



December 12, 2018

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Dec 17, 2018

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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

Re: Request for Letter of Non-Reviewability by Jackson Hospital and Clinic

Dear Mr. Lambert:

On behalf of Jackson Hospital & Clinic, please accept this letter to request your determination that the proposed relocation and renovation of Sterile Processing Department is not subject to Certificate of Need review, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules and Regulations. Attached is a check for \$1,000.00 payment of the applicable fee. Please find below information that relates to the project and justifies the non-reviewability status.

Expenditures for the proposed project are as follows:

Renovation and Construction:	\$ 1,174,000
Equipment and Furnishings:	\$ 1,000,000
Total:	\$ 2,174,000

The Sterile Processing Department has outgrown its current location and is in need of expansion and modernization of equipment and space. Our proposed project will relocate SPD from the current 2nd floor location to a 1st floor area that is larger. This will not create any new services or beds. The new equipment and furnishings will be replacing existing equipment and furnishings, none of which will result in expanding or providing any services that we do not currently provide. In addition, the hospital will not incur any additional operating expenses as a result of this project.

Based on the information provided above, we respectfully request your determination that Jackson Hospital & Clinic is not required to obtain a Certificate of Need in order to complete the proposed project. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael James'.

Michael James
Vice President & COO

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that Jackson Hospital & Clinic, Inc., has knowledge of facts in this request, and to the best of their information, knowledge and belief, such facts are true and correct.

Affiant *Wichy*

SUBSCRIBED AND SWORN to before me this 12 day of December, 2018.

Ashley B. Brooks
Notary Public

My commission expires:

