



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: TW2021-030

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 097-6530600 COUNTY: Mobile

FACILITY/PROVIDER NAME: USA Health University Hospital

STREET ADDRESS: 2451 Fillingim Street

CITY: Mobile ZIP CODE: 36617-2238

AUTHORIZED REPRESENTATIVE: Alan Whaley

TITLE: Chief Operating Officer & Chief Strat EMAIL ADDRESS: awhaley@health.southalabama.edu

DIRECT TELEPHONE NUMBER: (251) 471-7118

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.

USA Health University Hospital ("USA"), in conjunction with the University of South Alabama Health Care Authority, requests the temporary use of a portion of the Mobile Civic Center located at 401 Civic Center Drive, Mobile, AL 36602 (tele: 1-888-USA-2650) to operate a monoclonal antibodies (mAbs) infusion center in order to provide such services to COVID positive patients ("Infusion Center"). The site will be established in connection with KPMG's Prototype Other Transaction Authority Agreement with the Army Contracting Command-Aberdeen Providing Ground, Orland Contracting Division. The Infusion Center will be operated by USA in the portion of the Mobile Civic Center known as the East Hall, Rooms 2-6 and it is anticipated that the Infusion Center will be capable of providing such infusion treatments 7 days a week for up to 70 COVID patients per day, utilizing 10 infusion chairs.

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):

During this time of global pandemic, USA has been serving a large influx of COVID-19 patients and is aware of the high COVID-positive rate in the overall Mobile community. This requested temporary Infusion Center approval is intended to provide proven treatment for COVID positive patients in the community, such that they can hopefully recover from the illness without requiring inpatient acute care services to the extent possible. The successful set up and operation of the Infusion Center for the duration of this health care state of emergency is intended to help alleviate some of the pressure currently on Mobile area acute care hospitals to treat such a large number of inpatient COVID patients by having these infusion services more readily accessible to the Mobile community.

Projected Construction/Renovation Costs: \$ 50,000.00

Projected Equipment Costs: \$ 223,296.00

Projected date additional services/equipment will be available for service: 9/10/2021

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]
Signature of Authorized Officer

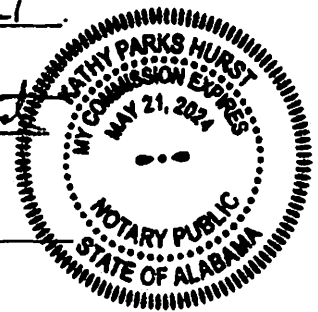
9/10/21
Date

Alan Whaley
Printed Name

COO & CSO
Title

Sworn to and subscribed before me this 7th day of September, 2021.

[Signature]
Notary Public



(Seal)

My Commission Expires: _____

AFFIRMED BY EXECUTIVE DIRECTOR:

[Signature]
Emily T. Marsal

9/8/2021
Date