22-21-264, 274, Code of Alabama, 1975.

## 410-1-6-.14 Construction Projects

- (1) All construction projects shall be designed and constructed with the objective of maximizing cost containment, protection of the environment and conservation of energy. The impact of the construction costs, including financing charges on the cost of providing health care, shall be considered.
  - (a) All applicants for new construction need not provide evidence of appropriate zoning for the proposed construction but must provide such should it be requested by the Agency.
  - (b) Each proposal in excess of one million, five hundred thousand dollars (\$1,500,000.00) which involves construction, modernization, or alteration of the physical plant, shall be accompanied by a copy of the schematic drawings.
  - (c) Each proposal involving construction shall be accompanied by a cost estimate.
  - (d) Construction projects limited to the elimination of architectural barriers to the handicapped shall receive special consideration.

**Statutory Authority:** § 22-21-264 (8), Code of Alabama, 1975.

#### **410-1-6-.15 Supplemental Review Criteria**

- (1) Conformity with Local Zoning and Building Codes  
The proposed facility or service must conform to local zoning ordinances and building codes.
- (2) Compliance with Applicable State Statutes for the Protection of the Environment  
The proposed facility shall comply with all applicable state statutes and regulations for the protection of the environment.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

#### **410-1-6-.16 Compliance with State Licensure Rules, Regulations, and Standards**

- (1) The proposed facility shall be constructed and operated in compliance with the appropriate state licensure rules, regulations, and standards.
  - (a) The proponent shall certify on the application form that he has read and understands the state licensure rules, regulations, and standards and that the facility or service complies, or will comply fully.
  - (b) In the case of an existing facility, no proposal will be approved for a facility operating with a “Probational License” unless the proposal will specifically bring the facility into compliance with rules, regulations, and standards. Facilities holding “Probational Licenses” from the Alabama Department of Public Health, based on operation deficiencies, will be denied approval until the operation deficiencies are corrected and verified by the licensure authority.

**Statutory Authority:** § 22-21-264, Code of Alabama, 1975.

#### **410-1-6-.17 Past Performance of Existing Services and Facilities**

In the case of existing services or facilities, the quality of care provided by those services or facilities in the past will be considered.

**Statutory Authority:** §§ 22-21-264, 274, Code of Alabama, 1975.

## 410-1-6-.18 Required Findings for New Inpatient Facilities

- (1) No Certificate of Need for new inpatient facilities or services shall be issued unless the Certificate of Need Review Board makes each of the following findings as required by state statute:
  - (a) that the proposed facility or service is consistent with the latest approved revision of the appropriate state plan effective at the time the application was received by the State Agency;
  - (b) that less costly, more efficient or more appropriate alternatives to such inpatient service are not available, and that the development of such alternatives has been studied and found not practicable;
  - (c) that existing inpatient facilities providing inpatient services similar to those proposed are being used in an appropriate and efficient manner consistent with community demands for services;
  - (d) that in the case of new construction, alternatives to new construction (e.g., modernization and sharing arrangement) have been considered and have been implemented to the maximum extent practicable, and
  - (e) that patients will experience serious problems in obtaining inpatient care of the type proposed in the absence of the proposed new service.

**Statutory Authority:** § 22-21-266, Code of Alabama, 1975.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-7**

Review Procedures

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**410-1-7-.01      Time Periods**

Any time period established herein shall begin on the day following the event which invokes the time period. When the last day of the period falls on a Saturday, Sunday, or state or federal holiday, the period shall be extended to the next day which is not a Saturday, Sunday, or state or federal holiday. The time period shall expire at 5:00 p.m. on the last day of the computed period.

**Statutory Authority:** § 22-21-275, (3), Code of Alabama, 1975.

## 410-1-7-.02      Reviewability Determination Request

- (1) Any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to Rule 410-1-3-.09 disclosing full factual information as may be more specifically identified on the SHPDA website, supplemented by any additional information or documentation which the Executive Director may deem necessary. Such request shall be attested by an officer, partner or authorized agent of the company having knowledge of the facts contained therein, utilizing the following form:

### Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm 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  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

- (2) Upon a request being deemed complete, the Executive Director shall publish notice thereof on the Agency's web site and provide notice to the general distribution list maintained by the Agency and, for informational purposes, to the CON Board as part of its monthly Board agenda.
- (3) Within thirty (30) business days of publication of the request pursuant to (2) above, any affected person may file comments with the Agency pursuant to Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. In addition, any affected person opposing such a determination of non-reviewability may seek a declaratory ruling by filing a petition with the CON Board, which request shall be governed by the provisions of Rule 410-1-9-.01. A copy of any such filings shall be served on the person requesting the reviewability determination.
- (4) At any time following the thirty (30) day period, the Executive Director, giving due consideration to any comments received, shall respond to the request. Such response shall be rendered within forty-five (45) days of the request, unless the Executive Director finds that additional time is needed to obtain additional information or to evaluate comments filed in opposition of the request. A copy of the Agency's determination shall be included in the SHPDA Review and, for informational purposes, to the CON Board, as part of the monthly Board agenda.

- (5) The party seeking the reviewability determination or other affected person may challenge the Agency's reviewability determination by seeking a declaratory ruling from the CON Board, which shall be governed by Rule 410-1-9-.01.
- (6) Should the law or regulations change and the anticipated project become subject to review, any determination furnished under this section shall become null and void.
- (7) Except as provided below, all reviewability request shall be accompanied by a fee of \$1,200.00. A request submitted under this rule addressing solely the exemption for the purchase of equipment shall be accompanied by a fee as specified in ALA. CODE § 22-21-265 (b)(4). Reviewability determinations associated with a change of ownerships shall be governed by Rule 410-1-7-.04. Rural hospitals shall be exempt from the payment of fees under this chapter to the extent provided in ALA. CODE § 22-21-265 (1975, as amended).
- (8) All required filing fees must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

**Author:** Emily T. Marsal

**Statutory Authority:** §§ 22-21-263, 265, 275, Code of Alabama, 1975.

**History: Amended:** Filed June 12, 1997; effective July 17, 1997; **Amended:** Filed October 30, 2007; effective December 4, 2007; **Amended:** Filed March 26, 2012; effective: April 30, 2012. **Amended:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-7-.03 Notice of Intent to Acquire

Notice of intent to acquire shall be submitted in electronic PDF format, pursuant to Rule 410-1-3-.09, to the Executive Director of the State Agency, by any person entering into a contract to acquire major medical equipment which will not be owned by or located in a health care facility. Said notice shall be filed at least 30 days before the transaction occurs.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**History: Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-7-.04 Notice of Change of Ownership

- (1) Any change in ownership or control of a health care facility or service for which a CON has been granted shall be provided to the State Agency by the acquiring entity at



least twenty (20) days before the transaction occurs, unless a shorter period is authorized for good cause shown by the Executive Director.

- (2) The notice of change of ownership shall be filed pursuant to Rule 410-1-3-.09 on forms approved by the State Agency, accompanied by a reviewability determination fee of \$3,000.00 before the transaction occurs. Any transfer of ownership or control of a CON that has not become “vested” under ALA. CODE § 22-21-270(d) must meet the requirements of ALA. CODE § 22-21-270(e) to qualify for an exemption from CON review. The Executive Director shall issue a letter confirming the non-reviewability of any transfer of ownership or control that qualifies for an exemption under ALA. CODE § 22-21-270.
- (3) The notice shall include:
  - (a) the financial scope of the project to include the preliminary estimate of the costs broken down by equipment, construction, and yearly operating cost;
  - (b) the services to be offered by the proposal (the applicant will state whether he has previously offered the service and whether the service is an extension of a presently offered service, or whether the service is a new service);
  - (c) whether the proposal will include the addition of any new beds;
  - (d) whether the proposal will involve the conversion of beds;
  - (e) whether the assets and stock (if any) will be acquired; and
  - (f) any other information that the Executive Director shall deem necessary to insure a full understanding by the State Agency.
- (4) Any Request made pursuant to this rule shall be subject to the publication requirements of 410-1-7-.02, provided, however, the Executive Director may provide a determination or other response without regard to the time periods set forth in 410-1-7-.02.
- (5) All required filing fees must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency’s website.

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975.

**History: Amended:** Filed March 26, 2012; effective: April 30, 2012; **Amended:** Filed June 25, 2012; effective July 30, 2012; **Amended:** Filed September 19, 2013; effective: October 24, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-7-.05 Letter of Intent

- (1) A letter of intent must be filed electronically pursuant to Rule 410-1-3-.09 at least thirty (30) days prior to submission of a formal application and shall be accompanied by a processing fee of \$300.00. The processing fee must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.
- (2) The letter of intent must contain as a minimum the information addressed in Rule 410-1-7-.04(3)(a)-(f). All letters of intent should be directed to the Executive Director of the State Agency.
- (3) The letter of intent must include the anticipated date of filing the formal application with the State Agency.
- (4) A letter of intent shall remain effective for a period of six (6) months from the date of receipt by the State Agency. If no application is received by the State Agency within the six-month period, the letter of intent will be rendered null and void.
- (5) For those projects eligible for batching, use of the letter of intent in Rule 410-1-7-.19 should be noted.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (17), Code of Alabama, 1975.

**History: Amended:** Filed July 24, 2012; effective August 28, 2012. **Amended:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-7-.06 Filing of a Certificate of Need Application

- (1) Formal application for a Certificate of Need review shall be made on the appropriate forms provided by the State Agency, or reasonable facsimile thereof. Information required for review may vary depending on the nature of the proposal. The filing of a formal application with the Agency shall be a prerequisite for the issuance of a Certificate of Need.
  - (a) The applicant must submit the application to the Agency electronically in text searchable, PDF format, as required under SHPDA Rule 410-1-3-.09. In addition, applicants for a certificate of need for substance abuse treatment facilities or psychiatric beds shall also provide proof of publication of notice of the application once a week for two consecutive weeks in a newspaper of general circulation in the areas(s) affected, in such size and using such forms as provided by the Agency, and electronically submit proof of publication to the Agency no later than the 30<sup>th</sup> day of the review cycle. Where publication has occurred within the thirty day deadline but the newspaper failed to provide a notarized proof of publication, counsel may

provide copies of the actual publication along with a notarized certificate from counsel or an employee of the applicant attesting to the newspaper and publication date. Failure to provide proof of publication by the 30<sup>th</sup> day of the review cycle will deem the application incomplete, and it will be dismissed from the review cycle in accordance with Rule 410-1-7-.07.

- (b) Each application for a Certificate of Need except as provided below, shall be accompanied by a nonrefundable fee of one percent of the estimated cost of the proposed cost of the new institutional health service, or a maximum of \$12,000.00 indexed and a minimum of \$3,500.00.
    - 1. An applicant, other than a rural hospital as defined by the Health Care Financing Administration, who has had an average daily census comprised of fifty percent (50%) or more Medicaid patients within the last year prior to the filing of the application must pay a filing fee of three-quarters of one percent of the cost of the proposed cost of the new institutional health service with a maximum of \$8,000.00 and a minimum of \$3,000.00.
    - 2. A rural hospital applicant who has had an average daily census comprised of thirty percent (30%) or more Medicaid/Medicare patients within the last year prior to the filing of the application must pay a filing fee of three-quarters of one percent of the estimated cost of the proposed cost of the new institutional health service with a maximum of \$6,000.00 and a minimum of \$1,500.00.
    - 3. All required filing fees must be submitted to the State Agency via overnight mail and marked in a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.
  - (c) The application shall include a sworn statement as to the validity of the facts stated therein and shall be notarized by an official authorized to administer oaths in the State of Alabama.
  - (d) The filing fee is not refundable after the fee has been tendered to the State Agency.
  - (e) Any provisions of this regulation notwithstanding, a filing fee shall not be required at the time of the filing of the application if the Statewide Health Coordinating Council has not met and reviewed and/or revised the State Health Plan in the year proceeding the filing of the application unless and until the Statewide Health Coordinating Council shall subsequently meet and review and/or revise the State Health Plan. In said instances where the annual review comes after the initial filing of an application, the applicant shall have 30 days in which to pay the requisite filing fee as established at the time of filing.
- (2) The State Agency will have fifteen (15) days in which to determine whether the application is complete or incomplete. The 15-day period shall begin on the first working day following the date the application is received by the Agency; provided, however, that where

an application is subject to the batching rules, the 15-day period shall begin on the 61st day of the batching cycle.

**Statutory Authority:** §§ 22-21-267, 271, -275, Code of Alabama, 1975, Act 2003-331.

**History: Amended:** Filed February 12, 1996; effective March 18, 1996. **Amended:** Filed September 26, 2003; effective October 31, 2003. **Amended:** Filed May 3, 2005; effective June 7, 2005. **Amended:** Filed August 19, 2011; effective September 23, 2011. **Amended:** Filed July 24, 2012; effective: August 28, 2012. **Amended:** Filed December 17, 2012; effective January 21, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-7-.07 Incomplete Applications

- (1) Upon determination that the application is incomplete, the State Agency will notify the applicant of the additional information required. The applicant will have thirty (30) days from the date of the notice in which to submit the additional information.
- (2) Failure of the applicant to provide such additional information within the required thirty (30) days, will result in the application being deemed insufficient for Certificate of Need review and will be dismissed from the review process.
  - (a) The applicant will be notified if the application is dismissed from the review process.
  - (b) If the application is dismissed from the review process on the grounds that it is incomplete, the applicant will be required to file a new application with the required fee to enter the same project into the review process.
- (3) The State Agency's Executive Director may grant an extension of thirty (30) days to submit additional information in unusual circumstances, upon request by the applicant.
- (4) Once the additional information is received as required, within the thirty (30) day period, the application will be deemed complete.

**Statutory Authority:** §§ 22-21-267, 275, Code of Alabama, 1975.

## 410-1-7-.08 Complete Applications

Upon determination that the application is complete, the State Agency will notify the applicant and other affected persons of the review schedule. This notification will include, at a minimum, the identification of the proposed facility or service, to include the name of the applicant, location of the project (that is, the area of the city or county, i.e., north, south, east, west, etc., in which the project is to be located), a description of the scope of the proposal and the review schedule.

**Statutory Authority:** §§ 22-21-267, 275, Code of Alabama, 1975.

#### **410-1-7-.09      Project Review Period (Review Cycle)**

The project review period shall be ninety (90) days (unless extended) from the date the application is deemed complete. The review period will begin on the date of notification that an application is complete, which shall be the date on which the notice is sent to the applicant, affected persons and the appropriate newspapers.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

#### **410-1-7-.10      Extension of the Review Period**

- (1) Extension by the State Agency.
  - (a) The State Agency may extend the project review period for a period not to exceed thirty (30) days with or without the consent of the applicant under the following conditions:
    1. to allow time for competing or comparable applications to be heard in the same review cycle;
    2. to allow additional time for review of difficult and complicated projects;
    3. to allow the project to be reviewed at the next meeting of the Certificate of Need Review Board.
  - (b) The State Agency may extend the review period without limitation with the written consent of the applicant.
- (2) Extension by the applicant. The review period may be extended upon written request of the applicant for a period not to exceed thirty (30) days on a one-time basis.

**Statutory Authority:** § 22-21-275 (3), Code of Alabama, 1975.

#### **410-1-7-.11      Withdrawal from the Review Process**

- (1) The applicant may withdraw an application from the review process.

- (a) The request to withdraw shall be made to the State Agency pursuant to the provisions of Rule 410-1-3-.09.
- (b) If an application is withdrawn, the filing fee will not be refunded.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**Amended: Filed:** August 23, 2016; effective October 7, 2016.

## 410-1-7-.12 Thirtieth (30th) Day of the Review Period

- (1) Once an application is deemed to be complete by the State Agency staff, the applicant will then have thirty (30) days from this date in which to submit additional information. No additional data will be accepted or considered for inclusion in the application unless received on or before the thirtieth (30th) day of the review cycle, unless such additional information is requested by the Executive Director of the State Agency. Additional data may include but not be limited to the following:
  - (a) additional information, letters of support and other materials for the Board's consideration in ruling on the merits of the application;
  - (b) speakers to make the presentation to the Certificate of Need Review Board;
    - 1. The applicant will provide to the State Agency staff a complete list of speakers by name on or before the thirtieth (30th) day of the review period. Speakers will be limited to those named; only at the sound discretion of the Chairman of the Certificate of Need Review Board will substitution be permitted.
    - 2. If no list of speakers is received from the applicant, only the applicant or his designee will be allowed to speak.
    - 3. The presentations to the Certificate of Need Review Board will be limited to the materials filed as a matter of record with the Agency on or before the 30th day of the review period.
  - (c) content of visual aids used in presentations to the Certificate of Need Review Board.
    - 1. The applicant may use visual aids, such as graphs, charts and related materials in his presentation to the Certificate of Need Review Board, only if the content of such aids, provided in sufficient detail to allow any opponent to prepare a response thereto, is included in the application materials by the thirtieth (30th) day of the review cycle.

- (2) The applicant must file an electronic PDF copy of any additional information filed as a matter of record with the State Agency.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**History: Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:** Filed May 15, 1997; effective June 19, 1997. **Amended:** Filed December 17, 2012; effective January 21, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-7-.13 Forty-Fifth (45th) Day of the Review Period

- (1) Once an application is deemed complete by the State Agency staff, person(s) other than the applicant will have forty-five (45) days from the beginning of the review cycle in which to have filed with the State Agency the following:
- (a) information and letters for the Board's consideration in ruling on the merits of the application.
    - 1. Person(s) other than the applicant, who wish to submit written statements, either in opposition or support of the application, must electronically file their comments on or before the forty-fifth (45th) day of the review cycle.
  - (b) speakers to make presentations to the Certificate of Need Review Board:
    - 1. person(s) other than the applicant who wish to make an oral presentation to the Board must file a request with the State Agency naming the person who is to speak on or before the forty-fifth (45th) day of the review cycle. Only at the sound discretion of the Chairman of the Certificate of Need Review Board will substitution be permitted.
    - 2. person(s) other than the applicant who wish to make an oral presentation must have filed with the State Agency a summary statement of the presentation before or on the forty-fifth (45th) day of the review cycle, and must limit their comments to the Board to the same.
  - (c) content of visual aids used in presentation to the Certificate of Need Review Board.
    - 1. Person(s) other than the applicant may use visual aids such as graphs, charts, and related materials in the presentation to the Certificate of Need Review Board, only if the content of such aids is submitted to the State Agency on or before the forty-fifth (45th) day of the review cycle, in sufficient detail to enable the applicant to prepare a response thereto.
- (2) Affected persons filing any information with the Agency in support or opposition to a matter must file an electronic PDF copy with the Agency pursuant to the provisions of Rule 410-1-3-.09, and certify that they have filed a copy of such materials on the applicant and

all intervenors the same day said materials are filed with the State Agency, either by hand delivery, First Class U. S. Mail (postage prepaid), or overnight courier. If said materials are mailed, the same shall be postmarked the same date the materials are filed of record with the State Agency. Filings not served on other parties in substantial compliance with this regulation may be excluded from the record.

- (3) Affected persons as defined in Rule 410-1-2-.18 must file an electronic PDF copy of any materials filed of record with the State Agency pursuant to the provisions of Rule 410-1-3-.09. Any evidentiary submission, including documents, charts, or graphs, must be accompanied by a sworn verification that the facts stated in the foregoing testimony are true to the best of the preparer's knowledge, information and belief. Such certifications and verifications shall be on such forms as may be provided by the Agency.
- (4) Person(s) other than the applicant and affected persons will not be required to file a copy of their letter of support or opposition with the applicant.
- (5) Letters from persons other than the applicant and affected persons will be placed in a separate file and made available to members of the Certificate of Need Review Board for their inspection during public hearings for the subject project.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**History: Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:** Filed May 3, 2005; effective June 7, 2005. **Amended:** Filed December 17, 2012; effective January 21, 2013. **Amended:** Filed August 23, 2016; effective October 7, 2016.

#### **410-1-7-.14      Fiftieth (50th) Day of the Review Period**

The State Agency staff shall prepare a staff report on each application in the review process. The staff report shall be mailed to the applicant on or before the fiftieth (50th) day of the review period.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

#### **410-1-7-.15      Fifty-Fifth (55th) Day of the Review Period**

The applicant or any intervenor of record may request a contested case hearing, as described in Section 410-1-8-.02, on or before the 55th day of the review cycle.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.



## 410-1-7-.16      Sixty-Fifth (65th) Day of the Review Period

The applicant may respond in letter form to the State Agency staff report and any comments submitted in opposition to the application on or before the sixty-fifth (65th) day of the review cycle, pursuant to the provisions of Rule 410-1-3-.09.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

**History: Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-7-.17      Certificate of Need Review Board Public Hearings

- (1) The Certificate of Need Review Board will hold monthly public hearings for the purpose of reaching decisions on all applications in the review cycle.
  - (a) The application should be scheduled to be heard by the Certificate of Need Review Board not less than eighty (80) days after the project has been deemed complete and no longer than ninety (90) days unless the application has been extended.
  - (b) Notification of the public hearing will be made in writing to the applicant and other affected parties. The general public will be notified of the public hearing through news releases. The notification will include the time, place, and nature of the public hearing.
  - (c) Where an Administrative Law Judge has conducted a contested case hearing with respect to an application or competing applications, pursuant to 410-1-8-.02, then presentations before the Certificate of Need Review Board shall be by written briefs filed with the Agency no later than seven (7) days before the Certificate of Need Review Board meeting at which the recommended findings of fact and conclusions of law submitted by the Administrative Law Judge are to be considered and/or, at the discretion of the Chairperson by oral arguments.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975 and §§ 41-22-15 & -16, Code of Alabama 1975.

**History: Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:** Filed May 15, 1997; effective June 19, 1997. **Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-7-.18      Failure to Reach Decision Within Time Specified

Should the State Agency fail to reach a decision within the ninety (90) day project review period or an authorized extension thereof, the application will be deemed denied and the project deemed not to be needed.

