



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

NOTICE FOR ISSUANCE OF TEMPORARY WAIVER

In the State of Emergency issued on August 13, 2021, for the COVID-19 pandemic, Governor Ivey directed the State Health Planning and Development Agency (Agency) to 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 in accordance with ALA. ADMIN. CODE r. 410-1-10-.05 and ALA. ADMIN. CODE r. 410-2-5-.09.

By filling out this attached form, the applicant has requested a temporary waiver 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 (3), the request as affirmed, "shall automatically terminate on the earlier of (i) as applicable, the discontinuation of services 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, subject to regular CON criteria and procedures, including compliance with the SHP, without regard to this rule."

In addition, ALA. ADMIN. CODE r. 410-2-5-.09 (4) provides that "[e]xcept as specifically provided in ALA. ADMIN. CODE § 410-2-5-.09.1(A)(1) and (2), the construction, development or other establishment of a new health care facility, as defined in Section 410-1-2-.05, shall not be eligible for a waiver under this rule."

For any questions or concerns, please contact the Agency at (334) 242-4103.

FOR STAFF USE ONLY:

WAIVER IDENTIFICATION: TW2021-022

REQUEST FOR CERTIFICATE OF NEED WAIVER

097-P2511

FACILITY ID NO.: AL2014-027, Con2695-HI COUNTY: Mobile

FACILITY/PROVIDER NAME: Saad Enterprises, Inc. dba Saad Hospice Services

STREET ADDRESS: 1515 University Blvd. S.

CITY: Mobile ZIP CODE: 36609

AUTHORIZED REPRESENTATIVE: Henry B. Fulgham

TITLE: Chief Operating Officer EMAIL ADDRESS: henry.fulgham@saadhealthcare.com

DIRECT TELEPHONE NUMBER: (251) 287-8886

TYPE OF FACILITY/PROVIDER: Hospice Inpatient Facility

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.

Saad Hospice Services is requesting a temporary waiver for the immediate use and operation of 3 additional inpatient hospice beds for our existing inpatient hospice facility in Mobile County, Alabama.

Does this request involve an increase in: Beds No Yes Number 3

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):

We are applying for the Temporary Waiver for the 3 additional CON beds as a measure to provide additional support to local hospitals and healthcare agencies. This request for a 2nd waiver is in response to the State of Temporary Emergency issued by Gov. Kay Ivey on 8/13/21. It is imperative at this time that patients continue to have access to the unique setting of the Saad Inpatient unit, which provides end of life, respite, and critical care for hospice patients. Patients who have critical need come to the inpatient unit for immediate care. This availability keeps them from requiring the services of the Acute Care facilities including the ICUs and emergency departments. Our hospice facility has given us the opportunity to accept patients needing assistance with placement to provide additional relief to the area hospitals, and to support our local medical community in their efforts to fight Covid-19.

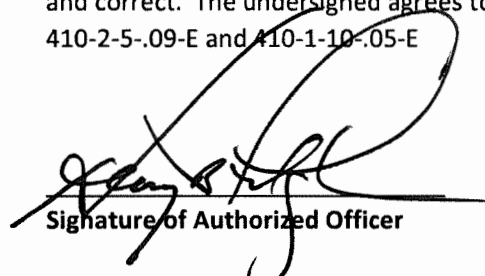
Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

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


Signature of Authorized Officer

08/17/21
Date

Henry B. Fulgham

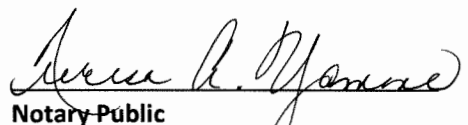
COO

Printed Name

Title

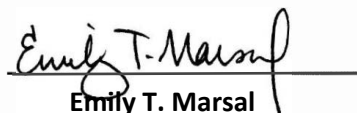
Sworn to and subscribed before me this 17th day of August, 2021.




Notary Public

My Commission Expires: 03/21/23

AFFIRMED BY EXECUTIVE DIRECTOR:


Emily T. Marsal

8/18/2021
Date

Saad

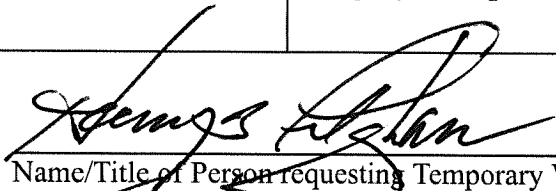
Healthcare

Saad Enterprises, Inc. dba Saad Hospice Service
1135 WAIVER REQUEST
August 17, 2021

Provider Name/Type:	Saad Enterprises, Inc. dba Saad Hospice Services / Inpatient Hospice Care
Full Address:	1515 University Blvd. S., Mobile, Al 36609
Contact Person	Henry B. Fulgham
Brief Summary of Why Waiver is Needed	<p>Saad Hospice Service is applying for the Waiver for the three additional CON beds as a measure to provide additional support to local hospitals and healthcare agencies. This request for a second waiver is in response to the State of Temporary Emergency issued by Governor Kay Ivey on August 13, 2021. It is imperative at this time that patients continue to have access to the unique setting of the Saad Hospice Inpatient Unit (IPU). The hospice facility provides end of life, respite, and critical care for hospice patients. The end of life care is predominately for patients coming from Acute care facilities which have been hardest hit by the pandemic emergency. Further options are now needed for relieving bed space for patients. Respite care is a vital benefit of hospice and has become much more difficult to provide in the SNF environment. The 3 additional beds requested will keep this valuable option available for more families. Patients who have a critical need come to the inpatient unit for immediate care. This availability keeps them from requiring the services of the Acute Care facilities, including the ICUs and emergency rooms. From June 2020 to August 2021, our facility has operated at full capacity for 65% of the days. Without the additional beds made available in the first emergency declaration, there would have likely been 100 - 150 days where a waitlist would have been required in this same time period. Such a wait would leave patients in critical care at the hospitals awaiting transfer for end of life care and to receive a peaceful death experience in the IPU. Since the worldwide pandemic began, there has been increased difficulty in SNF placement from an acute care setting often extending stays at the hospice facility. Our hospice facility has given us the opportunity to accept patients needing assistance with placement to provide additional relief to the hospitals. The three additional CON beds would allow us to continue our efforts to support our local medical community in their efforts to fight COVID-19 especially in view of recent increases in ICU beds and total bed capacity concerns for local hospitals.</p>

Consideration

Saad Hospice Services is requesting a temporary waiver for the immediate use and operation of 3 additional inpatient hospice beds for our existing inpatient hospice facility in Mobile County, Alabama. These beds are already constructed and equipped but have not yet been released for use. The terms of this waiver are as stated by SHPDA: 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."


Name/Title of Person requesting Temporary Waiver

8/17/2021
Date Signed