



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

May 11 2020

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

WAIVER IDENTIFICATION: TW2020-040

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 099-6530650 COUNTY: Monroe

FACILITY/PROVIDER NAME: Monroe County Health Care Authority, d/b/a Monroe County Hospital

STREET ADDRESS: 2016 South Alabama Avenue

CITY: Monroeville ZIP CODE: 36460

AUTHORIZED REPRESENTATIVE: Cynthia Martens-Lamont

TITLE: CEO EMAIL ADDRESS: cmartens@mchcare.com

DIRECT TELEPHONE NUMBER: 251-743-7434

TYPE OF FACILITY/PROVIDER: General Acute Care 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.

Please see **Attachment A** for response.

Does this request involve an increase in: Beds No Yes Number 10

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):

Please see **Attachment B** for response

Projected Construction/Renovation Costs: \$ -0-

Projected Equipment Costs: \$ -0-

Projected date additional services/equipment will be available for service: Immediately

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

Cynthia Martens-Lamont
Signature of Authorized Officer

5-6-2020
Date

Cynthia Martens-Lamont
Printed Name

CEO
Title

Sworn to and subscribed before me this 6th day of May, 2020.

[Signature]
Notary Public

(Seal)

My Commission Expires: 3-20-21

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsolf

5/11/2020
Date

ATTACHMENT B

(Request for Certificate of Need Waiver)

Monroe County Hospital is a general acute care hospital located in Monroeville, Alabama, and is owned by the Monroe County Health Care Authority. Monroe County Hospital is licensed for 94 general acute care beds. Monroe County Hospital is proposing to temporarily add 10 Swing Beds. The hospital's total licensed beds will remain at 94 general acute care beds, because a Swing Bed is counted as a general acute care bed for licensing purposes.

Monroe County Hospital has staff who are very experienced in caring for patients who would qualify for nursing home care. There are other hospitals and nursing homes with patients who have active COVID-19 infections who need to be transferred for care because of concerns about the possible infection of other patients. Monroe County Hospital has the space and experienced staff necessary to care for these patients. The addition of 10 Swing Beds at Monroe County Hospital will provide beds for patients with COVID-19 infections who need to be separated from other patients in nursing homes and hospitals. Because of the COVID-19 pandemic, Monroe County Hospital, which has historically had high utilization, currently has unused hospital beds available for the care of patients with Covid-19 infections.

ATTACHMENT A

(Request for Certificate of Need Waiver)

Monroe County Hospital is a 94 bed general acute care hospital in Monroeville, Alabama. Monroe County Hospital is owned by the Monroe County Health Care Authority. Monroe County Hospital meets all of the Center for Medicare and Medicaid Services (CMS) requirements for Swing Bed providers.

Monroe County Hospital ("Hospital") meets the requirements at 42 C.F.R. § 482.66. These include:

- Hospital has a Medicare provider agreement;
- The facility has fewer than 100 hospital beds, excluding beds for newborns and beds in intensive care type inpatient units;
- Hospital is located in a rural area. This includes all areas not delineated as "urbanized" areas by the Census Bureau, based on the most recent census;
- Hospital does not have in effect a 24-hour nursing waiver granted under 42 C.F.R. § 488.54(c);
- Hospital has not had a swing-bed approval terminated within the two years previous to its application, and
- Hospital meets the swing-bed Conditions of Participation on Resident Rights; Admission, Transfer, and Discharge Rights; Resident Behavior and Facility Practices; Patient Activities; Social Services; Discharge Planning; Specialized Rehabilitative Services; and Dental Services.

Monroe County Hospital is requesting that it be granted a temporary CON for 10 Swing Beds. The total number of beds at Monroe County Hospital will remain 94, because Swing Bed approval does not change or add licensed beds. Swing Beds can be used to provide general acute care or Skilled Nursing (nursing home) care depending on patient needs.