



## BALCH & BINGHAM LLP

Alabama • Georgia • Mississippi • Washington, D.C.

# HEALTHCARE BULLETIN

*December 12, 2007*

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## PROPOSED REVISIONS TO SECTION 410-2-.4.-07, HOME

### HEALTH, OF THE

### 2004-2007 ALABAMA STATE HEALTH PLAN

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The SHCC Home Health Committee met today to review the proposed revisions to Section 410-2-.4.-07, Home Health, of the 2004-2007 Alabama State Health Plan. These proposed revisions modify the definition of "home health agency" and change the need methodology. SHCC is now accepting written comments regarding the proposed rule. Although there is no formal deadline for comments, SHCC requests that any comments be submitted as early as possible. A copy of the proposed rule is attached along with a redline comparison to the existing rule.

Should you have any questions or need further information, please do not hesitate to contact the persons listed below.

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**PROPOSED**

**CLEAN**

**HOME HEALTH SECTION**

**410-2-4-.07**

**2007-2010 SHP**

410-2-4-.07 **Home Health**

(1) **Definitions**

(a) **Home Health Agency.** Home health agency is an organization that is primarily engaged in providing skilled nursing services and other therapeutic services. Services are provided on an intermittent basis. Each visit should be less than four hours in duration. Any visit made to or procedures performed on a patient's at their home should only be made upon a physician's written order. Home health providers should/shall provide the following minimum services, including, but not limited to, skilled nursing care, personal care, physical therapy, occupational therapy, speech therapy, medical social services, and medical supplies services.

(b) **Home Health Care.** Home health care is that component of a continuum of comprehensive health care whereby intermittent health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness. Services appropriate to the needs of the individual patient and family are planned, coordinated, and made available by providers organized for the delivery of home health care through the use of employed staff, contractual arrangements, or a combination of employed staff and contractual arrangements. Home health care agencies are certified (approved) by the Centers for Medicare and Medicaid Services (CMS) for the provision of Home Health Services to Medicare and Medicaid recipients. There is no licensure requirement for home health agencies in Alabama.

(c) **Home Health Services.** Home health services are made available based upon patient care needs as determined by an objective patient assessment administered by a multidisciplinary team or a single health professional. Centralized professional coordination and case management are included. These services are provided under a plan of treatment certified by a physician that may include, but is not limited to, appropriate service components, such as medical, nursing, social work, respiratory therapy, physical therapy, occupational therapy, speech therapy, nutrition, homemaker home health aide service, and provision of medical equipment and supplies.

(d) Section 22-21-265, Code of Alabama 1975, allows an existing home health agency to accept referrals from a county which is contiguous to the county where the CON is held ~~provided that~~ (see the referenced section above for restrictions as provided in the section with regards to contiguous counties.)

(2) **Inventory of Existing Resources**

(a) The State Health Planning and Development Agency annually compiles several home health agency reports and identifies counties which are in possible need of an additional agency. These publications are available for a fee upon request.

### 3. Planning Policy -- (Availability)

Home health visits are scheduled on an intermittent basis and must be available seven days a week at such times as may be ordered by referring physicians. While availability must include provision for weekend and evening services, emergency services are not within the scope or purpose of home health providers.

#### (4) Accessibility

(a) Home health services must be obtainable by the general public in every county in the state.

(b) Because physicians and other referral sources are sometimes unfamiliar with the total scope of services offered by home health providers, patients' accessibility is also limited by failure to refer appropriately to home health services. Every agency should provide an active community information program to educate consumers and professionals to the availability, nature, and extent of home health services.

(c) Because services are provided in patients' own homes, accessibility to services is not dependent upon physical or geographic accessibility to the home health provider's offices. The essential characteristics are location of staff in proximity to patients' places of residence and telephone accessibility of the provider to patients, physicians, and other referral sources.

