



RV2022-001
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Oct 07 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via Email shpda.online@shpda.alabama.gov

October 7, 2021

Certificate of Need Review Board
RSA Union Building
100 N. Union Street, Ste 870
Montgomery, AL 36104

**RE: Rehab Associates, LLC
DBA: Champion Sports Medicine
Address: 2980 Highway 78 East, Jasper AL 35501**


Dear Sir or Madam:

The purpose of this letter is to request a determination, pursuant to the Alabama Certificate of Need Program Rules and Regulations ("Regulations") § 410-1-7-.02, that the proposed establishment by Rehab Associates, LLC of a single specialty Rehabilitation Agency in Jasper, Alabama is not subject to Certificate of Need review. Our request is based upon the following facts.

The proposed clinic will be providing a single service – Physical Therapy. Please find the required information for this request on the attached *Exhibit A*.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact Denise Ordway at 717-920-4042 or email Regulatory@selectmedical.com.

Kind Regards,


Elizabeth Gelbaugh
Manager of Regulatory Affairs
Outpatient Division

Enclosures

Affirmation of Requesting Party:

October 7, 2021


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RE:


Alabama - Request for CON determination, letter of Non-Reviewability

The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Vice President, Senior Counsel of Select Medical Corporation, the parent company of Rehab Associates, LLC, that he has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Select Medical Corporation

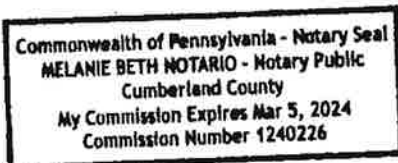
By 
Steven Baker Kensinger
Its : VP, Sr. Counsel

SUBSCRIBED AND SWORN to before me this 7th day of October, 2021



Notary Public

My commission expires : 03/05/2024



Letter of Non-Reviewability

Request for review – new clinic start up

Exhibit A

Service Area being requested: Walker County, and surrounding areas

Financial break down:

- a. Equipment \$36,758
- b. 1st year annual operating costs \$ 949,848
- c. Capital Costs
 - a. Leases \$ 122,500
 - b. Land/Building costs \$ _____
 - c. Construction costs \$ _____

Financial interests by any other health care facilities or groups: NA