



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: TW2021-031

REQUEST FOR CERTIFICATE OF NEED WAIVER

FACILITY ID NO.: 101-6530695 COUNTY: Montgomery

FACILITY/PROVIDER NAME: Jackson Hospital and Clinic Inc.

STREET ADDRESS: 1725 Pine Street

CITY: Montgomery ZIP CODE: 36106

AUTHORIZED REPRESENTATIVE: Joe Riley

TITLE: CEO EMAIL ADDRESS: joe.riley@jackson.org

DIRECT TELEPHONE NUMBER: (334) 293-8809

TYPE OF FACILITY/PROVIDER: Hospital

Pursuant to a declaration issued by Governor Ivey on August 13, 2021, the following additional services are being enacted pursuant to Ala. Admin. Code r 410-2-5-.09-E and 410-1-10-.05-E.

Jackson Hospital and Clinic in partnership with KPMG, a federal contractor, are requesting a waiver to use physicians offices located at 2024 Chestnut Street, Suite 1, Montgomery, AL 36106 to operate a temporary infusion clinic to provide monoclonal antibody (mAbs) therapy to COVID-19 positive patients who meet EUA criteria. The infusion clinic will be operated by Jackson Hospital and Clinic and is anticipated to with operate 12 hours each day, 6 days each week, utilizing 8 infusion chairs servicing 35 patients each day.

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):

This location will provide additional space and infusion chairs which will increase the capacity to treat COVID19 positive patients treated with Monoclonal Antibodies. This will decrease the surge load and acuity of patient presenting to emergency rooms and ultimately decrease hospitalizations, severity of diseases and loss of life.

Projected Construction/Renovation Costs: \$ 160,000.00

Projected Equipment Costs: \$ 100,000.00

Projected date additional services/equipment will be available for service: 9/24/2021

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

Joe B. Riley
Signature of Authorized Officer

9/16/2021
Date

Joe B. Riley
Printed Name

President and CEO
Title

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



Susan R Baxter
Notary Public

My Commission Expires: 8.28.24

AFFIRMED BY EXECUTIVE DIRECTOR:

Emily T. Marsal
Emily T. Marsal

9/17/2021
Date