## ADDENDUM \#1

PROJECT: RV2019-018-Jackson Hospital \& Clinic, Inc.

TO: $\quad$ Braford Williams, Acting Executive Director
State Health Planning \& Development Agency
DATE: $\quad$ February 5, 2019

Jackson Hospital \& Clinic, Inc. received a letter requesting additional information for the Reviewability Determination Request submitted on January 7, 2019. The request was to provide the agency with information on behalf of financial interests in this facility held by other healthcare facilities or groups. Jackson Hospital \& Clinic, Inc. is a not-for-profit organization with no financial interest held by any other healthcare facilities or groups.

If you require any additional information, please contact Michael James, (334) 293-4064.

## Re: Request for Letter of Non-Reviewability by Jackson Hospital and Clinic

Dear Mr. Lambert:
On behalf of Jackson Hospital \& Clinic, please accept this letter to request your determination that the proposed addition of an Interventional Radiology Suite is not subject to Certificate of Need review, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules and Regulations. Attached is a check for $\$ 1,000.00$ payment of the applicable fee. Please find below information that relates to the project and justifies the non-reviewability status.

Expenditures for the proposed project are as follows:

$$
\begin{array}{ll}
\text { Renovation and Construction: } & \$ 419,000 \\
\text { Equipment and Furnishings: } & \$ 800,000 \\
\text { Total: } & \$ 1,219,000
\end{array}
$$

The current Interventional Radiology Suite is at capacity and can no longer accommodate the volume of patients needing this service. Year over year, our Emergency Room visits continue to grow and has put a strain on the one Interventional Radiology Suite. Also, it should be noted that currently five (5) radiologists and two (2) vascular surgeons are sharing the same Interventional Radiology Suite. Our proposed project will add a second Interventional Radiology Suite, adjacent to the current one. This will not create any new service or beds. In addition, the hospital will not incur any additional operating expenses as a result of this project. The new suite will be staffed by the current radiology staff.

Based on the information provided above, we respectfully request your determination that Jackson Hospital \& Clinic is not required to obtain a Certificate of Need in order to complete the proposed project. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter.


Michael James
Vice President \& COO

Affirmation of Requesting Party:
The undersigned, being first duly sworn, hereby make oath or affirm that Jackson Hospital \& Clinic, Inc., has knowledge of facts in this request, and to the best of their information, knowledge and belief, such


SUBSCRIBED AND SWORN to before me this $\qquad$ day of Tebhecy-2019.


My commission expires: Mares 14, 2022


# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY 100 NORTH UNION STREET, SUITE 870 MONTGOMERY, ALABAMA 36104 

Mr. Michael James, Vice President<br>Jackson Hospital \& Clinic<br>1725 Pine Street<br>Montgomery, Alabama 36106-1117

RE: RV2019-018<br>Jackson Hospital \& Clinic

Dear Mr. James:

This is written in response to the Reviewability Determination Request received on January 15, 2019, regarding a proposal by Jackson Hospital \& Clinic to expand and create a second Interventional Radiology Suite. Please provide the following additional information regarding this request:

1. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
2. Signed and current notarized Affirmation of Requesting Party statement. The statement is not signed but is notarized.

While the Certificate of Need ("CON") laws do not preclude a health care facility from taking the reviewability thresholds into account in planning, SHPDA intends to scrutinize any short-term deferral project costs intended to circumvent the expenditure thresholds.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with the Agency must be submitted to shpda.online@shpda.alabama.gov in PDF, text searchable format.

Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,


BLW/kfn

