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JAN 13 2017

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY



CHOICE Therapy Services  
Speech ♥ Occupational ♥ Physical

AFFIRMATION OF REQUESTING PARTY:

The undersigned, being first duly sworn, hereby makes oath or affirms that she is the Principal/Chief Operating Officer of CHOICE Rehabilitation Services, Inc., dba CHOICE Therapy Services; that she has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

CHOICE Therapy Services

By: *Lynn Heffel*

Lynn Heffel

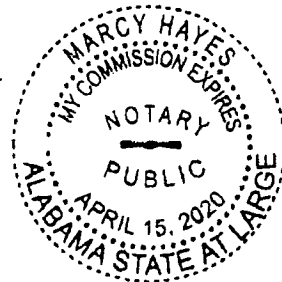
Its: Principal/Chief Operations Officer

State of Alabama, County of Madison

SUBSCRIBED AND SWORN to and before me this 12<sup>th</sup> day of January 2017.

*Marcy Hayes*  
Notary Public

My commission expires: 4/15/20





STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

December 14, 2016

Lynn Heffel  
Principal, Co-Administrator  
CHOICE Therapy Services  
7736 Madison Blvd., Suite 3  
Huntsville, AL 35806

RE: Reviewability Determination Request  
CHOICE Therapy Services

Dear Ms. Heffel:

This is written in response to your reviewability determination request received December 5, 2016 on behalf of the above referenced facility.

Pursuant to Rule 410-1-7-.02(1) "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 Rule 410-1-3-.09 disclosing full factual information as may be more specifically identified on the SHPDA website, supplemented by any additional information or documentation which the Executive Director may deem necessary. Such request shall be attested by an officer, partner or authorized agent of the company having knowledge of the facts contained therein, 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 \_\_\_\_\_ (SEAL)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_.

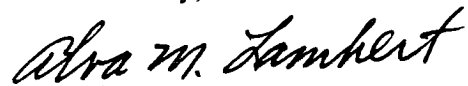
\_\_\_\_\_  
Notary Public

My commission expires:"

Pursuant to 410-1-3-.09 “All documents to be filed with the State Agency, with the exception of any Mandatory Report as defined in Rule 410-1-3-.11, shall be submitted electronically to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov). ... The electronic submittal shall contain all required information for the type filing being made and be formatted in text searchable, PDF format.”

Please submit the reviewability determination request including the required statement of Affirmation of Requesting Party as part of the Reviewability Determination request, to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) as soon as possible. Once the request is deemed complete it will be posted on the Agency’s website. Should you have any questions, please contact the Agency at (334) 242-4103.

Sincerely,

A handwritten signature in black ink that reads "Alva M. Lambert". The signature is written in a cursive, flowing style.

Alva M. Lambert  
Executive Director

AML/nh



**RECEIVED**

**DEC 05 2016**

**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**

November 28, 2016

State Health Planning and Development Agency  
RSA Union Building  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

RE: Request for Letter of Non-review

To Whom It May Concern:

CHOICE Rehabilitation Services Inc. is a licensed Comprehensive Outpatient Rehabilitation Facility (CORF) (Facility ID: R4516). We were established as a CORF in May of 2014. We are requesting a "letter of non-review" due to our need to move to a new location that is less than one mile from our current location. We have submitted a change of address to CMS. We are currently working with the Alabama Department of Public Health to meet the requirements of Life Safety/Facilities Rules and Guidelines.

We are moving primarily because we have found a location that is more visible to the public than our current location and because our current landlord is not able to upgrade the aesthetics of our facility which has not been upgraded in 20 years. Our new location will be the same size, and has new upgrades that better represent the level of professionalism that we would prefer for our patients. In addition we will have better visibility to the public, increased parking and improved access from the main road for our patients. We will continue to provide multidisciplinary services to the same service area we currently serve. There is no capital cost expenditure for construction or equipment that we will incur. There will be an increase in our monthly rent of approximately 1000.00 per month. Our anticipated move date is mid – late January or as soon as the Facilities management survey is completed.

The \$1000.00 fee was submitted electronically. We look forward to your approval to receive a letter of non-reviewability. Please feel free to contact us if needed.

Sincerely,

Lynn Heffel  
Principal, Co-Administrator  
256-270-9595

CURRENT ADDRESS:

7736 Madison Blvd., Suite 3  
Huntsville, AL 35806

PLANNED ADDRESS: (AFTER MOVE)

8075 Madison Blvd., Suite 101  
Madison, AL 35758

These locations are .7 (7/10ths) of a mile apart.