RV2026-020
RECEIVED
Jul 31 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

July 31, 2026

Sent via email: SHPDA.online@SHPDA.Alabama.gov

AL State Health Planning & Development Agency
RSA Union Building
100 N Union Street, Suite 870
Montgomery, AL 36104

Re: Letter of Non-Reviewability (PTAN #: 01-1549)

To Whom It May Concern:

We are writing this letter of non-reviewability to alert SHPDA of a change/closure in locations for Homestead Hospice of Cahaba, LLC. Due to lease terminations and safety concerns for our staff, we are closing down our primary CON location office located at 3005 Citizens Pwky, Selma, AL 36701, effective September 1, 2026. With the closing of this office, our current branch office, located at 1839 Glynwood Drive, Prattville, AL 36066, will become the primary location for the CON. Additionally, our other branch office located at 1 Independence Square Medical Center Complex, Suite B, Butler, AL 36904, will remain open and operational as a branch location.

Though we are transitioning the primary CON location, there will be no changes to our scope of services, service area, ownership, or any other operational changes. The provider will operate as normal and staff will remain the same, promoting continuity in current patient care and no disruption of services.

If you have any questions or if you need any additional information, please do not hesitate to contact Alison Ray at licensing@vitalcaring.com or (832) 692-9316.

Sincerely,

Chris Walker
Chief Financial Officer
VitalCaring Group

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 correc

    Affiant _____ (SEAL)

    SUBSCRIBED AND SWORN to before me this 31 day of July 2024

    _____ My commission expires 2-15-2030

    Notary Public

DIANA JINKS
My Notary ID # 133589197
Expires February 15, 2030

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.

RV2026-020
RECEIVED
Sep 11 2026
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

September 10, 2026

Sent via email: SHPDA.online@SHPDA.Alabama.gov

AL State Health Planning & Development Agency
RSA Union Building
100 N Union Street, Suite 870
Montgomery, AL 36104

Re: Letter of Non-Reviewability Corrections (PTAN #: 01-1549)

To Whom It May Concern:

We received a request for corrections on our original Letter of Non-Reviewability dated 07/31/2026. Please see responses to corrections below.

1. Certificate of Need number associated with this request is CON 047-P2434.

2. We are closing down our primary CON location/administrative office located at 3005 Citizens Pwky, Selma, Dallas County, AL 36701, effective September 1, 2026. With the closing of this office, our current branch office, located at 1839 Glynwood Drive, Prattville, Autauga County, AL 36066, will become the primary location for the CON.

3. Correct, the aforementioned "primary" CON office located in Selma, AL is considered the administrative office for Homestead Hospice of Cahaba, LLC.

4. The facility directory names of *Traditions Health of Prattville* and *Traditions Health of Selma* are the location specific DBAs of Homestead Hospice of Cahaba, LLC. As each location is individually licensed within the AL Department of Public Health, the offices needed unique names attached to each individual address/location per the department. The legal name for both locations is Homestead Hospice of Cahaba, LLC.

5. There are no other financial interests in Homestead Hospice of Cahaba, LLC held by any other healthcare facilities or group.

6. As this is a closure of a current operating office, we do not anticipate any costs for this project.

If you have any questions or if you need any additional information, please do not hesitate to contact Alison Ray at licensing@vitalcaring.com or (832) 692-9316.

Sincerely,

Chris Walker (Sep 10, 2026 17:04:59 CDT)

Chris Walker
Chief Financial Officer
VitalCaring Group
Chris.Walker@vitalcaring.com

SLH - SHPDA Letter of Non-Reviewability - Corrections

Final Audit Report 2026-09-10

Created:	2026-09-10
By:	Alison Ray (Alison.Ray@vitalcaring.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA4S1Ai6pweO-KmGIbP3hESPNPIZh_bcjX

"SLH - SHPDA Letter of Non-Reviewability - Corrections" History

Document created by Alison Ray (Alison.Ray@vitalcaring.com)
2026-09-10 - 9:54:19 PM GMT

Document emailed to Chris Walker (chris.walker@vitalcaring.com) for signature
2026-09-10 - 9:55:00 PM GMT

Email viewed by Chris Walker (chris.walker@vitalcaring.com)
2026-09-10 - 9:55:13 PM GMT

Document e-signed by Chris Walker (chris.walker@vitalcaring.com)
Signature Date: 2026-09-10 - 10:04:59 PM GMT - Time Source: server - Signature Appearance Selected: DRAW

Agreement completed.
2026-09-10 - 10:04:59 PM GMT