

State Health Planning and Development Agency

Mailing address: Post Office Box 303025, Montgomery, Alabama 36130-3025
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Request #
Date Rec.
Received by:

REQUEST FOR DETERMINATION OF EXEMPTION STATUS FOR REPLACEMENT OF EXISTING EQUIPMENT

A filing fee in the amount of \$ 1,844 has been submitted with this application.

REQUESTER IDENTIFICATION (Check One) HOSPITAL (_X_) NURSING HOME (___) OTHER (___) (Specify)

A. Houston County Health Care Authority DBA Southeast Health Medical Center
Name of requester

1108 Ross Clark Circle Dothan Houston
Address City County
AL 36301 (334)793-8177
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. Derek Miller
Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

1108 Ross Clark Circle Dothan Houston
Address City County
AL 36301 (334)793-8177
State Zip Phone

climb metal steps into the mobile unit) and climate-controlled environment to provide optimal care to the people needing PET/CT services in SHMC's service area. The appearance of false positives caused by brown fat artifact will decrease by providing the service within a climate-controlled area.

- I. Location of existing equipment (include room #):
The current service is provided in a mobile trailer outside of SHMC's outpatient imaging.
- J. List specially trained or qualified personnel necessary for operation of equipment:
Nuclear Medicine/PET technologists and Radiologists.
- K. What use will be made of old equipment when replaced?
(Trade in on new equipment, used as back up, save for parts, etc.)
Presumably, it will be used by the owner at another one of its sites.
- L. List job titles of any additional personnel that will be required to operate the new equipment.
N/A
- M. Describe any renovation or new construction that will be necessary for the installation of the replacement equipment and cost.
An area within the hospital will need to be renovated to accommodate the vendor's and state's installation requirements. A rough estimate of the needed renovations amounts to \$320,000
- N. Describe any new annual operating cost associated with this project such as maintenance contracts, salaries of new employees hired due to equipment, etc.
The hospital will need to hire a technologist to support the new equipment. That is currently being provided through the cost of the lease of the existing equipment. The new equipment will be under warranty for the first year. Following the warranty expiration, SHMC will enter into a support agreement with the equipment's vendor.

III. COST

- A. Equipment costs \$921,652.76
(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 \$ N/A
- C. Total cost of equipment \$921,652.76

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.

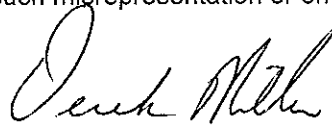
Include manufacturer's literature on old equipment, if available, and on the new equipment.

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

Derek Miller, CFO

Applicant's Name and Title
(Type or Print)

Sworn to and subscribed before me this

6th day of November, 2018.



Notary Public (affix seal on original)