



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

February 13, 2018

NOTICE

RE: Request for letter of non-reviewability – RV2018-014

This is written to notify you that the attached request for a letter of non-reviewability has been received. Any affected person may file written comments regarding this request, per 410-1-7-.02 of the *Alabama Certificate of Need Program Rules and Regulations*.

Enclosure: see attached

Saad

Healthcare

RECEIVED

Feb 09 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

February 2, 2018

Mr. Alva Lambert
Executive Director, State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025

Re: Reviewability Determination Request from Saad Enterprises Inc. dba Saad Healthcare Services for relocating a current Branch Office within Baldwin County, Alabama

Dear Mr. Lambert:

As the primary representative for the home health agency, Saad Enterprises Inc., dba, Saad Healthcare Services (the HHA), I would like to request a reviewability determination to relocate our current Branch Office in Baldwin County, one of the counties included in the HHA's CON area of Mobile, Baldwin, Escambia and Conecuh Counties. Pursuant to Alabama Certificate of Need Program Rules and Regulations & 410-1-4-.02, I am writing to request your determination that the HHA's opening of a branch office at a separate location within the HHA's CON area is not subject to Certificate of Need review. This request is for a branch office location and not a relocation of the HHA's Administrative offices.

The HHA proposes to relocate the branch office from 1813 N. McKenzie St., Foley, Alabama 36536 to **6510 Spanish Fort Boulevard, Spanish Fort, AL 36527 (Baldwin County)**. The opening of the branch office will not include the addition, conversion, or relocation of any beds, and it will not involve the acquisition of stock. The services to be offered from the branch location will be the same as the services offered from the parent location. The opening and operation of the branch office will not create expenditures in excess of Certificate of Need cost thresholds.

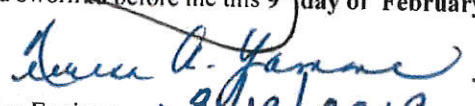
Payment of the **\$1,000** for the Reviewability Determination and **\$300** Surcharge will be made by credit card today, thru the online payment portal. Please let me know if you have any questions regarding the opening of this branch office.

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Operating Officer of Saad Healthcare Services, has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant 

Subscribed and sworn to before me this 9th day of February, 2018.

Notary Public 

My Commission Expires: 3/19/2019.