



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

FOR STAFF USE ONLY:

RECEIVED

WAIVER IDENTIFICATION: TW2020-031

Apr 15 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: ~~H301~~ 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.

6 Bed Acute Psychiatric Service (Adult)

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 GHMH stands ready to provide a 6 bed acute psychiatric service as part of the Alabama emergency response to the Coronavirus 19 crisis. As an independent public hospital, this service will be provided through local and regional provider referrals and other potential collaborative arrangements. Our current Acute Geropsychiatric Unit (Inpatient), Outpatient Behavioral Health, and Rural Health Clinic organization will serve as an infrastructure to serve qualified Acute (Adult) psychiatric and dual diagnosis patients. Lastly, on review by qualified professionals, we will meet and/or exceed such licensure physical plant standards, patient care plans, and general hospital standards of care in these matters. Our staff includes a team of Psychiatric Nurses; our Medical Director/Psychiatrist (Shankar Yalamanchili, MD); our Psychiatric NP (Nicole Bettis, PMHNP-BC); and Medical Physician (Garrett Miller, MD). In addition, we have all other such appropriate support staff, (Social Workers, Counselors, etc.)



**6 Bed Acute Psychiatric Unit (Adult)
Emergency CON Request
(Narrative Addendum)**

Along with other Mental Health Organizations, we are recognizing the current and emergency Behavioral Health issues of the Mental Health population (Adult) of Southwest Alabama.

There are many reasons to believe the conclusion of the current Covid-19 crisis will result in a surge in psychiatric needs for individuals of all ages. Further issues under discussion (access to care / disparities, etc.) are also expected to prominently come into play in addressing a surge of psychiatric demand, particularly in adults.

With our available staff of Psychiatrists, Nurse Practitioners, Nurses, Social Workers, and Counselors, we would like to request an Emergency Certificate of Need for a 6 bed Acute (Adult) Psychiatric Service that may add to our current Geropsychiatric Inpatient and Outpatient (compliant) capability.

We understand that these are temporary measures and that we will require a permanent 6 bed Acute Psychiatric Certificate of Need application at the conclusion of these matters. There is little question as to the increasing mental health issues forthcoming from these traumatic CV-19 times.

NOTE PROPOSED 6 BEDS:

- Room 201**
- Room 202**
- Room 203**
- Room 204**
- Room 205**
- Room 206**

Projected Construction/Renovation Costs: \$0.00

Projected Equipment Costs: \$0.00

Projected date additional services/equipment will be available for service: 5/1/2020

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

4/15/20
Date

Mitchell D. Monsour, FACHE
Printed Name

Chief Executive Officer
Title

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



Karen Newton
Notary Public

My Commission Expires: 12-05-2023

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Mansuf

4/16/2020
Date

