



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

August 13, 2021

TO: HealthCare Facilities and Providers
Interested and Affected Parties

FROM: Emily T. Marsal 
Executive Director

RE: Temporary Emergency Waivers

On August 13, 2021, Governor Kay Ivey issued a State of Emergency limited to easing burdens on healthcare providers and making government more responsive to adapt to the COVID-19 surge. This State of Emergency ("SOE") authorizes and directs SHPDA to implement **Ala. Admin r. 410-1-10-.05 and Ala. Admin. r. 410-2-5-.09** to again provide for temporary waivers to the Certificate of Need process to permit new services, facilities, and other resources needed for treatment of patients affected by the appearance of Covid-19, or to free up bed and treatment space at existing health care facilities to permit such needed treatment. According to the rules, these waivers will be active during this SOE and 60 days after the SOE ends.

If your facility was operating under a temporary waiver during the former State of Emergency, that waiver will expire effective September 3, 2021. As the administrative rules regarding the issuance of waivers do not provide the ability for those waivers to survive the expiration of one SOE and continue to operate upon the issuance of a new SOE at a later date, these waivers will need to be renewed by providers, utilizing the same procedures and forms as defined in the rules referenced above.

You may find the application for a temporary waiver and additional information on the Administrative Rules on the Agency website www.shpda.alabama.gov. If there are questions about the process, please do not hesitate to contact the Agency at 334-242-4103.

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2021-015

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 009-H7179 COUNTY: Tuscaloosa

FACILITY/PROVIDER NAME: ProHealth Home Health, LLC f/k/a ProHealth of North Central

STREET ADDRESS: 25522 Highway 75 North

CITY: Oneonta ZIP CODE: 35121

AUTHORIZED REPRESENTATIVE: David A. Lester

TITLE: Chief Executive Officer EMAIL ADDRESS: david.lester@prohealthgroup.com

DIRECT TELEPHONE NUMBER: (205) 820-7000

TYPE OF FACILITY/PROVIDER: Home Health

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.

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):

ProHealth Home Health, LLC is seeking a temporary waiver to continue to provide home health services offered under the previous temporary waiver granted by SHPDA. In addition, ProHealth Home Health LLC has been notified by referral sources in the area that they are having difficulties finding home health agencies that will accept less desirable Medicare Advantage plans due to staffing and other problems created by the COVID pandemic.

Projected Construction/Renovation Costs: \$0.00

Projected Equipment Costs: \$0.00

Projected date additional services/equipment will be available for service: 8/16/2021

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

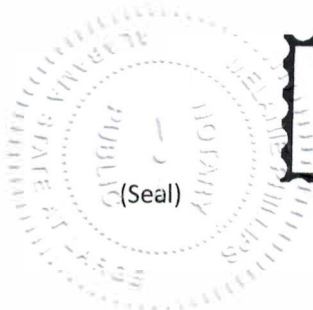

Signature of Authorized Officer

8/16/2021
Date

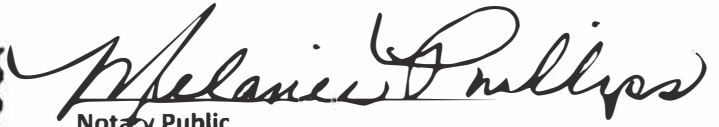
David A. Lester
Printed Name

Chief Executive Officer
Title

Sworn to and subscribed before me this 16th day of August, 2021.



MELANIE PHILLIPS
Notary Public
Alabama State at Large


Notary Public

My Commission Expires
My Commission Expires: May 24, 2023

AFFIRMED BY EXECUTIVE DIRECTOR:


Emily T. Marsal

8/17/2021
Date