



RECEIVED

Aug 28 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via UPS Second Day Air

August 20, 2018

Certificate of Need Review Board
RSA Union Building
100 N. Union Street, Ste 870
Montgomery, AL 36104

RE: Rehab Associates, LLC
DBA: Champion Sports Medicine

Dear Mr. Lambert:

Please let this serve as notice, we have a new physical therapy clinic opening in Vestavia Hills, Alabama. The purpose of this letter is to request a determination, pursuant to the Alabama Certificate of Need Program Rules and Regulations ("Regulations") § 410-1-7-.02, that the proposed establishment by Rehab Associates, LLC of a single specialty Rehabilitation Agency in Vestavia Hills, Alabama is not subject to Certificate of Need review. Our request is based upon the following facts.

The proposed clinic will be providing a single service – Physical Therapy. Please find the required information for this request on the attached *Exhibit A*.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact Karah Brownawell at (717)920-4042 or kbrownawell@selectmedical.com.

Kind Regards,

Elizabeth Gelbaugh
Manager of Regulatory Affairs
Outpatient Division

Enclosures

RE:

Alabama - Request for CON determination, letter of Non-Reviewability

Affirmation of Requesting Party:

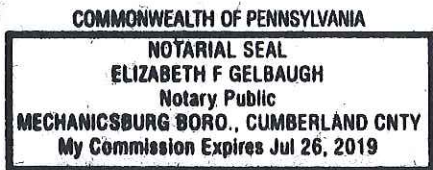
The undersigned, being first duly sworn, hereby makes oath or affirms that he is the Senior Vice President, Senior Counsel and Assistant Secretary of Select Medical Corporation, the parent company of Rehab Associates, LLC, that he has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Select Medical Corporation

By *John F. Duggan*
John F. Duggan
Its: Sr. VP, Sr. Counsel & Asst. Secretary

SUBSCRIBED AND SWORN to before me this 22nd day of August, 2018

Elizabeth F. Gelbaugh
Notary Public
My commission expires: July 26, 2019



Letter of Non-Reviewability

Request for review – new clinic start up

Exhibit A

Service Area being requested: **Jefferson/Shelby & surrounding counties**

Financial break down:

a. Equipment	\$ <u>45,000</u>
b. 1 st year annual operating costs	\$ <u>589,774</u>
c. Capital Costs	
a. Leases	\$ <u>108,477/annually</u>
b. Land/Building costs	\$ <u>n/a</u>
c. Construction costs	\$ <u>445,194</u>

Financial interests by any other health care facilities or groups: **n/a**