



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

August 31, 2015



Honorable Robert Bentley, Governor
State of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Bentley:

At the August 28, 2015 meeting of the Statewide Health Coordinating Council (SHCC), the SHCC adopted the attached adjustment to Section 410-2-4-.08(5) of the 2014-2017 Alabama State Health Plan. This proposed adjustment allows for the addition of ten (10) inpatient rehabilitation beds in Russell County.

This rule was processed in accordance with the State Health Plan and the Alabama Administrative Procedure Act. Rule 410-2-5-.04(4)(d) of the State Health Plan provides that a plan adjustment shall be deemed disapproved by the Governor if not acted upon within fifteen (15) days. Upon your approval, the adjustment will be added to Section 410-2-4-.08(5) of the 2014-2017 Alabama State Health Plan. An additional adjustment to Section 410-2-4-.08(5) for Chambers County was also approved by the SHCC at the August 28, 2015 meeting, and is being forwarded for your approval under separate cover.

You have the approval/disapproval authority for the Alabama State Health Plan and all amendments/adjustments thereto. I recommend your approval.

Call me at 242-4103 if you have questions about this proposed adjustment.

Sincerely,

Alva M. Lambert (handwritten signature)

Alva M. Lambert
Executive Director

Attachment: as stated

APPROVED: Robert Bentley (handwritten signature)
Gov. Robert Bentley

Date August 31st 2015

DISAPPROVED: Gov. Robert Bentley

Date

THE UNIVERSITY OF CALIFORNIA
LIBRARY
DIVERSITY AND INCLUSION

The University of California is committed to creating a diverse and inclusive environment for all members of our community. We believe that diversity and inclusion are essential to our success as an institution of higher learning. We are committed to providing equal opportunities for all individuals, regardless of their race, ethnicity, gender, sexual orientation, or disability. We are committed to fostering a culture of respect, understanding, and collaboration. We are committed to promoting the well-being and success of all our students, faculty, and staff. We are committed to being a leader in the field of diversity and inclusion. We are committed to making a positive impact on the world.

Director of Diversity and Inclusion
Office of Diversity and Inclusion

Robert R. Taylor

410-2-4-.08 **Inpatient Physical Rehabilitation**

(1) **Definition.** Inpatient physical rehabilitation services are those designed to be provided on an integrated basis by a multidisciplinary rehabilitation team to restore the disabled individual to the highest physical usefulness of which he is capable. These services may be provided in a distinct part unit of a hospital, as defined in the Medicare and Medicaid Guidelines, or in a free-standing rehabilitation hospital.

(2) **General.** Rehabilitation can be viewed as the third phase of the medical care continuum, with the first being the prevention of illness, the second, the actual treatment of disease, and the third, rehabilitation or a constructive system of treatment designed to enable individuals to attain their highest degree of functioning. In many cases, all three phases can occur simultaneously. For the purposes of this section of the State Health Plan, only the need and inventory of inpatient rehabilitation facilities will be addressed.

(3) **Need Determination.** The Statewide Health Coordinating Council (SHCC) has determined that there is a need for 12 rehabilitation beds per 100,000 population for each region (see Table I).

(4) **Planning Policies**

(a) **Planning Policy**

Regional occupancy for the most recent reporting year should be at least 75% before the SHCC gives consideration to any requests for plan adjustments for additional bed capacity.

(b) **Planning Policy**

Conversion of existing hospital beds to rehabilitation beds should be given priority consideration over new construction when the conversion is significantly less costly and the existing structure can meet licensure and certification requirements.

(5) **Accessibility-Distribution.** Inpatient Rehabilitation services appear to be well distributed in the most populous regions of Alabama, with the exception of Region V, the largest of the seven planning regions. The SHCC, through the adjustment process in August of 2005, recognized the need for 5 additional rehabilitation beds to be located in Houston County. Future consideration should be given to locating a unit in Dallas County to serve the western counties of Region V. Notwithstanding anything to the contrary, recognizing the need for additional inpatient rehabilitation hospital beds in Russell County, the SHCC, through the adjustment process in August of 2015, adjusted the planning policy to recognize the need for ten (10) additional inpatient rehabilitation beds to be located in Russell County, Alabama.

Author: Statewide Health Coordinating Council (SHCC).

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

History: Effective November 22, 2004; Amended: August 30, 2005; Filed June 30, 2006; Effective: August 4, 2006.