



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the fifth supplemental State of Emergency for the COVID-19 pandemic, Governor Ivey gave the State Health Planning and Development Agency (Agency) the ability to promulgate rules in order to issue temporary waivers to the normal Certificate of Need (CON) process for providers specifically requiring additional capacity or services directly related to the State of Emergency declared for the COVID-19 pandemic.

The Agency has filed two emergency administrative rules: ALA. ADMIN. CODE r. 410-2-5-.09-E COVID-19 State of Emergency, passed by the Statewide Health Coordinating Council, and ALA. ADMIN. CODE r 410-1-10-.05-E Emergency Provisions Related to COVID-19 Emergency, passed by the Certificate of Need Review Board. Both of these emergency rules can be found on the SHPDA website.

By filling out this attached form, the applicant has requested a temporary waiver under these emergency rules and it has been signed and notarized that this request is directly related to the COVID-19 pandemic. The affirmation by the SHPDA Executive Director is related solely to the addition and/or provision of any beds, stations, or services during the State of Emergency and succeeding 60-day period and does not affirm any permanent CON authority for such request. The affirmation shall also not be considered to be a waiver of any requirements related to the Alabama Department of Public Health or any other regulatory agency.

Pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services or closure of facilities subject to the waiver; or (ii) sixty (60) days following the termination of the State of Emergency as recognized in the Declaration." Furthermore, the rule states, "[a]ny continued operation of institutional health services authorized under a waiver granted pursuant to this section will require a CON, which shall be subject to existing CON criteria and procedures, including compliance with the State Health Plan, without regard to emergency rules adopted by the CON Board or SHCC in response to the Declaration. It is the intent of this subsection that services, facilities or other new institutional health services established as a result a waiver be considered 'new' for purposes of an application for CON authority to extend such new institutional health services beyond the deadlines in this subsection."

In addition, pursuant to ALA. ADMIN. CODE r. 410-2-5-.09-E (4), "new institutional health services authorized on a temporary basis pursuant to a waiver granted under this rule shall not be considered for purposes of the permanent need methodology in the State Health Plan."

For any questions or concerns, please contact the Agency at (334) 242-4103.

MAILING ADDRESS: P.O. BOX 303025, MONTGOMERY, ALABAMA 36130-3025
PHONE: (334) 242-4103 FAX: (334) 242-4113



TW2020-029

RECEIVED

Apr 15 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

To: Emily Marsal (emily.marsal@shpda.alabama.gov)
shpda.online@shpda.alabama.gov

From: Mitch Monsour, FACHE (mitch.monsour@mercatorhealth.com)
Chief Executive Officer 

Subject: Grove Hill Memorial Hospital
10 Bed Swing Bed Service
Emergency Certificate of Need

Date: April 14, 2020

You will find a completed application towards an Emergency Certificate of Need for a 10 Bed Swing Bed Service. We do understand the clinical requirements as well as the physical plant requirements. I will be pleased to address any follow-up questions or comments you may have in these matters.



**10 Bed Swing Bed Service
Emergency CON Request
(Narrative Addendum)**

In support of the projected surge of Coronavirus patients during the last week of April through the month of May 2020, we look to prepare our role through the availability of up to 10 Swing Beds. We understand the role of Swing Bed care in post-acute referrals from tertiary centers under the care of our primary care physicians, rehabilitation protocols, and patient care plans.

These matters will be provided in close coordination with local Home Health Agencies, Hospice Programs, freestanding Therapy Centers, and Durable Medical Equipment providers. Certainly, the providers of our two Rural Health Clinics will be involved.

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2020-029

RECEIVED

Apr 15 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: ~~H1301~~ 025-6530505 COUNTY: Clarke

FACILITY/PROVIDER NAME: Grove Hill Memorial Hospital

STREET ADDRESS: 295 South Jackson Street

CITY: Grove Hill ZIP CODE: 36451

AUTHORIZED REPRESENTATIVE: Mitchell Monsour, FACHE

TITLE: CEO EMAIL ADDRESS: jkendrick@grovehillmemorial.org

DIRECT TELEPHONE NUMBER: (251) 275-4005

TYPE OF FACILITY/PROVIDER: Acute Care

Pursuant to a declaration issued by Governor Ivey on April 2, 2020, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

10 Swing Bed Services

Does this request involve an increase in: Beds No Yes Number _____

ESRD Stations No Yes Number _____

Provide a brief explanation of how these services will assist in the health and safety of citizens during the emergency (attach additional sheets if necessary):

The Grove Hill Memorial Hospital stands ready to provide post-acute swing bed services as part of the emergency response to the Coronavirus-19 crisis. Our basic organization will allow us to respond to those qualified post-acute patients so discharged from our own acute care, as well as transfers from other (regional) hospitals and tertiary centers in Mobile, who are expected to be overwhelmed with the pending CV-19 surge in late April and early May.

We have the proper Nursing and Therapy staff available as well as the appropriate Medical and Behavioral Health Physicians so required.

Our staff has also reviewed the Alabama and CMS Swing Bed standards and are confident that we meet the appropriate standards of care and physical plant standards.

Projected Construction/Renovation Costs: \$0.00

Projected Equipment Costs: \$0.00

Projected date additional services/equipment will be available for service: 4/14/2020

If this Waiver request involves construction of a new facility and/or acquisition of new equipment, provide a brief description of the proposal on a separate sheet of paper and return with this form.

The undersigned, being first duly sworn, hereby affirms that he/she has direct knowledge of the facts contained this request, and to the best of their information, knowledge, and belief, such facts are true and correct. The undersigned agrees to comply with the requirements and limitations outlined by Rules 410-2-5-.09-E and 410-1-10-.05-E

Mitchell D. Monsour

Signature of Authorized Officer

4/14/20

Date

Mitchell D. MONSOUR

Printed Name

Chief Executive Officer

Title

Sworn to and subscribed before me this 14th day of April, 2020.

Karen Newton

Notary Public

(Seal)

My Commission Expires: 12-05-2023

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsuf

4/16/2020

Date

Grove Hill Memorial Hospital Evacuation Routes

- Fire Alarm Pull Station
- O2 Cut-Off
- △ Fire Extinguisher
- ▤ Fire Door
- ◆ Fire Hose
- ▲ Exit

North
←

