





## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

### NOTICE OF INTENDED ACTION

**AGENCY NAME:** STATE HEALTH PLANNING AND DEVELOPMENT AGENCY  
(Statewide Health Coordinating Council)

**RULE NO. & TITLE:** 410-2-1 Introduction to Health Planning  
410-2-2 Health Priorities  
410-2-3 Specialty Services  
410-2-4 Facilities  
410-2-5 Alabama Health Statistics and Revision Procedures

**INTENDED ACTION:**

The State Health Planning and Development Agency (Statewide Health Coordinating Council) proposes to amend the above styled section of the *Alabama State Health Plan*.

**SUBSTANCE OF PROPOSED ACTION:**

To amend the State Health Plan to reflect the adoption of such plan for the period 2014-2017, instead of 2004-2007.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:**

In response to this Proposed Rule, all interested persons are invited to submit data, views, comments and/or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address the Statewide Health Coordinating Council (SHCC) shall be made in writing on or before November 5, 2014, and shall be made to:

Nicole Horn, Executive Secretary  
State Health Planning and Development Agency  
P. O. Box 303025  
Montgomery, Alabama 36130-3025

On November 21, 2014, at 10:00 a.m., the SHCC shall conduct a public hearing in the Old Archives Chamber, Second Floor, State Capitol Auditorium, Montgomery, Alabama, at which time it shall consider the Proposed Rule along with all written and oral submissions in respect to the Proposed Rule. Only those interested persons who have made timely written requests will be afforded the opportunity to speak.

Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**

November 5, 2014

**CONTACT PERSON AT AGENCY:**

Nicole Horn  
100 North Union Street  
RSA Union, STE 870  
Montgomery, AL 36104  
(334) 242-4103

*Alva M. Lambert*  
Alva M. Lambert, Executive Director

# ALABAMA STATE HEALTH PLAN



20014-20017

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Chapter 410-2-1  
Introduction to Health Planning

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410-2-1-.02	Health Planning Structure in Alabama
410-2-1-.03	Alabama Health Policy Analysis
410-2-1-.04	Data Collection and Publication
410-2-1-.05	Overview of Chapters

410-2-1-.01 **Statutory Authority.** The *Alabama State Health Plan* (SHP) is required by § 22-21-260(4), Code of Alabama, 1975.

410-2-1-.02 **Health Planning Structure in Alabama**

(1) The Alabama Statewide Health Coordinating Council (SHCC) is charged by statute and the Governor to prepare a *State Health Plan* (SHP) every three years. Revisions may be accomplished as necessary, however the SHCC is required to review, and where appropriate revise, the SHP on at least an annual basis. The *State Health Plan* shall be utilized by the Certificate of Need (CON) Review Board pursuant to § 22-21-264, Code of Alabama, 1975, in the CON review process, and by other entities to guide the overall health systems development and operation in Alabama. The provisions of this plan are severable. If any part of this plan is declared invalid or unconstitutional, that declaration shall not affect the part, which remains.

(2) The SHCC shall consist of not less than 16 members, the majority of whom shall be consumers. They are appointed by the Governor for staggered terms of one (1) to three (3) years and shall serve until reappointed or a replacement is appointed.

(3) The SHCC chairman shall appoint committees and/or task forces to address specific subjects of the SHP. Committees shall be composed of only SHCC members. Task forces may have SHCC and non-SHCC members. Committee reports shall be directed to the SHCC. Task force reports may or may not be presented directly to the SHCC at the discretion of the SHCC chairman. The total SHCC shall hear and make decisions on the acceptance or adoption of the SHP, and any amendments/adjustments thereto. Statistical updates to reflect more current population and utilization data may be accomplished by staff with the approval of the SHCC chairman.

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Chapter 410-2-2  
Health Priorities

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410-2-2-.01 **Introduction**

(1) This section of the *Alabama State Health Plan* underscores certain health issues which warrant focused attention. These few issues have been selected for a variety of reasons, including:

(a) Unusual Severity in Our State, e.g. Infant Mortality.

(b) Special Opportunities, e.g. The Medicaid Omnibus Budget Reconciliation Act (OBRA) option.

(c) Problems of Access to Health Care, e.g. The Issue of the Uninsured and the Vulnerability of Rural Hospitals.

(2) When resources are limited and needs great, focused attention on the most pressing problems will promote optimal use of any new or additional investments. What follows is a review of the health issues and health concerns, which require priority emphasis in Alabama.

Author: Statewide Health Coordinating Council (SHCC).

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004

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410-2-3-.09	Transplantation Services
410-2-3-.10	In-Home Hospice Services
410-2-3-.11	Air Ambulance

410-2-3-.01 **Introduction.** This chapter of the *Alabama State Health Plan* reviews the status of certain specialty health care services and the need for additional services to address the problems cited in the Priorities section of the Plan. Specialty Services are separately identified for ease of reference and to highlight their importance in the overall planning and regulatory responsibilities. The health care system in Alabama should not be burdened by an unnecessary duplication of expensive services.

Author: Statewide Health Coordinating Council (SHCC).  
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.  
History: Effective November 22, 2004



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410-2-4-.01 **Introduction.** This chapter focuses on existing health care facilities and the need for additional facilities. Methodologies for many facilities, i.e., general hospitals, nursing homes, specialty care assisted living facilities, rehabilitation, psychiatric and substance abuse, are specific in nature and project a finite number of beds needed. Swing beds, Long Term Acute Care Hospital beds, and Critical Care Access Hospital beds are allowed for hospitals, which meet the criteria as specified in the appropriate Federal Directive. The home health methodology allows at least two active providers for each county and is based on upon a minimum level of utilization. Located in the assisted living section is a methodology for standard assisted living facilities however, this is only a recommendation as these facilities are not covered under the Certificate of Need requirements. The bed need projections contained in the adult day care sections are recommendations only and are not intended to be regulatory unless these facilities become regulated by the Certificate of Need requirements.

Author: Statewide Health Coordinating Council (SHCC)  
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.  
History: Effective November 22, 2004

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410-2-5-.01 **Introduction.** This chapter contains information that is pertinent to the *State Health Plan*, but of such detail that it is best included in this Appendix. Population is based on Center for Business and Economic Research (CBER) The University of Alabama.

Author: Statewide Health Coordinating Council (SHCC).  
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.  
History: Effective November 22, 2004