**Statutory Authority:** § 22-21-275 (3), Code of Alabama, 1975.

## **410-1-7-.19      Batching**

- (1) Batching is the formal review in the same 90-day review cycle and comparative consideration of all completed applications pertaining to similar types of services, facilities, or equipment affecting the same health service area.
- (2) Batch eligible projects are only those facilities, services, and equipment which are finite in number (such finite number being greater than zero) as defined by the State Health Plan.
- (3) The concurrent review cycle (batching) begins when a letter of intent is submitted by an applicant for a project which is batch eligible. The letter of intent shall be in such detail as to advise the State Agency and other health care providers in the same health service area of the nature, scope and approximate cost of the project for which Certificate of Need approval will be sought. (See 410-1-7-.04)
- (4) The following is the concurrent review schedule (batching):
  - (a) Day One (1): Day one (1) begins on the fifth (5th) working day following receipt of the letter of intent by the State Agency at which time written notice will be sent to all affected persons, which will include a copy of the letter of intent. Notice will be sent to all affected persons by calendar day one.
  - (b) Day Thirty (30): On or before day thirty (30), all other letters of intent for a similar project must be submitted.
  - (c) Day Sixty (60): On or before day sixty (60), all Certificate of Need applications must be on file according to 410-1-7-.06 (1). No Certificate of Need application will be deemed complete prior to the sixtieth (60th) day.
  - (d) Day Seventy-five (75): On or before day seventy-five (75), the State Agency will have determined whether the application is complete or incomplete.
  - (e) Day Ninety (90): On or before day ninety (90), all additional information for incomplete applications must be received or the project will be deleted from the concurrent review cycle.
- (5) On day ninety (90), the project review period (Review Cycle) commences following 410-1-7-.08 through 410 -1-7-.15, with the exclusion of 410-1-7-.09.
- (6) There will be no extensions by the State Agency or the applicant during the concurrent review cycle as described in this rule.

- (7) If no other letters of intent are received by the State Agency on or before day thirty (30) as described in this rule, then the applicant may proceed according to 410 -1-7-.05.
- (8) If no more than one (1) Certificate of Need application has been received by the State Agency on or before day 60 as described in this rule, then the applicant may proceed according to 410-1-7-.06.
- (9) Formal batching pursuant to this section is permissive and not mandatory where full competitive review may be afforded batch-eligible applications in the course of the normal review cycle. The determination whether formal batching pursuant to this section should be followed shall be made by the Executive Director in his discretion.

**Statutory Authority:** § 22-21-275, Code of Alabama, 1975.

## **410-1-7-.20      Variance in Review Procedures**

Review procedures provided for in these regulations may vary according to the purpose of which a particular review is being conducted and/or the nature and type of service or expenditure proposed.

**Statutory Authority:** § 22-21-275 (18), Code of Alabama, 1975.

## **410-1-7-.21      Temporary Fee Surcharge**

In addition to all other fees specified in these rules, all applications for a Certificate of Need filed after May 8, 2012, shall be accompanied by an additional fee of \$2,000.00, and all requests for a reviewability determination submitted on or after May 8, 2012, shall be accompanied by an additional fee of \$300.00. The temporary fee surcharges set forth above shall terminate upon the first day of the ninth month after certification by the Executive Director of the successful implementation of an on-line, searchable electronic filing system. Such online electronic filing system shall be implemented on or before January 1, 2014.

Author: Alva M. Lambert

**Statutory Authority:** §22-21-271(d), Code of Alabama, 1975.

**History:** New Rule. Filed: July 24, 2012; Effective August 28, 2012.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-8**

Public Hearings and Appeals

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**410-1-8-.01      Public Hearing During Course of Review**

Each application for a Certificate of Need shall be accorded a public hearing during the course of the project's review, which will be held at the monthly meeting of the Certificate of Need Review Board unless the applicant or intervenor of record shall have timely requested that the application

or competing applications be assigned to an Administrative Law Judge for a contested hearing pursuant to the requirements of the Alabama Administrative Procedure Act. Upon timely written request on or before the fifty-fifth (55th) day of the review period, the applicant or any intervenor of record may request that the application be assigned to an Administrative Law Judge for such contested hearing. If no such party of record shall have made a timely request for assignment to an Administrative Law Judge, the application or competing applications shall be heard before the Certificate of Need Review Board at a public hearing as provided above.

Author: Alva M. Lambert

**Statutory Authority:** § 41-22-12 and § 22-21-275 (6), Code of Alabama, 1975, as amended by Act 98-341.

**History: Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.02      Contested Case Before Administrative Law Judge

- (1) Upon timely written request of the applicant or intervenor of record that the application be assigned to an Administrative Law Judge, the Executive Director shall direct that the public hearing on the application or applications be held before an Administrative Law Judge appointed by the Governor of the State of Alabama. The assignment to an Administrative Law Judge shall occur within ten (10) days of the request, unless extended by agreement of the parties or as required to identify and resolve scheduling or conflict issue involving a potential judge. The Administrative Law Judge shall conduct the contested case proceedings in accordance with the Alabama Administrative Procedure Act, and shall file with the Board proposed findings of fact and conclusions of law with the Board in accordance with ALA. CODE §§ 41-22-15 & -16, (1975 as amended).
- (2) In the case of competing or batched applications, if one competing applicant or intervenor makes request pursuant to Rule 410-1-8-.02 (1) for a contested case hearing, then all applications which are competing or batched with that applicant shall be also conducted as contested cases, regardless of whether such request for contested case status is made by those applicants.
- (3) A fee not to exceed the cost of the contested case proceeding, including the fee paid to the Administrative Law Judge, will be imposed upon the parties to the contested case proceeding. The parties shall each be responsible for their own legal fees.
- (4) Security for costs shall be filed with the request for a contested case proceeding. If the requester desires to post cash in lieu of security for costs, application shall be made to the Agency and the amount of cash to be posted shall be set by the State Agency. Security for costs shall be approved by the State Agency. Any cash security shall be conditioned and deposited to secure the payment of the Administrative Law Judge, at the conclusion of the contested case proceeding. Failure to file security for costs with the request for a contested case proceeding shall result in the contested case proceeding request being deemed incomplete.

- (5) In contested cases the presiding officer of the Certificate of Need Review Board, or, if the case is assigned to an Administrative Law Judge, the Administrative Law Judge, may in his or her discretion, issue a discovery order requiring applicants and intervenors, a reasonable time before the contested case hearing, to exchange lists of expected witnesses, together with a general summary of each witness' testimony, copies of documents to be offered as evidence at the hearing and if specifically requested, copies of any documents referred to in the Certificate of Need application not otherwise available to the public. Unless extended by written agreement of all parties: (a) any public hearing before an Administrative Law Judge pursuant to this section shall begin within forty-five (45) days of assignment to the Administrative Law Judge and be completed within ninety (90) days; and (b) the Administrative Law Judge shall render proposed findings of fact and conclusions of law in accordance with the Alabama Administrative Procedure Act within thirty (30) days of completion of the transcript.
- (6) In contested cases heard before an Administrative Law Judge, the Administrative Law Judge may require the direct or redirect examination of a witness through pre-filed testimony in lieu of oral examination. Such pre-filed testimony shall be in written question and answer form and shall be filed at least 10 calendar days prior to the hearing, unless directed otherwise by the Administrative Law Judge. At the hearing, such pre-filed testimony may, upon motion, be incorporated into the record as if the questions had been asked of the witness and the answers had been given orally, provided such testimony has been properly identified and authenticated under oath by the witness for whom it is presented and further provided that such witness is made available for cross-examination. In such cases, witnesses may also summarize their testimony orally. Pre-filed testimony may be stricken by the Administrative Law Judge on the same grounds applicable to testimony presented through oral examination. An Administrative Law Judge may take other measures to streamline the hearing process, including reasonable limitations on the number of witnesses, time of presentation, and restrictions on the presentation of testimony that is purely cumulative in nature.
- (7) Because substantial information is contained in applications for Certificates of Need, in supplemental filings, and in filings required of intervenor-opponents, it is the Agency's experience and judgment that the probative value of additional information obtained through more extensive discovery rarely justifies the accompanying burdens in time and expense, even though there is always additional information which is arguably "relevant" or "material." Therefore, depositions, interrogatories, document production requests, requests for admission, subpoenas, or subpoenas duces tecum, are not favored, and it is recommended that the discretion to authorize such discovery be exercised against permitting such discovery, or that any such discovery be limited to the most rare and unusual circumstances.
- (8) All written request filed pursuant to this rule must be filed in accordance with the provisions of Rule 410-1-3-.09.

Author: Alva M. Lambert

**Statutory Authority:** § 41-22-12, § 41-22-15 and § 41-23-16, Code of Alabama, 1975.

**History: Amended:** Filed April 22, 1992. **Amended:** Filed October 17, 1996; effective November 21, 1996. **Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:**

Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 18, 2011, effective September 22, 2011. **Amended:** Filed January 20, 2012; effective February 24, 2012. **Amended:** Filed September 23, 2014; effective: October 28, 2014. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## **410-1-8-.03      Conduct of Public Hearings**

Opportunity shall be afforded all persons who make a timely notice under 410-1-7-.12, 410-1-7-.13, 410-1-8-.01, and 410-1-8-.02 of these Rules to respond and present evidence and argument on all material relevant to the issues involved and to be represented by counsel at their own expense. Provided, however, that where a contested case hearing has been held before an Administrative Law Judge, presentations to the Certificate of Need Review Board shall be by written exceptions electronically filed with SHPDA in accordance with Rule 410-1-8-.05 and 410-1-3-.09 and, at the discretion of the Chairperson, by oral arguments.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 and § 41-22-12 (d), Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed September 19, 1996; effective October 23, 1996. **Amended:** March 13, 1997; effective April 18, 1997. **Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## **410-1-8-.04      Testimony at Public Hearing**

All oral presentations made at the public hearing shall be sworn to. A transcript of the public hearing will be made by a registered court reporter designated by the State Agency. Minutes of the public hearing will be made by the State Agency and approved by the Certificate of Need Review Board. On reconsiderations, at fair hearing, and on judicial appeal, the transcript and minutes of the public hearing will be made a part of the public record.

**Statutory Authority:** § 22-21-275 and § 41-22-12, Code of Alabama, 1975.

## **410-1-8-.05      Majority Decision**

- (1) Where the public hearing has been held by the Certificate of Need Review Board, then at the conclusion of the evidence, and after an opportunity for questioning of the applicant or other party, a quorum of the CON Review Board shall, by a majority vote of the members voting, grant or deny, in whole or in part, the application for the CON or other matter properly before the Board.
- (2) Where the public hearing has been assigned to and conducted by an Administrative Law Judge, the Administrative Law Judge shall render proposed findings of fact and

conclusions of law in accordance with the Alabama Administrative Procedure Act, within the time period prescribed in Ala. Admin. Code r. 410-1-8-.02. Exceptions to the findings of fact and conclusions of law shall be filed with the agency within seven days after the findings of fact and conclusions of law are rendered. The proposed findings of fact and conclusions of law issued by the Administrative Law Judge and the record of the contested case hearing, and the exceptions to the proposed order, if any, shall be submitted to the individual members of the Certificate of Need Review Board. The proposed findings of fact and conclusions of law shall be presented to the Certificate of Need Review Board at its next regularly scheduled Board meeting and either ratified or rejected, in whole or in part, by a majority vote of a quorum of its membership.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 and § §41-22-15 & -16, Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** File March 13, 1997; effective April 18, 1997. **Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 18, 2011; effective September 22, 2011.

## 410-1-8-.06      Effective Date of Decision

No decision of the Certificate of Need Review Board shall be deemed final and become the final decision of SHPDA until fifteen (15) days following the date of the decision. In cases first heard before an Administrative Law Judge (“ALJ”), the ALJ proposed Findings of Fact and Conclusions of Law shall become final and the final decision of SHPDA fifteen (15) days after the recommended order is issued if no exceptions are filed.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (13), Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed May 27, 2015; effective July 1, 2015.

## 410-1-8-.07      Final Order

- (1) The Certificate of Need Review Board shall issue a final written order respecting the award of a Certificate of Need or application for exemption. Any order respecting the award of a Certificate of Need shall include findings of fact and conclusions of law, separately stated. The final order shall be issued within fifteen (15) days.
  - (a) after the public hearing is concluded, if conducted by the CON Review Board; or
  - (b) after the recommended findings of fact and conclusions of law is submitted to and voted upon by the CON Review Board, if the public hearing is conducted by an Administrative Law Judge.



- (2) Parties may submit proposed findings of fact to the Certificate of Need Review Board for inclusion in the final order.
- (3) The aforementioned time periods may be extended by the consent of all parties and approval by the CON Board Chairperson.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (10), § 41-22-15, and § 41-22-16, Code of Alabama, 1975.

**History:** March 21, 1985. **Amended:** Filed February 13, 1997; effective March 20, 1997.

**Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.08 Issuance of Certificate of Need

- (1) The Executive Director of the State Agency shall issue a Certificate of Need to the applicant thirty (30) days after the decision of the Certificate of Need Review Board is deemed final, unless the issuance of the Certificate of Need is suspended by the filing of a request for reconsideration pursuant to Sections 410-1-8-.14 and 410-1-8-.15, or request for fair hearing under Section 410-1-8-.17. The thirty (30) day period may be waived or extended with the consent of all parties. In cases where an Administrative Law Judge's (ALJ) proposed Findings of Fact and Conclusions of Law becomes the final decision of SHPDA due to no exceptions being filed, the Executive Director shall issue a certificate of need to the applicant within fifteen (15) days of such decision becoming final.
- (2) A press release of the issuance of a Certificate of Need shall be issued the same day the Certificate of Need is issued to the applicant. The press release will include the following information:
  - (a) name of applicant;
  - (b) name and location of the project;
  - (c) description of the proposal; and
  - (d) the Certificate of Need Review Board's decision.

**Statutory Authority:** § 22-21-265 and § 22-21-275 (5), Code of Alabama, 1975.

**History:** **Amended:** Filed September 19, 1996; effective October 23, 1996. **Amended:** Filed February 13, 1997; effective March 20, 1997. **Amended:** Filed May 27, 2015; effective July 1, 2015.

## 410-1-8-.09 Reconsideration of Decision

- (1) Any aggrieved party, including the applicant, any competing applicant or any aggrieved person who has intervened pursuant to ALA. CODE § 41-22-14 (1975 as amended) may file a request for reconsideration of the decision pursuant to the provisions of Rule 410-1-3-.09 within fifteen (15) days to the date SHPDA's decision is deemed final. The request shall state with particularity the evidence which supports one or more of the grounds for reconsideration.
- (2) Such application for reconsideration will lie only:
  - (a) if the final decision of SHPDA is:
    - (i) in violation of constitutional or statutory provisions;
    - (ii) in excess of the statutory authority of SHPDA;
    - (iii) in violation of a SHPDA rule;
    - (iv) made upon unlawful procedure;
    - (v) affected by other error of law;
    - (vi) clearly erroneous in view of the reliable probative, and substantial evidence on the whole record; or
    - (vii) unreasonable, arbitrary or capricious or characterized by an abuse of discretion or a clearly unwarranted exercise of discretion; or
  - (b) if the party requesting reconsideration presents any significant relevant and material newly discovered information not previously considered by SHPDA which, with reasonable diligence, could not have been discovered in time to be presented before SHPDA made its decision.

There shall be no action for reconsideration of a prior order on reconsideration.

- (3) An aggrieved party shall not be required to request reconsideration prior to or as a condition requesting a fair hearing or as a condition to seeking judicial review pursuant to ALA. CODE § 41-22-20 (1975 as amended).

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (12), and § 41-22-17, Code of Alabama, 1975.

**History:** March 21, 1985. **Amended:** Filed June 12, 1997; effective July 17, 1997. **Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-8-.10 Conduct of Hearing on Request for Reconsideration

The Certificate of Need Review Board shall conduct a public hearing on the request for reconsideration. The hearing on the request for reconsideration shall be held within thirty (30) days from the date of the written request for reconsideration at the regular monthly meeting of the Certificate of Need Review Board. All oral presentations made at the reconsideration shall be sworn to. A transcript of the reconsideration hearing will be made by a registered court reporter.

Minutes of the reconsideration hearing will be made by the State Agency and approved by the Certificate of Need Review Board.

**Statutory Authority:** § 22-21-275 (12), Code of Alabama, 1975.

#### **410-1-8-.11      Notice of Hearing on Request for Reconsideration**

Notice of the hearing on a request for reconsideration shall be provided by the state Agency to the person requesting the reconsideration hearing, the applicant, and any other person who has made a timely application for intervention in the case.

**Statutory Authority:** § 22-21-275 (5), (12), Code of Alabama, 1975.

**History:** Filed: August 23, 2016; effective October 7, 2016.

#### **410-1-8-.12      Substance of Hearing on Request for Reconsideration**

The purpose of the hearing on the request for reconsideration is to determine whether good cause has been shown by the person requesting the reconsideration hearing. The only evidence to be considered by the Certificate of Need Review Board is the record of the prior public hearing on the application, the written evidence of good cause submitted by the requester, and any other written evidence filed by an applicant or intervenor to the case which refutes the written evidence of good cause. The Certificate of Need Review Board will consider all written evidence and will, in its discretion pursuant to 410-1-8-.09(3), by a majority vote of a quorum of its members present, determine whether good cause has been proven. Following a determination that good cause has been proven, the request for reconsideration will be granted and the application for the Certificate of Need will be heard at the next regularly scheduled meeting of the Certificate of Need Review Board, with the applicant having the burden of proof. Following a determination that good cause has not been found, the request for reconsideration will be denied.

**Statutory Authority:** § 22-21-275 (12), and § 41-22-17, Code of Alabama, 1975.

**History: Amended:** Filed June 12, 1997; effective July 17, 1997.

#### **410-1-8-.13      Effect of Reconsideration Request**

The request for reconsideration shall have the effect of holding in abeyance the final decision and the issuance of the Certificate of Need by SHPDA and suspending any Certificate of Need issued pursuant to said final decision pending the outcome of the public hearing on reconsideration.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (12) as amended by Act 98-341 and § 41-22-17, Code of Alabama, 1975.

**History:** March 21, 1985. Amended: Filed February 1, 2000; effective March 7, 2000.

#### **410-1-8-.14 Issuance of Certificate of Need After Denial of Reconsideration**

Following the denial of a request for reconsideration by the Certificate of Need Review Board, an application for a Certificate of Need having been approved, the Executive Director of the State Agency shall issue the Certificate of Need to the applicant, as soon as practicable after the denial.

**Statutory Authority:** § 22-21-275 (12), Code of Alabama, 1975.

#### **410-1-8-.15 Issuance of Certificate of Need After Granting of Reconsideration**

If the request for reconsideration is granted, a Certificate of Need shall be issued pursuant to the outcome of the reconsideration hearing and pursuant to Rules 410-1-8-.05 through 410-1-8-.08.

**Statutory Authority:** § 22-21-275 (12), Code of Alabama, 1975.

#### **410-1-8-.16 Fair Hearing**

Any adverse SHPDA decision (other than a SHPDA decision after first being heard as a contested case before an Administrative Law Judge pursuant to the requirements of the Alabama Administrative Procedure Act) may be appealed to a fair hearing before an Administrative Law Judge appointed by the Governor of the State of Alabama. The appeal shall be commenced by a request for a fair hearing by the applicant or any competing applicant, or any aggrieved party of record, which request shall be properly filed with the Agency within fifteen (15) days of the date that the decision of SHPDA became final, or in the event of a request for reconsideration, within fifteen (15) days of the date that the decision of SHPDA on reconsideration became final. The request must be filed electronically pursuant to the provisions of Rule 410-1-3-.09. Fair Hearing review is not available in cases which were first heard as a contested case before an Administrative Law Judge pursuant to the requirements of the Alabama Administrative Procedure Act.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14) Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 12, 1996; effective March 18, 1996.

**Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-8-.17      Effect of Fair Hearing Request

The request for fair hearing shall have the effect of holding in abeyance the issuance of the Certificate of Need and suspending any Certificate of Need issued pursuant to SHPDA's decision subject to the outcome of the fair hearing.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14) Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.18      Notice of Fair Hearing

Notice of the fair hearing shall be provided by the State Agency to the applicant, the requester, and any other person who has made a timely application for intervention in the case below. Notification to the general public will be made through a news release to a newspaper of general circulation serving the area in which the proposed health care facility or health service is to be located.

**Statutory Authority:** § 22-21-275 (5) Code of Alabama, 1975.

**History:** **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-8-.19      Time and Place of Fair Hearing

The fair hearing will be held in the city of Montgomery unless the applicant, State Agency, and any intervenor of record jointly stipulate another location. The time and location of the fair hearing will be determined by the Fair Hearing Officer.

**Statutory Authority:** § 22-21-275 (14) Code of Alabama, 1975.

## 410-1-8-.20      Time Limit From Request of Convening of Fair Hearing

The fair hearing will be held within thirty (30) days of the receipt of the written request by SHPDA unless continued at the discretion of the Fair Hearing Officer upon motion of the applicant, where there is only one application, or by the successful applicant or applicants where there are competing applications. No continuance will be granted for longer than six (6) months from the date the written request was received by SHPDA.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14) Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.21 Conduct of the Fair Hearing

The Fair Hearing Officer shall conduct the fair hearing, a transcript of which will be made by a registered court reporter designated by the State Agency. The fair hearing shall be open to the public. All parties are entitled to be represented by counsel at their own expense.

Statutory Authority: § 22-21-275 (14) Code of Alabama, 1975.

## 410-1-8-.22 Substance and Limitation of Fair Hearing

- (1) The fair hearing shall be heard de novo as a contested case in accordance with Ala. Code 1975 §§ 41-22-12 and 41-22-13. The record of the hearing before the Certificate of Need Review Board and the Order issued by the Board shall be part of the record and shall be given due consideration by the Fair Hearing Officer. The Applicant may not submit evidence that would constitute an untimely amendment of its application as deemed complete by SHPDA.
- (2) The fair hearing appeal proceeding shall be conducted pursuant to the requirements of the Alabama Administrative Procedure Act. Title 41, Chapter 22, Ala. Code 1975.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14) Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Repealed and New Rule: Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.23 Reserved

**Statutory Authority:** §22-21-275(14) Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Repealed:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.24 Entry of Final Order by the Fair Hearing Officer

Within thirty (30) days after the completion of the transcript, unless extended by agreement of all parties of record, the Fair Hearing Officer shall enter a final order respecting the issuance of a Certificate of Need, which final order shall contain findings of fact and conclusions of law

regarding the application. The final order of the Fair Hearing Officer shall be effective upon its filing with SHPDA. Any aggrieved party of record to a Certificate of Need application filed after May 8, 2012 may appeal the final order to the Alabama Court of Civil Appeals within twenty-one (21) days after the decision of the Agency becomes final. Within thirty (30) days after a notice of appeal is filed, SHPDA shall transmit the administrative record to the clerk, with the appealing party bearing the costs associated with the preparation and transmission of the record and transcript of the hearing and of giving notice to the parties of the transmittal.

Author: Alva M. Lambert.

**Statutory Authority:** §§ 22-21-275(6), (14) and §§ 41-22-1-20, Code of Alabama, 1975.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

**Amended:** Filed September 28, 2012; effective November 2, 2012.

## 410-1-8-.25      Effect of Final Order Entered by Fair Hearing Officer

The decision of the Administrative Law Judge in the fair hearing proceeding shall be considered the final decision of SHPDA.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14), Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. Repealed and New Rule Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.26      Reserved

**Statutory Authority:** § 22-21-275(14) Code of Alabama 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Repealed:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-8-.27      Issuance of Certificate of Need Subsequent to Fair Hearing

The Certificate of Need shall be issued as soon as practicable after the date of filing by the Fair Hearing Officer of the final order directing the issuance of the certificate.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-275 (14), Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

#### 410-1-8-.28      Fees

A fee not to exceed the direct cost of the fair hearing will be imposed upon the parties to the fair hearing. The parties and the State Agency will each be responsible for their own legal fees.

