



# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

## FACTUAL INFORMATION REQUIRED FOR REVIEWABILITY DETERMINATION REQUESTS (SHPDA Rule 410-1-7-.02)

Any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

1. Name of company seeking the reviewability determination.
2. Address and contact information for the authorized company representative seeking the determination.
3. Service area for the proposed service/equipment.
4. Any new/additional services to be provided under the proposed project.
5. Approximated costs of the proposed project for:
  - a. Equipment
  - b. First year annual operating costs
  - c. Capital costs, to include:
    - i. Leases
    - ii. Land/Building costs
    - iii. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
7. Attestation by an officer, partner or authorized agent of the company having knowledge of the facts disclosed in the reviewability request, utilizing the following form:

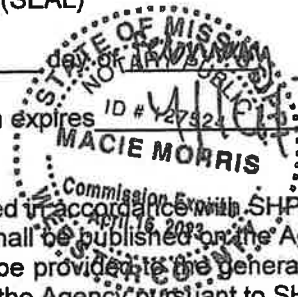
### Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is [include position with entity requesting the determination], 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.

Affiant Kathy Sanders <sup>Director of Systems Control</sup> Authorized Official (SEAL)

SUBSCRIBED AND SWORN to before me this 27th  
Macie Morris  
Notary Public

My commission expires 4/10/23



Each determination must be accompanied by a \$1,000 filing fee submitted in accordance with SHPDA Rule 410-1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may provide a response to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition of the request.

# LEGACY HOSPICE OF THE EAST, LLC

PO BOX 2130  
DAPHNE, AL 36526

02/21/2023

State of Alabama  
State Health Planning and Development Agency  
ATT: EXECUTIVE DIRECTOR

To Whom It May Concern,

Please allow this letter to service as Legacy Hospice of the East, LLC's notice of intent, Pursuant of ALA. CODE § 22-21-263(a)(1) (1975 as amended), to add an satellite location effective 04/01/2023.

The proposed site address is 16455 Highway 43, Suite 105, Grove Hill Alabama 36451.

a) Financial Scope:

- a. The estimate cost of the this project includes the lease space totaling \$28,800 annually.
- b. Operational Cost- No Change
- c. No additional construction is required.

b) Services

- a. In-Home Hospice care: There is no extension of offered services.
- b. Geographic Territory- No Extension of current territory (attached)

c) New Beds:

- a. Not Applicable- no bed allocation

d) Conversion of beds:

- a. Not Applicable- no bed allocation

e) Stock and Assets

- a. No new assets or stock will be acquired

f) The satellite location will remain under the administrative authority of the parent site located at 951 US HIGHWAY 80W STE D Demopolis AL 36732-4156, NPI 1104860428, PTAN: 01-1604, License Number: E1201

For questions/additional documentation requests regarding this notice please contact Katie Sanders:

[Katie.sanders@legacyhospice.net](mailto:Katie.sanders@legacyhospice.net)

334-686-0138

Sincerely,

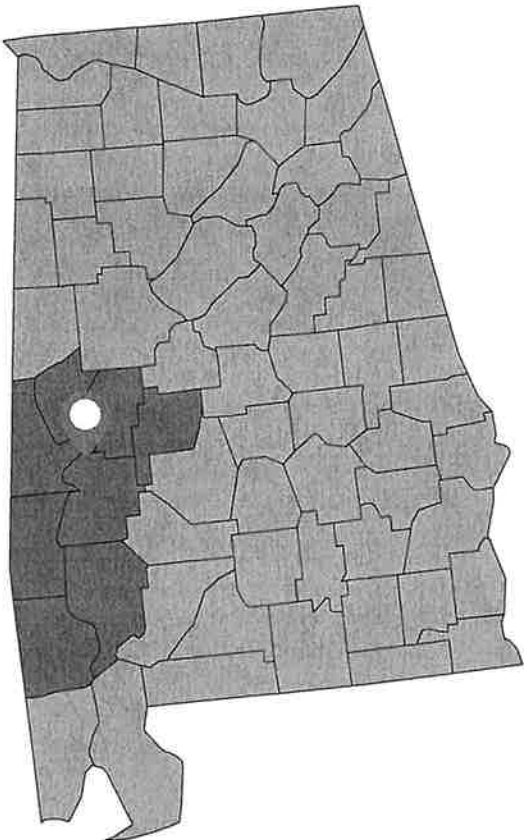


Lewis C. Blair, CEO

# LEGACY HOSPICE OF THE EAST, LLC

## COUNTIES

- 1. CLARKE
- 2. CHOCTAW
- 3. WASHINGTON
- 4. SUMTER
- 5. HALE
- 6. GREENE
- 7. PERRY
- 8. MARENGO



# LEGACY HOSPICE OF THE EAST, LLC

PO BOX 2130  
DAPHNE, AL 36526

RV2023-017

RECEIVED

Mar 06 2023

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

02/21/2023

State of Alabama  
State Health Planning and Development Agency  
ATT: EXECUTIVE DIRECTOR

