

Holly S. Hosford
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RV2024-029
RECEIVED
Jul 02 2024
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 2, 2024

Via Electronic Filing
(shpda.online@shpda.alabama.gov)

Ms. Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice
SHPDA ID 089-P2460
Request for Reviewability Determination for Relocation of Hospice Administrative Office

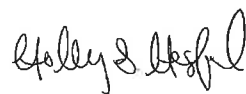
Dear Ms. Marsal:

I am writing on behalf of Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice, an in-home hospice provider, (the "Agency") to request your determination, pursuant to Section 401-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("CON Rules"), that the Agency is not required to obtain a new Certificate of Need ("CON") to relocate the administrative office of the Agency to another site in Madison County. In order to assist with this determination, we offer the following information:

The Agency's administrative office is currently located at 540 Hughes Road, Suite 12, Madison, AL 35758. Upon approval from the Alabama Department of Public Health and the Centers for Medicare and Medicaid services, the Agency will relocate to Executive Park South, 2705 Artie Street, Building 500 Suite 36 and 37, Huntsville, Alabama 35805. The distance between the Agency's current administrative office and new office is 11 miles. The relocation of the Agency's administrative office will not involve (i) the addition or conversion of any beds, (ii) the acquisition of stock or assets, (iii) any change in services offered by the Agency, or (iv) any capital expenditures in excess of the threshold amounts set forth in CON Rule § 410-1-4-.01 (\$3,241,543 for major medical equipment, \$1,296,615 for new annual operating costs, and \$6,483,085 for other capital expenditures).. Finally, there will be no changes in staff, management, or service area of the Agency as a result of the proposed relocation.

Based upon the above, we respectfully request your determination that Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice is not required to obtain a CON in order to complete the project as described in this letter. We appreciate your consideration of this request, and welcome the opportunity to address any questions regarding this matter. The applicable filing fee will be delivered to the Agency via Fed Ex. Thank you very much.

Best regards,

A handwritten signature in cursive script, appearing to read "Holly S. Hosford".

Holly S. Hosford

Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice
Request for Reviewability Determination
Page 3

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby makes oath or affirms that he, as Director of Operations, has knowledge of the facts in the attached Reviewability Determination Request for Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice and to the best of his information, knowledge and belief, such facts are true and correct.



SUBSCRIBED AND SWORN to before me this 29 day of July, 2024.

Notary Public

My commission expires: May 29, 2025

Holly S. Hosford
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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

July 8, 2024

Via Electronic Filing

Ms. Emily Marsal, Esq.
Executive Director
State Health Planning and Development Agency

Re: RV2024-029
Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice (SHPDA ID 089-P2460)
Response to Request for Additional Information

Dear Ms. Marsal:

On behalf of Good Samaritan Hospice of Madison, Inc. d/b/a Affinity Hospice (the "Agency"), I write to respond to your letter dated July 8, 2024.

In your letter, you require the following additional information:

1. The CON associated with Agency and the request in RV2024-029 is CON 2460-HPC, which gives the Agency the authority to provide in-home hospice services in the following counties: Cullman, Franklin, Jackson, Lawrence, Marshall, Colbert, Lauderdale, Limestone, Madison and Morgan.
2. The letter notes that the request reported inaccurate CON threshold totals. The relocation proposed in RV2024-029 does not involve new costs exceeding the following expenditure thresholds: (i) \$3,322,582.00 for major medical equipment, (ii) \$1,327,734.00 for new annual operating costs, and (iii) \$6,638,679.00 for capital expenditures.
3. Your letter also requests a disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups. The entity requesting the reviewability determination, the Agency, is a wholly owned subsidiary of Affinity Hospice Holdings, LLC. No other healthcare facilities or groups have any ownership interest in the Agency.

Please do not hesitate to contact me if you have any further questions or need any additional information.

Best regards,

A handwritten signature in black ink that reads "Holly S. Hosford".

Holly S. Hosford