

Rural

Jennifer Clark
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RECEIVED

Jan 16 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

January 15, 2018

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Mr. Alva Lambert
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

RE: Request for Reviewability Determination

Dear Mr. Lambert:

The purpose of this letter is to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations (“Regulations”), that the proposed establishment of a hospital-provider based wound care center does not require our client, Vaughan Regional Medical Center (“Vaughan Regional”), to obtain a Certificate of Need (“CON”) from the State Health Planning and Development Agency. In order to assist with this determination, we offer the following information:

Vaughan Regional is a rural acute care hospital located in Dallas County, Alabama. Vaughan Regional proposes to establish a wound care center, which will include two hyperbaric chambers, in order to provide for the needs of patients who require this service. The scope of the proposed project will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations, of \$2,981,520 for major medical equipment, of \$1,192,607 for new annual operation costs, or of \$5,963,039 for capital expenditures, as currently adjusted for CPI. Vaughan Regional estimates that the proposed project will involve the following approximate costs:

Construction Costs:	\$250,000.00
New Annual Operating Costs:	\$551,000.00
Major Medical Equipment:	\$0 ¹

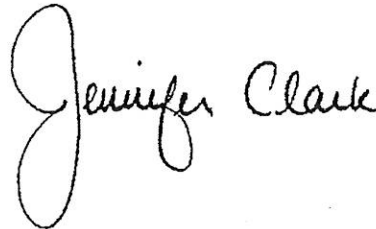
The proposed wound care center will be located within the hospital. The wound care center will involve an extension of the hospital services through the addition of two hyperbaric chambers within a dedicated wound care clinic to treat patients in need of this service. This project will not involve the addition of inpatient beds or the conversion of one classification of beds into another classification of beds.

Accordingly, based on the above, we respectfully request your determination that Vaughan Regional is not required to obtain a CON in order to complete the proposed project. We appreciate

¹ The hospital will lease major medical equipment, and these costs are included in the “New Annual Operating Costs.”

your consideration of this request, and we welcome the opportunity to address any questions regarding this matter.

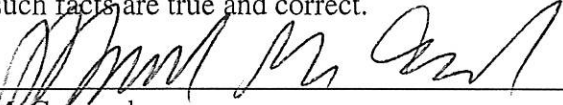
Sincerely,

A handwritten signature in cursive script that reads "Jennifer Clark". The letter "J" is large and loops around the first part of the name.

Jennifer Clark

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby makes oath or affirms that he/she, as the CEO of Vaughan Regional Medical Center, has knowledge of the facts in the attached Reviewability Determination Request, and to the best of his/her information, knowledge and belief, such facts are true and correct.



David McCormack
Chief Executive Officer

(SEAL)

SUBSCRIBED AND SWORN to before me this 15th day of January, 2018.

Kay B. Davidson

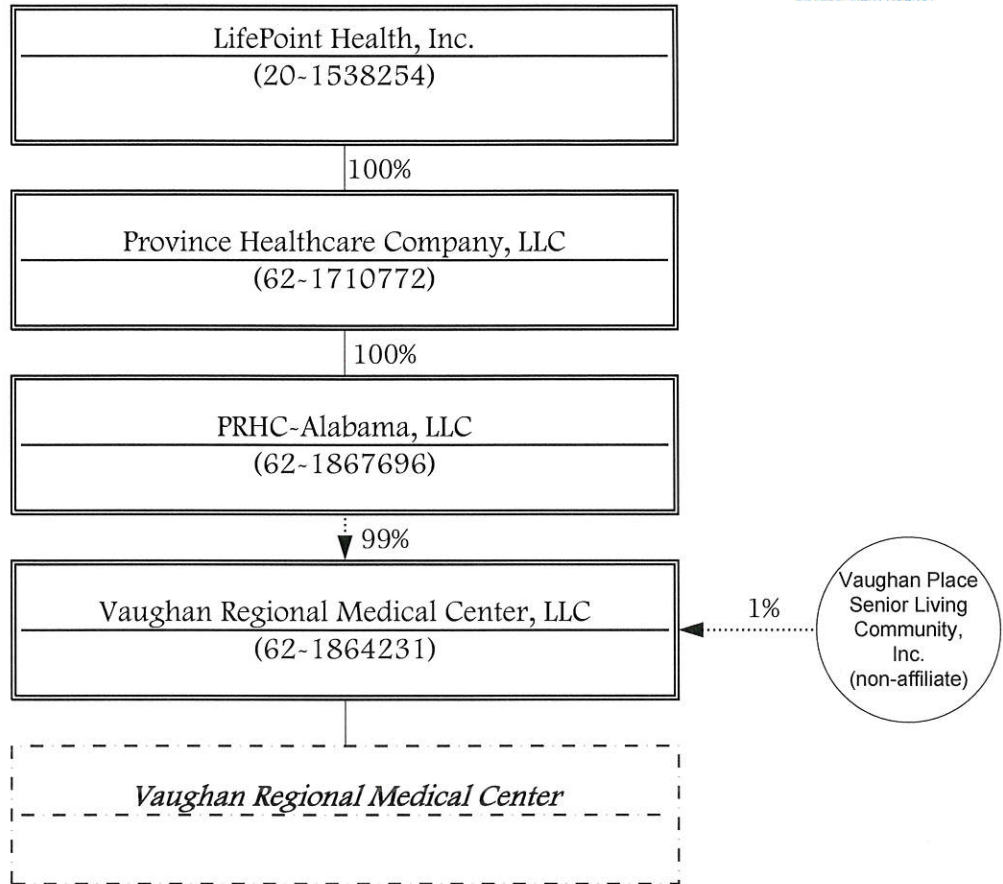
Notary Public
My commission expires: 5/24/2020

Vaughan Regional Medical Center Ownership Structure

RECEIVED

Feb 22 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY



The principal business address of each of the above entities (except indicated non-affiliated entities, if any) is 330 Seven Springs Way, Brentwood, TN 37027