

**Holly S. Hosford**

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205.521.8376

**Bradley**

December 1, 2020

RV2021-006

RECEIVED

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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Via Electronic Filing  
(shpda.online@shpda.alabama.gov)

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

Re: Home Choice of Alabama, Inc. d/b/a Springhill Home Health and Hospice  
Relocation of Hospice Administrative Office  
Request for Reviewability Determination

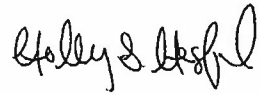
Dear Ms. Marsal:

I am writing on behalf of Home Choice of Alabama, Inc. d/b/a Springhill Home Health and Hospice (the "Agency") to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that the proposed relocation of the Agency's administrative office to another site in Mobile County does not require the Agency to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency. In order to assist with this determination, we offer the following information:

The Agency's administrative office is currently located at 22 North Mobile St., Mobile, Alabama 36607. Effective on or about January 15, 2020, the Agency will relocate to 10 Mobile St., Mobile, Alabama 36607. The distance between the Agency's current administrative office and new office is 0.3 miles. The relocation of the Agency's administrative office will not involve (i) the addition or conversion of any beds, (ii) the acquisition of stock or assets, or (iii) any change in services offered by the Agency. The capital expenditure for the relocation of the administrative office is expected to be less than \$25,000. Finally, there will be no changes in staff, management, or service are of the Agency as a result of the proposed relocation.

Based upon the above, we respectfully request your determination that Home Choice of Alabama, Inc. d/b/a Springhill Home Health and Hospice is not required to obtain a CON in order to complete the project as described in this letter. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter. The applicable filing fee will be delivered to the Agency via Fed Ex. Thank you very much.

Best regards,

A handwritten signature in black ink, appearing to read "Holly S. Hosford". The signature is written in a cursive style with a large initial "H" and "S".


Holly S. Hosford

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Affirmation of Requesting Party:

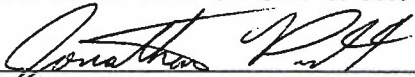
The undersigned, being first duly sworn, hereby makes oath or affirms that she, as the Regional Director of Operations, has knowledge of the facts in the attached Reviewability Determination Request for Home Choice of Alabama, Inc. d/b/a Springhill Home Health and Hospice and to the best of his information, knowledge and belief, such facts are true and correct.

  
\_\_\_\_\_  
Shellee Blaxton  
Regional Director of Operations



(SEAL)

SUBSCRIBED AND SWORN to before me this 1<sup>st</sup> day of December, 2020.

  
\_\_\_\_\_  
Notary Public  
My commission expires: 8/2/2021