**Statutory Authority:** § 22-21-275 (14), Code of Alabama, 1975.

#### 410-1-8-.29      Compensation of Fair Hearing Officer

The Fair Hearing Officer will be compensated at an hourly rate established by the State Agency.

**Statutory Authority:** § 22-21-275 (14), Code of Alabama, 1975.

#### 410-1-8-.30      Fair Hearing Security For Costs

Security for costs shall be filed with the Notice of Fair Hearing. If the requester desires to post cash in lieu of security for costs, application shall be made to the Agency and the amount of cash to be posted shall be set by the State Agency. Security for costs shall be approved by the State Agency. Any cash security shall be conditioned and deposited to secure the payment of the Fair Hearing Officer, at the conclusion of the Fair Hearing process. Failure to file security for costs with the request for Fair Hearing shall result in the Fair Hearing request being deemed incomplete.

**Statutory Authority:** § 22-21-275 (14), Code of Alabama, 1975.

**History:** Filed April 22, 1992; effective May 27, 1992.



RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-9**

Rules of Practice

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**410-1-9-.01      Declaratory Rulings**

- (1) The CON Review Board may issue declaratory rulings to any person substantially affected by a rule, with respect to the validity of the rule, or with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by the State Agency, or with respect to the meaning and scope of any order of the State Agency. Such rulings shall be issued provided:
  - (a) the petitioner makes his request pursuant to Rule 410-1-3-.09 no later than fourteen (14) days prior to the regularly scheduled meeting of the CON Review Board, accompanied by a fee of \$1,150.00. The required filing fee must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee maybe submitted electronically via the payment portal available through the State Agency’s website; and
  - (b) the petitioner shows that he is substantially affected by the rule in question; and
  - (c) sufficient facts are supplied in the request to permit the Certificate of Need Review Board to make a valid determination; and
  - (d) the request arises from an actual question or controversy.
- (2) Such rulings will be made in accordance with the Alabama Administrative Procedure Act ALA. CODE § 41-22-11 (1975 as amended).

**Statutory Authority:** § 41-22-4 and § 41-22-11, Code of Alabama, 1975.

**History:** Filed August 23, 2016; effective October 7, 2016. **Amended:** Published October 31, 2025; effective December 15, 2025.

## 410-1-9-.02 Rules of Evidence

In contested cases, the rules of evidence as applied in non-jury civil cases in the circuit courts of this state shall be followed. The applicant or other interested party may waive the right to invoke the rules of evidence.

**Statutory Authority:** § 41-22-13, Code of Alabama, 1975.

## 410-1-9-.03 Intervention

On or before the 45th day of the review period, any person

- (1) who has standing to seek injunctive relief against violations of Section 22-21-260, et. seq., Code of Alabama, 1975, or of any reasonable rules and regulations of the SHPDA; or
- (2) upon whom a statute confers an unconditional right to intervene; or
- (3) who has an individual interest in the outcome of the case as distinguished from a public interest and the representation of the interest of that person is inadequate, shall be permitted to intervene upon timely application. The application to intervene shall be in writing and shall state the identity of the intervenor, the names of all persons who will testify on behalf of the intervenor, and a concise statement of the substance of the testimony to be offered.

**Statutory Authority:** § 22-21-276 and § 41-22-14, Code of Alabama, 1975.

## 410-1-9-.04 Petition for Adoption of Rule

- (1) Any person who wishes to propose that the State Health Planning and Development Agency adopt, amend, or repeal any rule shall submit said proposal in the following form:

- (a) Petition for Adoption of Rule

1. Petitioner

- (i) Name \_\_\_\_\_

- (ii) Address \_\_\_\_\_

- (iii) Phone \_\_\_\_\_

2. Character of Change

- I propose that the State Health Planning and Development Agency

- (i) ( ) adopt the following rule.

- (ii) ( ) amend Rule \_\_\_\_\_ as follows.

- (iii) ( ) repeal Rule \_\_\_\_\_ in total.

3. Text of Proposed Rule  
If you checked box “i” above, type the rule you propose. If you checked “ii” above, type the currently effective rule, adding any proposed language. Proposed new language should be underlined and proposed deletions should be marked through. If you checked box “iii” above, skip this and go to part 4.
4. Purpose of Change  
Briefly describe what the effect of this change will be, and why you believe the change should be made.
5. Signature
  - (i) \_\_\_\_\_  
Date
  - (ii) \_\_\_\_\_  
Petitioner

**Statutory Authority:** Code of Alabama, 1975.

## 410-1-9-.05      Deadline for Submission of Written Documents for Consideration at Public Hearings

Unless otherwise provided herein, all motions and other written documentation to be considered by the CON Review Board or Administrative Law Judge at the public hearing shall be filed with the State Agency and served on, or provided to, the applicant and/or any intervenors and opponents of record not less than fourteen (14) days prior to the public hearing.

**Statutory Authority:** § 22-21-276 and § 41-22-14, Code of Alabama, 1975.  
Effective Date: October 12, 1992.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-10**

Special Reviews

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**410-1-10-.01      Emergency Review**

- (1) Any person may apply independently and without notice for an emergency Certificate of Need for the authorization of capital expenditures made necessary by unforeseen events which endanger the health and safety of the patients. Emergency capital expenditures include, but are not necessarily limited to, emergency expenditures to maintain quality care, overcome failure of fixed equipment, including heating and air conditioning equipment, elevators, electrical transformers, and switch gear, sterilization equipment, emergency generators, water supply and other utility connections and damage caused by natural or manmade disaster.
  - (a) The applicant must notify the State Agency in writing, describing the nature of the emergency, the probable amount of the emergency expenditure and the anticipated date that the emergency expenditure would be obligated. The applicant must clearly demonstrate that an emergency exists. A copy of the application shall be served on any party that has a pending application seeking a Certificate of Need for similar authority in the same health service area. Each application for an emergency Certificate of Need shall be accompanied by a nonrefundable filing fee as provided for in rule 410-1-7-.06(1)(b).
  - (b) The Executive Director shall publish notice of the application on the agency's website and provide general notice to the general distribution list maintained by the agency and notify the Chairman and the Vice Chairman of the Certificate of Need Review Board of the stated emergency, who may, upon a determination that an emergency actually exists, order that a Certificate of Need be issued. The Chairman and Vice-Chairman may approve an application for an emergency Certificate of Need prior to the fifteen (15) comment period referenced in paragraph (c) below upon a finding that a fifteen day (15) delay in issuance of the emergency Certificate of Need would result in direct and immediate danger to the health and safety of patients. Should the Chairman or Vice-Chairman recuse himself or herself from

consideration of the application, it may be approved with the signature of the remaining officer.

- (c) Within fifteen (15) days of publication pursuant to (b) above, any affected person may file with the agency comments regarding the application, regardless of whether it has been approved by the Chairman and Vice-Chairman.
  - (d) The Executive Director, prior to the meeting of the Certificate of Need Review Board (“Board”) where ratification is to be considered, shall provide copies of any comments to the Certificate of Need Review Board members for their consideration.
  - (e) An emergency Certificate of Need which has been issued by the Chairman and Vice-Chairman shall be voted upon and ratified or disapproved by the Board at the next regularly scheduled meeting in which a quorum exists to consider the matter. Failure to ratify the emergency Certificate of Need at such meeting shall render the Certificate of Need null and void.
  - (f) The applicant or intervenor may appeal the Board’s grant or denial of an Emergency Certificate of Need to a Fair Hearing. Such appeal shall be conducted in accordance with the provisions of ALA. ADMIN. CODE r. 410-1-8-.16 applicable to regular Certificate of Need applications; provided, however, that the Fair Hearing Officer shall conduct a hearing on an expedited basis and shall issue an order within two (2) weeks of the filing of the appeal, unless this period is extended by consent of all parties. There is no right to a Fair Hearing appeal for an emergency Certificate of Need request not signed by the Chairman and Vice-Chairman pursuant to paragraph (b) above.
  - (g) A firm commitment or obligation shall be incurred pursuant to the emergency Certificate of Need within ninety (90) days from the date of issuance thereof. No extensions of Emergency Certificates of Need will be authorized.
- (2) All written documents submitted pursuant to this rule must be filed in accordance with the provisions of Rule 410-1-3-.09. All required filing fees must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency’s website.

**Statutory Authority:** § 22-21-268, Code of Alabama, 1975.

**History: Amended:** Filed May 27, 2015; Effective July 1, 2015. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-10-.02 Non-Substantive Review

- (1) A person may apply for a non-substantive review which is applicable to proposals for capital expenditures up to five hundred thousand dollars (\$500,000.00) and which:
  - (a) does not result in a substantial change in service; or
  - (b) proposes equipment to upgrade or expand an existing service; or
  - (c) increases the bed capacity by not more than ten percent (10%) of the existing bed capacity; provided that such increase in bed capacity is consistent with the State Health Plan.
- (2) A non-substantive review shall consist of Parts I and IV of the regular application and such other information deemed necessary by the Executive Director. All other requirements for regular review shall apply; provided, however, that the Executive Director may shorten the review period for non-substantive review at his discretion.

**Statutory Authority:** § 22-21-275 (4), Code of Alabama, 1975.

## 410-1-10-.03 Project Modifications After Issuance of Certificate of Need

- (1) A proposed change in a project for which the State Agency has previously issued a Certificate of Need will require approval by the Certificate of Need Review Board or the Executive Director of the State Agency as specified below. Approval is required whether or not a capital expenditure is associated with the proposed change.
  - (a) A “change in project” shall include, but not be limited to any change in the bed capacity or bed use (i.e., conversion of beds) of a facility, the addition of a health service or services, an increase in the cost of the project, in excess of ten percent (10%) of the total project cost, including, without limitation, a change in financing methods which results in an increase in the cost of the project.
  - (b) An application for a change in a project must be made pursuant to Rule 410-1-3-.09 and shall include information and any supporting data deemed necessary by the Executive Director relevant to the merits of the application. Such application shall be accompanied by a fee of thirty-five percent (35%) of the original Certificate of Need application fee for the project. The required filing fee must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee maybe submitted electronically via the payment portal available through the State Agency’s website. The party seeking approval for such change must certify that a copy of such request has been served on all parties of record in the underlying administrative proceeding or who have filed letters in opposition thereto.

- (2) Any change in project involving the addition of beds, change in bed classification (conversion of beds) or the provision of new health services not specified in the original CON application shall require the filing of a new CON application. Any other proposed change in a project which falls below the financial thresholds for review provided in Rule 410-1-4-.01 and does not involve a physical relocation of the facility to a location other than that specifically designated in the application or CON shall be reviewable by the Executive Director of the agency. Otherwise, a project modification that meets the requirements of this rule shall be reviewable by the full Certificate of Need Review Board. No project modification will be granted prior to ten (10) business days after publication of the project modification request through notice provided on SHPDA's web site. No more than two project modifications per project may be approved pursuant to this rule.
- (3) No project modification shall be granted during the pendency of an appeal of the Agency order granting the underlying CON.
- (4) The Agency shall be notified pursuant to the provisions of Rule 410-1-3-.09 of the termination of a health service or of one or more beds; provided, however, that such termination shall not require Agency review or approval.
- (5) Any adverse decision on a project modification heard by the Certificate of Need Review Board is subject to the Fair Hearing provisions of these rules, 410-1-8-.16, *et seq.*

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-267, -271, Code of Alabama, 1975.

**History:** March 21, 1985; **Amended:** Filed May 3, 2005; effective June 7, 2005. **Amended:** Filed July 24, 2012; effective August 28, 2012. **Amended:** June 25, 2014; effective July 30, 2014. **Amended:** Filed August 24, 2016; effective October 8, 2016.

## 410-1-10-.04 Home Health Contiguous County Exemption Referrals

A home health agency shall notify SHPDA that it has begun accepting referrals from a county contiguous to its service area within fourteen (14) days of the receipt of the first referral from the contiguous county. The notice shall be submitted electronically in PDF format pursuant to Rule 410-3-.09, shall be accompanied by a fee of \$500.00 to partially cover the additional cost of gathering and processing such information. The processing fee must be submitted to the State Agency via overnight mail and marked in such a way as to clearly identify the fee with the electronic submission; or the fee may be submitted electronically via the payment portal available through the State Agency's website.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-271(c), Code of Alabama, 1975.

**History:** New Rule. Filed July 24, 2012; effective: August 28, 2012. **Amended:** Filed August 23, 2016; effective October 7, 2016.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-11**

Duration and Extension of the Certificate of Need

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**410-1-11-.01      Duration of Certificate of Need**

A Certificate of Need issued under these rules shall be valid for a period not to exceed twelve (12) months from the date of issuance, and may be subject to one extension not to exceed twelve (12) months provided the holder of the Certificate of Need applies pursuant to Rule 410-1-3-.09 for the extension and meets the extension criteria set out in Chapter 410-1-11 of these rules and regulations. The running of the duration of the initial twelve (12) month period, or an extension thereof, shall be tolled from the date of the filing of a civil action arising under any of the provisions of Title 22, Chapter 21, Article 9, Ala. Code 1975, being §§ 22-21-260 through –278, or other judicial proceeding until such action is dismissed from the judicial process.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

**Amended:** Filed August 23, 2016; effective October 7, 2016.

**410-1-11-.02      Incurring the Obligation**

- (1) The holder of the Certificate of Need must incur a firm commitment or obligation as defined by statute and these rules within the initial twelve (12) month period, or if extended, within the extension period. Should the obligation be incurred before the expiration date of the Certificate of Need, then the certificate shall be continued in force and effect for a period not to exceed one year, or:



- (a) the completion of the construction project, where the certificate is for construction; or
- (b) the inauguration of the service, where the Certificate of Need is for the provision of a service; or
- (c) the actual purchase of equipment, where the Certificate of Need is for the purchase of equipment, whichever shall be later.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

### 410-1-11-.03 Failure to Incur the Obligation

If the holder of the Certificate of Need fails to incur the firm commitment or obligation within the initial twelve-month (12 month) period, or during any extension period, then the certificate shall be terminated and shall be null and void. No extension can be granted except upon written application for the extension before the initial expiration date of the Certificate of Need. If there has been no firm commitment or obligation or application for an extension filed with SHPDA within the initial twelve-month (12 month) period, then the certificate shall be terminated and shall be null and void.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

### 410-1-11-.04 Failure to Commence Construction

(1) If the holder of the Certificate of Need fails to commence the construction project within the time period stated in the construction contract or to complete the construction project within the time period stated in the construction contract, then the Certificate of Need shall be terminated and shall be null and void, unless tolled or extended pursuant to statute or SHPDA rule or regulation. The completion date of the construction project specified in the construction contract may be extended by mutual agreement of the parties to the contract, without SHPDA approval. Provided SHPDA, or an Administrative Law Judge appointed by the Governor on appeal for a fair hearing, may for causes beyond the control of the holder of the Certificate of Need, upon written request by the holder of the Certificate of Need detailing the reasons therefore, continue the Certificate of Need in force if the commencement of the construction project is delayed for a period not to exceed sixty (60) days or if during the specified construction period, the construction work should cease for not more than six (6) months, or in the event of default in the construction contract by the contractor, or if, for any cause, the construction work has not ceased or otherwise been stopped for a period exceeding sixty (60) consecutive days. Further, the Executive Director of

SHPDA may, upon written request by the holder of the Certificate of Need detailing the reasons therefore, continue the Certificate of Need.

(2) All written request filed pursuant to this rule must be filed in accordance with the provisions of Rule 410-1-3-.09.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

**Amended:**

Filed August 23, 2016; effective October 7, 2016.

## 410-1-11-.05 Completion of the Obligation

Upon completion of the construction project and issuance by the contractor of the certificate of completion, a copy of which shall be forwarded to the State Agency, or upon receipt by the Agency of proof of purchase of equipment, or upon receipt by the State Agency by the chief executive officer or other authorized person, of a letter of inauguration of the service, then the Certificate of Need shall be considered fully vested and not subject to revocation, modification, or further review by the State Agency, except in instances involving actual fraud, and the approval granted pursuant to the CON shall be continued in full force and effect.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975, as amended by Act 98-341.

**History:** March 21, 1985. **Amended:** Filed February 1, 2000; effective March 7, 2000.

## 410-1-11-.06 Application for Extension

No later than one month before the date of expiration of the Certificate of Need, the holder of the Certificate of Need may exercise his right to apply for an extension using the appropriate State Agency form. It shall be the duty of the holder of the Certificate of Need to request such form and submit the same in completed form to the State Agency no later than one month before the date of expiration of the Certificate of Need. Such request shall be accompanied by a fee of twenty-five percent (25%) of the original Certificate of Need application fee associated with the project. Failure to submit such completed application by such date shall render the application denied, and shall result in the Certificate of Need being rendered null and void as of its termination date.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-265(b), - 270(a), Code of Alabama, 1975.

**History:** Amended: Filed July 24, 2012; effective: August 28, 2012.

## 410-1-11-.07 Criteria for Extension

- (1) The State Agency will review the application for extension of the Certificate of Need against each of the criteria enumerated and described below. No extension of the Certificate of Need may be granted if the application indicates a substantial change in the scope of the project. Each of the following must be met:
  - (a) architectural progress must be shown, if appropriate to the application, by working drawings that have been completed and approved by the Bureau of Licensure and Certification, Department of Public Health; and
  - (b) the applicant must have acquired fee simple title long-term leasehold or option to purchase or lease to the facility site and show that approved water, sewage disposal, and other utilities will be made available to the site. The Certificate of Need will be limited to the site or proposed site stated in the application or at a public hearing. Any change in site requires prior approval of the Certificate of Need Review Board.

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975.

## 410-1-11-.08 Surrender of Certificate of Need

- (1) A holder of a Certificate of Need may elect to surrender his Certificate of Need, not incurring an obligation thereunder. For the surrender to be effective, the holder of the Certificate of Need must notify the State Agency pursuant to Rule 410-1-3-.09 of the intent to surrender the certificate and of the effective date of the action. Upon notification, the Certificate of Need shall be automatically terminated.
- (2) A holder of a Certificate of Need will be deemed to have abandoned his certificate, if once having completed construction or inaugurated the service, he then suspends operation of the facility or provision of the service for an uninterrupted period of twelve (12) months or longer.

Author: Alva M. Lambert

**Statutory Authority:** § 22-21-270, Code of Alabama, 1975.

**History: Amended:** Filed February 1, 2000; effective March 7, 2000. **Amended:** Filed August 23, 2016; effective October 7, 2016.

## 410-1-11-.09 Certificate of Need Not Transferable

- (a) Upon, as applicable, (1) the completion of construction and issuance of a certificate of completion; (2) the receipt of proof of the purchase of equipment; or (3) the inauguration of a new health service, the Certificate of Need issued for such project shall be vested in and continued in

force and effect as a part of the health care facility and shall survive changes of ownership of the health care facility without further certificate of need approval by this agency.

(b) Prior to becoming vested under subsection (a), a certificate of need shall not be transferable, assignable, or convertible, other than to an entity under common ownership or control. As used in this subsection only, “ownership and control” means ownership, directly or through one or more affiliates, of 50 percent or more of the shares of stock entitled to vote for the election of directors, in the case of a corporation, or 50 percent or more of the voting equity interests in the case of any other type of legal entity, or status as a general partner in any partnership, or any other arrangement whereby an entity including, without limitation, any governmental entity, controls or has the right to control the selection of 50 percent or more of the board of directors, managing members, or equivalent governing body of a legal entity. An “affiliate” under the preceding sentence means any corporation, limited liability company, partnership, or other legal entity that directly or indirectly controls or is controlled by or is under common control with such entity. Any agreement entered into by an applicant, prior to the issuance of a certificate of need, to transfer ownership or control of such health care facility to another person after the certificate becomes vested shall be disclosed to SHPDA prior to a decision by the Certificate of Need Review Board to grant or deny such certificate.

(c) The transfer of equity interests in, or change of names or merger of, any legal business entity which holds a Certificate of Need shall not constitute a transfer, assignment, or conversion of the Certificate of Need and shall not require SHPDA approval unless the transaction also involves implementing one or more of the new institutional health services or a new health care facility or health maintenance organization described in Sections 22-21-263(a)(2), (3) or (4), Code of Alabama, 1975.

(d) A Certificate of Need holder shall notify SHPDA of any change of ownership or control in accordance with Ala. Admin. Code r. 410-1-7-.04.

Author: Alva M. Lambert

**Statutory Authority:** Code of Ala. 1975, § 22-21-270, as amended by Act 98-341.

**History: Amended:** Filed 2-1-00; effective 3-7-00. **Amended:** Filed August 20, 2015; effective Sept. 24, 2015.

RULES AND REGULATIONS OF THE  
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

**Chapter 410-1-12**

Adoption of Rules and Regulations

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**410-1-12-.01      Notice of Intended Action**

Prior to the adoption, amendment, or repeal of any rule, the Certificate of Need Review Board shall give at least 35 days' notice of its intended action by publishing said notice in the Alabama Administrative Monthly.

**Statutory Authority:** § 22-21-274 and § 41-22-5, Code of Alabama, 1975.

**410-1-12-.02      Notice and Public Comment**

- (1) The notice of intended action shall include the following:
  - (a) a statement of either the terms or substance of the intended action or a description of the subjects and issues involved;
  - (b) the time, place, and manner in which interested persons may present their views thereon.
- (2) The date of publication in the Administrative Monthly shall constitute the date of notice.
  - (a) The State Agency will afford all interested parties reasonable opportunity to submit data, views, or arguments, orally or in writing. The Agency shall consider fully all written and oral submissions respecting the proposed rule.
  - (b) The Statewide Health Coordinating Council may offer advice and consultation on any proposed rule regarding review criteria and review procedures.

**Statutory Authority:** § 22-22-274 and § 41-22-5, Code of Alabama, 1975.

### 410-1-12-.03 Public Hearing

At the next regular monthly meeting of the Certificate of Need Review Board following the expiration of the thirty-five (35) day notice period, a public hearing on any proposed rule changes will be held before the adoption of the proposed rule or rules. All interested parties who make timely written request will be afforded the opportunity to speak.

**Statutory Authority:** § 41-22-5 (a), Code of Alabama, 1975.

### 410-1-12-.04 Effective Date

The effective date of these rules and regulations, of all amendments thereto and repeals thereof, and of the adoption of emergency rules shall be determined in accordance with the Alabama Administrative Procedure Act.

**Statutory Authority:** § 41-22-5, Code of Alabama, 1975.

### 410-1-12-.05 Emergency Rules

Emergency rules will be adopted pursuant to the Alabama Administrative Procedure Act.

