



RV 2020-010

RECEIVED

Dec 23 2019

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

Via UPS Second Day Air

December 20, 2019

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  
Address: 2050 Gadsden Highway, Suite 104, Trussville, AL 35173-3232**

Dear Sir or Madam:

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 Trussville, 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 Noy Vilaychith at 717-975-4556 or email [NVilaychith@selectmedical.com](mailto:NVilaychith@selectmedical.com).

Kind Regards,

Elizabeth Gelbaugh  
Manager of Regulatory Affairs  
Outpatient Division

Enclosures

**Affirmation of Requesting Party:**

December 20, 2019

Page 2

RE:

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

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**

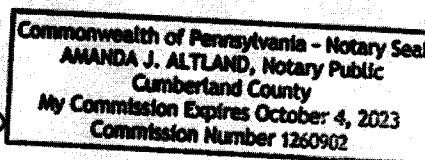
By *John F. Duggan*  
John F. Duggan

Sr. VP, Sr. Counsel & Asst. Secretary

SUBSCRIBED AND SWORN to before me this 23<sup>rd</sup> day of December, 2019

*Amanda J. Altland*  
Notary Public

My commission expires : October 4, 2023



# Letter of Non-Reviewability

## Request for review – new clinic start up

### Exhibit A

**Service Area being requested:** Jefferson, St. Claire and Shelby Counties

**Financial break down:**

a. Equipment	\$ <u>109767</u>
b. 1 <sup>st</sup> year annual operating costs	\$ <u>358,719</u>
c. Capital Costs	
a. Leases	\$ <u>61,422 per year</u>
b. Land/Building costs	\$ <u>n/a</u>
c. Construction costs	\$ <u>328,290</u>

**Financial interests by any other health care facilities or groups:** None