

LAW OFFICES  
**MELTON, ESPY & WILLIAMS, P.C.**

255 DEXTER AVENUE  
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\* ALSO ADMITTED IN MISSISSIPPI

RV2026-006  
**RECEIVED**  
**Nov 06 2025**

STATE HEALTH PLANNING AND  
DEVELOPMENT AGENCY

OAKLEY W. MELTON, JR.  
(1927-2013)

MAILING ADDRESS:  
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TELEPHONE (334) 263-6621  
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November 6, 2025

*Via Electronic Mail*

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

Re: Request for Reviewability Determination  
Dialysis Clinic, Inc., Decatur

Dear Ms. Marsal:

Our firm represents Dialysis Clinic, Inc., Decatur which is an In-Center Hemodialysis provider with 24 In-Center Hemodialysis Stations in Decatur, Morgan County, Alabama.

The purpose of this letter is to request your determination, pursuant to Section 410-1-7-.02 of the Alabama Certificate of Need Program Rules & Regulations ("Regulations"), that Dialysis Clinic, Inc., Decatur is not required to obtain a Certificate of Need ("CON") from the State Health Planning and Development Agency ("SHPDA") to add Home Hemodialysis Training and Support as a new modality to its existing clinic in Decatur, Morgan County, Alabama. The services to be provided are as follows:

**Home Hemodialysis:**

Home hemodialysis is a modality where blood is filtered outside of a patient's body through a dialyzer or "artificial kidney" to remove unwanted waste, toxins and excess fluids. Hemodialysis uses a solution called dialysate to remove unwanted substances from the blood. Clean, chemically balanced blood is then returned to the patient's body. The patient and/or their caregiver perform the home hemodialysis in the comfort of their home. The patient and/or caregiver are required to participate in a robust training program that will be conducted at DCI- Decatur. After the training is performed, each patient will perform the dialysis in their respective home.

The above training is being requested in Morgan County at Dialysis Clinic, Inc., 1601 6<sup>th</sup> Ave. S.E., Decatur, AL 35601. Thereafter, the patient(s) will perform the home hemodialysis in their respective homes.

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State Health Planning and Development Agency  
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This Project will not exceed any of the CON expenditure thresholds specified in Section 410-1-2-.07 of the Regulations - \$3,436,510 for major medical equipment, \$1,373,260 for new annual operating costs, and \$6,866,313 for any other capital expenditures. There will be no costs for major medical equipment, no new annual operating costs, and no costs for capital expenditures.

This proposal does not involve the addition of new inpatient beds, the conversion of existing inpatient beds from one category to another and does not result in the provision of any new institutional health services that would require the issuance of a CON.

Dialysis Clinic, Inc., Decatur's primary service area is Morgan County, but a small percentage of patients do come from Cullman and Lawrence Counties. Dialysis Clinic, Inc. is a non-profit corporation, and no other healthcare facilities or groups have a financial interest in Dialysis Clinic, Inc., Decatur.

In accordance with SHPDA Rule 410-1-7-.02, the filing fee of \$1,000 for this Letter of Non-Reviewability has been paid via the SHPDA electronic payment portal.

Based on the above, we respectfully request your determination that Dialysis Clinic, Inc., Decatur is not required to obtain a CON in order to complete the above-described Project. We certainly appreciate your consideration of this request and please feel free to contact me if you need further information or have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'CMB', with a long horizontal flourish extending to the right.

C. Mark Bain

CMB/lmr

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State Health Planning and Development Agency  
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The undersigned, being first duly sworn, hereby makes oath or affirms that she is the Area Operations Director for Dialysis Clinic, Inc., Decatur, has knowledge of the facts in this request, and to the best of her information, knowledge and belief, such facts are true and correct.

Affiant,

Misty Folds  
MISTY FOLDS  
Area Operations Director

SWORN TO and subscribed before me  
on this the 5<sup>th</sup> day of November, 2025

[Signature]  
NOTARY PUBLIC

My Commission Expires: 02/25/2026



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100 North Union Street, Suite 870  
Montgomery, Alabama 36104

Re: Dialysis Clinic, Inc., Decatur  
RV2026-006

Dear Ms. Marsal:

Thank you for your correspondence dated November 12, 2025, and please allow this letter to serve as the response from Dialysis Clinic, Inc., Decatur.

Specifically, you have asked for the Agency to be provided with the "number of stations proposed for the new home hemodialysis training program." In response, Dialysis Clinic, Inc., Decatur submits that the proposed home hemodialysis training will be provided in one of the existing stations now used for peritoneal dialysis training. Should this Project go forward, the existing station in question will continue to be used for peritoneal dialysis training but when the need arises will also be used for home hemodialysis training. Please know that training for peritoneal dialysis and home hemodialysis will not be provided at the same time.

I hope this response meets with your approval and please do not hesitate to call or write should you require any additional information.

Sincerely,

*C. Mark Bain*

C. Mark Bain

CMB/lmr