**Statutory Authority:** § 41-22-5, Code of Alabama, 1975.

**ALABAMA  
CERTIFICATE OF NEED APPLICATION**

**For Staff Use Only**

Filing Fee Remitted: \$ \_\_\_\_\_

Project # \_\_\_\_\_

Date Rec. \_\_\_\_\_

**INSTRUCTIONS:** Please submit an electronic pdf copy of this completed form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, in accordance with ALA. ADMIN. CODE r. 410-1-7-.06 (Filing of a Certificate of Need Application) and 410-1-3-.09 (Electronic Filing). Electronic filings meeting the requirements of the aforementioned rules shall be considered provisionally received pending receipt of the required filing fee and shall be considered void should the proper filing fee not be received by the end of the next business day. Refer to ALA. ADMIN. CODE r. 410-1-7-.06 to determine the required filing fee.

Filing fees should be remitted to: State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

or the fee may be submitted electronically via the payment portal available through the State Agency's website at [www.shpda.alabama.gov](http://www.shpda.alabama.gov).

**PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION**

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL (\_\_\_\_) NURSING HOME (\_\_\_\_)  
OTHER (\_\_\_\_) (Specify) \_\_\_\_\_

A. \_\_\_\_\_  
Name of Applicant (in whose name the CON will be issued if approved)

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

B. \_\_\_\_\_  
Name of Facility/Organization (if different from A)

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

C. \_\_\_\_\_  
Name of Legal Owner (if different from A or B)

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

D. \_\_\_\_\_  
Name and Title of Person Representing Proposal and with whom SHPDA should communicate

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

1. Individual ☐
2. Partnership ☐
3. Corporate (for profit) ☐ \_\_\_\_\_  
Name of Parent Corporation
4. Corporate (non-profit) ☐ \_\_\_\_\_  
Name of Parent Corporation
5. Public ☐
6. Other (specify) ☐ \_\_\_\_\_

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

GOVERNING BOARD MEMBERS

_____	_____
_____	_____
_____	_____

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

_____ New Facility Type _____	_____ Major Medical Equipment Type _____
_____ New Service Type _____	_____ Termination of Service or Facility
_____ Construction/Expansion/Renovation	_____ Other Capital Expenditure Type _____
_____ Change in Service	

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



#### IV. COST

A.	Construction (includes modernization expansion)	
1.	Predevelopment	\$ _____
2.	Site Acquisition	_____
3.	Site Development	_____
4.	Construction	_____
5.	Architect and Engineering Fees	_____
6.	Renovation	_____
7.	Interest during time period of construction	_____
8.	Attorney and consultant fees	_____
9.	Bond Issuance Costs	_____
10.	Other _____	_____
11.	Other _____	_____
	TOTAL COST OF CONSTRUCTION	\$ _____
B.	Purchase	
1.	Facility	\$ _____
2.	Major Medical Equipment	_____
3.	Other Equipment	_____
	TOTAL COST OF PURCHASE	\$ _____
C.	Lease	
1.	Facility Cost Per Year _____ x _____ Years =	\$ _____
2.	Equipment Cost per Month _____ x _____ Months =	_____
3.	Land-only Lease Cost per Year _____ x _____ Years	_____
	TOTAL COST OF LEASE(s)	\$ _____
	(compute according to generally accepted accounting principles)	
	Cost if Purchased	\$ _____
D.	Services	
1.	_____ New Service	\$ _____
2.	_____ Expansion	\$ _____
3.	_____ Reduction or Termination	\$ _____
4.	_____ Other	\$ _____
	FIRST YEAR ANNUAL OPERATING COST	\$ _____
E.	Total Cost of this Project (Total A through D) (should equal V-C on page A-4)	\$ _____

IV. COST (continued)

F.	Proposed Finance Charges	
1.	Total Amount to Be Financed	\$ _____
2.	Anticipated Interest Rates	_____
3.	Term of Loan	_____
4.	Method of Calculating Interest on Principal Payment	_____
_____		
_____		

V. ANTICIPATED SOURCE OF FUNDING

A.	Federal	Amount	Source
1.	Grants	\$ _____	_____
2.	Loans	_____	_____
B.	Non-Federal		
1.	Commercial Loan	_____	_____
2.	Tax-exempt Revenue Bonds	_____	_____
3.	General Obligation Bonds	_____	_____
4.	New Earning and Revenues	_____	_____
5.	Charitable Fund Raising	_____	_____
6.	Cash on Hand	_____	_____
7.	Other	_____	_____
C.	TOTAL (should equal IV-E on page A-3)		\$ _____

VI. TIMETABLE

A.	Projected Start/Purchase Date	_____
B.	Projected Completion Date	_____

## **PART TWO: PROJECT NARRATIVE**

Note: In this part, please submit the information as an attachment. This will enhance the continuity of reading the application.

The applicant should address the items that are applicable to the project.

### **I. MEDICAL SERVICE AREA**

- A. Identify the geographic (medical service) area by county (ies) or city, if appropriate, for the facility or project. Include an 8 ½ x 11” map indicating the service area and the location of the facility.
- B. What population group(s) will be served by the proposed project? Define age groups, location and characteristics of the population to be served.
- C. If medical service area is not specifically defined in the State Health Plan, explain statistical methodologies or market share studies based upon accepted demographic or statistical data available with assumptions clearly detailed. If Patient Origin Study data is used, explain whether institution or county based, etc.
- D. Are there any other factors affecting access to the project?

☐ Geographic ☐ Economic ☐ Emergency ☐ Medically Underserved

Please explain.

### **II. HEALTH CARE REQUIREMENTS OF THE MEDICAL SERVICE AREA**

- A. What are the factors (inadequacies) in the existing health care delivery system which necessitate this project?
- B. How will the project correct the inadequacies?
- C. Why is your facility/organization the appropriate facility to provide the proposed project?
- D. Describe the need for the population served or to be served for the proposed project and address the appropriate sections of the State Health Plan and the Rules and Regulations under 410-1-6-.07. Provide information about the results of any local studies which reflect a need for the proposed project.
- E. If the application is for a specialized or limited-purpose facility or service, show the incidence of the particular health problem.
- F. Describe the relationship of this project to your long-range development plans, if you have such plans.

III. RELATIONSHIP TO EXISTING OR APPROVED SERVICES AND FACILITIES

- A. Identify by name and location the existing or approved facilities or services in the medical service area similar to those proposed in this project.
- B. How will the proposed project affect existing or approved services and facilities in the medical service area?
- C. Will there be a detrimental effect on existing providers of the service? Discuss methodologies and assumptions.
- D. Describe any coordination agreements or contractual arrangements for shared services that are pertinent to the proposed project.
- E. List the new or existing ancillary and/or supporting services required for this project and briefly describe their relationship to the project.

IV. POTENTIAL LESS COSTLY OR MORE EFFECTIVE ALTERNATIVES

- A. What alternatives to the proposed project exist? Why was this proposal chosen?
- B. How will this project foster cost containment?
- C. How does the proposal affect the quality of care and continuity of care for the patients involved?

V. DESCRIBE COMMUNITY REACTION TO THE PROJECT (Attach endorsements if desired)

VI. NON-PATIENT CARE

If appropriate, describe any non-patient care objectives of the facility, i.e., professional training programs, access by health professional schools and behavioral research projects which are designed to meet a national need.

VII. MULTI-AREA PROVIDER

If the applicant holds itself as a multi-area provider, describe those factors that qualify it as such, including the percentage of admissions which resides outside the immediate health service area in which the facility is located.

VIII. HEALTH MAINTENANCE ORGANIZATION

If the proposal is by or on behalf of a health maintenance organization (HMO), address the rules regarding HMOs, and show that the HMO is federally qualified.

IX. ENERGY-SAVING MEASURES

Discuss as applicable the principal energy-saving measures included in this project.

X. OTHER FACTORS

Describe any other factor(s) that will assist in understanding and evaluating the proposed project, including the applicable criteria found at 410-1-6 of the Alabama Certificate of Need Program Rules and Regulations which are not included elsewhere in the application.

**PART THREE: CONSTRUCTION OR RENOVATION ACTIVITIES**

Complete the following if construction/renovation is involved in this project. Indicate N/A for any questions not applicable.

- I. ARCHITECT \_\_\_\_\_
- Firm \_\_\_\_\_
- Address \_\_\_\_\_
- City/State/Zip \_\_\_\_\_
- Contact Person \_\_\_\_\_
- Telephone \_\_\_\_\_
- Architect's Project Number \_\_\_\_\_

II. ATTACH SCHEMATICS AND THE FOLLOWING INFORMATION

- A. Describe the proposed construction/renovation
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- B. Total gross square footage to be constructed/renovated \_\_\_\_\_
- C. Net useable square footage (not including stairs, elevators, corridors, toilets) \_\_\_\_\_
- D. Acres of land to be purchased or leased \_\_\_\_\_
- E. Acres of land owned on site \_\_\_\_\_
- F. Anticipated amount of time for construction or renovations \_\_\_\_\_ (months)
- G. Cost per square foot \$ \_\_\_\_\_
- H. Cost per bed (if applicable) \$ \_\_\_\_\_

**PART FOUR: UTILIZATION DATA AND FINANCIAL INFORMATION**

This part should be completed for projects under \$500,000.00 and/or those projects for ESRD and home health. If this project is not one of the items listed above, please omit Part Four and complete Part Five. Indicate N/A for any questions not applicable.

I.	UTILIZATION	Years:	CURRENT	PROJECTED
			20_____ 20_____	20_____ 20_____
	A. ESRD			
	# Patients		_____	_____
	# Procedures		_____	_____
	B. Home Health Agency			
	# Patients		_____	_____
	# of Visits		_____	_____
	C. New Equipment			
	# Patients		_____	_____
	# Procedures		_____	_____
	D. Other			
	# Patients		_____	_____
	# Procedures		_____	_____

## II. PERCENT OF GROSS REVENUE

	Historical			Projected	
Source of Payment	20____	20____	20____	20____	20____
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans Administration					
Workers' Compensation					
<b>TOTAL</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

### III. CHARGE INFORMATION

- A. List schedule of current charges related to this project.
- B. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

## PART FIVE: UTILIZATION DATA AND FINANCIAL INFORMATION

This part should be completed for projects which cost over \$500,000.00 or which propose a substantial change in service, or which would change the bed capacity of the facility in excess of ten percent (10%), or which propose a new facility. ESRD, home health, and projects that are under \$500,000.00 should omit this part and complete Part Four.

### I. PERCENT OF GROSS REVENUE

	Historical			Projected	
Source of Payment	20	20	20	20	20
ALL Kids					
Blue Cross/Blue Shield					
Champus/Tricare					
Charity Care (see note below)					
Medicaid					
Medicare					
Other commercial insurance					
Self pay					
Other					
Veterans Administration					
Workers' Compensation					
<b>TOTAL</b>	%	%	%	%	%

Note: Refer to the Healthcare Financial Management Association (HFMA) Principles and Practices Board Statement Number 15, Section II.

### II. CHARGE INFORMATION

- C. List schedule of current charges related to this project.
- D. List schedule of proposed charges after completion of this project. Discuss the impact of project cost on operational costs and charges of the facility or service.

### III. INPATIENT UTILIZATION DATA

#### A. Historical Data

Give information for last three (3) years for which complete data is available.

#### OCCUPANCY DATA

Occupancy	Number of Beds			Admissions or Discharges			Total Patient Days			Percentage (%)		
	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr	Yr
Medicine & Surgery												
Obstetrics												
Pediatrics												
Psychiatry												
Other												
<b>TOTALS</b>												

#### B. Projected Data

Give information to cover the first two (2) years of operation after completion of project.

#### OCCUPANCY DATA

Occupancy	Number of Beds		Admissions or Discharges		Total Patient Days		Percentage (%)	
	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year	1st Year	2nd Year
Medicine & Surgery								
Obstetrics								
Pediatrics								
Psychiatry								
Other								
<b>TOTALS</b>								



#### IV. OUTPATIENT UTILIZATION DATA

##### A. HISTORICAL DATA

	<b>Number of Outpatient Visits</b>			<b>Percentage of Outpatient Visits</b>		
	Yr _____	Yr _____	Yr _____	Yr _____	Yr _____	Yr _____
<b>Clinical</b>						
<b>Diagnostic</b>						
<b>Rehabilitation</b>						
<b>Surgical</b>						

##### B. PROJECTED DATA

	<b>Number of Outpatient Visits</b>		<b>Percentage of Outpatient Visits</b>	
	1st year	2nd year	1st year	2nd year
<b>Clinical</b>				
<b>Diagnostic</b>				
<b>Rehabilitation</b>				
<b>Surgical</b>				

V. A. ORGANIZATION FINANCIAL INFORMATION

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	20____ (Total)	20____ (Total)	20____ (Total)	20____ (Total)	20____ (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)					
Other					
Outpatient Services					
Emergency Services					
Gross Patient Revenue					
Deductions from Revenue					
Contractual Adjustments					
Discount/Miscellaneous Allowances					
Total Deductions					
NET PATIENT REVENUE (Gross patient revenue less deductions)					
Other Operating Revenue					
<b>NET OPERATING REVENUE</b>					
OPERATING EXPENSES					
Salaries, Wages, and Benefits					
Physician Salaries and Fees					
Supplies and other					
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)					
Other Expenses					
Total Operating Expenses					
NON-OPERATING EXPENSES					
Taxes					
Depreciation					
Interest (other than mortgage)					
Existing Capital Expenditures				<u>N/A</u>	<u>N/A</u>
Interest				<u>N/A</u>	<u>N/A</u>
Total Non-Operating Expenses					
<b>TOTAL EXPENSES (Operating &amp; Capital)</b>					
Operating Income (Loss)					
Other Revenue (Expense) -- Net					
NET INCOME (Loss)					
Projected Capital Expenditure	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
Interest	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

**B. PROJECT SPECIFIC FINANCIAL INFORMATION**

STATEMENT OF INCOME AND EXPENSE	HISTORICAL DATA (Give information for last 3 years for which complete data are available)			PROJECTED DATA (First 2 years after completion of project)	
	20____ (Total)	20____ (Total)	20____ (Total)	20____ (Total)	20____ (Total)
Revenue from Services to Patients					
Inpatient Services					
Routine (nursing service areas)					
Other					
Outpatient Services					
Emergency Services					
Gross Patient Revenue					
Deductions from Revenue					
Contractual Adjustments					
Discount/Miscellaneous Allowances					
Total Deductions					
NET PATIENT REVENUE(Gross patient revenue less deductions)					
Other Operating Revenue					
<b>NET OPERATING REVENUE</b>					
OPERATING EXPENSES					
Salaries, Wages, and Benefits					
Physician Salaries and Fees					
Supplies and other					
Uncompensated Care (less recoveries) per State Health Plan 410-2-2-.06(d)					
Other Expenses					
Total Operating Expenses					
NON-OPERATING EXPENSES					
Taxes					
Depreciation					
Interest (other than mortgage)					
Existing Capital Expenditures				<u>N/A</u>	<u>N/A</u>
Interest				<u>N/A</u>	<u>N/A</u>
Total Non-Operating Expenses					
<b>TOTAL EXPENSES (Operating &amp; Capital)</b>					
Operating Income (Loss)					
Other Revenue (Expense) – Net					
NET INCOME (Loss)					
Projected Capital Expenditure	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
Interest	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

## STATEMENT OF COMMUNITY PARTNERSHIP FOR EDUCATION AND REFERRALS

- A. This section is declaration of those activities your organization performs outside of inpatient and outpatient care in the community and for the underserved population. Please indicate historical and projected data by expenditures in the columns specified below.

Services and/or Programs	Historical Data (total dollars spent in last 3 years)			Projected Data (total dollars budgeted for next 2 years)	
	Year	Year	Year	Year	Year
<b>Health Education (nutrition, fitness, etc.)</b>					
<b>Community service workers (school nurses, etc.)</b>					
<b>Health screenings</b>					
<b>Other</b>					
<b>TOTAL</b>					

- B. Please describe how the new services specified in this project application will be made available to and address the needs of the underserved community. If the project does not involve new services, please describe how the project will address the underserved population in your community.

Please briefly describe some of the current services or programs presented to the underserved in your community.

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## **PART SIX: ACKNOWLEDGEMENT AND CERTIFICATION BY THE APPLICANT**

### **I. ACKNOWLEDGEMENT**

In submitting this application, the applicant understands and acknowledges that:

- A. The rules, regulations and standards for health facilities and services promulgated by the SHPDA have been read, and the applicant will comply with same.
- B. The issuance of a certificate of need will depend on the approval of the CON Review Board, and no attempt to provide the service or incur an obligation will be made until a bona fide certificate of need is issued.
- C. The certificate of need will expire in twelve (12) months after date of issuance, unless an extension is granted pursuant to the applicable portions of the SHPDA rules and regulations.
- D. The certificate of need is not transferrable, and any action to transfer or assign the certificate will render it null and void.
- E. The applicant will notify the State Health Planning and Development Agency when a project is started, completed or abandoned.
- F. The applicant shall file a progress report on each active project every six (6) months until the project is completed.
- G. The applicant must comply with all state and local building codes, and failure to comply will render the certificate of need null and void.
- H. The applicants and their agents will construct and operate in compliance with appropriate state licensure rules, regulations, and standards.
- I. Projects are limited to the work identified in the Certificate of Need as issued.
- J. Any expenditure in excess of the amount approved on the Certificate of Need must be reported to the State Health Planning and Development Agency and may be subject to review.
- K. The applicant will comply with all state statutes for the protection of the environment.
- L. The applicant is not presently operating with a probational (except as may be converted by this application) or revoked license.

I. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Name and Title  
(Type or Print)

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public (Affix seal on Original)

**Author:** Alva M. Lambert

**Statutory Authority:** §§ 22-21-267, -271, -275, Code of Alabama, 1975

**History: Amended:** March 19, 1996; **Amended:** July 25, 2002; **Amended:** Filed: July 22, 2013; effective August 26, 2013; **Amended:** Filed August 23, 2016, effective October 7, 2016.

## State Health Planning and Development Agency

Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025  
Street address: 100 North Union Street, Suite 870, Montgomery, Alabama 36104

### APPLICATION FOR EXTENSION OF CERTIFICATE OF NEED

A filing fee in the amount of \$ \_\_\_\_\_ has been submitted with this application.

1. APPLICATION. Application is hereby made for a twelve (12) month extension of the Certificate of Need issued for the health facility described below. (All items must be completed in full before extension of Certificate of Need can be considered.)																																		
2. PROJECT NUMBER		3. CERTIFICATE NUMBER		4. CERTIFICATE EXPIRES																														
5. LEGAL NAME OF APPLICANT			6. ADDRESS OF APPLICANT																															
7. NAME OF PROPOSED FACILITY			8. LOCATION OF PROPOSED FACILITY																															
9. TYPE OF FACILITY			10. ANTICIPATED DATE ON WHICH OBLIGATION IS EXPECTED TO OCCUR AND/OR CONSTRUCTION STARTED																															
11. ESTIMATED DATE CONSTRUCTION IS SCHEDULED FOR COMPLETION																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">12. BED CAPACITY</div> <div style="width: 85%;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Gen. Hosp.</th> <th style="width: 15%;">Nursing Home SK ICF</th> <th style="width: 15%;">Psychiatric</th> <th style="width: 15%;">Other _____</th> </tr> </thead> <tbody> <tr> <td>Existing Bed Capacity</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Beds provided by New Facility Addition</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Remodeling</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Replacement</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Capacity Upon Completion</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> </div> </div>						Gen. Hosp.	Nursing Home SK ICF	Psychiatric	Other _____	Existing Bed Capacity	_____	_____	_____	_____	Beds provided by New Facility Addition	_____	_____	_____	_____	Remodeling	_____	_____	_____	_____	Replacement	_____	_____	_____	_____	Capacity Upon Completion	_____	_____	_____	_____
	Gen. Hosp.	Nursing Home SK ICF	Psychiatric	Other _____																														
Existing Bed Capacity	_____	_____	_____	_____																														
Beds provided by New Facility Addition	_____	_____	_____	_____																														
Remodeling	_____	_____	_____	_____																														
Replacement	_____	_____	_____	_____																														
Capacity Upon Completion	_____	_____	_____	_____																														
13. ESTIMATED COST OF THE PROJECT			14. PROPOSED FINANCING OF THE PROJECT																															
Construction \$ _____ Fixed Equipment \$ _____ Movable Equipment \$ _____ Arch. & Eng. \$ _____ Site Improvements \$ _____ Financing Charges \$ _____ Total Cost \$ _____			Total Estimated Cost \$ _____ DHEW Loan/Grant \$ _____ SBA Loan \$ _____ FHA Mortgage Insurance \$ _____ Private Financing \$ _____ Other (Specify) \$ _____																															
13a. ATTACH COST ESTIMATE SIGNED BY PROJECT ARCHITECT (Required)			14a. ATTACH STATEMENT FROM FINANCING AGENCY(IES) OF LOAN FEASIBILITY (Required)																															
15. SITE INFORMATION (Check One)			16. ARCHITECTURAL PROGRESS																															
Acquired _____ Option _____ Under Construction _____ Not Acquired _____			Architect Employed _____ Schematic Drawings _____ Working Drawings _____ Advertised for Bids _____																															

# APPLICATION FOR EXTENSION OF CERTIFICATE OF NEED

17. BRIEF DESCRIPTION OF PROPOSED WORK. Include any proposed deletion, new or substantial change in the scope of the project as described in the Program Narrative submitted in support of the original Application.	
18. BUDGET AND UTILIZATION DATA. If there has been a material change in the estimated cost of the construction and/or operation of the facility (or if data were not submitted with the original application) it will be necessary to complete PART FIVE of the original application form. Part Five attached: _____ Yes _____ No	
19. COST CONTAINMENT. Attach Cost Containment Statement showing how the project will foster cost containment through improved efficiency and productivity, including promotion of cost-effective factors such as ambulatory care, preventive health care services, home health care, sharing of services with other facilities, and design and construction economies.	
20. In submitting this Application, the Applicant: Understands that extension of the Certificate will depend upon compliance with minimum criteria. A. Needs of the Area as set forth in the up-dated Alabama State Health Plan. B. 1. Site Procurement: Must have acquired or holds option to purchase. Site must be inspected and approved. 2. Architectural Progress: Must have approved working drawings. 3. Financial Status: Must present evidence that appropriate and necessary financing is final and immediately available. 4. Program Narrative: Must be updated to show change in scope of service. 5. Budget and Utilization Data: Must be on file and up-to-date. Maximum increase in costs and charges must be within Cost of Living Council guidelines. 6. Cost Containment: Satisfactory statement must be on file. C. Understands that the Certificate if issued, will expire not more than twelve (12) months from date of issuance and will not be subject to further extension. D. Agrees to notify Health Development, State Health Planning and Development Agency, if and when the project is abandoned or is placed under contract. E. The Certificate of Need, if issued, is not transferable and any action on the part of the Applicant to transfer or assign the Certificate of Need will render the Certificate of Need null and void.	
21. SIGNATURE OF RESPONSIBLE OFFICER  _____	22. TITLE OF OFFICER  _____
23. NAME OF RESPONSIBLE OFFICER  _____	24. DATE  _____

