




STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870  
MONTGOMERY, ALABAMA 36104

MEMORANDUM

DATE : November 15, 2024  
TO: All Interested Parties  
FROM: Emily T. Marsal   
Executive Director  
SUBJECT: Reviewability Determination Request (RV2025-003)

The attached request for a reviewability determination has been received. Any affected person may file written comments regarding this request, per 410-1-7-.02 of the *Alabama Certificate of Need Program Rules and Regulations*, by December 31, 2024.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with the Agency must be submitted to [shpda.online@shpda.alabama.gov](mailto:shpda.online@shpda.alabama.gov) in PDF, text searchable format.

Enclosure: see attached

RV2025-003  
RECEIVED

Nov 07 2024



1108 Ross Clark Circle

Dothan, AL 36301

334-793-8111

**September 30, 2024**

**Reviewability Determination Request – Cover Letter**

**Equipment Replacement & Interior Renovations for Southeast Health OR-28**

**ATTN: Alabama State Health Planning and Development Agency**

To Whom It May Concern,

Southeast Health is submitting a Letter of Non Reviewability request and an Equipment Replacement Request Form for the project(s) specified below. Southeast Health is making this request due to recent changes in ADPH policy requiring either a CON or an LNR from SHPDA for all proposed projects. Southeast Health is applying for the LNR based on their position that all of the projects, both individually and collectively, meet the criteria specified in Ala. Admin Code r. 410-1-4-.01 (1)(j), "Notwithstanding any other provisions of these rules to the contrary, the modernization or construction of a non-clinical building, parking facility or any other non-institutional health services capital item on the existing campus of a health care facility shall be exempt from Certificate of Need review provided the construction or modernization does not allow the health care facility to provide any new institutional health services subject to review and not previously provided on a regular basis." The request form(s) can be found following this page.

**Letter of Non Reviewability Request(s) Included:**

1. Equipment Replacement & Interior Renovations for Southeast Health OR-28

**Equipment Replacement Form(s) Included:**

1. Southeast Health OR-28 Equipment Replacement

Thank You,

**Brittney Pethel**

Assistant Project Manager – Support Services

Administration

Southeast Health



1108 Ross Clark Circle

Dothan, AL 36301

334-793-8111

September 30, 2024

**Reviewability Determination Request**

**Project Title:** Equipment Replacement & Interior Renovations for Southeast Health OR-28

**Architect:** G Mark Pepe Architects-Dothan Alabama

**Architect Project Number:** 23104

**Project Scope:**

Southeast Health, owned by Houston County Healthcare Authority, is planning to make interior renovations to our OR-28 room in our main hospital located at 1108 Ross Clark Circle Dothan, Alabama 36301. Our OR-28 room equipment is at end of life and we will be replacing it with new imaging equipment for a hybrid neuro lab and replacing all surgical lighting and general room lighting with new LED fixtures. The drywall ceiling and door/window frames will be repainted.

The OR-28 space includes an equipment room and control room with a total square footage that equals 1,606. We will be replacing ceramic tile walls with SPS Clean Tech welded seam wall cladding and new welded seam vinyl flooring that will cove up the wall a minimum of 6". The transition between the floor base & wall cladding will be welded.

**Reviewability Determination Request Information:**

1. **Name of company seeking the reviewability determination.**  
Southeast Health

2. **Address and contact information for the authorized company representative seeking the determination.**  
1108 Ross Clark Circle, Dothan Alabama 36301

3. **Service area for the proposed service/equipment.**  
Houston County, Alabama

4. **Any new/additional services to be provided under the proposed project.**  
None

5. **Approximated costs of the proposed project for:**

- a. **Equipment** \$2,082,357
- b. **First year annual operating costs:** Staffing \$310,000
- c. **Capital costs, to include:**
  - i. **Leases** None
  - ii. **Land/Building costs** None
  - iii. **Construction costs** \$500,000

6. Disclosure of financial interests in the entity requesting the reviewability determination held by any other healthcare facilities or groups. None

7. 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

Richard A. [Signature]

(SEAL)

SUBSCRIBED AND SWORN to before me this 6th day of November 2024.

William H. Gonsky

Notary Public

My commission expires

05/17/2027

RV2025-003

**45 Calendar Days**

1 Friday	11/15/2024
2 Saturday	11/16/2024
3 Sunday	11/17/2024
4 Monday	11/18/2024
5 Tuesday	11/19/2024
6 Wednesday	11/20/2024
7 Thursday	11/21/2024
8 Friday	11/22/2024
9 Saturday	11/23/2024
10 Sunday	11/24/2024
11 Monday	11/25/2024
12 Tuesday	11/26/2024
13 Wednesday	11/27/2024
14 Thursday	11/28/2024
15 Friday	11/29/2024
16 Saturday	11/30/2024
17 Sunday	12/1/2024
18 Monday	12/2/2024
19 Tuesday	12/3/2024
20 Wednesday	12/4/2024
21 Thursday	12/5/2024
22 Friday	12/6/2024
23 Saturday	12/7/2024
24 Sunday	12/8/2024
25 Monday	12/9/2024
26 Tuesday	12/10/2024
27 Wednesday	12/11/2024
28 Thursday	12/12/2024
29 Friday	12/13/2024
30 Saturday	12/14/2024
31 Sunday	12/15/2024
32 Monday	12/16/2024
33 Tuesday	12/17/2024
34 Wednesday	12/18/2024
35 Thursday	12/19/2024
36 Friday	12/20/2024
37 Saturday	12/21/2024
38 Sunday	12/22/2024
39 Monday	12/23/2024
40 Tuesday	12/24/2024
41 Wednesday	12/25/2024
42 Thursday	12/26/2024
43 Friday	12/27/2024
44 Saturday	12/28/2024
45 Sunday	12/29/2024

**30 Business Days**

1 Friday	11/15/2024
2 Monday	11/18/2024
3 Tuesday	11/19/2024
4 Wednesday	11/20/2024
5 Thursday	11/21/2024
6 Friday	11/22/2024
7 Monday	11/25/2024
8 Tuesday	11/26/2024
9 Wednesday	11/27/2024
Holiday Thursday	11/28/2024
Holiday Friday	11/29/2024
10 Monday	12/2/2024
11 Tuesday	12/3/2024
12 Wednesday	12/4/2024
13 Thursday	12/5/2024
14 Friday	12/6/2024
15 Monday	12/9/2024
16 Tuesday	12/10/2024
17 Wednesday	12/11/2024
18 Thursday	12/12/2024
19 Friday	12/13/2024
20 Monday	12/16/2024
21 Tuesday	12/17/2024
22 Wednesday	12/18/2024
23 Thursday	12/19/2024
24 Friday	12/20/2024
25 Monday	12/23/2024
26 Tuesday	12/24/2024
Holiday Wednesday	12/25/2024
27 Thursday	12/26/2024
28 Friday	12/27/2024
29 Monday	12/30/2024
30 Tuesday	12/31/2024