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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
Lenora W. Pate
Attorney at Law
lpate@sirote.com
Tel: 205-930-5162
Fax: 205-212-3801

Sirote & Permutt, PC
2311 Highland Avenue South
Birmingham, AL 35205-2972

PO Box 55727
Birmingham, AL 35255-5727

March 21, 2013

VIA E-MAIL & FEDERAL EXPRESS

Alva M. Lambert
Executive Director
State Health Planning & Development Agency
100 North Union Street, Suite 870
Montgomery, AL 36104

**Re: Project Modification Request
Renal Treatment Centers – Southeast, LP d/b/a Monarch Dialysis
Project No. AL 2011-026
CON 2545-ESRD**

Dear Mr. Lambert:

This Project Modification Request is relating to Project No. AL 2011-026 and CON 2545-ESRD issued to Renal Treatment Centers – Southeast, LP d/b/a Monarch Dialysis (“Monarch Dialysis”) on September 1, 2011, authorizing the development and operation of an end stage renal disease (“ESRD”) facility, and the relocation thereto of thirteen (13) existing hemodialysis stations from PCD-Montgomery, plus the addition of three (3) new hemodialysis stations, for a total of sixteen (16) hemodialysis stations (“Project”).

Pursuant to CON Rule § 410-1-10-.03, Monarch Dialysis respectfully requests the approval of this Project Modification Request by the Executive Director of the State Health Planning and Development Agency (“SHPDA”) to change the facility’s legal entity name in Project No. AL 2011-026 and on CON 2545-ESRD from “**Renal Treatment Centers – Southeast, LP**” to “**Farragut Dialysis, LLC.**” Farragut Dialysis, LLC, is a subsidiary of Renal Treatment Centers – Southeast, LP. Monarch Dialysis will remain the Doing Business As name, the Project is still under development, and it has not yet been licensed and certified.

This Project Modification Request falls below the financial thresholds for review provided in CON Rule § 410-1-4-.01; does not involve a physical relocation of the facility to a location other than that generally designated in the CON (i.e., Montgomery County); does not involve a change in bed capacity; and does not involve the provision of new services. Thus, this Project Modification Request is due to be approved by the Executive Director of SHPDA under CON Rule § 410-1-10-.03(2).

As required, enclosed are the revised pages to the original CON Application filed by Renal Treatment Centers – Southeast, LP d/b/a Monarch Dialysis reflecting the new legal entity name, Farragut Dialysis, LLC, including a new executed Signature Page. Also enclosed is a filing fee of \$4,917.00 which is 25% of the original CON Application fee for this Project (\$19,668.00). As there was no opposition to this Project, there




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are no parties of record in the underlying administrative proceeding that must be notified regarding this Project Modification Request.

As always, we appreciate your assistance and look forward to receiving a modified CON for Monarch Dialysis reflecting the legal entity name change to Farragut Dialysis, LLC d/b/a Monarch Dialysis. If you have any questions, please give me a call immediately.

Very truly yours,


Lenora W. Pate
FOR THE FIRM

LWP/lc
Enclosures

c: Malia Chapman
Kelli F. Robinson, Esq.

**ALABAMA
CERTIFICATE OF NEED
APPLICATION**

For Staff Use Only

INSTRUCTIONS: Please submit an original and twelve (12) copies of this form and the appropriate attachments to the State of Alabama, State Health Planning and Development Agency, 100 North Union Street, Suite 870, Montgomery, Alabama 36130-3025. (Post Office Box 303025)

Project # _____
Date Rec. _____
Rec by: _____

Attached is a check in the amount of \$19,668.00
Refer to Rule 410-1-7-06 of the Certificate of Need Program Rules and Regulations to determine the required filing fee.