Attachments:

- \_\_\_\_\_ Cost Estimate
- \_\_\_\_\_ Statement from Financing Agency
- \_\_\_\_\_ Part Five Budget and Utilization Data
- \_\_\_\_\_ Cost Containment Statement



SUPPLEMENT TO APPLICATION: BUDGET AND UTILIZATION

1. NAME OF APPLICANT				2. NAME OF FACILITY					
3. TYPE OF FACILITY				4. LOCATION OF FACILITY					
5. HISTORICAL DATA: Give information for last three (3) years for which complete data are available									
A. OCCUPANCY DATA									
1.	OCCUPANCY	NUMBER OF BEDS			ADMISSIONS OR DISCHARGES			TOTAL PATIENT DAYS	% OCCUPANCY
		YR	YR	YR	YR	YR	YR	YR	YR
	MEDICINE AND SURGERY								
	OBSTETRICS								
	PEDIATRICS								
	PSYCHIATRY								
	OTHER								
	<b>TOTALS</b>								
B. SOURCE OF PAYMENT									
PERCENT OF GROSS REVENUE									
		YR _____			YR _____			YR _____	
	BLUE CROSS								
	OTHER INSURANCE								
	MEDICARE								
	MEDICAID								
	SELF-PAY								
	FREE CARE								
	OTHER								
	SUBTOTAL								
	BAD DEBTS	%			%			%	
	TOTALS	100%			100%			100%	

## BUDGET AND UTILIZATION DATA

## 5. HISTORICAL DATA (Cont'd)

2. NAME OF FACILITY \_\_\_\_\_

C. Statement of Income and Expense (Give information for last three years for which complete data are available.)	20 _____ Total	20 _____ Total	20 _____ Total	20 _____ Per Diem
Revenue from Services to Patients				
Inpatient Services				
Routine (Nursing Service Areas)				
Other				
Outpatient Services				
Emergency Services				
Other Operating Revenue				
Recoveries				
Other				
Gross Operating Revenue				
Deductions from Operating Revenue				
Contract Adjustments				
Discounts/Misc. Allowances				
Provision for Charity Services				
Provision for Uncollectables				
Total Deductions				
Net Operating Revenue				
Operating Expenses				
Salaries and Wages				
Physician's Salaries and Fees				
Supplies				
Depreciation				
Interest (Other than Mortgage)				
Other Expenses				
Total Operating Expenses				
Capital Expenditure				
Retirement of Principal				
Interest				
Total Capital Expenditure				
Total Expenses (Operating and Capital)				
Operating Income (Loss)				
Other Revenue (Expense) - Net				
Net Income (Loss)				

SUPPLEMENT TO APPLICATION: BUDGET AND UTILIZATION DATA

1. NAME OF APPLICANT				2. NAME OF FACILITY				
3. TYPE OF FACILITY				4. LOCATION OF FACILITY				
5. PROJECTED DATA: Give information projected to cover the first two (2) years of operation after completion of project.								
A. OCCUPANCY DATA								
1.	OCCUPANCY		NUMBER OF BEDS		ADMISSIONS OR DISCHARGES		TOTAL PATIENT DAYS	% OCCUPANCY
		1 <sup>st</sup> Year	2 <sup>nd</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	1 <sup>st</sup> Year 2 <sup>nd</sup> Year
	MEDICINE AND SURGERY							
	OBSTETRICS							
	PEDIATRICS							
	PSYCHIATRY							
	OTHER							
	<b>TOTALS</b>							
PERCENT OF GROSS REVENUE								
B. SOURCE OF PAYMENT								
	YR _____		YR _____		YR _____		YR _____	
	BLUE CROSS							
	OTHER INSURANCE							
	MEDICARE							
	MEDICAID							
	SELF-PAY							
	FREE CARE							
	OTHER							
	SUBTOTAL							
	BAD DEBTS			%		%		%
	<b>TOTALS</b>			100%		100%		100%

*Note: Include both inpatient and outpatient data.*

HD-161-E Revised (5-13)  
BUDGET AND UTILIZATION

NAME OF FACILITY \_\_\_\_\_

5. PROJECTED DATA (Cont'd)

C. Statement of Projected Income and Expenses (First two (2) years after completion of project.)	20____		20____	
	Total	Per Diem	Total	Per Diem
Revenue from Services to Patients				
Inpatient Services				
Routine (Nursing Service Areas)				
Other				
Outpatient Services				
Emergency Services				
Other Operating Revenue				
Recoveries				
Other				
Gross Operating Revenue				
Deductions from Operating Revenue				
Contract Adjustments				
Discount/Misc. Allowances				
Provision for Charity Services				
Provision for Uncollectables				
Total Deductions				
Net Operating Revenue				
Operating Expenses				
Salaries and Wages				
Physician's Salaries and Fees				
Supplies				
Depreciation				
Interest (Other than Mortgage)				
Other Expenses				
Total Operating Expenses				
Capital Expenditure				
Incurred Prior to this Project				
- Retirement of Principal				
- Interest				
This Project				
- Retirement of Principal				
- Interest				
Total Capital Expenditure				
Total Expenses (Operating & Capital)				
Operating Income (Loss)				
Other Revenue (Expense) – Net				

## BUDGET AND UTILIZATION

### 6. INFORMATION REGARDING PROPOSED FINANCING

Total amount to be borrowed \$ \_\_\_\_\_

Anticipated interest rate \_\_\_\_\_ %

Term of loan \_\_\_\_\_ years

Method of calculating interest and principal payments:

### 7. ATTACHMENTS

- (1) Schedule of current charges.
- (2) Schedule of proposed charges after completion of this project.
- (3) State of existing capital indebtedness.
- (4) Schedule showing projected annual depreciation for buildings, fixed equipment, and movable equipment.

**Author:**

**Statutory Authority:**

**History: Amended:** Filed March 13, 1997; effective April 18, 1997. **Amended:** Filed July 24, 2013; effective August 28, 2013.

## State Health Planning and Development Agency

Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025

Street address: 100 North Union Street, Suite 870, Montgomery, Alabama 36104

Request # \_\_\_\_\_  
Date Rec. \_\_\_\_\_  
Received by: \_\_\_\_\_

### REQUEST FOR DETERMINATION OF EXEMPTION STATUS FOR REPLACEMENT OF EXISTING EQUIPMENT

A filing fee in the amount of \$\_\_\_\_\_ has been submitted with this application.

REQUESTER IDENTIFICATION (Check One) HOSPITAL ( ☐ ) NURSING HOME ( ☐ )

OTHER ( ☐ ) (Specify) \_\_\_\_\_

A. \_\_\_\_\_  
Name of requester

Address City County

State Zip Phone

B. \_\_\_\_\_  
Name of Facility/Organization (if different from A)

Address City County

State Zip Phone

C. \_\_\_\_\_  
Name of Legal Owner (if different from A or B)

Address City County

State Zip Phone

D. \_\_\_\_\_  
Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

Address City County

State Zip Phone

**DESCRIPTION OF EQUIPMENT TO BE REPLACED   DESCRIPTION OF PROPOSED NEW EQUIPMENT**

A.    Manufacturer:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Serial #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B.    Model:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C.    Name of equipment:

_____	_____
_____	_____
_____	_____
_____	_____

D.    Fair market value of equipment at present:

_____
_____
_____
_____

E.    Cost of equipment (include written price quote):

_____
_____
_____
_____

F.    Describe use of current equipment:

_____
_____
_____

Describe use of proposed equipment:

_____
_____
_____

G.    List any attachments or additional procedures associated with this equipment that could not be performed by old equipment:

_____
_____
_____
_____

- H. Can any procedures be performed with the proposed new equipment that cannot be performed with the replaced equipment? If yes, describe in detail:

---

---

---

---

- I. Location of existing equipment (include room #):

---

---

---

- J. List specially trained or qualified personnel necessary for operation of equipment:

---

---

---

- K. What use will be made of old equipment when replaced?  
(Trade in on new equipment, used as back up, save for parts, etc.)

---

---

---

- L. List job titles of any additional personnel that will be required to operate the new equipment.

---

---

---

- M. Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.

---

---

---

- N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc.

---

---

---

**Author:**

**Statutory Authority:**

**History: Amended:** Filed July 24, 2013; effective August 28, 2013.



### III. COST

- A. Equipment costs \$ \_\_\_\_\_  
(Costs have to be supported by price quote on manufacturer's stationery or letterhead.) Cost of equipment only; do not list lease cost.
- B. Less trade-in of old equipment \$ \_\_\_\_\_
- C. Total cost of equipment \$ \_\_\_\_\_

Calculation of fee for this determination:

Multiply dollar amount in III.C. (total cost of equipment) times 1% (the application fee for a Certificate of Need); 20% of this amount is the application fee for non-rural hospitals.

For rural hospitals, the application fee is 25% of the application fee as calculated above for non-rural hospitals.

Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information which is relevant to his decision.

### IV. CERTIFICATION

I certify that the information provided herein is true and correct and that there is no additional information which would be pertinent to this application which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Name and Title  
(Type or Print)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (affix seal on original)

**Author:**

**Statutory Authority**

**History: Amended:** Filed July 24, 2013; effective August 28, 2013.

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov)

### 20-- ANNUAL REPORT FOR AMBULATORY SURGERY CENTERS (ASCs)

SHPDA ID NUMBER  
FACILITY NAME

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

AL

ZIP

County of  
Location:

Facility Telephone:

Facility Fax:

This reporting period is for (AREA CODE) & TELEPHONE NUMBER 10/1/20-- through (AREA CODE) & TELEPHONE NUMBER 9/30/20--; or for partial year of operation beginning and ending a period of days.

MONTH DAY

MONTH DAY

Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. ***If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.***

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

#### FOR OFFICE USE ONLY

Facility Verified: \_\_\_\_\_  
Entered: \_\_\_\_\_

Initial Scan: \_\_\_\_\_  
Final Scan: \_\_\_\_\_

Completed: \_\_\_\_\_  
Audited: \_\_\_\_\_

## I. OWNERSHIP

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	<input type="checkbox"/> Healthcare Authority	<input type="checkbox"/> LLC
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify)

## II. FACILITIES

- A. Total number of operating rooms \_\_\_\_\_
- B. Number of operating rooms for general anesthesia \_\_\_\_\_
- C. Number of beds available for extended recovery (less than 24 hours) \_\_\_\_\_
- D. Total number of operations (cases) \_\_\_\_\_
- E. Total number of procedures performed \_\_\_\_\_
- F. Is this facility a designated separate/organized outpatient surgical unit of a hospital?
- ☐ YES      ☐ NO
- G. Number of weekdays procedures are routinely performed \_\_\_\_\_

## III. SERVICES PROVIDED

	Number of Operations (cases)	Number of Procedures
General Surgery		
Dentistry		
Dermatology		
Eye, Ear, Nose & Throat		
Gastroenterology		
Gynecology		
Neurosurgery		
Ophthalmology		
Orthopedic		
Pain Management		
Plastic Surgery		
Podiatry		
Urology		
Other (specify) _____		
<b>TOTALS</b> (note: these totals should equal the totals as reported in Section II)		

#### IV. PRINCIPAL SOURCE OF PAYMENT

	Number of Operations (cases)
Self Pay	
Workman's Compensation	
Medicare	
Medicaid	
Tricare	
Blue Cross	
Other Insurance Companies	
No Charge (charity & others)	
Health Maintenance Organization (HMO)	
All Kids	
Other (specify) _____	
<b>TOTALS</b> (NOTE: This total should equal the total reported in Section II)	

#### V. PATIENT ADMISSION DEMOGRAPHICS

##### A. ADMISSIONS BY AGE AND GENDER *(entire reporting period)*

	MALE	FEMALE	TOTAL
18 & under			
19 – 34 years of age			
35 – 54 years of age			
55 – 64 years of age			
65 – 74 years of age			
75 – 84 years of age			
85 years and older			
<b>TOTALS</b>			*

\* This total should equal the total reported in Section V-B.

**B. ADMISSIONS BY RACE** *(entire reporting period)*

	TOTAL
White/Caucasian	
Black/African American/Negro	
Hispanic/Spanish/Latino	
Asian	
American Indian/Alaskan Native	
Pacific Islander	
India	
Middle Eastern	
Other (please specify other race category):	
<b>TOTALS</b>	*

*\* This total should  
equal the total  
reported in Section  
V-A.*

## VI. PATIENT ORIGIN BY ZIP CODE (entire reporting period)

Please report, by zip code of residence, the total number of cases treated by this provider. (This total should equal the total reported in Section II-D). This data shall be submitted as a Microsoft Excel (v. 2003 or later) or CSV formatted file, and shall be submitted at the same time as the remainder of this report. The annual report will not be deemed received by the Agency on behalf of the submitting provider unless and until both the PDF document containing the first four pages of the report and the Excel or CSV file containing the data for this section are received.

The submitted file should contain the column headers and data formatting shown in the example provided below:

Please submit only a 5-digit zip code, not the full 9-digit zip code if supplied. Also, please ensure that the Facility ID Number supplied in the first column and the Facility ID Number reported on Page 1 are the same, and are correct.

FacilityIDNumber	PatZipCode	NumberOfPatientCases
999-U9999	99999	9999

**Author:** Alva M. Lambert

**Statutory Authority:** §§ 22-4-34 and -35, Code of Alabama, 1975.

**History:** New Form. **Filed:** March 18, 2016; effective May 2, 2016. **Filed:** September 19, 2018; effective November 3, 2018.

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov)

### 20-- ANNUAL REPORT FOR HOME HEALTH AGENCIES

SHPDA ID NUMBER  
FACILITY NAME

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

AL

ZIP

County of Location:

Facility Telephone:

(AREA CODE) & TELEPHONE NUMBER

Facility Fax:

(AREA CODE) & TELEPHONE NUMBER

This reporting period is for **October 1, 20--**, through **September 30, 20--** \*; or for partial year of operation beginning

and ending

a period of

days.

MONTH DAY

MONTH DAY

\*Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. ***If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.***

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this provider.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

#### FOR OFFICE USE ONLY

Facility Verified: \_\_\_\_\_

Initial Scan: \_\_\_\_\_

Completed: \_\_\_\_\_

Entered: \_\_\_\_\_

Final Scan: \_\_\_\_\_

Audited: \_\_\_\_\_



## I Agency Operations

Days of week services are regularly available

☐ Monday – Friday ☐ Sunday-Saturday ☐ Other (specify)

Days on-call **only**

☐ Weekends ☐ Holidays ☐ Other (specify)

## II Ownership

☐ Corporation

☐ Non-Profit Organization

☐ Partnership

☐ Individual

☐ Healthcare Authority

☐ LLC

☐ Joint Venture

☐ Government

☐ Other (specify)

## III Branch Offices

Does the organization of your service include a staffed satellite or branch office?

YES

NO

CITY OF LOCATION	OPENED IN LAST 12 MONTHS?		DAYS OF WEEK SERVICES AVAILABLE	
	YES	NO	REGULAR SCHEDULE	ON-CALL ONLY

## IV Drop Sites

Has this agency received authorization to operate a drop site? NOTE: A drop site is considered to be a location from which supplies **only** are stored. A drop site may not be staffed, accept referrals, advertise, or operate in any manner as a branch office (CMS S&C-05-07). Drop sites can only be operated in CON approved/exempt counties.

YES

NO

CITY OF LOCATION	OPENED IN LAST 12 MONTHS?	
	YES	NO



\*

**VII. ADMISSIONS BY REFERRAL SOURCE.** While it is acknowledged that all patient services are rendered in accordance with a physician's treatment plan, the entity which **initiates** the patient's entry into the Home Health Care System should be indicated below:

SOURCE	NUMBER OF ADMISSIONS
Physicians	_____
Hospital	_____
Nursing Home	_____
Family or Self	_____
Department of Human Resources	_____
Public Health or Agency Nurse	_____
Other (including Social Service Agencies)	_____
Specify Other _____	_____
<b>TOTAL ADMISSIONS</b>	<b>*</b>

*\*THIS TOTAL MUST EQUAL THE TOTAL  
ADMISSIONS IN SECTIONS VI, IX-A, AND IX-B.*

**VIII. SERVICES OFFERED.** List below the total number of services provided, broken down by services provided, for all visits made during this reporting period.

SERVICE	VISITS BY SERVICE
Skilled Nursing Services (RN/LPN)	_____
Home Health Aide	_____
Homemaker	_____
Orderly	_____
Medical Social Service	_____
Physical Therapy	_____
Speech Therapy	_____
Occupational Therapy	_____
Medical Equipment	_____
Other (please specify other service offered): _____	_____
<b>TOTAL VISITS BY SERVICE</b>	<b>*</b>

*\*TOTAL MUST EQUAL THE TOTAL VISITS ON  
PAGE 3, SECTION V.*

## IX. PATIENT ADMISSION DEMOGRAPHICS

### A. ADMISSIONS BY AGE AND GENDER (entire reporting period)

	MALE	FEMALE	TOTAL
18 & under	<hr/>	<hr/>	<hr/>
19 – 34 years of age	<hr/>	<hr/>	<hr/>
35 – 54 years of age	<hr/>	<hr/>	<hr/>
55 – 64 years of age	<hr/>	<hr/>	<hr/>
65 – 74 years of age	<hr/>	<hr/>	<hr/>
75 – 84 years of age	<hr/>	<hr/>	<hr/>
85 years and older	<hr/>	<hr/>	<hr/>
<b>TOTALS</b>	<hr/>	<hr/>	<hr/>

\*

**\*THIS TOTAL MUST EQUAL  
THE TOTAL ADMISSIONS  
IN SECTIONS VI, VII, AND  
IX-B**

### B. ADMISSIONS BY RACE (entire reporting period)

	TOTAL
White/Caucasian	<hr/>
Black/African American/Negro	<hr/>
Hispanic/Spanish/Latino	<hr/>
Asian	<hr/>
American Indian/Alaskan Native	<hr/>
Pacific Islander	<hr/>
India	<hr/>
Middle Eastern	<hr/>
Other (Please specify other race category):	<hr/>

**TOTALS**

\*

**\*THIS TOTAL MUST EQUAL  
THE TOTAL ADMISSIONS  
IN SECTIONS VI, VII, AND  
IX-A**

**Author:** Alva M. Lambert

**Statutory Authority:** §§22-4-34 and -35, Code of Alabama, 1975.

**History: New Form. Filed:** March 18, 2016; effective May 2, 2016.

THIS REPORT IS DUE ON OR BEFORE APRIL 15, \*\*\*\*

**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov)

**ANNUAL REPORT FOR HOSPICE PROVIDERS**

**SHPDA ID NUMBER  
FACILITY NAME**

**\*\*This report is a requirement for maintaining state licensure\*\***

**Mailing Address:**

STREET ADDRESS

CITY

STATE

ZIP

**Physical Address:**

STREET ADDRESS

CITY

**AL**

ZIP

**County of Location:**

**Facility Telephone:**

(AREA CODE) & TELEPHONE NUMBER

**Facility Fax:**

(AREA CODE) & TELEPHONE NUMBER

This reporting period is for \_\_\_\_\_, through \_\_\_\_\_; or for partial year of operation beginning \_\_\_\_\_ and ending \_\_\_\_\_ a period of \_\_\_\_\_ days.

MONTH DAY

MONTH DAY

*If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.*

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this provider.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration separate from the preparer above MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

**FOR OFFICE USE ONLY**

Facility Verified: \_\_\_\_\_

Initial Scan: \_\_\_\_\_

Completed: \_\_\_\_\_

Entered: \_\_\_\_\_

Final Scan: \_\_\_\_\_

Audited: \_\_\_\_\_

**SECTION A: PROGRAM**

**A1: PROGRAM TYPE**

**a. Agency Type** (choose one type only)

<input type="checkbox"/> Free Standing	<input type="checkbox"/> Hospital Based
<input type="checkbox"/> Home Health Based	<input type="checkbox"/> Nursing Home Based
<input type="checkbox"/> Other (specify) _____	

**b. Ownership** (choose one type only)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	<input type="checkbox"/> Healthcare Authority	<input type="checkbox"/> LLC
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify) _____

**c. Waiting List for Services**

Has this provider had a waiting list for the provision of services at any time during this reporting period?

Home Care Services

☐ YES ☐ NO

Inpatient Care Services

☐ YES ☐ NO

**A2: LICENSED INPATIENT FACILITIES**

To qualify as an Inpatient Hospice Facility, the following criteria must be met:

- Consist of one or more beds that are owned or leased (not contracted) by the hospice;
- Be staffed by hospice staff.

Does this provider currently own and operate a CON Authorized Inpatient Hospice?

☐ YES ☐ NO

Number of total CON Authorized Inpatient beds:

\_\_\_\_\_

Free Standing Facility

\_\_\_\_\_  
NUMBER  
OF BEDS

Leased Beds within Another Licensed Facility

\_\_\_\_\_  
NUMBER  
OF BEDS



## SECTION B: PATIENT VOLUME

**For the purpose of gathering statistics for this report, the following definitions apply:**

*(Refer to Instructions for additional information and examples)*

- In-Home Hospice Care:** Routine level of care, regardless of the location in which it was provided; and continuous care days provided whether or not billed separately.
- Contractual Inpatient Care:** General Inpatient and Inpatient Respite levels of care provided by any CON-Authorized hospice provider which does not also own and operate a CON-Authorized inpatient facility; or inpatient care provided by a CON-Authorized Inpatient Hospice in a location other than the inpatient facility owned and operated by the provider.
- Inpatient Hospice Care:** General Inpatient or Respite care provided in a CON Authorized Inpatient Hospice Facility for patients of the Inpatient Hospice or In-Home Hospice **under common ownership**. Inpatient Hospice care provided by the owner of the CON Authorized Inpatient Hospice in ANY location other than the CON Authorized Inpatient Hospice should be reported as Contractual Inpatient Care.

*Please note that, for the purposes of this report, only patients whose legal residence is in the state of Alabama should be reported.*

### B1: PATIENTS SERVED

	Agency Totals
a. Total New (Unduplicated) Admissions	
b. Re-Admissions (Duplicated Admissions) from Prior Years	
c. Total (Unduplicated) Admissions during this Reporting Period (sum of a. and b.)	
d. Re-Admissions (Duplicated Admissions) from current reporting year (Initial admission of patient was counted in B1a)	
e. Total Admissions (sum of c. and d.)	
f. Total Carryovers (patients were in hospice care on both 12/31 and 1/1)	
g. Total Unduplicated Patients Served During Reporting Period (sum of c. and f.)	

