



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: TW2021-029

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: ~~02200X~~ 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: COO EMAIL ADDRESS: Nesha.Donaldson@cullmanregional.com

DIRECT TELEPHONE NUMBER: (256) 737-2930

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 ("CRMC") requests the temporary use of existing observation room space to accommodate up to thirty (30) inpatient beds during the current and future spikes in hospital census due to COVID, and to house displaced non-COVID inpatients, commencing on an as needed basis on September 3, 2021 upon the expiration of CRMC's current Temporary Waiver consistent herewith. CRMC has experienced large spikes in inpatient volumes recently due to a large influx of COVID-19 patients arising from the circulation of the Delta variant and has not had adequate space and beds to treat the large influx of such patients. CRMC requests the approval of this emergency request for the duration of the current health care emergency and any permitted period thereafter as authorized by SHPDA.

Does this request involve an increase in: Beds No Yes Number 30
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, CRMC has not had the space and beds needed to treat the large influx of COVID-19 patients which is surging again due to the Delta variant. This requested temporary use of existing observation rooms to house up to thirty (30) additional inpatient beds on an as needed basis will allow CRMC to continue to serve the current spike in utilization from the COVID Delta variant and be prepared for future spikes in COVID patient volume. This requested waiver for the duration of this health care state of emergency will help to alleviate some of the bed shortages that CRMC has previously experienced, and is now currently experiencing due to Delta, and allow CRMC to have additional space in which to provide inpatient care that will allow for necessary separation between COVID and non-COVID patients and to avoid using semi-private rooms for COVID patients.

Projected Construction/Renovation Costs: \$ 0.00

Projected Equipment Costs: \$ 0.00

Projected date additional services/equipment will be available for service: 9/3/2021

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

Nesha Donaldson

Signature of Authorized Officer

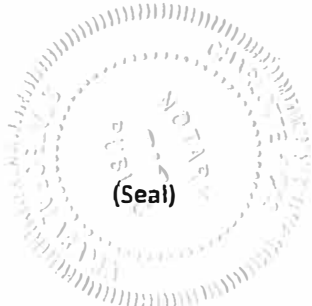
8/31/21
Date

Nesha Donaldson

Printed Name

COO
Title

Sworn to and subscribed before me this 31ST day of August, 2021.



Charlotte Hicks
Notary Public

My Commission Expires: 07/01/2023

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsal
Emily T. Marsal

9/2/2021
Date