

RECEIVED

Jul 11 2024

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Lumibaby Infant Care Inc.



8226 County Road 1082
Vinemont, AL, 35179
256-338-1495
lumibaby@infanthomecare.com

4/30/2024

To whom it may concern,

Letter of Non-Reviewability

1. Name of company seeking the reviewability determination: Lumibaby Infant Care Inc
2. Address and contact information for the authorized company representative seeking the determination:

Representative: Stacy Basinger

Address: 8226 County Road 1082, Vinemont, AL, 35179-7282

Phone: (256)338-1495

Email: lumibaby@infanthomecare.com

3. Service area for the proposed service/equipment:

Counties including Cullman, Morgan, Madison, Winston, Lawrence, Etowah,
Marshall, Limestone, and Blount

4. Any new/additional services to be provided under the proposed project:

New Home Care agency includes nursing services only for neonates needing
home phototherapy for jaundice management.

5. Approximated costs of the proposed project for:

a. Equipment: \$53,883



b. First year annual operating costs: \$138,038

c. Capital costs, to include:

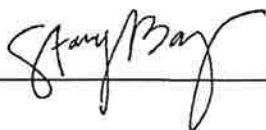
i. Leases: None, home care business from home office space separate from home

ii. Land/Building costs: None

iii. Construction costs: None

iv. Insurance (DME, business, and medical liability): \$5,600

6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.

Signature:  6/20/24



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STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY**STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104**FACTUAL INFORMATION REQUIRED FOR REVIEWABILITY
DETERMINATION REQUESTS (SHPDA Rule 410-1-7-.02)**

Any person may request for informational purposes only a determination as to the current reviewability of an anticipated project or determination of exemption for replacement equipment. Such request shall be submitted pursuant to the electronic filing requirements of SHPDA Rule 410-1-3-.09, disclosing full factual information, as more specifically identified below, and supplemented by any additional information or documentation which the Executive Director may deem necessary. SHPDA Rule 410-1-7-.02(1).

The following information must be included in all requests for reviewability determinations other than requests made pursuant to the Physician's Office Exemption (POE) or regarding End Stage Renal Disease (ESRD) stations, which must provide unique information specific to those providers:

1. Name of company seeking the reviewability determination.
2. Address and contact information for the authorized company representative seeking the determination.
3. Service area for the proposed service/equipment.
4. Any new/additional services to be provided under the proposed project.
5. Approximated costs of the proposed project for:
 - a. Equipment
 - b. First year annual operating costs
 - c. Capital costs, to include:
 - i. Leases
 - ii. Land/Building costs
 - iii. Construction costs
6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups.
7. Attestation by an officer, partner or authorized agent of the company having knowledge of the facts disclosed in the reviewability request, utilizing the following form:

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he/she is [include position with entity requesting the determination], has knowledge of the facts in this request, and to the best of his/her/their information, knowledge and belief, such facts are true and correct.

Affiant: [Signature] (SEAL)SUBSCRIBED AND SWORN to before me this 14th day of March, 2024[Signature]
Notary PublicMy commission expires 6/27/26

Each determination must be accompanied by a \$1,000 filing fee submitted in accordance with SHPDA Rule 410-1-3-.09, Electronic Filing. Once deemed complete, notice of the request shall be published on the Agency's website for thirty (30) business days, and additional notice of the request shall be provided to the general distribution list maintained by the Agency. Any affected person may file comments with the Agency pursuant to SHPDA Rule 410-1-3-.09 regarding the issuance of the requested letter of non-reviewability. The Executive Director may provide a response to the request within forty-five (45) days of the request, unless additional time is needed to obtain additional information or to evaluate comments filed in opposition of the request.

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Lumibaby Infant Care, INC

8226 County Road 1082
Vincmont, AL, 35179
256-338-1495
lumibaby@infanthomecare.com

August 12, 2024

Mrs. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street BSA Union Building, Suite 870 Montgomery, AL 36130-3025

RE: Non-Reviewability Determination Request for Lumibaby Infant Care, INC (RV2024- 030)

Dear Mrs. Emily Marsal,

I respectfully request a determination of non-reviewability in accordance with the Alabama State Health and Planning Development Agency's Certificate of Need program rules and regulations, specifically rule 410-1 -7-.02. This letter will demonstrate that my request falls within the criteria of the Physician Office Exemption and outside of the thresholds established for CON review. See Ala. Code 22-21-260(6) offices of private practitioners are not "health care facilities" and 22-21-2(8) "health services" do not include "the lawful practice of any profession or vocation conducted independently of a health care facility and in accordance with applicable licensing laws of this state."

My private practice, Lumibaby Infant Care, INC, is located at 8226 County Road 1082, Vinemont, AL 35179. The practice is located in a home office space in Cullman County, AL. The service area for this request the service area of the following Alabama counties: Blount, Cullman, Etowah, Lawrence, Limestone, Madison, Marshall, Morgan, and Winston. My partner and I are dual shareholders and the nurse practitioner owners of Lumibaby Infant Care, INC.

The two nurse practitioner owners to include myself, Stacy Basinger, and Chelsea Lowery will be the sole providers for the in-home nursing care of neonates during phototherapy treatment for jaundice. I am a Neonatal Nurse Practitioner and Family

Nurse Practitioner with 17 years of neonatal experience. Chelsea is a Family Nurse

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August 12, 2024

Practitioner with 12 years of experience in family medicine to include inpatient women's health and outpatient family medicine.

My request for a determination of non-reviewability is specifically for the following home based care: nursing care of neonates during phototherapy treatment and lactation services for postpartum mothers. Nursing care of neonates to include assessment, phototherapy management, daily weights, and nutrition status. These procedures are low risk and non-invasive. Physician referral are required prior to any rendered services. Lumibaby Infant Care, INC facilitates quality nursing care at home between routine physician office visits.

For the purpose of this request, I would like to provide the following Financial Disclosure:

1. The initial equipment cost of \$53,883.00 to include phototherapy beds (bili-hut), mask, and weight scales.
2. The first annual operating cost of \$138,038.00 to include nursing care items, transportation, office supplies, office equipment, insurance, and advertising.
3. The office will have no additional rent or lease cost.
4. Administrative and clinical nursing care will be provided by the owners of Lumibaby Infant Care, INC.

Based on the foregoing information, we respectfully request that SHPDA grant a determination of non-reviewability for Lumibaby Infant Care, Inc. Please do not hesitate to call (256-338-1495) for any further information or questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacy Basinger". The signature is fluid and cursive, with the first name "Stacy" and last name "Basinger" clearly distinguishable.

Stacy Basinger, CRNP, NNP-BC, FNP