#### (5) Acceptability and Continuity

(a) Acceptability is the willingness of consumers, physicians, discharge planners, and others to use home health services as a distinct component of the health care continuum.

(b) Continuity reflects a case management approach that allows patient entry into the health care continuum at the point that ensures delivery of appropriate services. Home health care provides a balanced program of clinical and social services, and may serve as a transitional level of care between inpatient treatment and infrequent physician office visits. Home health also extends certain intensive, specialized treatments into the home setting.

#### (c) Planning Guides and Policies

##### 1. Planning Guide

Home health providers shall maintain referral contacts with appropriate community providers of health and social services, to facilitate continuity of care and to coordinate services not provided directly by the home health provider.

## 2. Planning Policy

Home health providers must furnish discharge-planning services for all patients.

### (6) Quality

(a) Quality is that characteristic, which reflects professionally appropriate and technically adequate patient services.

(b) Those entities, which are Medicare/Medicaid certified, are required to meet Quality Assurance Standards. There is no quality assurance requirement for those providers who are not Medicare/Medicaid certified.

(c) The state home health industry, through development of ethical standards and a peer review process, can foster provision of quality home health care services. Each provider must establish mechanisms for quality assurance, including procedures for resolving concerns identified by patients, physicians, families or others involved in patient referral or patient care.

### (7) Cost

(a) When appropriate to a patient's level of care requirements, home health services are usually the most cost effective form of professional care. Cost effectiveness refers to the optimum use of all health and a health-related resource in a manner which covers costs associated with the services and at the same time makes the services affordable.

(b) Cost of home health services is influenced by many factors, including intensity and types of services provided, organizational structure, availability of trained personnel and patient visit volume.

### (c) Planning Policies

#### 1. Planning Policy

The county will be the geographic unit for need determination, based upon population.

## 2. Home Health Need Methodology

(i) **Purpose.** The purpose of this home health need methodology is to identify, by county, the number of home health agencies needed to assure the continued availability, accessibility, and affordability of quality home health care for residents of Alabama.

(ii) **Basic Methodology** To determine need and to statically update the *Alabama State Health Plan* to accurately reflect this need a weighted three year average based upon average visits per a weighted (25% population under 65 years of age, and 100% population 65 and older) total population will be utilized to determine need broke down by county. The average visits data comes from the annual Home Health reports HH-2 report. Additionally a county will not be shown as having a possible need unless the number required to bring the county up to the set number of persons served is at a minimum 125 new persons.

The need formula is as follows:

STEP 1

1. Current year total persons served DIVIDED BY statewide population under 65 MULTIPLIATED BY 1,000 MULTIPLIATED BY 0.25
2. Current year total persons served DIVIDED BY statewide population 65+ MULTIPLIATED BY 1,000 MULTIPLIATED BY 1.0
3. Sum the total of the above numbers
  
4. Previous year total persons served DIVIDED BY statewide population under 65 MULTIPLIATED BY 1,000 MULTIPLIATED BY 0.25
5. Previous year total persons served DIVIDED BY statewide population 65+ MULTIPLIATED BY 1,000 MULTIPLIATED BY 1.0
6. Sum the total of the above numbers
  
7. Current year minus 2 years total persons served DIVIDED BY statewide population under 65 MULTIPLIATED BY 1,000 MULTIPLIATED BY 0.25
8. Current year minus 2 years total persons served DIVIDED BY statewide population 65+ MULTIPLIATED BY 1,000 MULTIPLIATED BY 1.0
9. Sum the total of the above numbers
  
10. Continue on to STEP 2

STEP 2

1. current year adjusted average persons served \* 3
2. previous year adjusted average persons served \* 2
3. current year minus 2 years adjusted average persons served \* 1
4. DIVIDE by 6
5. Projected Need

This number can be rounded using standard mathematical rounding.

