

Sydney Willmann
swillmann@bradley.com
205.521.8298



December 9, 2024

RV2025-018
RECEIVED
Dec 09 2024
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Via Electronic Filing
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. (SHPDA ID 089-P2460A)
Request for Reviewability Determination for Relocation of Hospice
Administrative Office (Lauderdale County)

Dear Ms. Marsal:

I am writing on behalf of Good Samaritan Hospice of Madison, Inc. (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 Lauderdale County. In order to assist with this determination, we offer the following information:

Pursuant to CON 2460-HPC, the Agency has the authority to provide in-home hospice services in the following counties: Cullman, Franklin, Jackson, Lawrence, Marshall, Colbert, Lauderdale, Limestone, Madison and Morgan. The Agency's administrative office is currently located at 887 Cox Creek Parkway, Florence, Alabama 35630. Upon approval from the Alabama Department of Public Health and the Centers for Medicare and Medicaid services, the Agency will relocate to 659 Cox Creek Parkway, Florence, Alabama 35630. 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 (\$3,379,066 for major medical equipment, \$1,350,305 for new annual operating costs, and \$6,751,537 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.

The Agency is a wholly owned subsidiary of Affinity Hospice Holdings, LLC. No other healthcare facilities or physician groups have any ownership interest in the Agency.

Based upon the above, we respectfully request your determination that Good Samaritan Hospice of Madison, Inc. is not required to obtain a CON in order to complete this 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.

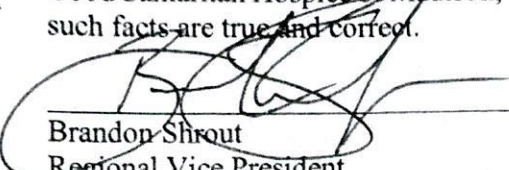
Best regards,

Sydney Willmann

Sydney Willmann

Affirmation of Requesting Party:

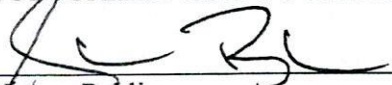
The undersigned, being first duly sworn, hereby makes oath or affirms that he, as Director of Operations, has knowledge of the facts in the attached Reviewability Determination Request for Good Samaritan Hospice of Madison, Inc. and to the best of his information, knowledge and belief, such facts are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



Brandon Shrout
Regional Vice President

(SEAL)

SUBSCRIBED AND SWORN to before me this 5 day of December, 2024.



Notary Public

My commission expires: May 29, 2025

