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STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY



PRESTON  
STRATEGY  
GROUP

[Shpda.online@shpda.alabama.gov](mailto:Shpda.online@shpda.alabama.gov)

February 25, 2019

Mr. Bradford L. Williams  
Acting Executive Director  
State Health Planning and Development Agency  
100 North Union Street, Suite 870  
Montgomery, Alabama 36104

RE: Grow Pediatric Therapy

Dear Mr. Williams:

Please accept this correspondence on behalf of Grow Pediatric Therapy in Anniston, Alabama requesting a determination from the State Health Planning and Development Agency (SHPDA) that a Certificate of Need is not required for the planned provision of pediatric outpatient speech therapy services.

Requesting Party

Abbey K. Oliver  
Grow Pediatric Therapy  
3331 Henry Road  
Anniston, AL. 36207

(256) 591-6132  
[abbeykoliver@gmail.com](mailto:abbeykoliver@gmail.com)

Contact Information

Stephen D. Preston  
Preston Strategy Group, LLC  
3680 Village Center Lane  
Birmingham, AL 35226

(205) 873-0816  
[stephen@prestonstrategygroup.com](mailto:stephen@prestonstrategygroup.com)

The proposed service area for pediatric outpatient speech therapy is Calhoun County, Alabama.

Ms. Oliver holds a Certificate of Clinical Competence from the American Speech-Language-Hearing Association as well as a State License from the Alabama Board of Examiners for Speech-Language Pathology and Audiology. Pediatric outpatient speech therapy services are the only services to be provided under this proposed project at this time.

Approximate Costs:

Equipment	\$15,000
First Year Annual Operating Costs	\$88,000
Capital Costs	\$19,400

Grow Pediatric Therapy is privately-owned by Ms. Abbey Key Oliver and her husband, Mr. Christopher Chase Oliver. There are no financial interests by any other healthcare facilities or groups in this endeavor.

The \$1,000 filing fee for this determination request is being submitted electronically through the SHPDA payment portal.

Please let me know if you have any questions or need any additional information at this time.

Sincerely,



Stephen D. Preston

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that she, being owner of Grow Pediatric Therapy, has knowledge of the facts in this request, and to the best of her information, knowledge, and belief, such facts are true and correct.

Affiant Abbey Oliver

(SEAL)

SUBSCRIBED AND SWORN to before me this 22<sup>nd</sup> day of February 2019

Rachel Allen  
Notary Public

MY COMMISSION EXPIRES  
NOVEMBER 29, 2022

My commission expires: \_\_\_\_\_