Current Need: (Example)

STEP 1

Year	Total Persons Served	Population Under 65	Population 65+	Persons under 65 /1,000	Persons 65+ /1,000	Total
2005	96,016	4,031,908	612,598	6	157	163
2004	89,744	3,998,984	606,037	6	148	154
2003	84,586	3,966,067	599,479	5	141	146

STEP 2

Year	Formula	Total
2005	163 * 3	489
2004	154 * 2	308
2003	146 * 1	146
Total:		943
Divided by 6		157
Weighted Need for 2005		157

Author: Statewide Health Coordinating Council (SHCC).  
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.  
History: Effective

For a listing of Home Health Agencies or the most current statistical need projections in Alabama you may contact the Data Division as follows:

**MAILING ADDRESS**  
(U.S. Postal Service)

PO BOX 303025  
MONTGOMERY AL 36130-3025

**TELEPHONE:**  
(334) 242-4103

**E-Mail:**  
[info@shpda.alabama.gov](mailto:info@shpda.alabama.gov)

**STREET ADDRESS**  
(Commercial Carrier)

100 NORTH UNION STREET  
STE 870  
MONTGOMERY AL 36104

**FAX:**  
(334) 242-4113

**Website:**  
<http://www.shpda.alabama.gov>

**PROPOSED**  
**HOME HEALTH SECTION**

**410-2-4-.07**

**2007-2010 SHP**

410-2-4-.07 **Home Health**

(1) **Definitions**

(a) **Home Health Agency.** Home health agency is an organization that is primarily engaged in providing skilled nursing services and other therapeutic services. Services are provided on an intermittent basis. Each visit should be less than four hours in duration. Any visit made to or procedures performed on a patient's at their home should only be made upon a physician's written order. Home health providers should/shall provide the following minimum services, including, but not limited to, skilled nursing care, personal care, physical therapy, occupational therapy, speech therapy, medical social services, and medical supplies services.

(b) **Home Health Care.** Home health care is that component of a continuum of comprehensive health care whereby intermittent health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness. Services appropriate to the needs of the individual patient and family are planned, coordinated, and made available by providers organized for the delivery of home health care through the use of employed staff, contractual arrangements, or a combination of employed staff and contractual arrangements. Home health care agencies are certified (approved) by the Centers for Medicare and Medicaid Services (CMS) for the provision of Home Health Services to Medicare and Medicaid recipients. There is no licensure requirement for home health agencies in Alabama.

(c) **Home Health Services.** Home health services are made available based upon patient care needs as determined by an objective patient assessment administered by a multidisciplinary team or a single health professional. Centralized professional coordination and case management are included. These services are provided under a plan of treatment certified by a physician that may include, but is not limited to, appropriate service components, such as medical, nursing, social work, respiratory therapy, physical therapy, occupational therapy, speech therapy, nutrition, homemaker home health aide service, and provision of medical equipment and supplies.

(d) Section 22-21-265, Code of Alabama 1975, allows an existing home health agency to accept referrals from a county which is contiguous to the county where the CON is held ~~provided that~~ (see the referenced section above for restrictions as provided in the section with regards to contiguous counties.)

~~1. The county of the referral is contiguous to a county for which the home health agency held a certificate of need or an exemption granted pursuant to the provisions of Section 22-21-263, Code of Alabama, 1975.~~

~~2. The home health agency establishes no branch office in the county of the referral.~~

~~3. The home health agency incurs no capital expenditures in the county of the referral in excess of five hundred dollars (\$500.00).~~

~~The home health agency shall notify the SHPDA that it has begun accepting referrals from a county contiguous to its service area within 14 days of the receipt of the first referral from the contiguous county. No notice to the SHPDA shall be required related to subsequent referrals in the same contiguous county. The SHPDA shall take steps to provide for the inclusion of statistical information related to the service to referrals outside the Medicare certified service area in its annual statistical reports. The SHPDA shall charge the home health agency no fee for servicing referrals outside the service area.~~

