

October 9, 2018

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

Re:

Tuscaloosa Drop Site for: St. Vincent's Home Health Medicare No.: 01-7149

CON: 1643-HH

Dear Mr. Lambert,

Please accept this letter as St. Vincent's Home Health's request for a letter of Non-Reviewability to establish a home health agency **drop site** in Tuscaloosa County.

St. Vincent's Home Health currently provides services in Tuscaloosa County under Act 98-339, commonly referred as the Contiguous County Act. Tuscaloosa County is contiguous to Jefferson County for which St. Vincent's Home Health has CON authority. The proposed drop site address is 1490 Northbank Parkway, Tuscaloosa, AL. 35402.

As set forth below, the drop site will comply with the following requirements:

- Staff will not be assigned to the drop site location.
- Referrals will not be accepted at this drop site location.
- St. Vincent's Home Health services will not advertise the drop site as part of its operations nor will it operate the drop site in any way as a HHA branch location.

The drop site will also comply with the mandates of the Contiguous County Act. Compliance with the Contiguous County Act is demonstrated by the fact that:

- SHPDA has recognized St. Vincent's Home Health's right to provide home health services in Tuscaloosa County under Act 98-339.
- In compliance with Section (2)(3) of Act 98-339, St. Vincent's Home Health will not incur capital expenditures more than \$500.00 to open and operate the drop site.

If you have any questions, please do not hesitate to contact me directly at 205 313-2839 or email: <u>Kathy.riddlehoover@ahah.net</u>.

Sincerely.

Kathy Riddlehoover, RN

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Director of Operations

Jefferson County Corporate Office 1400 Urban Center Dr. Suite 240 205 313-2800 Local 877 440-9315 Toli Free 205 313-2801 Fax

St. Clair County 2401 Stemley Bridge Rd. Pell City, AL. 35128 205 884-7202 Local 800 538-0002 Toll Free 205 313 2801 Fax



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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

AFFIRMATION OF REQUESTING PARTY

The undersigned, Kathy Riddlehoover, RN, having been duly sworn, hereby affirms that she is

EXECUTIVE DIRECTOR

and has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant: Auf C'ddulos	- RN	/ Executi	be director
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SUBSCRIBED AND SWORN to before me this _	7	day of <u>//ot</u>	<u> VEMBER</u> 2018.

Notary Public

My commission expires: 1-19-21

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