

**CERTIFICATION OF ADMINISTRATIVE RULES
FILED WITH THE LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSET, DIRECTOR**

(Pursuant to Code of Alabama 1975, § 41-22-6, as amended).

I certify that the attached is/are a correct copy/copies of rule/s as promulgated and adopted on the 21st day of November, 2014, and filed with the agency secretary on the 1st day of December, 2014.

AGENCY NAME: State Health Planning and Development Agency
(Statewide Health Coordinating Council)

X Amendment; _____ New; _____ Repeal; (Mark appropriate space)

Rule No. 410-2-1; 410-2-2; 410-2-3; 410-2-4; 410-2-5

(If amended rule, give specific paragraph, subparagraphs, etc., being amended)

Rule Title: Introduction to Health Planning; Health Priorities; Specialty Services; Facilities; Alabama Health Statistics and Revision Procedures

ACTION TAKEN: State whether the rule was adopted with or without changes from the proposal due to written or oral comments;

The rule was adopted without changes and as published for comment in the Alabama Administrative Monthly.

NOTICE OF INTENDED ACTION PUBLISHED IN VOLUME XXXII

ISSUE NO. 12, DATED September 30, 2014.

Statutory Rulemaking Authority: Code of Alabama, 1975 §§ 22-21-260(13), (15).

(Date Filed)
(For LRS Use Only)

REC'D & FILED

DEC 02 2014

LEGISLATIVE REFERENCE SERVICE

Alva M. Lambert
Alva M. Lambert, Executive Director
State Health Planning and Development Agency
(Certifying Officer or his or her Deputy)

(NOTE: In accordance with § 41-22-6(b), as amended, a proposed rule is required to be certified within 90 days after completion of the notice.)

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Chapter 410-2-1
Introduction to Health Planning

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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-.08	Influenza

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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Specialty Services

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410-2-3-.08	New Technology
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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Facilities

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410-2-4-.05	Assisted Living Facilities
410-2-4-.06	Adult Day Care Programs
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410-2-4-.12	Ambulatory Surgery
410-2-4-.13	Renovations
410-2-4-.14	Replacements
410-2-4-.15	Inpatient Hospice Services

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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Chapter 410-2-5
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410-2-5-.06	Open Meetings Act
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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