

HALE COUNTY HOSPITAL 508 GREENE STREET GREENSBORO, AL 36744

> phone 334.624.3024 tax 334.624.3800

August 5, 2020

(DELIVERED BY EMAIL TO ONLINE.FILING@SHPDA.ALABAMA.GOV)

Ms. Emily Marsal, Executive Director State Health Planning and Development Agency 100 North Union Street, Suite 870 Montgomery, AL 36104

Re: Relocation of Home Health Agency

Dear Ms. Marsal,

I am writing on behalf of Hale County Hospital Home Health Agency (the "Agency") in accordance with Rule 410-1-7-02 to notify the State Health Planning and Development Agency ("SHPDA") that the Agency will be relocating its administrative office to another site in Hale County and to request a determination that such relocation is not subject to Certificate of Need Review.

Effective August 13, 2020, the Agency will relocate to 1207 State Street, Unit #2, Greensboro, AL 36744. The distance between the Agency's current office and new office is 0.5 miles. The relocation of the Agency's administrative office will not include the addition or conversion of any beds, will not involve the acquisition of stock, and the services to be offered from the new location will be the same as the services offered from the current location. The capital expenditure for the relocation of the administrative office is expected to be less than \$10,000. In addition, there will be no changes in the staff, management, or service area of the Agency as a result of this relocation.

The filing fee is enclosed with this request. If you have any questions or need any additional information from us, please do not hesitate to let me know.

Sincerely,

Shay Fondren, RN, CEO Hale County Hospital Hale County Hospital Home Health

Cc: Mr. Guy Nevins, ADPH

RV2020-022 RECEIVED Aug 06 2020 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is the Chief Executive Officer of Hale County Hospital Home Health, 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.

(SEAL) Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_

Notary Public My commission expires: 1020 DA