Explanation of B1a through B1d

- Brand new patients, admitted for 1<sup>st</sup> time to agency during reporting year.
- Patients readmitted during reporting year, but initial admission was NOT in reporting year.
- Total number of patients admitted during reporting period.
- Patients readmitted during reporting year and initial admission was during reporting year.

**B2: TOTAL ADMISSIONS BY RACE**

RACE	ADMISSIONS (B1e.)
a. White/Caucasian	
b. Black/African American/Negro	
c. Hispanic/Spanish/Latino	
d. Asian	
e. American Indian/Alaskan Native	
f. Pacific Islander	
g. India	
h. Middle Eastern	
i. Other	
<b>TOTAL ADMISSIONS</b>	

**B3: TOTAL ADMISSIONS BY AGE AND GENDER**

AGE GROUPS	MALE	FEMALE	TOTAL (B1e.)
18 and under			
19 – 34			
35 – 54			
55 – 64			
65 – 74			
75 – 84			
85 years and older			
<b>TOTAL ADMISSIONS</b>			

**B4: DEATHS/DISCHARGES**

	Agency Totals
a. Total Deaths	
b. Total Live Discharges/Revocations/Transfers	
c. Total Deaths/Live Discharges/Revocations/Transfers	
d. Total <u>Patient Days</u> of service for ALL Deaths/Discharges (patients counted in a. and b.) during reporting period.	

## **SECTION C: PATIENT DAYS**

### **C1: PATIENT DAYS BY LEVEL OF CARE**

<b>IN-HOME PATIENT DAYS</b> (Section B definition)	<b>AGENCY TOTALS</b>
<b>a. Routine Home Care Days</b>	
<b>b. Continuous Care Days Billed</b>	
<b>c. Total In-Home Patient Days</b>	
<b>CONTRACTUAL INPATIENT DAYS</b> (Section B definition)	
<b>d. General Inpatient Days</b>	
<b>e. General Respite Days</b>	
<b>f. Total Contractual Inpatient Days</b>	
<b>INPATIENT HOSPICE DAYS</b> (Section B definition)	
<b>g. General Inpatient Days</b>	
<b>h. Inpatient Respite Days</b>	
<b>i. Total Inpatient Hospice Days</b>	
<b>j. TOTAL PATIENT CARE DAYS</b>	
<b>IN-HOME HOSPICE CARE ONLY</b>	
<b>k. Routine Hospice Care Days provided in a Skilled Nursing Facility (SNF)</b>	
<b>l. Total Percentage of In-Home Hospice Care Days provided in a Skilled Nursing Facility (SNF)</b>	

#### **Hospice Rules of the Alabama State Board of Health**

Alabama Department of Public Health Administrative Rule 420-5-17-.03(1)(c)(8) states: Any person licensed to provide a hospice care program shall establish a written interdisciplinary plan of care for each hospice patient and family that provides care in individual's homes and provides or coordinates care on an inpatient basis. Not more than 50% of the home care days shall be provided to residents of nursing homes.

## C2: PATIENT DAYS BY REIMBURSEMENT SOURCE

SOURCE OF REIMBURSEMENT	PATIENT DAYS
Medicare	
Medicaid	
Private Insurance	
Private Pay	
Charity	
<b>TOTALS</b> (Must equal C1j. Total)	

For purposes of accounting, does this facility combine charity care and private pay information together as one group?

            
YES

            
NO

## C3: PATIENT DAYS BY DIAGNOSIS

DIAGNOSIS	PATIENT DAYS
Cancer	
Cardiopulmonary	
Alzheimer's Disease and/or Dementia	
All Other	
<b>TOTALS</b> (Must equal C1j. Total)	

## SECTION D: PATIENT LOCATION

### D1: COUNTY OF RESIDENCE

Complete as many pages as necessary to report ALL counties for which CON Authorization is held by this provider (common CON Authorization or single CON Authorization reporting under a common Medicare Provider number). For those counties with no patients served during the reporting period, enter "0's" for requested demographics. Report only those admissions occurring in Alabama; do NOT include out of state admissions. General Inpatient and Respite care is to be reported based on patient's county of residence, not location of care.

COUNTY	NUMBER OF DEATHS	NUMBER OF LIVE DISCHARGES	PATIENT DAYS	NUMBER OF PATIENTS SERVED
<b>TOTALS</b>				
	Final totals must equal B4a.	Final totals must equal B4b.	Final totals must equal C1j.	Final totals must equal B1g.

☐ **FOR CON-AUTHORIZED INPATIENT FACILITIES ONLY:** In-Home services were not provided to patients residing in any county reported in this section, for which this provider does not possess CON Authority to provide In-Home services.

## SECTION D: PATIENT LOCATION (cont'd)

### D1: COUNTY OF RESIDENCE

COUNTY	NUMBER OF DEATHS	NUMBER OF LIVE DISCHARGES	PATIENT DAYS	NUMBER OF PATIENTS SERVED
TOTALS FROM PREVIOUS PAGE				
TOTALS				
	Final totals must equal B4a.	Final totals must equal B4b.	Final totals must equal C1j.	Final totals must equal B1g.

## SECTION D: PATIENT LOCATION (cont'd)

### D1: COUNTY OF RESIDENCE

COUNTY	NUMBER OF DEATHS	NUMBER OF LIVE DISCHARGES	PATIENT DAYS	NUMBER OF PATIENTS SERVED
TOTALS FROM PREVIOUS PAGE				
TOTALS				

Final totals must equal B4a.

Final totals must equal B4b.

Final totals must equal C1j.

Final totals must equal B1g.

## **SECTION E: AGENCY INFORMATION**

### **E1: VOLUNTEER SERVICES**

Average annual percentage of patient care hours provided by volunteers (as reported to CMS) for all providers reporting under the Medicare Provider Number of this provider (including a CON Authorized inpatient facility if applicable), or the parent provider if satellite offices are included in this reporting (common CON Authorization).

\_\_\_\_\_%

### **E2: LENGTH OF SERVICE**

LENGTH OF SERVICE	AGENCY TOTALS
Average Length of Service (ALOS)	
Median Length of Service (MLOS)	
Number of Days in Reporting Period	
Average Daily Census	

\*\*\*Make and keep a copy of the completed report for the provider's records before submitting to SHPDA.

This report should be submitted to SHPDA only one time. ***The preferred method is electronic submission*** to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov).

**If submitted electronically please do not also submit via hard copy unless specifically requested to do so by SHPDA staff.**



List **ALL** satellite providers for which CON Authorization is held by this provider (common CON Authorization or single CON Authorization reporting under a common Medicare Provider number), for which information is included in this report; and from which services were provided at any time during the reporting period.

SATELLITE HOSPICE PROVIDER	COUNTY	OPERATIONAL ENTIRE REPORTING PERIOD		NUMBER OF DAYS OPERATIONAL IF INITIALLY LICENSED/CLOSED DURING REPORTING PERIOD
		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

## Hospice Annual Report Checklist

	TOTALS
<b>PATIENT DAYS</b>	
Page 5, Section C1j.	_____
<i>Patient Days throughout report must equal days reported directly above</i>	
Page 6, Section C2	_____
Page 6, Section C3	_____
Page 7, Section D1	_____
<b>ADMISSIONS</b>	
Page 3, Section B1e.	_____
<i>Admissions throughout report must equal Admissions reported directly above</i>	
Page 4, Section B2	_____
Page 4, Section B3	_____
<b>UNDUPLICATED PATIENTS SERVED</b>	
Page 3, Section B1g.	_____
<i>Unduplicated Patients Served throughout report must equal Unduplicated Patients Served reported directly above</i>	
Page 7, Section D1	_____
<b>DEATHS</b>	
Page 4, Section B4a.	_____
<i>Deaths throughout report must equal Deaths reported directly above</i>	
Page 7, Section D1	_____
<b>LIVE DISCHARGES/REVOCATIONS/TRANSFERS</b>	
Page 4, Section B4b.	_____
<i>Live Discharges/Revocations/Transfers throughout report must equal Deaths reported directly above</i>	
Page 7, Section D1	_____

**Author:** Alva M. Lambert

**Statutory Authority:** §§22-4-34 and -35, Code of Alabama, 1975.

**History: New Form. Filed:** March 18, 2016; effective May 2, 2016.

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov)

### 20\*\* ANNUAL REPORT FOR HOSPITALS AND RELATED FACILITIES

SHPDA ID NUMBER  
FACILITY NAME

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

AL

ZIP

County of  
Location:

Facility Telephone:

Facility Fax:

This reporting period is (AREA CODE) & TELEPHONE NUMBER 10/1/20\*\*, through (AREA CODE) & TELEPHONE NUMBER 9/30/20\*\* ; or for **partial** year of operation beginning and ending a period of days.

MONTH DAY

MONTH DAY

Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. ***If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.***

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

#### FOR OFFICE USE ONLY

Facility Verified: \_\_\_\_\_

Initial Scan: \_\_\_\_\_

Completed: \_\_\_\_\_

Entered: \_\_\_\_\_

Final Scan: \_\_\_\_\_

Audited: \_\_\_\_\_

**OWNERSHIP** (check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	<input type="checkbox"/> Healthcare Authority	<input type="checkbox"/> LLC
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Government	<input type="checkbox"/> Other

Does this facility operate under a management contract? ☐ Yes ☐ No

Management Firm:

NAME

BASE ADDRESS

CITY

STATE

ZIP

**I. FACILITIES**

**A. Check the ONE category that best describes the type of service provided to the majority of admissions.**

<input type="checkbox"/> General Medical & Surgical ( <b><i>acute care</i></b> )	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Long Term Acute Care ( <b><i>LTACH</i></b> )	<input type="checkbox"/> Chronic Disease (Long Term Care)
<input type="checkbox"/> Critical Access Hospital	<input type="checkbox"/> Other (specify) _____

**B. Totals**

**\*\*PLEASE VERIFY ALL TOTALS ON CHECKLIST, PAGE 13, PRIOR TO SUBMISSION\*\***

**TOTALS**

1. Total Certificate of Need (CON) approved beds	_____
2. Number of <b><u>staffed and operational beds</u></b> on last day of reporting period	_____
3. Number of CON-authorized <b><u>swing beds</u></b>	_____
4. Number of admissions for reporting period, excluding <b><u>all</u></b> newborns and NICU patients	_____
5. Patients days for reporting period, excluding <b><u>all</u></b> newborns and NICU patients	_____
6. Number of discharges for reporting period, excluding all newborns and NICU patients	_____

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

- C. PRINCIPAL SOURCE OF PAYMENT CATEGORIES.** Medicare Supplemental reimbursement should be reported under the actual reimbursement SOURCE, and not reported as a separate (Other) category.

	PATIENT DAYS (exclude <i>all</i> newborns and NICU patients)	DISCHARGES (include deaths, exclude <i>all</i> newborns and NICU patients)
a. Self Pay (Non-Charity Care)		
b. Worker's Compensation		
c. Medicare		
d. Medicaid		
e. Tricare		
f. Blue Cross		
g. Other Insurance Companies		
h. No Charge (charity & other free care)*		
i. Health Maintenance Organization (HMO)		
j. All Kids		
k. Hospice		
l. Medicare Advantage		
m. Other (specify)		
<b>TOTALS</b>		

\* Charity Care is that care provided pursuant to the Hospital's Financial Assistance Policy.

## II. SERVICES OFFERED

Indicate below the services actually available and staffed within this facility, and quantitative data for those applicable services for this reporting period. **Provide information only if the hospital has a specified area and beds staffed and assigned for the listed services.** This information should be provided for inpatient clinical services, unless otherwise noted.

- A. GENERAL HOSPITALS** (including critical access hospitals, but excluding formal psychiatric, newborn, substance abuse, and rehabilitation units)

	NUMBER OF BEDS BY SERVICE	NUMBER OF DISCHARGES BY SERVICE	PATIENT DAYS BY SERVICE	STAFFED BEDS BY SERVICE (Last Day of Reporting Period Only)
1. Medicine-Surgery				
2. Obstetric (maternity)				
3. Pediatric				

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

	NUMBER OF BEDS BY SERVICE	NUMBER OF DISCHARGES BY SERVICE	PATIENT DAYS BY SERVICE	STAFFED BEDS BY SERVICE (Last Day of Reporting Period Only)
4. Orthopedic				
5. Intensive Care Units				
6. Swing Beds	XXXX			XXXXXXX
7. Other (specify)				
<b>TOTALS</b>				

**B. SPECIALTY HOSPITALS (excluding psychiatric)**

☐ Rehabilitation Hospital

☐ Long-Term Acute Care Hospital

☐ Pediatric Hospital

☐ Pediatric and Obstetric Hospital

	NUMBER OF BEDS BY SERVICE	NUMBER OF DISCHARGES BY SERVICE	PATIENT DAYS BY SERVICE	STAFFED BEDS BY SERVICE (Last Day of Reporting Period Only)
1. Obstetric (maternity)				
2. Pediatric				
3. Intensive Care Units				
4. Rehabilitation				
5. LTACH				
6. Other (specify)				
<b>TOTALS</b>				

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

- C. PSYCHIATRIC UNITS/PSYCHIATRIC HOSPITALS.** All psychiatric beds, regardless of whether or not a CON has been obtained (including CON-exempt beds), must be reported in this section. This includes operational and non-operational beds. Providers with unrestricted psychiatric beds obtained prior to the 2018 Hospital Annual Report shall be allowed to change the bed category during the first two reporting periods. However, the bed category reported on the FY 2020 Hospital Annual Report will become the hospital's permanent bed category allocation. The psychiatric bed reporting requirement in this section is not applicable to pediatric specialty hospital providers operating their pediatric hospital specialty beds for the provision of pediatric psychiatric services.

Report information below by bed category as of the last day of the reporting period:

	TOTAL PSYCHIATRIC BEDS BY CATEGORY (include CON- authorized and non- CON authorized beds)	TOTAL ADMISSIONS BY CATEGORY	TOTAL DISCHARGES BY CATEGORY	TOTAL PATIENT DAYS BY CATEGORY	TOTAL OPERATIONAL BEDS BY CATEGORY
<u>Adolescent/Child</u>					
<u>Adult</u>					
<u>Geriatric</u>					
<u>TOTALS</u>					

- D. SPECIALTY UNITS** (do not duplicate data reported in other sections; for CON-authorized services only except Burn Units, which may not hold CON-authorization).

	TOTAL NUMBER CON AUTHORIZED BEDS	TOTAL NUMBER OF ADMISSIONS	TOTAL NUMBER OF DISCHARGES	TOTAL PATIENT DAYS	TOTAL STAFFED BEDS BY SERVICE (Last Day of Reporting Period Only)
1. Substance Abuse					
2. Medical Rehabilitation Inpatient Unit – <i>PPS-EXCLUDED</i>					
3. Burn Unit					



THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

**E. OBSTETRICS & NURSERY** (do not include newborn data in other sections)

	Number of Rooms	Total Number of Live Births	Total Number of Fetal Deaths
Delivery Rooms/LDR/Obstetrical Recovery	_____	_____	_____
C-Section Rooms	_____	_____	_____

*Please check the appropriate level of neonatal care provided at your facility (check one) based on the Alabama Perinatal Regionalization System Guidelines found at:*

*[http://www.alabamapublichealth.gov/perinatal/assets/perinatal\\_regionalization\\_system\\_guidelines.pdf](http://www.alabamapublichealth.gov/perinatal/assets/perinatal_regionalization_system_guidelines.pdf). The Guidelines were endorsed by the State Committee of Public Health and are based on guidance from the American Academy of Pediatrics.*

☐ Level I

☐ Level II

☐ Level III

☐ Level IV

**Neonatal Levels of Care**

**Newborn (Well Baby) Unit** (DO NOT include any newborns shown in separately designated special-care units)

**Special Care Nursery** (include newborns in separate special-monitoring units that are not NICU level care)

**Neonatal Intensive Care Unit (NICU)**

**Regional Neonatal Intensive Care Unit**

**Other** (specify: i.e., specialty newborn cardiac NICU) \_\_\_\_\_

	Number of Bassinets	Number of Infants	Newborn Days
Newborn (Well Baby) Unit	_____	_____	_____
Special Care Nursery	_____	_____	_____
Neonatal Intensive Care Unit (NICU)	_____	_____	_____
Regional Neonatal Intensive Care Unit	_____	_____	_____
Other	_____	_____	_____

**F. SURGERY**

**1. General Surgery**

a. Total number of inpatient operating rooms only

b. Total number of outpatient operating rooms only

c. Total number of "mixed-use" (inpatient and outpatient) operating rooms

**Total number of operating rooms available for general surgeries**  
(exclude specialized surgeries)

	Number of Persons (cases)	Number of Procedures
d. Inpatient	_____	_____
e. Outpatient	_____	_____
f. Does this facility have a designated separate/organized outpatient surgical unit? (Operating rooms used only for outpatient surgery, do not include separately licensed ASC's)	_____	_____
	YES	NO

**2. Specialized Surgery** (Do not count general operating rooms)

a. Open Heart

Open heart (defined as surgery in which thoracic cavity is opened to expose the heart and the blood is re-circulated and oxygenated by a heart-lung machine).

Number of Rooms	Number of Cases	Number of Procedures
_____	_____	_____

b. Transplants

Number of Rooms	Number of Cases	Number of Procedures
_____	_____	_____

c. Other Specialized Surgery

Number of Rooms	Number of Cases	Number of Procedures
_____	_____	_____

Please specify the type of Other Specialized Surgery :

\_\_\_\_\_

**3. Total Inpatient and Outpatient Operating Rooms Available for all Surgeries**

**Total number of operating rooms:**

\_\_\_\_\_

(Include all general AND specialized surgery operating rooms).

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

## G. CARDIAC PROCEDURES

Classify the total invasive cardiac procedures into one of the following inpatient or outpatient categories. Do not count Swan/Ganz insertions performed in other areas of your facility. Report the TOTAL NUMBER OF PHYSICAL PROCEDURES PERFORMED BY THE LAB(S), NOT the number of procedures billed by the hospital (billing code numbers).

	PERFORMED IN CON-AUTHORIZED CATHETERIZATION LAB		PERFORMED IN ELECTROPHYSIOLOGY LAB		OTHER LOCATION (specify)	
	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures	Inpatient Procedures	Outpatient Procedures
Heart Catheterization Diagnostic						
Heart Catheterization Therapeutic/ Interventional (Including PTCA, directional coronary atherectomy, rotational atherectomy and similar complex therapeutic procedures)						
Pediatric Catheterization						
Electrophysiology Diagnostic						
Electrophysiology Therapeutic						
Pacemaker Implants (permanent)						
Other (specify below)						
TOTAL PROCEDURES						
TOTAL PATIENTS (cases)						
	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT

TOTAL NUMBER OF CON AUTHORIZED CATH LABS: \_\_\_\_\_

## H. THERAPEUTIC SERVICES

**Number of Units**  
(pieces of  
equipment)

**Number of  
Inpatient  
Persons**

**Number of  
Outpatient  
Persons**

**Gamma Knife**

**Linear Accelerator  
(Megavoltage Therapy)**

## III. OUTPATIENT SERVICES

### A. Emergency Outpatient Unit

1. The hospital's emergency facilities and services (usually called the "emergency department" or "emergency room") intended primarily for care of outpatients whose conditions require medical attention. Indicate below the emergency medical care provided that best describes this facility.

Comprehensive 24 hours a day, including in-hospital physician coverage for medical, surgical, obstetric, and anesthesiology services by members of the medical staff or senior level trainees.

Limited by the lack of immediate coverage in some major specialties, but a physician is always present in the emergency area, a surgeon is immediately available for consultation, and other clinical specialists are on call within 15 to 30 minutes. Following assessment by a physician, a few patients may be transferred to another facility

Essentially prompt emergency care available at all times. Basic medical and surgical service is usually supplied within 30 minutes or less. Certain well-defined clinical problems are always immediately transferred to another facility, while others may require specific assessment before transfer.

Little or none beyond first aid given by a nurse. There is a written plan relative to handling individuals who inadvertently appear for treatment.

Non-existent. There is no emergency service or plan offered at this hospital.

**Number of Exam  
Treatment  
Rooms/Cubicles**

**Number of  
Outpatient Visits to  
Emergency Unit**

**Number of Free  
Standing Emergency  
Exam Rooms**

**Number of Free  
Standing Emergency  
Room Visits**

## **IV. OUTPATIENT SURGERY**

### **A. PATIENT ORIGIN BY ZIP CODE**

Please report, by zip code of residence, the total number of outpatient surgery persons (cases) treated by this provider during the reporting period. (This total should equal the totals reported in Section II-F-1-e on page 6). Any outpatient surgeries reported in Section II-F-2 should also be reported in this section. This data shall be submitted as a Microsoft Excel (v. 2003 or later) or CSV formatted file with the remainder of this report. The annual report will not be deemed received by the Agency on behalf of the submitting provider until the utilization portion (the remainder of this PDF document), this Excel or CSV file, AND the Patient Origin file (referenced on pages 14 – 18) are received.

The submitted file should contain the column headers and data formatting shown in the example provided below. Please submit only a 5-digit zip code, not the full 9-digit zip code. Also, please ensure that the Facility ID Number entered in the first column and the Facility ID Number reported on Page 1 are the same, and are correct.

Facility ID	Out Pt Surg_Zip Code	Out Pt Surg_Persons
123-4567890	99999	9999

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

**B. PERSONS (CASES) BY AGE AND GENDER – Only report outpatient surgery cases in this section for the entire reporting period**

	MALE	FEMALE	TOTAL
18 & under			
19 – 34 years of age			
35 – 54 years of age			
55 – 64 years of age			
65 – 74 years of age			
75 – 84 years of age			
85 years and older			
<b>TOTALS</b>			*

*\* This total should equal the total reported in Section IV-A.*

**C. PERSONS (CASES) BY RACE – Only report outpatient surgery cases in this section for the entire reporting period**

	TOTAL
White/Caucasian	
Black/African American/Negro	
Hispanic/Spanish/Latino	
Asian	
American Indian/Alaskan Native	
Pacific Islander	
India	
Middle Eastern	
Other (please specify other race category):	
<b>TOTALS</b>	*

*\* This total should equal the total reported in Section IV-A and IV-B.*

## V. HOSPICE SERVICES

1. Are in-home hospice services provided by this facility or by a separate entity under common ownership with this facility?  

\_\_\_\_\_

YES

\_\_\_\_\_

NO
2. Has a Letter of Non-Reviewability been issued by SHPDA to this facility to provide inpatient hospice services through rural exemption?  

\_\_\_\_\_

YES

\_\_\_\_\_

NO
3. Does this facility have **contracts** with hospice providers to provide respite and/or inpatient hospice services as needed?  