(2) Inventory of Existing Resources

(a) ~~As of October 2003, home health services were being provided in all 67 counties by a total of 141 home health agencies (31 county or district public health programs and 110 private, non-profit, voluntary and proprietary agencies). The State Health Planning and Development Agency annually compiles several home health agency reports and identifies counties which are in possible need of an additional agency. These publications are available for a fee upon request.~~

(b) ~~The State Health Planning and Development Agency (SHPDA) annually compiles several home health agency reports and identifies counties, which are in possible need of an additional agency. These publications are available for a fee upon request.~~

(3) Availability

(a) ~~Availability denotes the presence of established agencies that have the necessary range of services, hours of operation, and staff to serve home health care patients in every county of the state.~~

(b) Planning Guides and Policies

1. Planning Guide

~~Home health services shall be available to patients in every county of the state.~~

2. Planning Policy (Accessibility)

~~No new provider shall be approved for a CON unless it assures provision of a minimum range of home health services, including, but not limited to, skilled nursing care, personal care, physical therapy, occupational therapy, speech therapy, medical social services, and medical supplies.~~

### 3. Planning Policy – (Availability)

Home health visits are scheduled on an intermittent basis and must be available seven days a week at such times as may be ordered by referring physicians. While availability must include provision for weekend and evening services, emergency services are not within the scope or purpose of home health providers.

#### (4) Accessibility

(a) Home health services must be obtainable by the general public in every county in the state.

(b) Because physicians and other referral sources are sometimes unfamiliar with the total scope of services offered by home health providers, patients' accessibility is also limited by failure to refer appropriately to home health services. Every agency should provide an active community information program to educate consumers and professionals to the availability, nature, and extent of home health services.

(c) Because services are provided in patients' own homes, accessibility to services is not dependent upon physical or geographic accessibility to the home health provider's offices. ~~On the contrary~~ The essential characteristics are location of home health visiting staff in proximity to patients' places of residence and telephone accessibility of the provider to patients, physicians, and other referral sources.

#### (5) Acceptability and Continuity

(a) Acceptability is the willingness of consumers, physicians, discharge planners, and others to use home health services as a distinct component of the health care continuum.

(b) Continuity reflects a case management approach that allows patient entry into the health care continuum at the point that ensures delivery of appropriate services. Home health care provides a balanced program of clinical and social services, and may serve as a transitional level of care between inpatient treatment and infrequent physician office visits. Home health also extends certain intensive, specialized treatments into the home setting.

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Home health providers must furnish discharge-planning services for all patients.

(6) Quality

(a) Quality is that characteristic, which reflects professionally appropriate and technically adequate patient services.

(b) Those entities, which are Medicare/Medicaid certified, are required to meet Quality Assurance Standards. There is no quality assurance requirement for those providers who are not Medicare/Medicaid certified.

~~(c) Medicare certification is required in order to provide services to Medicare, Medicaid or persons with private insurance.~~

(dc) The state home health industry, through development of ethical standards and a peer review process, can foster provision of quality home health care services. Each provider must establish mechanisms for quality assurance, including procedures for resolving concerns identified by patients, physicians, families or others involved in patient referral or patient care.

~~1. Planning Policy~~

~~Entities providing home health care shall develop internal quality assurance and grievance procedures.~~

(7) Cost

(a) When appropriate to a patient's level of care requirements, home health services are usually the most cost effective form of professional care. Cost effectiveness refers to the optimum use of all health and a health-related resource in a manner which covers costs associated with the services and at the same time makes the services affordable.

(b) Cost of home health services is influenced by many factors, including intensity and types of services provided, organizational structure, availability of trained personnel and patient visit volume.