To Whom It May Concern,

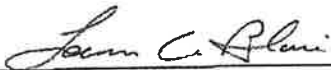
Please allow this letter to service as Legacy Hospice of the East, LLC's notice of intent, Pursuant of ALA. CODE § 22-21-263(a)(1) (1975 as amended), to add an satellite location effective 04/01/2023. The proposed site address is 16455 Highway 43, Suite 105, Grove Hill Alabama 3645. The proposed site location resides in Clarke county. The estimated cost of this project includes the lease space totaling \$28,800 annually with no change in operational cost, no construction needs, requires no new assets or stock acquisition, and will not result in any expansion or extension in geographical service area. In-Home Hospice services are to be provided to the following counties as issued by CON-2351- HPC effective March 4<sup>th</sup>, 2010: Clarke, Choctaw, Washington, Sumter, Hale, Greene, Perry, and Marengo. There are no applicable bed allocations/conversions for taxonomy 251G00000X. The satellite location will remain under the administrative authority of the parent site, Medicare PTAN 01-1604 (NPI 1104860428, License Number: E1201), located at 951 US HIGHWAY 80W STE D Demopolis AL 36732-4156.

For questions/additional documentation requests regarding this notice please contact Katie Sanders:

[Katie.sanders@legacyhospice.net](mailto:Katie.sanders@legacyhospice.net)

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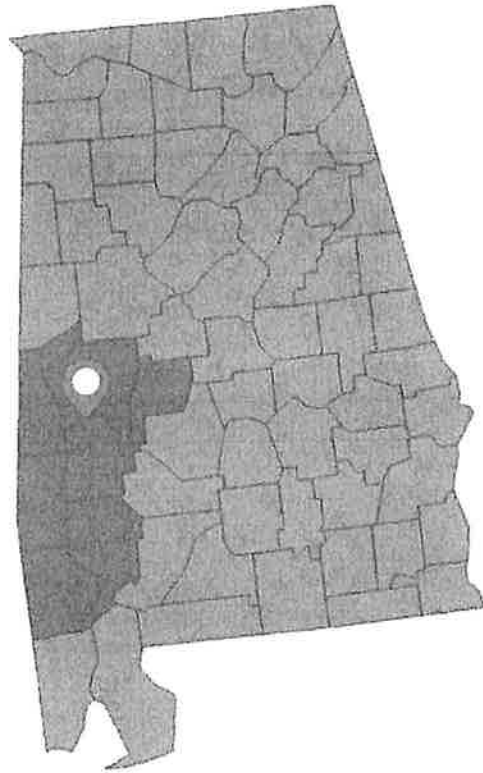


Lewis C. Blair, CEO-

# LEGACY HOSPICE OF THE EAST, LLC

## COUNTIES

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LEGACY HOSPICE OF THE EAST, LLC  
DISCLOSURE OF FINANCIAL INTERESTS



# LEGACY HOSPICE OF THE EAST, LLC

PO BOX 2130  
DAPHNE, AL 36526

RV2023-017

RECEIVED

Apr 12 2023

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

04/12/2023

State of Alabama  
State Health Planning and Development Agency  
ATT Executive Director

To Whom It May Concern,

Please allow this letter to serve as an amendment to Reviewability Determination Request RV2023-017 requested by Legacy Hospice of the East, LLC.

Please amend request to reflect the new site address, 4115 North College Avenue, Jackson, Alabama 36545, to replace the original proposed site address of 16455 Highway 43, Suite 105, Grove Hill Alabama 3645. The amended site location remains in the proposed county location, Clarke county. The estimated cost of this project includes the lease space totaling \$35,100 annually with no change in operational cost, no construction needs, requires no new assets or stock acquisition, and will not result in any expansion or extension in geographical service area. In-Home Hospice services are to be provided to the following counties as issued by CON-2351- HPC effective March 4<sup>th</sup>, 2010: Clarke, Choctaw, Washington, Sumter, Hale, Greene, Perry, and Marengo. There are no applicable bed allocations/conversions for taxonomy 251G00000X. The satellite location will remain under the administrative authority of the parent site, Medicare PTAN 01-1604 (NPI 1104860428, License Number: E1201), located at 951 US HIGHWAY 80W STE D Demopolis AL 36732-4156.

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