\_\_\_\_\_

YES

\_\_\_\_\_

NO
4. If yes, how many providers have **current contracts** with this facility?  

\_\_\_\_\_
5. Does this facility have any beds **dedicated only** for use by hospice providers for the provision of respite and/or inpatient hospice services, but for which the facility still maintains bed licensure?  

\_\_\_\_\_

YES

\_\_\_\_\_

NO
6. If yes, how many beds are **dedicated** for this service?  

\_\_\_\_\_

\*\*\*Keep a copy of the completed report for the provider's records before submitting to SHPDA.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all Mandatory Reports shall be submitted electronically [via e-mail] to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov).

## Hospital Annual Report Checklist

	Totals
<b>CON Authorized Beds</b>	
Page 2, Section I-B-1.	_____
Page 4, Section II-A	_____
Page 4, Section II-B	_____
Page 5, Section II-C	_____
Page 5, Section II-D	_____
<u>CON Authorized Beds in Sections II-A+II-B+II-C+IID should equal Authorized Beds reported in Section I-B if exempted</u> <u>non-CON Authorized beds are not reported in Section II-C</u>	
TOTAL CON AUTHORIZED BEDS SECTION II	_____
<b>Staffed and Operational Beds by Service</b>	
Page 2, Section I-B-2.	_____
Page 4, Section II-A	_____
Page 4, Section II-B	_____
Page 5, Section II-C	_____
Page 5, Section II-D	_____
<u>Staffed and Operational Beds in Sections II-A+II-B+II-C+IID must equal Staffed and Operational Beds reported in Section I-B</u>	
TOTAL STAFFED AND OPERATIONAL BEDS SECTION II	_____
<b>Patient Days</b>	
Page 2, Section I-B-5.	_____
Page 3, Section I-C	_____
<u>Patient Days in Section I-C must equal Patient Days reported in Section I-B</u>	
Page 4, Section II-A	_____
Page 4, Section II-B	_____
Page 5, Section II-C	_____
Page 5, Section II-D	_____
<u>Patient Days in Sections II-A+II-B+II-C+II-D must equal Patient Days reported in Section I-B</u>	
TOTAL PATIENT DAYS SECTION II	_____
<b>Discharges</b>	
Page 2, Section I-B-6.	_____
Page 3, Section I-C	_____
<u>Discharges in Section I-C must equal Discharges reported in Section I-B</u>	
Page 4, Section II-A	_____
Page 4, Section II-B	_____
Page 5, Section II-C	_____
Page 5, Section II-D	_____
<u>Discharges in Sections II-A+II-B+II-C+II-D must equal Discharges reported in Section I-B</u>	
TOTAL DISCHARGES SECTION II	_____



**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE  
FY 20\*\* PATIENT ORIGIN SURVEY DATA SUPPLEMENT  
MUST INCLUDE DISCHARGE DATA FOR OCTOBER 1, 20\*\* - SEPTEMBER 30, 20\*\***

The Patient Origin section of the annual report submitted on behalf of hospitals (Form BHD 134A) shall be submitted as a separate file/document. This data shall be submitted only in Microsoft Excel (v. 2003 or later) or CSV formats. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. Submission must include the cover sheet located in this report. Both the Annual Report (Form BHD 134A) AND the Patient Origin data electronic file must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

<b><u>FIELD NAME</u></b>	<b><u>INSTRUCTIONS</u></b>
<b>Hospital ID #</b>	SHPDA Hospital ID number
<b>Patient Number</b>	Patient identification number. <u><i>This number may be a blind number assigned in sequential order.</i></u> Patient ID numbers <b><u>cannot</u></b> be duplicated.
<b>Age</b>	The numeric value of the patient's age, consisting of three (3) digits. For example, if the patient is 78, the entry would be 078. If the patient is 103, the entry would be 103. <b><u>INCLUDE ALL NEWBORNS &amp; PEDIATRICS, USING 000 FOR ALL INFANTS UNDER 1 YEAR OF AGE.</u></b>
<b>Sex</b>	Use the following values:  <b><i>MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9</i></b>

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

<u>FIELD NAME</u>	<u>INSTRUCTIONS</u>
<b>Race or National Origin</b>	<p>Use the following values:</p> <p><b>WHITE/CAUCASIAN</b>----- 1</p> <p><b>BLACK/AFRICAN AMERICAN</b> ----- 2</p> <p><b>HISPANIC/SPANISH/LATINO</b>----- 3</p> <p><b>ASIAN</b>----- 4</p> <p><b>AMERICAN INDIAN/ALASKAN NATIVE</b>----- 5</p> <p><b>PACIFIC ISLANDER</b>----- 6</p> <p><b>INDIA</b>----- 7</p> <p><b>MIDDLE EASTERN</b>----- 8</p> <p><b>OTHER</b>----- 9</p>
<b>Zip Code</b>	<p>Patient's residence zip code. <b><u>5 digits only</u></b>, report unknown zip codes as "99999".</p>
<b>Length of Stay (LOS)</b>	<p>The number of days calculated from the date of admission until the date of <u>discharge</u> or <u>death</u>. <b>Discharges for this year</b> include any patients admitted in previous years and discharged during the current reporting period. Patients must be in the hospital a minimum of 24 hours to be included in the Patient Origin Survey.</p> <p><b>Examples:</b> A patient admitted on April 30th and discharged on May 4<sup>th</sup> would have a LOS of 004. A patient admitted on May 3<sup>rd</sup> and discharged on May 13<sup>th</sup> would have a LOS of 010. A patient admitted on September 28<sup>th</sup> and not discharged by September 30th would not be included.</p>
<b>Date of Discharge</b>	<p>For every discharge, Please include the date of discharge for that patient. This should be submitted in a <b>MM/DD/YYYY</b> format.</p>

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

<u>FIELD NAME</u>	<u>INSTRUCTIONS</u>
<b>Service Code</b>	<p>Record only the <b>PRIMARY</b> service when more than one clinical service is provided during the hospital stay:</p> <p><b>MEDICINE:</b>               <b>01</b></p> <p><b>SURGERY:</b>               <b>02</b></p> <p><b>PEDIATRICS:</b>           <b>03</b> (use only if your facility has an organized pediatric unit and only for patients <u>17 and under</u>). If your facility does not have an organized pediatric unit, report services under one of the remaining codes. For patients 18 and older, report under one of the remaining codes even if treatment occurred in an organized pediatric unit.</p> <p><b>GYNECOLOGY</b>           <b>04</b> (<u>NO MALES</u>), (medicine or surgery)</p> <p><b>OBSTETRICS</b>             <b>05</b> (<u>NO MALES</u>)</p> <p><b>ORTHOPEDICS</b>           <b>06</b> (use only if your facility has an organized orthopedic unit.) Facilities without an organized orthopedic unit should report these patients under the appropriate service.</p> <p><b>PSYCHIATRIC</b>           <b>07</b> (include alcoholism and substance abuse treatments)</p> <p><b>REHABILITATION</b>       <b>08</b></p> <p><b>OTHER</b>                   <b>09</b></p>
<b>DRG/CMG</b>	<p>Patient's <b>DRG</b> (Diagnosis Related Group) or <b>CMG</b> (Case Mix Group) code. <b>As a reminder, please indicate which version of DRG codes your facility is using.</b></p>

THIS REPORT IS DUE ON OR BEFORE DECEMBER 15, 20\*\*

<u>FIELD NAME</u>	<u>INSTRUCTIONS</u>
<b>Payer Source</b>	<p>Use the following values:</p> <p><b>SELF PAY/PRIVATE PAY</b>----- 1</p> <p><b>WORKMAN'S COMPENSATION</b>----- 2</p> <p><b>MEDICARE</b>----- 3</p> <p><b>MEDICAID</b>----- 4</p> <p><b>TRI-CARE</b>----- 5</p> <p><b>BLUE CROSS/BLUE SHIELD</b>----- 6</p> <p><b>NO CHARGE/CHARITY</b>----- 7</p> <p><b>HMO</b>----- 8</p> <p><b>ALL KIDS</b>----- 9</p> <p><b>OTHER INSURANCE</b>----- 10</p> <p><b>HOSPICE</b>----- 11</p> <p><b>MEDICARE ADVANTAGE</b>----- 12</p> <p><b>OTHER</b>----- 13</p>
<b>ICD-10</b>	<p>Patient's <b>ICD-10</b> primary diagnosis code. Please report the full 7 digit ICD code <b>WITHOUT THE DECIMAL POINT</b></p>

**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE  
FY 20\*\* INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT  
MUST INCLUDE DISCHARGE DATA FOR OCTOBER 1, 20\*\* - SEPTEMBER 30, 20\*\***

The data in this section should only be reported by CON authorized Inpatient Rehabilitation Facilities or those hospitals with CON authorized inpatient rehabilitation beds. This information should be provided as a separate Microsoft Excel or CSV file and should be provided **IN ADDITION TO** the data required on pages 14-17 of this survey. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. The Annual Report (Form BHD 134A) AND both Patient Origin data electronic files must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>Hospital ID #</b>	SHPDA Hospital ID number	<b>SHPDA Assigned</b>
<b>Patient Number</b>	Patient identification number. <i>This number may be a blind number assigned in sequential order.</i> Patient ID numbers <b>cannot</b> be duplicated.	<b>IRF-PAI P1 5b</b>
<b>Age</b>	The numeric value of the patient's age.	<b>IRF-PAI P1 6</b>
<b>Sex</b>	Use the following values:  <b>MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9</b>	<b>IRF-PAI P1 8</b>
<b>Race or National Origin</b>	Use the following values:  <b>WHITE/CAUCASIAN----- 1</b> <b>BLACK/AFRICAN AMERICAN----- 2</b> <b>HISPANIC/SPANISH/LATINO----- 3</b> <b>ASIAN----- 4</b> <b>AMERICAN INDIAN/ALASKAN NATIVE----- 5</b> <b>PACIFIC ISLANDER----- 6</b> <b>INDIA----- 7</b> <b>MIDDLE EASTERN----- 8</b> <b>OTHER----- 9</b>	<b>IRF-PAI P3 A1010</b>
<b>ZipCode</b>	Patient's residence zip code. <b>Report only the 5 digit zip code where possible. Report unknown zip codes as "99999".</b>	<b>IRF-PAI P1 11</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>LengthOfStay</b>	The number of days calculated from the date of admission until the date of discharge. Discharges for this year include any patients admitted in previous years and discharged during the current reporting period.	<b>IRF-PAI P2 40</b> (Calculated Field)
<b>DateOfDischarge</b>	Date the patient was discharged from care. Submit in MM/DD/YYYY format.	<b>IRF-PAI P2 40</b>
<b>Service Code</b>	All Service Codes for patients discharged from an Inpatient Rehabilitation Facility should be assigned a service code of '8'.	<b>N/A</b> (Assign all patients a code of '8')
<b>DRG</b>	Primary DRG code for patient	<b>UB-04 71</b>
<b>Payor</b>	Use the following values: <b>SELF PAY/PRIVATE PAY</b> ----- 1 <b>WORKMAN'S COMPENSATION</b> ----- 2 <b>MEDICARE</b> ----- 3 <b>MEDICAID</b> ----- 4 <b>TRI-CARE</b> ----- 5 <b>BLUE CROSS/BLUE SHIELD</b> ----- 6 <b>NO CHARGE/CHARITY</b> ----- 7 <b>HMO</b> ----- 8 <b>ALL KIDS</b> ----- 9 <b>OTHER INSURANCE</b> ----- 10 <b>HOSPICE</b> ----- 11 <b>MEDICARE ADVANTAGE</b> ----- 12 <b>OTHER</b> ----- 13	<b>IRF-PAI P1 20</b>
<b>ICD-10Primary</b>	Etiologic Diagnosis ICD-10 Code #1	<b>IRF-PAI P1 22A</b>
<b>ICD-10Primary2</b>	Etiologic Diagnosis ICD-10 Code #2	<b>IRF-PAI P1 22B</b>
<b>ICD-10Primary3</b>	Etiologic Diagnosis ICD-10 Code #3	<b>IRF-PAI P1 22C</b>
<b>ICD-10Secondary</b>	Comorbid Condition ICD-10 Code #1	<b>IRF-PAI P1 24A</b>
<b>ICD-10Secondary2</b>	Comorbid Condition ICD-10 Code #2	<b>IRF-PAI P1 24B</b>
<b>ICD-10Secondary3</b>	Comorbid Condition ICD-10 Code #3	<b>IRF-PAI P1 24C</b>
<b>ICD-10Secondary4</b>	Comorbid Condition ICD-10 Code #4	<b>IRF-PAI P1 24D</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>ICD-10Secondary5</b>	Comorbid Condition ICD-10 Code #5	<b>IRF-PAI P1 24E</b>
<b>ICD-10Secondary6</b>	Comorbid Condition ICD-10 Code #6	<b>IRF-PAI P1 24F</b>
<b>ICD-10Secondary7</b>	Comorbid Condition ICD-10 Code #7	<b>IRF-PAI P1 24G</b>
<b>ICD-10Secondary8</b>	Comorbid Condition ICD-10 Code #8	<b>IRF-PAI P1 24H</b>
<b>ICD-10Secondary9</b>	Comorbid Condition ICD-10 Code #9	<b>IRF-PAI P1 24I</b>
<b>ICD-10Secondary10</b>	Comorbid Condition ICD-10 Code #10	<b>IRF-PAI P1 24J</b>
<b>ICD-10Secondary11</b>	Comorbid Condition ICD-10 Code #11	<b>IRF-PAI P1 24K</b>
<b>ICD-10Secondary12</b>	Comorbid Condition ICD-10 Code #12	<b>IRF-PAI P1 24L</b>
<b>ICD-10Secondary13</b>	Comorbid Condition ICD-10 Code #13	<b>IRF-PAI P1 24M</b>
<b>ICD-10Secondary14</b>	Comorbid Condition ICD-10 Code #14	<b>IRF-PAI P1 24N</b>
<b>ICD-10Secondary15</b>	Comorbid Condition ICD-10 Code #15	<b>IRF-PAI P1 24O</b>
<b>ICD-10Secondary16</b>	Comorbid Condition ICD-10 Code #16	<b>IRF-PAI P1 24P</b>
<b>ICD-10Secondary17</b>	Comorbid Condition ICD-10 Code #17	<b>IRF-PAI P1 24Q</b>
<b>ICD-10Secondary18</b>	Comorbid Condition ICD-10 Code #18	<b>IRF-PAI P1 24R</b>
<b>ICD-10Secondary19</b>	Comorbid Condition ICD-10 Code #19	<b>IRF-PAI P1 24S</b>
<b>ICD-10Secondary20</b>	Comorbid Condition ICD-10 Code #20	<b>IRF-PAI P1 24T</b>
<b>ICD-10Secondary21</b>	Comorbid Condition ICD-10 Code #21	<b>IRF-PAI P1 24U</b>
<b>ICD-10Secondary22</b>	Comorbid Condition ICD-10 Code #22	<b>IRF-PAI P1 24V</b>
<b>ICD-10Secondary23</b>	Comorbid Condition ICD-10 Code #23	<b>IRF-PAI P1 24W</b>
<b>ICD-10Secondary24</b>	Comorbid Condition ICD-10 Code #24	<b>IRF-PAI P1 24X</b>
<b>ICD-10Secondary25</b>	Comorbid Condition ICD-10 Code #25	<b>IRF-PAI P1 24Y</b>
<b>Admit</b>	Facility Type from which patient was admitted	<b>IRF-PAI P1 15A</b>
<b>Discharge</b>	Facility type/location to which patient was discharged	<b>IRF-PAI P2 44D</b>
<b>Wk1PITherapy</b>	Week 1 Physical Therapy Individual Therapy	<b>IRF-PAI P2 00401A a</b>
<b>Wk1PCTherapy</b>	Week 1 Physical Therapy Concurrent Therapy	<b>IRF-PAI P2 00401A b</b>
<b>Wk1PGTherapy</b>	Week 1 Physical Therapy Group Therapy	<b>IRF-PAI P2 00401A c</b>
<b>Wk1PTTherapy</b>	Week 1 Physical Therapy Co-Treatment Therapy	<b>IRF-PAI P2 00401A d</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>Wk1OITherapy</b>	Week 1 Occupational Therapy Individual Therapy	<b>IRF-PAI P2 O0401B a</b>
<b>Wk1OCTherapy</b>	Week 1 Occupational Therapy Concurrent Therapy	<b>IRF-PAI P2 O0401B b</b>
<b>Wk1OGTherapy</b>	Week 1 Occupational Therapy Group Therapy	<b>IRF-PAI P2 O0401B c</b>
<b>Wk1OTTherapy</b>	Week 1 Occupational Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0401B d</b>
<b>Wk1SITherapy</b>	Week 1 Speech-Language Therapy Individual Therapy	<b>IRF-PAI P2 O0401C a</b>
<b>Wk1SCTherapy</b>	Week 1 Speech-Language Therapy Concurrent Therapy	<b>IRF-PAI P2 O0401C b</b>
<b>Wk1SGTherapy</b>	Week 1 Speech-Language Therapy Group Therapy	<b>IRF-PAI P2 O0401C c</b>
<b>Wk1STTherapy</b>	Week 1 Speech-Language Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0401C d</b>
<b>Wk2PITherapy</b>	Week 2 Physical Therapy Individual Therapy	<b>IRF-PAI P2 O0402A a</b>
<b>Wk2PCTherapy</b>	Week 2 Physical Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402A b</b>
<b>Wk2PGTherapy</b>	Week 2 Physical Therapy Group Therapy	<b>IRF-PAI P2 O0402A c</b>
<b>Wk2PTTherapy</b>	Week 2 Physical Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402A d</b>
<b>Wk2OITherapy</b>	Week 2 Occupational Therapy Individual Therapy	<b>IRF-PAI P2 O0402B a</b>
<b>Wk2OCTherapy</b>	Week 2 Occupational Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402B b</b>
<b>Wk2OGTherapy</b>	Week 2 Occupational Therapy Group Therapy	<b>IRF-PAI P2 O0402B c</b>
<b>Wk2OTTherapy</b>	Week 2 Occupational Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402B d</b>
<b>Wk2SITherapy</b>	Week 2 Speech-Language Therapy Individual Therapy	<b>IRF-PAI P2 O0402C a</b>
<b>Wk2SCTherapy</b>	Week 2 Speech-Language Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402C b</b>
<b>Wk2SGTherapy</b>	Week 2 Speech-Language Therapy Group Therapy	<b>IRF-PAI P2 O0402C c</b>
<b>Wk2STTherapy</b>	Week 2 Speech-Language Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402C d</b>



**Author:** Alva M. Lambert

**Statutory Authority:** §§22-4-34 and -35, Code of Alabama, 1975.

**History: New Form. Filed:** March 18, 2016; effective May 2, 2016. **Amended: Filed:** September 19, 2018; effective November 3, 2018. **Amended:** Published May 28, 2021; effective July 12, 2021.

THIS REPORT IS DUE ON OR BEFORE AUGUST 16, 20\*\*

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov)

### 20\*\* ANNUAL REPORT FOR SKILLED NURSING FACILITIES

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Pencil submissions of this report will not be accepted. This report should be completed and submitted electronically. All dark gray fields contain formulas to help with the accuracy of the report. Please do NOT complete this report manually.

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

AL

ZIP

County of Location:

Facility Telephone:

(AREA CODE) & TELEPHONE NUMBER

Facility Fax:

(AREA CODE) & TELEPHONE NUMBER

This reporting period is for July 1, 20\*\*, through June 30, 20\*\*\*; or for **partial** year of operation beginning

and ending a period of days.

MONTH DAY

MONTH DAY

*If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.*

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

#### FOR OFFICE USE ONLY

Facility Verified: \_\_\_\_\_

Initial Scan: \_\_\_\_\_

Completed: \_\_\_\_\_

Entered: \_\_\_\_\_

Final Scan: \_\_\_\_\_

Audited: \_\_\_\_\_

THIS REPORT IS DUE ON OR BEFORE AUGUST 16, 20\*\*

**OWNERSHIP** (check one)

☐ Corporation      ☐ Non-Profit Organization      ☐ Partnership  
☐ Individual      ☐ Healthcare Authority      ☐ LLC  
☐ Joint Venture      ☐ Government      ☐ Other (specify) \_\_\_\_\_

Does this facility operate under a management contract? ☐ Yes ☐ No

Management Firm:

Name \_\_\_\_\_  
 Base Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I. FACILITIES**

- a. Total beds **licensed** by the Alabama Department of Public Health \_\_\_\_\_
- b. Number of beds certified for Medicare patients (**NOTE:** Medicaid patients **ARE ALLOWED** to reside in Medicare beds) \_\_\_\_\_
- c. Number of beds certified for Medicaid patients \_\_\_\_\_
- d. Was this facility licensed for the number of beds indicated in item I-a for the entire reporting period? YES NO
- e. If "No" was answered in item (e), indicate the number of licensed beds and the number of days those beds were licensed. BEDS DAYS
- f. Additional licensed beds and the number of days those beds were licensed BEDS DAYS

**II. ADMISSIONS** (REFER TO PAGE 2 OF INSTRUCTIONS FOR CORRECT COMPUTATION METHODS FOR ADMISSIONS, READMISSIONS, DISCHARGES, AND TRANSFERS)

**A. TOTAL ADMISSIONS FOR THE REPORTING PERIOD**

**B. ADMISSIONS BY SOURCE OF PAYMENT:**

Private Pay \_\_\_\_\_  
 Workman's Compensation \_\_\_\_\_  
 Medicare \_\_\_\_\_  
 Medicaid \_\_\_\_\_  
 Tricare \_\_\_\_\_  
 Blue Cross (not Long Term Care Insurance) \_\_\_\_\_  
 Other Insurance Companies (not Long Term Care Insurance) \_\_\_\_\_  
 No Charge (charity & other) \_\_\_\_\_  
 Hospice \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

### III. DEMOGRAPHICS

#### A. TOTAL ADMISSIONS BY RACE FOR THE ENTIRE REPORTING PERIOD

(Total must agree with the totals provided in Sections II-A and III-B.)

1. White/Caucasian
2. Black/African American/Negro
3. Hispanic/Spanish/Latino
4. Asian
5. American Indian/Alaskan Native
6. Pacific Islander
7. India
8. Middle Eastern
9. Other (specify) \_\_\_\_\_

#### B. TOTAL ADMISSIONS BY AGE AND GENDER FOR THE ENTIRE REPORTING PERIOD

(Total must agree with the totals provided in Section II and Section III-A.)

##### AGE GROUPS

##### MALE

##### FEMALE

##### TOTALS

18 & under

19 – 34 Years

35 – 54 Years

55 – 64 Years

65 – 74 Years

75 – 84 Years

85 Years and Older

**TOTALS**

### IV. DISCHARGES (REFER TO PAGE 2 OF INSTRUCTIONS FOR CORRECT COMPUTATION METHODS FOR ADMISSIONS, READMISSIONS, DISCHARGES, AND TRANSFERS)

Total discharges (including deaths) \_\_\_\_\_

## V. RESIDENT DAYS

(This information is to be provided for the number of individuals in residence during the reporting period.)