~~(c) Planning Guide~~

~~Home health providers should be encouraged to achieve a utilization level, which promotes cost effective service delivery.~~

~~(8) Needs Assessment~~

~~(a) Actual demand for home health care services from county to county is affected by a mix of far more factors than can be considered separately in any needs methodology calculation. These factors may include, but are not limited to:~~

- ~~1. number and percentage of elderly population;~~
- ~~2. number and percentage of disabled population;~~
- ~~3. number and percentage of non-white population;~~
- ~~4. population density per square mile;~~
- ~~5. urban/rural character of county;~~
- ~~6. transportation availability (public and individual auto ownership per thousand);~~
- ~~7. average educational level of population;~~
- ~~8. average income level of population;~~
- ~~9. local customs/mores of cultural or ethnic group;~~
- ~~10. availability of other health services and personnel, including physicians;~~
- ~~11. coverage provisions of third-party insurers of local population groups (Medicare, Medicaid, Blue Cross, etc.);~~
- ~~12. actual case load factors by licensed providers.~~

~~(b) Every county in Alabama has had home health services available for at least 25 years, and some have had services for nearly 50 years. The number of authorized providers per county varies significantly from two in many rural counties to thirteen *nineteen* in Jefferson County. The actual number of visits per agency has a wider variance, with some rural agencies under 1,000 annual visits and one multi-county provider making nearly 600,000 visits in one county alone. Therefore, a need methodology that projects a finite number of agencies needed per county based on existing utilization and an optimum number of visits per agency, as in the past, does not appear to be the best approach for Alabama.~~

(c) Planning Policies

1. Planning Policy

The county will be the geographic unit for need determination, based upon population.

2. Planning Policy - (Population)

Any county below the set number of persons served per a weighted (25% population under 65 years of age, and 75% population 65 and older) total population 1,000 population 65 and older for SHPDA's most recent annual reporting period may be considered for an additional agency, provided the number of persons required to bring the county up to the set number of persons served per a weighted (25% population under 65 years of age, and 75% population 65 and older) total population 1,000 population 65 and older equals, at a minimum, 100-125 new persons requiring service.

### ~~3. Planning Policy (New Providers)~~

~~When a new provider is approved for a county, that provider will have twelve months from the date the Certificate of Need is issued to bring the county up to the set number of persons served per 1,000 population 65 and older. At the end of the twelve-month period the number of persons served by the new provider during the twelve-month period will be determined. This number will be added to the number contained in the State Health Plan and the level of service in the county will then be recalculated. If the county is still below the set number of persons served per 1,000 population 65 and older, other agencies may then apply, and one additional provider may be approved, provided the number of persons required to bring the county up to the set number of persons served per 1,000 population 65 and older equals, at a minimum, 100 new persons.~~

*This policy is being removed due to the coverage allowed by contiguous county.*

### ~~4. Planning Policy (Existing Providers)~~

~~If an existing provider ceases to operate in a county, the number of persons served by the closing agency will be deducted and the need will be recalculated. If the county then falls below the projected need, an additional agency may be approved, provided the number of persons required to bring the county up to the set number of persons served per 1,000 population 65 and older equals, at a minimum, 100 persons.~~

*This policy is being removed due to the coverage allowed by contiguous county.*

### 5-2. Home Health Need Methodology

(i) Purpose. The purpose of this home health need methodology is to identify, by county, the number of home health agencies needed to assure the continued availability, accessibility, and affordability of quality home health care for residents of Alabama.

(ii) Basic Methodology. To determine need and to statically update the State Health Plan to accurately reflect this need a weighted three year average based upon average visits per 1,000 population 65 and older will be utilized to determine need broke down by county. To determine need and to statically update the *Alabama State Health Plan* to accurately reflect this need a weighted three year average based upon average visits per a weighted (25% population under 65 years of age, and 100% population 65 and older) total population will be utilized to determine need broke down by county. The average visits data comes from the annual Home Health reports HH-2 report. Additionally a county will not be shown as having a possible need unless the number required to bring the county up to the set number of persons served is at a minimum 125 new persons.