PART ONE: APPLICANT IDENTIFICATION AND PROJECT DESCRIPTION

I. APPLICANT IDENTIFICATION (Check One) HOSPITAL () NURSING HOME ()
OTHER () (Specify) End Stage Renal Disease ("ESRD") Services

A. Farragut Dialysis, LLC d/b/a Monarch Dialysis
Name of Applicant (in whose name the CON will be issued if approved)

<u>1001 Forest Avenue</u>	<u>Montgomery</u>	<u>Montgomery</u>
Address	City	County
<u>Alabama</u>	<u>36101-1181</u>	<u>(334)-269-9416</u>
State	Zip Code	Phone Number

B. _____
Name of Facility/Organization (if different from A)

_____	_____	_____
Address	City	County
_____	_____	_____
State	Zip Code	Phone Number

C. _____
Name of Legal Owner (if different from A or B)

_____	_____	_____
Address	City	County
_____	_____	_____
State	Zip Code	Phone Number

D. Lenora W. Pate (Counsel for Applicant)
Name and Title of Person Representing Proposal and with whom SHPDA should communicate

<u>Sirote & Permutt, P.C., 2311 Highland Ave. S.</u>	<u>Birmingham</u>	<u>Jefferson</u>
Address	City	County
<u>Alabama</u>	<u>35205</u>	<u>(205) 930-5162</u>
State	Zip Code	Phone Number

I. APPLICANT IDENTIFICATION (continued)

E. Type Ownership and Governing Body

- 1. Individual
- 2. Partnership
- 3. Corporate (for profit) DaVita, Inc.
Name of Ultimate Parent Corporation
- 4. Corporate (non-profit) _____
Name of Parent Corporation
- 5. Public
- 6. Other (specify) _____

F. Names and Titles of Governing Body Members and Owners of This Facility

OWNERS

Farragut Dialysis, LLC d/b/a Monarch Dialysis, a subsidiary of Renal Treatment Centers – Southeast, LP.

GOVERNING BOARD MEMBERS OF RENAL TREATMENT CENTERS, INC. (General Partner of Renal Treatment Centers – Southeast, LP, the LLC Manager of Applicant):
Kent J. Thiry; Javier Rodriguez; H.W. Guy Seay; Corinna B. Polk; Thomas O. Usilton; David T. Shapiro; Chetan P. Mehta; Steven I. Grieger; Dennis Kogod; James Hilger; and Richard K. Whitney.

GOVERNING AUTHORITY OF MONARCH DIALYSIS (as required by the Alabama State Board of Health, Alabama Department of Public Health):
Michael Broder, M.D.; Brandon King; Shannon Steele

II. PROJECT DESCRIPTION

Project/Application Type (check all that apply)

- New Facility
Type ESRD facility
- New Service
Type _____
- Construction/Expansion/Renovation
3 new stations in Montgomery County
- Change in Service
- Major Medical Equipment
Type _____
- Termination of Service or Facility
- Other Capital Expenditure
Type Relocation of 13 existing stations in Montgomery County

III. EXECUTIVE SUMMARY OF THE PROJECT (brief description)

Farragut Dialysis, LLC, d/b/a Monarch Dialysis (“Monarch Dialysis” or “Applicant”), a subsidiary of DaVita, Inc. (“DaVita”), proposes to establish and operate a new state-of-the-art end stage renal disease (“ESRD”) facility consisting of thirteen (13) hemodialysis stations relocated from DaVita’s Physicians Choice Dialysis – Montgomery (“PCD – Montgomery”), which currently is licensed for twenty-nine (29) hemodialysis stations resulting in sixteen (16) hemodialysis stations remaining at PCD – Montgomery, plus the addition of three (3) new hemodialysis stations in Montgomery, Alabama, in Montgomery County (the “Project”).¹ Monarch Dialysis will be located approximately four (4) miles from DaVita’s PCD -

¹ This CON Application is filed pursuant to LOI 2011-006 which was received by the State Health Planning and Development Agency on November 12, 2010.

I. CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge and belief.

**FARRAGUT DIALYSIS, LLC
D/B/A MONARCH DIALYSIS
("APPLICANT")**

**By: Renal Treatment Centers – Southeast, LP
Its: LLC Manager**



**By: Malia Chapman
Its: Regional Operations Director**


**RENAL TREATMENT CENTERS –
SOUTHEAST, LP**

**By: Renal Treatment Centers, Inc.
Its: General Partner**



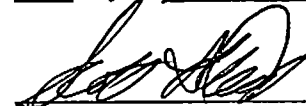
**By: Malia Chapman
Its: Regional Operations Director**

DAVITA, INC.



**By: Malia Chapman
Its: Regional Operations Director**

1 day of March, 2013



Notary Public (Affix seal on Original)

Author: Alva M. Lambert

Statutory Authority: § 22-21-267, 271, 275, Code of Alabama, 1975

History: Amended March 19, 1996 and July 25, 2002