

Holly S. Hosford
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December 28, 2021

RV2022-015

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

RECEIVED

Dec. 28, 2021

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

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Re: Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice
089-P2460, 089-P2460A
Request for Reviewability Determination to Establish Branch Office in Cullman
(Cullman County)

Dear Ms. Marsal:

I am writing on behalf of Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice (the "Agency") to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("CON Rules"), that the Agency is not required to obtain a new Certificate of Need ("CON") to establish a hospice branch office in Cullman, Cullman County, which is located within the service area the Agency is permitted to serve pursuant to CON 2460-HPC. In order to assist with this determination, we offer the following information:

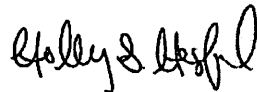
1. Pursuant to CON 2460-HPC, the Agency has CON authority to provide in-home hospice services in the following counties: Cullman, Franklin, Jackson, Lawrence, Marshall, Colbert, Lauderdale, Limestone, Madison, Morgan.
2. The Agency seeks approval to establish a branch office in Cullman, Cullman County. The branch office will operate under the Agency's Medicare Provider Number, 01-1676.
3. No services will be provided at the branch office because the services will be provided in the patients' homes.
4. The branch office will only serve patients in the counties the Agency is authorized to serve under CON 2460-HPC.
5. This request does not seek to alter the services provided by the Agency or to alter the Agency's authorized CON service area.
6. The establishment of the branch office does not involve the construction, development, acquisition, or other establishment of a new health care facility and does not involve any capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01 (\$3,165,569 for major medical equipment, \$1,266,226 for new annual operating costs, and \$6,331,138 for other capital expenditures).

Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice
Request for Reviewability Determination
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7. The establishment of the branch office does not involve the addition, relocation, or reallocation of beds and does not entail the acquisition of major medical equipment.
8. The establishment of the branch office does not involve the offering of a new health care service, as the Agency currently provides in-home hospice services to patients in Cullman County, as authorized by CON 2460-HPC.
9. The establishment of the branch office does not involve a new institutional health service subject to review under Ala. Code § 22-21-263 and/or CON Rule § 410-1-4-.01.

Based upon the above, we respectfully request your determination that Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice is not required to obtain a CON in order to establish a branch office in Cullman County. 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,

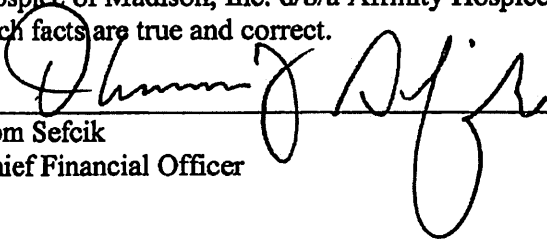


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Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice
Request for Reviewability Determination
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Affirmation of Requesting Party:

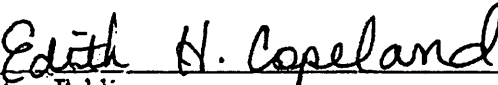
The undersigned, being first duly sworn, hereby makes oath or affirms that he, as Chief Financial Officer, has knowledge of the facts in the attached Reviewability Determination Request for Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice and to the best of his information, knowledge and belief, such facts are true and correct.



Tom Sefcik
Chief Financial Officer

(SEAL)

SUBSCRIBED AND SWORN to before me this 28th day of December, 2021.



Edith H. Copeland
Notary Public

My commission expires: _____
Edith H. Copeland

Notary Public, Alabama State At Large
My Commission Expires August 15th, 2024

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Executive Director
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100 North Union Street, Suite 870
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Re: RV2022-015
Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice (SHPDA ID 089-P2460)
Response to Request for Additional Information

Dear Ms. Marsal:

On behalf of Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice (the "Agency"), I write to respond to your letter dated December 30, 2021.

In your letter, you request the approximate annual operating costs and capital expenditures of the proposed project. The project does not involve new costs associated with the branch office exceeding the following expenditure thresholds: (i) \$3,165,569 for major medical equipment, (ii) \$1,266,226 for new annual operating costs, and (iii) \$6,331,138 for capital expenditures.

Please do not hesitate to contact me if you have any further questions or need any additional information.

Best regards,

A handwritten signature in cursive script that reads "Holly S. Hosford".

Holly S. Hosford