The need formula is as follows:

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6. Sum the total of the above numbers
  
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9. Sum the total of the above numbers
  
10. Continue on to STEP 2

**STEP 2**

1. current year adjusted average persons served \* 3
2. previous year adjusted average persons served \* 2
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4. DIVIDE by 6
5. Projected Need

This number can be rounded using standard mathematical rounding.

Current Need: (Example)

**STEP 1**

Year	Total Persons Served	Population Under 65	Population 65+	Persons under 65 /1,000	Persons 65+ /1,000	Total
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**E-Mail:  
info@shpda.alabama.gov**

**STREET ADDRESS  
(Commercial Carrier)**

**100 NORTH UNION STREET  
STE 870  
MONTGOMERY AL 36104**

**FAX:  
(334) 242-4113**

**Website:  
<http://www.shpda.alabama.gov>**

COUNTY ASSESSMENT OF NEED FOR HOME HEALTH AGENCIES

	PERS SERV	POP Under 65 2,005	POP 65 + 2005	TOTAL POP 2005	PERS SERV/ 1,000 Under 65	PERS SERV/ 1,000 65 +	PERS SERV/ 1,000 TOTAL	PERS NEEDED TO = 157	METHODOLOGY CONCLUSION
AUTAUGA	779	43,234	5,381	48,615	5	145	149	381	Possibly Underserved
BALDWIN	3,338	136,183	26,193	162,376	6	127	134	896	Possibly Underserved
*BARBOUR	769	26,530	3,964	30,494	7	194	201		
*BIBB	582	20,098	2,716	22,814	7	214	222		
BLOUNT	874	49,748	7,600	57,348	4	115	119	452	Possibly Underserved
*BULLOCK	241	10,417	1,512	11,929	6	159	165		
*BUTLER	709	17,601	3,459	21,060	10	205	215		
CALHOUN	2,552	95,720	16,367	112,087	7	156	163		
*CHAMBERS	711	30,564	5,840	36,404	6	122	128	212	Possibly Underserved
*CHEROKEE	393	21,675	4,501	26,176	5	87	92	194	Possibly Underserved
*CHILTON	893	37,810	5,662	43,472	6	158	164		
*CHOCTAW	374	13,343	2,528	15,871	7	148	155	77	**
*CLARKE	709	24,097	4,056	28,153	7	175	182		
*CLAY	350	12,238	2,541	14,779	7	138	145	69	**
*CLEBURNE	279	12,656	2,119	14,775	6	132	137	92	**
*COFFEE	914	38,451	6,669	45,120	6	137	143	260	Possibly Underserved
COLBERT	1,341	47,404	8,858	56,262	7	151	158		
*CONECUH	440	11,896	2,205	14,101	9	200	209		
*COOSA	191	10,838	1,864	12,702	4	102	107	99	**
*COVINGTON	1,233	30,998	6,959	37,957	10	177	187		
*CRENSHAW	398	11,392	2,289	13,681	9	174	183		
*CULLMAN	1,758	70,062	12,307	82,369	6	143	149	449	Possibly Underserved
DALE	895	43,274	6,563	49,837	5	136	142	334	Possibly Underserved
*DALLAS	1,191	39,167	6,456	45,623	8	184	192		
*DEKALB	1,398	60,400	9,477	69,877	6	148	153	417	Possibly Underserved
ELMORE	1,164	65,861	8,062	73,923	4	144	149	592	Possibly Underserved
*ESCAMBIA	1,018	33,986	5,553	39,539	7	183	191		
ETOWAH	2,200	88,263	16,542	104,805	6	133	139	571	Possibly Underserved
*FAYETTE	487	15,526	3,152	18,678	8	155	162		
*FRANKLIN	952	28,024	4,884	32,908	8	195	203		
*GENEVA	774	22,202	4,459	26,661	9	174	182		
*GREENE	285	8,349	1,462	9,811	9	195	203		
*HALE	477	15,723	2,332	18,055	8	205	212		
*HENRY	394	13,930	2,738	16,668	7	144	151	80	**
HOUSTON	1,696	78,776	12,944	91,720	5	131	136	586	Possibly Underserved
*JACKSON	1,210	48,607	8,063	56,670	6	150	156	313	Possibly Underserved
JEFFERSON	13,888	580,141	87,131	667,272	6	159	165		
*LAMAR	469	13,351	2,674	16,025	9	175	184		
LAUDERDALE	1,551	77,522	14,149	91,671	5	110	115	624	Possibly Underserved
LAWRENCE	796	31,592	4,596	36,188	6	173	179		
LEE	1,340	117,623	10,501	128,124	3	128	130	1,631	Possibly Underserved
LIMESTONE	1,216	63,159	8,105	71,264	5	150	155	521	Possibly Underserved
*LOWNDES	277	11,977	1,810	13,787	6	153	159		
*MACON	425	20,459	3,258	23,717	5	130	136	158	Possibly Underserved