	OCCUPIED RESIDENT DAYS	BED HOLDING DAYS	TOTAL RESIDENT DAYS
Private Pay	_____	_____	_____
Workman's Compensation	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Tricare	_____	_____	_____
Blue Cross (not long term care insurance)	_____	_____	_____
Other Insurance Companies (not long term care insurance)	_____	_____	_____
No Charge (charity & other)	_____	_____	_____
Hospice	_____	_____	_____
Long Term Care Insurance	_____	_____	_____
Other (specify) _____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

## VI. HOSPICE

A. Total hospice service days (regardless of payer source): \_\_\_\_\_

B. Number of hospice discharges:

1. Deaths \_\_\_\_\_

2. Home \_\_\_\_\_

3. Hospital \_\_\_\_\_

C. Number of hospice provider contracts: \_\_\_\_\_

D. Dedicated hospice unit?        YES        NO

E. (If Yes) Number of beds in dedicated hospice unit: \_\_\_\_\_

**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE  
FY 20\*\* INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT  
MUST INCLUDE DISCHARGE DATA FOR JULY 1, 20\*\* - JUNE 30, 20\*\***

The data in this section should be reported by all Skilled Nursing Facilities providing inpatient rehabilitation services. This information should be provided as a separate Microsoft Excel or CSV file and should be provided **IN ADDITION TO** the data required on pages 1-4 of this survey. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. The Annual Report (Form BHD 134A) AND the Patient Origin data electronic file must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>FacilityID#</b>	SHPDA Nursing Home ID number	<b>SHPDA Assigned</b>
<b>PatientNumber</b>	Patient identification number. <i>This number may be a blind number assigned in sequential order.</i> Patient ID numbers <b>cannot</b> be duplicated.	<b>MDS A1300</b>
<b>Age</b>	The numeric value of the patient's age.	<b>MDS A0900</b> (calculated from patient Date of Birth)
<b>Sex</b>	Use the following values:  <b>MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9</b>	<b>MDS A0800</b>
<b>Race</b>	Use the following values:  <b>WHITE/CAUCASIAN----- 1</b> <b>BLACK/AFRICAN AMERICAN----- 2</b> <b>HISPANIC/SPANISH/LATINO----- 3</b> <b>ASIAN----- 4</b> <b>AMERICAN INDIAN/ALASKAN NATIVE----- 5</b> <b>PACIFIC ISLANDER----- 6</b> <b>INDIA----- 7</b> <b>MIDDLE EASTERN----- 8</b> <b>OTHER----- 9</b>	<b>MDS A1000</b>
<b>ZipCode</b>	Patient's residence zip code. <b>Report only the 5 digit zip code where possible. Report unknown zip codes as "99999".</b>	<b>UB-04 9d</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>LengthOfStay</b>	The number of days calculated from the date of admission until the date of discharge. Discharges for this year include any patients admitted in previous years and discharged during the current reporting period.	<b>MDS A2000 – MDS A1900</b>
<b>DateOfDischarge</b>	Date the patient was discharged from care. Submit in MM/DD/YYYY format.	<b>MDS A2000</b>
<b>Service</b>	All Service Codes for patients receiving inpatient rehabilitation services should be assigned a service code of '8'.	<b>N/A</b> (Assign all patients a code of '8')
<b>HIPPS</b>	Primary HIPPS Code for Patient	<b>MDS Z0100</b>
<b>Payor</b>	Use the following values:  <b>SELF PAY/PRIVATE PAY----- 1</b> <b>WORKMAN'S COMPENSATION----- 2</b> <b>MEDICARE----- 3</b> <b>MEDICAID----- 4</b> <b>TRI-CARE----- 5</b> <b>BLUE CROSS/BLUE SHIELD----- 6</b> <b>NO CHARGE/CHARITY----- 7</b> <b>HMO----- 8</b> <b>ALL KIDS----- 9</b> <b>OTHER INSURANCE----- 10</b> <b>HOSPICE----- 11</b> <b>MEDICARE ADVANTAGE----- 12</b> <b>OTHER----- 13</b>	<b>MDS Z0300</b>
<b>ICD-10Primary</b>	Patient's Primary ICD-10 Diagnosis Code	<b>MDS I0020B</b>
<b>ICD-10Secondary</b>	Additional Active Diagnosis ICD-10 Code #1	<b>MDS I8000A</b>
<b>ICD-10Secondary2</b>	Additional Active Diagnosis ICD-10 Code #2	<b>MDS I8000B</b>
<b>ICD-10Secondary3</b>	Additional Active Diagnosis ICD-10 Code #3	<b>MDS I8000C</b>
<b>ICD-10Secondary4</b>	Additional Active Diagnosis ICD-10 Code #4	<b>MDS I8000D</b>
<b>ICD-10Secondary5</b>	Additional Active Diagnosis ICD-10 Code #5	<b>MDS I8000E</b>
<b>ICD-10Secondary6</b>	Additional Active Diagnosis ICD-10 Code #6	<b>MDS I8000F</b>
<b>ICD-10Secondary7</b>	Additional Active Diagnosis ICD-10 Code #7	<b>MDS I8000G</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>ICD-10Secondary8</b>	Additional Active Diagnosis ICD-10 Code #8	<b>MDS I8000H</b>
<b>ICD-10Secondary9</b>	Additional Active Diagnosis ICD-10 Code #9	<b>MDS I8000I</b>
<b>ICD-10Secondary10</b>	Additional Active Diagnosis ICD-10 Code #10	<b>MDS I8000J</b>
<b>Condition</b>	Patient's primary medical condition category	<b>MDS I0020</b>
<b>Admit</b>	Facility Type from which patient was admitted	<b>MDS A1800</b>
<b>Discharge</b>	Facility type/location to which patient was discharged	<b>MDS A2100</b>
<b>Cancer</b>	Cancer Diagnosis	<b>MDS I0100</b>
<b>Anemia</b>	Anemia (e.g. aplastic, iron deficiency, pernicious, and sickle cell) diagnosis	<b>MDS I0200</b>
<b>Atrial</b>	Atrial Fibrillation or Other Dysrhythmias Diagnosis	<b>MDS I0300</b>
<b>Coronary</b>	Coronary Artery Disease (CAD) (e.g. angina, myocardial infarction, and atherosclerotic heart disease (ASHD)) diagnosis	<b>MDS I0400</b>
<b>DVT</b>	Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE) or Pulmonary Thrombo-Embolism (PTE) diagnosis	<b>MDS I0500</b>
<b>Heart</b>	Heart Failure (e.g. congestive heart failure (CHF) and pulmonary edema) Diagnosis	<b>MDS I0600</b>
<b>Hypertension</b>	Hypertension Diagnosis	<b>MDS I0700</b>
<b>Orthostatic</b>	Orthostatic Hypotension Diagnosis	<b>MDS I0800</b>
<b>PVD</b>	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) Diagnosis	<b>MDS I0900</b>
<b>Cirrhosis</b>	Cirrhosis Diagnosis	<b>MDS I1100</b>
<b>GERD</b>	Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g. esophageal, gastric, and peptic ulcers) Diagnosis	<b>MDS I1200</b>
<b>Colitis</b>	Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease Diagnosis	<b>MDS I1300</b>
<b>BPH</b>	Benign Prostatic Hyperplasia (BPH) Diagnosis	<b>MDS I1400</b>
<b>ESRD</b>	Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD) Diagnosis	<b>MDS I1500</b>
<b>Bladder</b>	Neurogenic Bladder Diagnosis	<b>MDS I1550</b>
<b>Uropathy</b>	Obstructive Uropathy Diagnosis	<b>MDS I1650</b>
<b>MDRO</b>	Multidrug-Resistant Organism (MDRO) Diagnosis	<b>MDS I1700</b>
<b>Pneumonia</b>	Pneumonia Diagnosis	<b>MDS I2000</b>
<b>Septicemia</b>	Septicemia Diagnosis	<b>MDS I2100</b>
<b>Tuberculosis</b>	TB Diagnosis	<b>MDS I2200</b>
<b>UTI</b>	Urinary Tract Infection (UTI) (Last 30 days) Diagnosis	<b>MDS I2300</b>
<b>Hepatitis</b>	Viral Hepatitis (e.g. Hepatitis A, B, C, D and E) Diagnosis	<b>MDS I2400</b>



FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>Infection</b>	Wound Infection (other than foot) Diagnosis	<b>MDS I2500</b>
<b>Diabetes</b>	Diabetes Mellitus (DM) (e.g. diabetic retinopathy, nephropathy and neuropathy) Diagnosis	<b>MDS I2900</b>
<b>Hyponatremia</b>	Hyponatremia Diagnosis	<b>MDS I3100</b>
<b>Hyperkalemia</b>	Hyperkalemia Diagnosis	<b>MDS I3200</b>
<b>Hyperlipidemia</b>	Hyperlipidemia Diagnosis	<b>MDS I3300</b>
<b>Thyroid</b>	Thyroid Disorder (e.g. hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis) Diagnosis	<b>MDS I3400</b>
<b>Arthritis</b>	Arthritis (e.g. degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA) Diagnosis	<b>MDS I3700</b>
<b>Osteoporosis</b>	Osteoporosis Diagnosis	<b>MDS I3800</b>
<b>Hip</b>	Hip Fracture (any hip fracture that has a relationship to current status, treatments, monitoring (e.g. sub-capital fractures, and fractures of the trochanter and femoral neck)) Diagnosis	<b>MDS I3900</b>
<b>Fracture</b>	Other Fracture Diagnosis	<b>MDS I4000</b>
<b>Alzheimers</b>	Alzheimer's Disease Diagnosis	<b>MDS I4200</b>
<b>Aphasia</b>	Aphasia Diagnosis	<b>MDS I4300</b>
<b>Palsy</b>	Cerebral Palsy Diagnosis	<b>MDS I4400</b>
<b>CVA</b>	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA) or Stroke Diagnosis	<b>MDS I4500</b>
<b>Dementia</b>	Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia such as Pick's disease, and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) Diagnosis	<b>MDS I4800</b>
<b>Hemiplegia</b>	Hemiplegia or Hemiparesis Diagnosis	<b>MDS I4900</b>
<b>Paraplegia</b>	Paraplegia Diagnosis	<b>MDS I5000</b>
<b>Quadriplegia</b>	Quadriplegia Diagnosis	<b>MDS I5100</b>
<b>MS</b>	Multiple Sclerosis Diagnosis	<b>MDS I5200</b>
<b>Huntingtons</b>	Huntington's Disease Diagnosis	<b>MDS I5250</b>
<b>Parkinsons</b>	Parkinson's Disease Diagnosis	<b>MDS I5300</b>
<b>Tourettes</b>	Tourette's Syndrome Diagnosis	<b>MDS I5350</b>
<b>Epilepsy</b>	Seizure Disorder or Epilepsy Diagnosis	<b>MDS I5400</b>
<b>TBI</b>	Traumatic Brain Injury (TBI) Diagnosis	<b>MDS I5500</b>
<b>Malnutrition</b>	Malnutrition (protein or calorie) or at risk for malnutrition Diagnosis	<b>MDS I5600</b>
<b>Anxiety</b>	Anxiety Disorder Diagnosis	<b>MDS I5700</b>

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>Depression</b>	Depression (other than bipolar) Diagnosis	<b>MDS I5800</b>
<b>Bipolar</b>	Bipolar Disorder Diagnosis	<b>MDS I5900</b>
<b>Psychotic</b>	Psychotic Disorder (other than schizophrenia) Diagnosis	<b>MDS I5950</b>
<b>Schizophrenia</b>	Schizophrenia (e.g. schizoaffective and schizophreniform disorders) Diagnosis	<b>MDS I6000</b>
<b>PTSD</b>	Post Traumatic Stress Disorder (PTSD) Diagnosis	<b>MDS I6100</b>
<b>Asthma</b>	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g. chronic bronchitis and restrictive lung diseases such as asbestosis) Diagnosis	<b>MDS I6200</b>
<b>Respiratory</b>	Respiratory Failure Diagnosis	<b>MDS I6300</b>
<b>Cataracts</b>	Cataracts, Glaucoma or Macular Degeneration Diagnosis	<b>MDS I6500</b>
<b>None</b>	None of the above active Diagnoses	<b>MDS I7900</b>
<b>PITherapyDischarge</b>	Physical Therapy Individual Therapy minutes, total since start date of most recent stay	<b>MDS O0425 C1</b>
<b>PCTherapyDischarge</b>	Physical Therapy Concurrent Therapy minutes, total since start date of most recent stay	<b>MDS O0425 C2</b>
<b>PGTherapyDischarge</b>	Physical Therapy Group Therapy minutes, total since start date of most recent stay	<b>MDS O0425 C3</b>
<b>PTTherapyDischarge</b>	Physical Therapy Co-Treatment Therapy minutes, total since start date of most recent stay	<b>MDS O0425 C4</b>
<b>PTherapyDaysDischarge</b>	Physical Therapy days, total number of days therapy administered since start date of most recent stay	<b>MDS O0425 C5</b>
<b>OITherapyDischarge</b>	Occupational Therapy Individual Therapy minutes, total since start date of most recent stay	<b>MDS O0425 B1</b>
<b>OCTherapyDischarge</b>	Occupational Therapy Concurrent Therapy minutes, total since start date of most recent stay	<b>MDS O0425 B2</b>
<b>OGTherapyDischarge</b>	Occupational Therapy Group Therapy minutes, total since start date of most recent stay	<b>MDS O0425 B3</b>
<b>OTTherapyDischarge</b>	Occupational Therapy Co-Treatment Therapy minutes, total since start of most recent stay	<b>MDS O0425 B4</b>
<b>OTherapyDaysDischarge</b>	Occupational Therapy days, total number of days therapy administered since start date of most recent stay	<b>MDS O0425 B5</b>
<b>SITherapyDischarge</b>	Speech-Language Pathology and Audiology Services Individual Therapy minutes, total since start date of most recent stay	<b>MDS O0425 A1</b>
<b>SCTherapyDischarge</b>	Speech-Language Pathology and Audiology Services Concurrent Therapy minutes, total since start date of most recent stay	<b>MDS O0425 A2</b>
<b>SGTherapyDischarge</b>	Speech-Language Pathology and Audiology Services Group Therapy minutes, total since start date of most recent stay	<b>MDS O0425 A3</b>
<b>STTherapyDischarge</b>	Speech-Language Pathology and Audiology Services Co-Treatment Therapy minutes, total since start date of most recent stay	<b>MDS O0425 A4</b>
<b>STherapyDaysDischarge</b>	Speech-Language Pathology and Audiology Services days, total number of days therapy administered since start date of most recent stay	<b>MDS O0425 A5</b>

**Author:** Alva M. Lambert

**Statutory Authority:** §§22-4-34 and -35, Code of Alabama, 1975.

**History: New Form. Filed:** March 18, 2016; effective May 2, 2016.

**Amended:** Published May 28, 2021; effective July 12, 2021.

**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

MAILING ADDRESS (U.S. Postal Service)  
PO BOX 303025  
MONTGOMERY AL 36130-3025  
TELEPHONE: (334) 242-4103  
[www.shpda.alabama.gov](http://www.shpda.alabama.gov)

STREET ADDRESS (Commercial Carrier)  
100 NORTH UNION STREET STE 870  
MONTGOMERY AL 36104  
FAX: (334) 242-4113  
[bradford.williams@shpda.alabama.gov](mailto:bradford.williams@shpda.alabama.gov)

**20\*\* ANNUAL REPORT FOR SPECIALTY CARE ASSISTED LIVING FACILITIES**

SHPDA ID NUMBER  
FACILITY NAME

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

**AL**

ZIP

County of Location:

Facility Telephone:

(AREA CODE) & TELEPHONE NUMBER

Facility Fax:

(AREA CODE) & TELEPHONE NUMBER

This reporting period is for March 1, 20--, through February 2\*, 20--; or for partial year of operation beginning

\_\_\_\_\_ and ending \_\_\_\_\_ a period of \_\_\_\_\_ days.  
MONTH DAY MONTH DAY

\*Data for the agency's fiscal year, other than the time frame specified, may be provided, but no more than 12 months of consecutive data should be reported. ***If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.***

***We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.***

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

***A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer***

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

**FOR OFFICE USE ONLY**

Facility Verified: \_\_\_\_\_

Initial Scan: \_\_\_\_\_

Completed: \_\_\_\_\_

Entered: \_\_\_\_\_

Final Scan: \_\_\_\_\_

Audited: \_\_\_\_\_

### I. OWNERSHIP

\_\_\_\_\_ Corporation      \_\_\_\_\_ Non-Profit Organization      \_\_\_\_\_ Partnership  
\_\_\_\_\_ Individual      \_\_\_\_\_ Healthcare Authority      \_\_\_\_\_ LLC  
\_\_\_\_\_ Joint Venture      \_\_\_\_\_ Government      \_\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

### II. MANAGEMENT

Does this facility operate under a management contract?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Management Firm: \_\_\_\_\_

Name

Base Address

City

State

Zip

### III. FACILITIES

Total number of licensed beds: \_\_\_\_\_

### IV. ADMISSIONS

Total admissions for the reporting period: \_\_\_\_\_

Admissions by source of payment:

Private Pay

Other (specify) \_\_\_\_\_

### V. DISCHARGES

Total discharges (include deaths) \_\_\_\_\_

## VI. DEMOGRAPHICS

### A. TOTAL ADMISSIONS BY RACE FOR THE ENTIRE REPORTING PERIOD (Total must agree with the totals provided in Section IV and Section VI-B.)

a. White/Caucasian	_____
b. Black/African American/Negro	_____
c. Hispanic/Spanish/Latino	_____
d. Asian	_____
e. American Indian/Alaskan Native	_____
f. Pacific Islander	_____
g. India	_____
h. Middle Eastern	_____
i. Other (specify) _____	_____
<b>TOTAL</b>	_____

### B. TOTAL ADMISSIONS BY AGE AND GENDER FOR THE ENTIRE REPORTING PERIOD (Total must agree with the totals provided in Section IV and Section VI-A.)

AGE GROUPS	MALE	FEMALE	TOTALS
18 & under	_____	_____	_____
19 – 34 Years	_____	_____	_____
35 – 54 Years	_____	_____	_____
55 – 64 Years	_____	_____	_____
65 – 74 Years	_____	_____	_____
75 – 84 Years	_____	_____	_____
85 Years and Older	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

## VII. RESIDENT DAYS

1. **Number of licensed beds**  
(Section III of this report)

**x 365**

2. Multiply line 1 by 365 for total available days

=

3. **Total number of days beds were unoccupied** due to  
vacancies, discharges and deaths (also include 365 days for  
each bed that is licensed but not set up for use in this facility)

4. **TOTAL RESIDENT DAYS** (subtract line 3 from line 2)





THIS REPORT IS DUE ON OR BEFORE APRIL 15, 20\*\*

\*\*\*Make and keep a copy of the completed report for the facility's records before submitting to SHPDA.

Pursuant to Ala. Admin. Code r 410-1-3-.09, all Mandatory Reports shall be submitted electronically [via email] to [data.submit@shpda.alabama.gov](mailto:data.submit@shpda.alabama.gov).

**Author:** Alva M. Lambert

**Statutory Authority:** §§ 22-4-34 and -35, Code of Alabama, 1975

**History: New Rule. Filed:** March 18, 2016; effective May 2, 2016. Amended: May 19, 2021; effective July 12, 2021.

## NOTICE OF CHANGE OF OWNERSHIP/CONTROL

The following notification of intent is provided pursuant to all applicable provisions of ALA. CODE § 22-21-270 (1975 as amended) and ALA. ADMIN. CODE r. 410-1-7-.04. This notice must be filed at least twenty (20) days prior to the transaction.

☐ Change in Direct Ownership or Control (of a vested Facility; ALA. CODE §§ 22-20-271(d), (e))

☐ Change in Certificate of Need Holder (ALA. CODE § 22-20-271(f))

☐ Change in Facility Management (Facility Operator)

Any transaction other than those above-described requires an application for a Certificate of Need.

### Part I: Facility Information

SHPDA ID Number: \_\_\_\_\_

(This can be found at [www.shpda.alabama.gov](http://www.shpda.alabama.gov), Health Care Data, ID Codes)

Name of Facility/Provider:  
(ADPH Licensure Name) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County of Location: \_\_\_\_\_

Number of Beds/ESRD Stations: \_\_\_\_\_

CON Authorized Service Area (Home Health and Hospice Providers Only). Attach additional pages if necessary. \_\_\_\_\_  
\_\_\_\_\_

**Part II: Current Authority** (Note: If this transaction will result in a change in direct ownership or control, as defined under ALA. CODE § 22-20-271(e), please attach organizational charts outlining current and proposed structures.)

Owner (Entity Name) of  
Facility named in Part I: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operator (Entity Name): \_\_\_\_\_

### Part III: Acquiring Entity Information

Name of Entity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operator (Entity Name): \_\_\_\_\_

Proposed Date of Transaction is  
on or after: \_\_\_\_\_

#### Part IV: Terms of Purchase

Monetary Value of Purchase: \$ \_\_\_\_\_

Type of Beds: \_\_\_\_\_

Number of Beds/ESRD Stations: \_\_\_\_\_

**Financial Scope:** to Include Preliminary Estimate of the Cost Broken Down by Equipment, Construction, and Yearly Operating Cost:

Projected Equipment Cost: \$ \_\_\_\_\_

Projected Construction Cost: \$ \_\_\_\_\_

Projected Yearly Operating Cost: \$ \_\_\_\_\_

Projected Total Cost: \$ \_\_\_\_\_

#### On an Attached Sheet Please Address the Following:

- 1.) The services to be offered by the proposal (the applicant will state whether he has previously offered the service, whether the service is an extension of a presently offered service, or whether the service is a new service).
- 2.) Whether the proposal will include the addition of any new beds.
- 3.) Whether the proposal will involve the conversion of beds.
- 4.) Whether the assets and stock (if any) will be acquired.

#### Part V: Certification of Information

##### Current Authority Signature(s):

The information contained in this notification is true and correct to the best of my knowledge and belief.

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Acquiring Authority Signature(s):**

I agree to be responsible for reporting of all services provided during the current annual reporting period, as specified in ALA. ADMIN. CODE r. 410-1-3-.12. The information contained in this notification is true and correct to the best of my knowledge and belief.

Purchaser(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

Title/Date: \_\_\_\_\_

SWORN to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Author:** Alva M. Lambert

**Statutory Authority:** § 22-21-271(c), Code of Alabama, 1975

**History: New Form:** Filed August 23, 2016; effective October 7, 2016.