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RV2024-021

May 3, 2024

081-H7063

RECEIVED

May 03 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

(SUBMITTED VIA ELECTRONIC FILING TO: shpda.online@shpda.alabama.gov)

Ms. Emily T. Marsal
Executive Director
State Health Planning & Development Agency
RSA Union Building
100 North Union Street, Suite 870
Montgomery, AL 36104-3719

Re: Request for Reviewability Determination to Establish Branch Office in Montgomery County

Dear Ms. Marsal,

Pursuant to Alabama Certificate of Need Program Rules and Regulations §410-1-7-.02, I am writing on behalf of ProHealth Home Health, LLC (“ProHealth”) to request that the State Health Planning and Development Agency (“SHPDA”) issue a determination that ProHealth is not required to obtain a new Certificate of Need (“CON”) to establish a branch office in Montgomery County, for which ProHealth holds Grandfathered Authority acquired through CO2022-116. As background for this request, ProHealth submits the following:

1. CON 2980-HH provides ProHealth authority to provide home health services in Lee County.
2. ProHealth seeks approval to establish a branch office in Montgomery County. The branch office will operate under the Lee County’s Medicare Provider Number, 01-7063.
3. No services will be provided at the branch office because the services will be provided in the patients’ homes.
4. This request does not seek to alter the services provided by ProHealth and the request does not seek to alter the parent provider’s authorized CON service area.
5. The establishment of the branch office does not involve the construction, development, acquisition, or other establishment of a new health care facility and does not involve any capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01 (\$3,322,582.00 for major medical equipment, \$1,327,734.00 for annual operating cost, and \$6,638.679.00 for other capital expenditures).

6. The establishment of the branch office does not involve the addition, relocation, or reallocation of beds and does not entail the acquisition of major medical equipment.
7. The establishment of the branch office does not involve the offering of a new health care service, as ProHealth is currently authorized to provide home health services to patients in Montgomery County pursuant to its Grandfathered Authority.
8. The establishment of the branch office does not involve a new institutional health service subject to review under Ala. Code § 22-21-263 and/or Ala. Admin. Code § 410-1-4-.01.

Based upon the facts stated above and the applicable rules, ProHealth respectfully requests that SHPDA issue a determination that ProHealth's establishment of a branch office in Montgomery County is: (1) permissible without further filings or requests to SHPDA; and (2) not subject to CON review. ProHealth will submit the appropriate filing fee through SHPDA's electronic portal and submit a receipt evidencing payment with this letter.

If you have any questions or would like to discuss this request in further detail, please do not hesitate to reach out to me.

Sincerely,



David A. Lester

Affirmation of Requesting Party

The undersigned, being first duly sworn, hereby make oath or affirm that he is the Chief Executive Officer of ProHealth Home Health, LLC, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant:  (Seal)

Subscribed and sworn to before me this ^{3rd} day of May, 2024.

Notary Public: 

My commission expires: My Commission Expires June 30, 2027