COUNTY ASSESSMENT OF NEED FOR HOME HEALTH AGENCIES

	PERS SERV	POP Under 65 2,005	POP 65 + 2005	TOTAL POP 2005	PERS SERV/ 1,000 Under 65	PERS SERV/ 1,000 65 +	PERS SERV/ 1,000 TOTAL	PERS NEEDED TO = 157	METHODOLOGY CONCLUSION
MADISON	5,068	259,433	34,462	293,895	5	147	152	2,113	Possibly Underserved
*MARENGO	652	18,820	3,339	22,159	9	195	204		
*MARION	1,001	26,492	5,329	31,821	9	188	197		
*MARSHALL	2,034	75,618	12,672	88,290	7	161	167		
MOBILE	9,053	359,466	49,416	408,882	6	183	189		
*MONROE	660	20,871	3,502	24,373	8	188	196		
MONTGOMERY	4,088	203,586	26,714	230,300	5	153	158		
MORGAN	2,534	101,285	14,703	115,988	6	172	179		
*PERRY	266	9,759	1,760	11,519	7	151	158		
*PICKENS	765	17,766	3,332	21,098	11	230	240		
*PIKE	858	26,870	3,860	30,730	8	222	230		
*RANDOLPH	456	19,869	3,744	23,613	6	122	128	140	Possibly Underserved
RUSSELL	1,015	44,209	6,736	50,945	6	151	156	308	Possibly Underserved
ST. CLAIR	1,392	63,589	8,773	72,362	5	159	164		
SHELBY	1,706	151,634	15,451	167,085	3	110	113	2,132	Possibly Underserved
*SUMTER	351	12,278	1,974	14,252	7	178	185		
*TALLADEGA	1,644	71,934	11,208	83,142	6	147	152	503	Possibly Underserved
*TALLAPOOSA	832	35,405	7,039	42,444	6	118	124	244	Possibly Underserved
TUSCALOOSA	4,258	151,399	18,925	170,324	7	225	232		
*WALKER	2,124	60,902	11,078	71,980	9	192	200		
*WASHINGTON	338	16,246	2,416	18,662	5	140	145	125	Possibly Underserved
*WILCOX	286	11,248	1,780	13,028	6	161	167		
*WINSTON	707	22,362	3,884	26,246	8	182	190		
TOTALS	96,019	4,031,908	612,598	4,644,506	6	157	163		

\*Designated as Rural by the Health Care Financing Administration.

\*\*Under Section 410-2-4-.07 a county will be considered for an additional agency only when the number required to bring the county up to the set number of persons served equals, at a minimum, 125 new person.

**Note:** Counties below 157 persons served per 1,000 weighted total population are possibly underserved, utilizing the three year weighted average methodology.

**Note:** Methodology per *Alabama State Health Plan 2004-2007* Section 410-2-4-.07.

Source: SHPDA HH-2 report for period ending September 30, 2005

27-Nov-07