

## 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.



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**RECEIVED** 

Apr 15 2020

April 15, 2020

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## Via Email (shpda.online@shpda.alabama.gov)

Ms. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
RSA Union Building
100 North Union Street, Suite 870
Montgomery, AL 36104

RE: Cullman Regional Medical Center, Inc. ("CRMC") Request for a Certificate of Need Waiver to Convert Six Acute Care Hospital Beds To Psychiatric Beds and

Provide Tele-Psychiatry Services

Dear Ms. Marsal:

Attached herewith, please find a Request for Certificate of Need Waiver ("Request") for CRMC to convert six acute care hospital beds to psychiatric beds and to provide tele-psychiatry services. In light of the conversion of Cullman County's only psychiatric hospital, The Sanctuary at the Woodlands, into a facility to house potential COVID-19 patients, Cullman residents are left without the critical inpatient psychiatric care services they desperately need. This Request seeks to temporarily fill the gap for such services. This Request is filed pursuant to Ala. Admin. Code r. 410-1-10-.05-E and r. 410-2-5-.09-E. The \$50 filing fee required pursuant to r. 410-1-10-.05-E(5) has been submitted simultaneously herewith via the Electronic Payment Portal.

Please do not hesitate to contact me should you have any questions.

Zachary Trotter

Sincerely,

ZDT:rdl

Attachment

cc: James Clements

Nesha Donaldson

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2020-030

RECEIVED
Apr 15 2020
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## **REQUEST FOR CERTIFICATE OF NEED WAIVER**

FACILITY ID NO.:	H2201 043-	6530320	COUNTY:	Cullman		
FACILITY/PROVIDER N	AME: <u>Cullm</u>	an Regional Med	dical Center		2	
STREET ADDRESS:	1912 Alabama	Highway 157				
CITY: Cullman		ZIP CODE:	35058			
AUTHORIZED REPRESE	NTATIVE:	Nesha Donald	Ison			
TITLE: Chief Operation	ng Officer	EMAIL	ADDRESS:	nesha.donaldson	@cullmanregional.com	
DIRECT TELEPHONE NUMBER: (256) 737-2000						
TYPE OF FACILITY/PROVIDER: Hospital						
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 410-2-509-E and 410-1-1005-E.						
Cullman Regional Medical Center, Inc. ("CRMC") requests the temporary conversion of six general acute care hospital beds to psychiatric beds for care of patients in need of psychiatric services, which will be provided by Dr. Tyler Byrd via tele-psychiatry. CRMC attests that it currently has five patients at its facility in need of psychiatric services, who do not otherwise qualify for admission to a general acute care bed. In light of the recent grant of an Emergency CON for The Sanctuary at the Woodlands to house potential COVID-19 patients, CRMC notes that there are currently no available psychiatric beds or facilities in Cullman County. CRMC requests the CON Review Board approve this emergency request for the temporary conversion of six general acute care hospital beds to psychiatric beds and permit CRMC to offer psychiatric services to patients in need.						
Does this request invo	lve an increase ir	n: Beds	NoX	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):

During this time of global pandemic, individuals with psychiatric disorders often face increased anxiety and greater difficulty accessing the psychiatric care and support services they need. After the recent emergency conversion of Cullman County's only psychiatric hospital, The Sanctuary at the Woodlands, into a COVID-19 facility, individuals in need of inpatient psychiatric services have nowhere to turn for such services. CRMC seeks to provide inpatient psychiatry services to individuals suffering from acute psychiatric episodes. In addition to admitting these patients to designated psychiatric beds, CRMC will contract with Dr. Tyler Byrd, a psychiatrist, to provide professional tele-psychiatry services. Approval of this request will also allow CRMC the ability to free its Emergency Department beds for additional emergency patients.

Projected Construction/Renovation Costs:	\$ <u>0.00</u>		
Projected Equipment Costs:	\$ 0.00		
Projected date additional services/equipment	will be available for servi	ce: <u>4/16/2020</u>	
If this Waiver request involves construction of provide a brief description of the proposal on a			
The undersigned, being first duly sworn, hereb contained this request, and to the best of their and correct. The undersigned agrees to compl 410-2-509-E and 410-1-1005-E	r information, knowledge	, and belief, such facts are true	
Memal Vinal Line Signature of Authorized Officer		4/15/2020	
-		Date	
Nesha Donaldson	COO		
Printed Name		Title	
Sworn to and subscribed before me this 15	day ofApril	<u>2020</u>	
	Notary Public	oan Borden	
(Seal)	My Commission	My Commission Expires 02-08-202 n Expires:	
AFFIRMED BY EXECUTIVE DIRECTOR:	Emily T. Mars	4/15/2020	

Date