



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 17, 2021

Colin H. Luke, Esquire
Waller Lansden Dortch & Davis, LLP
1901 Sixth Avenue North, Suite 1400
Birmingham, Alabama 35203-2623

RE: TW2020-030
Cullman Regional Medical Center
SHPDA ID: 043-6530320

Dear Mr. Luke:

On April 15, 2020, TW2020-030 was issued pursuant to ALA. ADMIN. CODE r 410-2-5-.09-E and 410-1-10-.05-E on behalf of the referenced facility for the conversion of six (6) general acute care beds to psychiatric beds in the provision of healthcare services due to COVID.

On August 5, 2021, the Agency was notified that these services were not implemented. As a result of this notification, this waiver is now deemed closed and provision of psychiatric services limited to Certificate of Need authorized services only.

Should you have any questions please contact the Agency at (334) 242-4103.

Sincerely,

Emily T. Marsal
Executive Director

ETM/kwm



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Colin H Luke
205-226-5717 direct
colin.luke@wallerlaw.com

TW2020-030
RECEIVED

Aug 05 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

August 5, 2021

Via Online Filing at shpda.online@shpda.alabama.gov

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street, Suite 870
Montgomery, Alabama 36104

Re: Temporary Waiver - TW 2020-030
Cullman Regional Medical Center

Dear Mrs. Marsal:

I am writing in response to your letter dated May 14, 2021, regarding the above referenced temporary waiver. Cullman Regional Medical Center did not implement the services approved by the waiver due to a failure to be able to obtain the necessary Alabama Department of Public Health approval therefor.

Please let me know if you have any further questions or require further information.

Very truly yours,



Colin H Luke



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



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TW2020-030

RECEIVED

Apr 15 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

April 15, 2020

[Via Email \(shpda.online@shpda.alabama.gov\)](mailto: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.

Sincerely,



Zachary Trotter

ZDT:rdl

Attachment

cc: James Clements
Nesha Donaldson

FOR STAFF USE ONLY:

RECEIVED

WAIVER IDENTIFICATION: TW2020-030

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 NAME: Cullman Regional Medical Center

STREET ADDRESS: 1912 Alabama Highway 157

CITY: Cullman ZIP CODE: 35058

AUTHORIZED REPRESENTATIVE: Nesha Donaldson

TITLE: Chief Operating 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 410-2-5-.09-E and 410-1-10-.05-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 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):

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 psychiatric 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: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 4/16/2020

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

Nesha Donaldson

Signature of Authorized Officer

4/15/2020

Date

Nesha Donaldson

Printed Name

COO

Title

Sworn to and subscribed before me this 15 day of April, 2020.



Susan Borden

Notary Public

My Commission Expires 02-08-2023

My Commission Expires: _____

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Mansuf

4/15/2020

Date