



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE OF INTENDED ACTION

AGENCY NAME: STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
(Statewide Health Coordinating Council)

RULE NO. & TITLE: 410-2-5-.05 Application for State Health Plan Adjustment
(Organizational Outline to be Used)

INTENDED ACTION:

The State Health Planning and Development Agency (Statewide Health Coordinating Council) proposes to amend the above styled section of the *Alabama State Health Plan*.

SUBSTANCE OF PROPOSED ACTION:

This proposed amendment clarifies the criteria that should be submitted when filing an Application for State Health Plan Adjustment.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

In response to this Proposed Rule, all interested persons are invited to submit data, views, comments and/or arguments, orally or in writing. Any and all such data, comments, arguments and/or requests to orally address the SHCC shall be made in writing on or before May 8, 2017, and shall be made to:

Nicole Horn, Executive Secretary
State Health Planning and Development Agency
P. O. Box 303025
Montgomery, Alabama 36130-3025

On June 2, 2017, at 10:00 a.m., the SHCC shall conduct a public hearing in the Old Archives Chamber, Second Floor, State Capitol, Montgomery, Alabama, at which time it shall consider the Proposed Rule, along with all written and oral submissions with respect to the Proposed Rule. Only those interested persons who have made timely written requests will be afforded the opportunity to speak.


Copies of the proposed changes are available for review at 100 North Union Street, RSA Union Building, Suite 870, Montgomery, Alabama. Phone (334) 242-4103 or visit the office Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding State holidays.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

May 8, 2017

CONTACT PERSON AT AGENCY:

Nicole Horn, Executive Secretary
100 North Union Street
RSA Union, STE 870
Montgomery, AL 36104
(334) 242-4103



Alva M. Lambert, Executive Director

410-2-5-.05 Application for State Health Plan Adjustment (Organizational Outline to be Used)

1. Requirements

(1) Applicant Identification. Name of applicant, address, telephone number, contact person, fee and proof of publication of a notice of the proposed adjustment and the SHCC hearing or meeting scheduled to consider the adjustment in a newspaper having general circulation in the county in which the proposed adjustment is requested as well as any other county in the service area for which the adjustment is proposed. An application for a Plan Adjustment must be filed in accordance with SHPDA Rule 410-1-3-.09, and accompanied by the administrative fee specified in Rule 410-2-5-.04(c)(5). The application must include the name of the applicant, physical address, telephone number, the contact person and their mailing address, telephone number, and e-mail address.

(2) Project Description. Provide a narrative statement explaining the nature of the request, with details of the plan adjustment desired. (If the request is for additional beds, indicate the number and type, i.e., Psychiatric, Rehabilitation, Pediatric, Nursing Home, etc.) The narrative should address availability, accessibility, cost, and quality of the health care in question, and state with specificity the proposed language of the adjustment.

(3) Service Area. Describe the geographical area to be served. (Provide a 8½" x 11" map of the service area. The map should indicate the location of other similar like health care facilities in the area.)

(4) Population Projections. Provide population projections for the service area. In the case of beds for a specific age group, such as pediatric beds or nursing home beds, be sure to document the existence of the affected population. An example for nursing home beds would be the number of persons 65 and older. The applicant must include the source of all information provided.

(5) Present a summary of industry currently existing that anticipates major expansion and new industries projected for the area. Include names of industries and estimated number of people projected to be employed. Need for the Adjustment. Address the current need methodology. If the application is to increase beds or services in a planning area, give evidence that those beds or services have not been available and/or accessible to the population of the area.

(6) Current and Projected Utilization. Provide current and projected utilization of similar facilities or services within the proposed service area. If the application is to increase beds or services in a planning area, give evidence that those beds or services have not been available and/or accessible to the population of the area. Provide names of individuals denied services.

~~(7) Give the names and specialties of all physicians committed to practice in the area, their location, and if possible, their opinion of the proposed adjustment.~~

(78) If additional staffing will be required to support the additional need, indicate the availability of such staffing.

(89) Effect on Existing Facilities or Services. Address the impact this plan adjustment will have on other facilities in the area both in occupancy and manpower. ~~areas.~~

(910) Community Reaction. Give evidence of project support demonstrated by local community, civic and other organizations. (Testimony and/or comments regarding plan adjustment provided by community leaders, health care professionals, and other interested citizens.)

(104) Provide any other information or data available ~~you so desire~~ in justification of ~~the your~~ plan adjustment request.

Author: Statewide Health Coordinating Council (SHCC).

Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.

History: Effective November 22, 2004. Amended: Filed _____; effective: _____.