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Oct 04 2018  
STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

143 Ana Drive  
Florence, Alabama 35630  
Phone: (256) 767-1576 Fax: (256) 767-1577

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September 18, 2018

*Via Electronic Mail – [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov)*

Alva M. Lambert, Executive Director  
Alabama State Health Planning & Development Agency  
100 North Union Street, Suite 870  
Montgomery, AL 36104

Re: Stepping Stone Pediatric Therapy, Inc.  
SHPDA ID NO.: 077-R3903  
Facility Type: Rehabilitation Facility

Non-Reviewability Determination Request

Dear Mr. Lambert:

Pursuant to SHPDA Rule 410-1-7-.02 of the CON Program Rule and Regulations, I am writing to request your determination that Stepping Stone Pediatric Therapy's need to relocate not be subject to certificate of need review.

Stepping Stone Pediatric Therapy is a pediatric therapy rehabilitation facility in Lauderdale County, Alabama that provides speech, occupational and physical therapy to special needs children. Stepping Stone is in need of relocating from its current location.

Stepping Stone will not change the service area nor will it add any new services with this relocation. Stepping Stone will find a new facility within Lauderdale County and within the City of Florence. Stepping Stone anticipates the cost for the relocation to be as follows:

- A. Equipment - \$10,000
- B. First Year Annual Operating - \$800,000 (current operating cost)
- C. Capital Costs/Construction - \$100,000

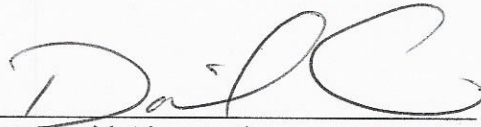
Stepping Stone Pediatric Therapy, Inc. respectfully requests that the State Health Planning & Development Agency issue a letter confirming that a certificate of need is not required for Stepping Stone to relocate its facility.

The fee amount of \$1,000 will be submitted electronically via the payment portal available through the State Agency's website at [www.shpda.alabama.gov](http://www.shpda.alabama.gov).

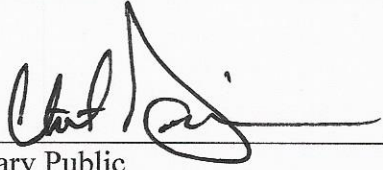
Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is the CEO of Stepping Stone Pediatric Therapy, Inc., 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.

**Stepping Stone Pediatric Therapy, Inc.**

By:   
David Ainsworth  
CEO

SUBSCRIBED AND SWORN to before me this 4<sup>th</sup> day of October, 2018

  
Notary Public

My commission expires: MY COMMISSION EXPIRES 12/15/2021

